

# Premier by Ultimate (HMO) offered by Ultimate Health Plans

## Annual Notice of Changes for 2020

You are currently enrolled as a member of Ultimate Premier (HMO). Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### What to do now

#### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.5 and 2.6 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2020 Drug List and look in Section 2.6 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?

- What about the hospitals or other providers you use?
- Look in Section 2.3 for information about our Provider and Pharmacy Directory.

Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

## 2. **COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** Premier by Ultimate (HMO), you don’t need to do anything. You will stay in Premier by Ultimate (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in Premier by Ultimate (HMO).
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

### **Additional Resources**

- Please contact our Member Services number at 1-888-657-4170 for additional information. (TTY users should call 711) Hours are Monday through Sunday from 8 a.m. to 8 p.m. During certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays.
- To get information from us in a way that works for you (i.e. in large print, or other alternate formats) please call Member Services.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

#### **About Premier by Ultimate (HMO)**

- Ultimate Health Plans is an HMO plan with a Medicare contract. Enrollment in Ultimate Health Plans depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Ultimate Health Plans. When it says “plan” or “our plan,” it means Premier by Ultimate (HMO).

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Premier by Ultimate (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the Evidence of Coverage is located on our website at [www.chooseultimate.com](http://www.chooseultimate.com). You may also call Member Services to ask us to mail you an Evidence of Coverage.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,400	\$2,800
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$20 per visit	Primary care visits: \$0 per visit Specialist visits: \$20 per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Days 1-5: \$90 copay per day Days 6-90: \$0 copay per day	Days 1-5: \$125 copay per day Days 6-90: \$0 copay per day

Cost	2019 (this year)	2020 (next year)
<b>Part D prescription drug coverage</b> (See Section 2.6 for details.)	Deductible: <b>\$0</b>  Copayment/Coinsurance during the Initial Coverage Stage:	Deductible: <b>\$0</b>  Copayment/Coinsurance during the Initial Coverage Stage:
	<p><b><u>DRUG TIER 1:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a 30-, 60- or 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a 31-day supply</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a 90-day supply</li> </ul>	<p><b><u>DRUG TIER 1:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a 30-, 60- or 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a 31-day supply</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for a 90-day supply</li> </ul>
	<p><b><u>DRUG TIER 2:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• <b>\$12</b> copay for a 30-day supply</li> <li>• <b>\$24</b> copay for a 60-day supply</li> <li>• <b>\$36</b> copay for a 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• <b>\$12</b> copay for a 31-day supply</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• <b>\$24</b> copay for a 90-day supply</li> </ul>	<p><b><u>DRUG TIER 2:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• <b>\$12</b> copay for a 30-day supply</li> <li>• <b>\$24</b> copay for a 60-day supply</li> <li>• <b>\$36</b> copay for a 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• <b>\$12</b> copay for a 31-day supply</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• <b>\$24</b> copay for a 90-day supply</li> </ul>

Cost	2019 (this year)	2020 (next year)
	<p><b><u>DRUG TIER 3:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a 30-day supply</li> <li>• \$70 copay for a 60-day supply</li> <li>• \$105 copay for a 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for 31-day supply</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a 90-day supply</li> </ul>	<p><b><u>DRUG TIER 3:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a 30-day supply</li> <li>• \$70 copay for a 60-day supply</li> <li>• \$105 copay for a 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for 31-day supply</li> </ul> <p><b>Mail Order</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a 90-day supply</li> </ul>
	<p><b><u>DRUG TIER 4:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• \$60 copay for a 30-day supply</li> <li>• \$120 copay for a 60-day supply</li> <li>• \$180 copay for a 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• \$60 copay for 31-day supply</li> </ul> <p><b>Mail Order</b></p> <p>\$120 copay for a 90-day supply</p>	<p><b><u>DRUG TIER 4:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• \$60 copay for a 30-day supply</li> <li>• \$120 copay for a 60-day supply</li> <li>• \$180 copay for a 90-day supply</li> </ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"> <li>• \$60 copay for 31-day supply</li> </ul> <p><b>Mail Order</b></p> <p>\$120 copay for a 90-day supply</p>

Cost	2019 (this year)	2020 (next year)
	<p><b><u>DRUG TIER 5:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"><li>• <b>33% coinsurance</b> for a 30-, 60- or 90-day supply</li></ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"><li>• <b>33% coinsurance</b> for a 31-day supply</li></ul> <p><b>Mail Order</b></p> <p><b>33% coinsurance</b> for a 90-day supply</p>	<p><b><u>DRUG TIER 5:</u></b></p> <p><b>Retail</b></p> <ul style="list-style-type: none"><li>• <b>33% coinsurance</b> for a 30-, 60- or 90-day supply</li></ul> <p><b>Long Term Care</b></p> <ul style="list-style-type: none"><li>• <b>33% coinsurance</b> for a 31-day supply</li></ul> <p><b>Mail Order</b></p> <p><b>33% coinsurance</b> for a 90-day supply</p>

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## SECTION 1 We Are Changing the Plan's Name

On January 1, 2020, our plan name will change from Ultimate Premier to Premier by Ultimate.

Your 2020 ID card and any materials we send you will reflect the new plan name, Premier by Ultimate.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 (no change)
<b>Part B premium reduction</b>	Ultimate Health Plans will reduce your monthly Medicare Part B premium by up to <b>\$105.00</b> .	Ultimate Health Plans will reduce your monthly Medicare Part B premium by up to <b>\$110.00</b> .

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
<b>Maximum out-of-pocket amount</b>	\$3,400	\$2,800
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$2,800 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.chooseultimate.com](http://www.chooseultimate.com). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.

- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

## Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.chooseultimate.com](http://www.chooseultimate.com). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Provider and Pharmacy Directory to see which pharmacies are in our network.**

## Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2020 Evidence of Coverage.

Cost	2019 (this year)	2020 (next year)
<b>Inpatient Hospital - Acute</b>	You pay a \$90 copay per day for days 1-5	You pay a \$125 copay per day for days 1-5
	You pay a \$0 copay per day for days 6-90	You pay a \$0 copay per day for days 6-90
<b>Inpatient Hospital - Psychiatric</b>	You pay a \$90 copay per day for days 1-5	You pay a \$125 copay per day for days 1-5
	You pay a \$0 copay per day for days 6-90	You pay a \$0 copay per day for days 6-90

Cost	2019 (this year)	2020 (next year)
<b>Skilled Nursing Facility</b>	<p>You pay a \$0 copay per day for days 1-20</p> <p>You pay a \$100 copay for days 21-54</p> <p>You pay a \$0 copay per day for days 55-100</p>	<p>You pay a \$0 copay per day for days 1-20</p> <p>You pay a \$150 copay for days 21-40</p> <p>You pay a \$0 copay per day for days 41-100</p>
<b>Pulmonary Rehabilitation Services</b>	<p>Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services are <u>not</u> covered.</p>	<p>You pay a \$20-\$30* copay per visit for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services.</p> <p>*\$20 copay per visit at PCP or Specialist, \$30 copay per visit elsewhere (other than PCP or Specialist)</p>
<b>Emergency Care</b>	<p>You pay a \$60 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>	<p>You pay a \$75 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
<b>Urgently Needed Services</b>	<p>You pay a \$20 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.</p>	<p>You pay a \$10 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care</p>
<b>Worldwide Emergency Coverage</b>	<p>You pay a \$60 copay per visit</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.</p>	<p>You pay a \$75 copay per visit</p> <p>The copay is not waived if you are admitted to the hospital.</p>

Cost	2019 (this year)	2020 (next year)
<b>Chiropractic Services</b>	Routine Chiropractic Services are <u>not</u> covered.	You pay a \$20 copay per visit for up to 12 visits per year for Routine Chiropractic Services.
<b>Physician Specialist Services</b>	Authorization not required for pain-management specialist office visit	Authorization required for pain-management specialist office visit
<b>Mental Health Group Sessions</b>	You pay a \$20 copay per visit	You pay a \$10 copay per visit
<b>Psychiatric Services Group Sessions</b>	You pay a \$20 copay per visit	You pay a \$10 copay per visit
<b>Podiatry Services</b>	Authorization is required  Referral is not required	Authorization is not required  Referral is required
<b>Telehealth Services</b>	Telehealth services are <u>not</u> covered as a basic benefit under Part B. See the <b>Supplemental Benefits: Remote Access Technologies</b> section in this table.	You pay a \$0 copay per visit for primary care telehealth services and a \$20 copay per visit for specialist and mental health telehealth services. A referral is required for specialist services.
<b>Opioid Treatment Services</b>	Opioid treatment services are <u>not</u> covered.	You pay a \$20 copay per visit for opioid treatment services. Authorization and referral are required.

Cost	2019 (this year)	2020 (next year)
<b>Diagnostic Radiological Services</b>	<p>You pay the following in addition to the office visit copay for Medicare-covered services:</p> <ul style="list-style-type: none"> <li>• \$25 for Ultrasounds and Echocardiography</li> <li>• \$50 for Stress, Nerve Conduction and other Nuclear medicine tests</li> <li>• \$75 for CT, CTA, MRI, MRA, PET, SPECT</li> </ul>	<p>You pay the following in addition to the office visit copay for Medicare-covered services:</p> <ul style="list-style-type: none"> <li>• \$25 copay for Ultrasounds and Echocardiography</li> <li>• \$50 copay for Stress, Nerve Conduction, CT, MRI</li> <li>• \$100 copay for CTA, MRA, PET, SPECT, other nuclear medicine tests</li> </ul>
<b>Ambulance Services</b>	<p>You pay a \$100 copay for all Medicare-covered ambulance services.</p> <p>If you are admitted to the hospital you do not have to pay the copayment for the ambulance services.</p>	<p>You pay a \$150 copay for Medicare-covered ground ambulance services.</p> <p>You pay 20% of the total cost for Medicare-covered air ambulance services.</p> <p>Your share of the cost is not waived if you are admitted to the hospital.</p>
<b>Transportation Services</b>	<p>You pay a \$0 copay each way for up to 4 trips to Primary Care Provider within 14 days of discharge from inpatient hospitalization via taxi, van or medical transport (as arranged by plan).</p>	<p>You pay \$0 copay each way for up to 20 trips to a plan approved health related location via taxi, rideshare service, bus, van or medical transport (as arranged by plan) as follows:</p> <ul style="list-style-type: none"> <li>• 8 one-way trips (4 round trips) to Primary Care Provider office, eye doctor, specialist or dialysis, AND</li> <li>• 12 one-way trips (6 round trips) to physical therapy</li> </ul>

Cost	2019 (this year)	2020 (next year)
<b>Diabetic Supplies and Services</b>	Diabetic supplies and services are not limited to those from specified manufacturers.	Diabetic supplies and services are limited to those from specified manufacturers.
<b>Acupuncture</b>	Acupuncture services are <u>not</u> covered.	You pay a \$20 copay per visit for up to 6 visits every year. A referral is required.
<b>Over the Counter (OTC) Items</b>	You pay a \$0 copay for covered OTC items, medications and products up to \$105 benefit amount each quarter. The benefit amount does not accumulate from quarter to quarter.	You pay a \$0 copay for covered OTC items, medications and products up to \$150 benefit amount each quarter. The benefit amount does not accumulate from quarter to quarter.
<b>Meal Benefit</b>	Meals are <u>not</u> covered as a basic benefit under Part B.	You pay a \$0 copay for meals immediately following a hospital stay. Two meals per day are offered for a one-week period (7 days), provided they are ordered by a physician or case manager. A referral is required.
<b>Supplemental Benefits: Remote Access Technologies</b>	You pay a \$0 copay per interaction for Remote Access Technologies (web/phone-based technologies and nursing hotline)	These services are now covered as a basic benefit under Part B. See the <b>Telehealth Services</b> section of this table for more information.
<b>Supplemental Benefits: Bathroom Safety Devices</b>	You pay a \$0 copay for one nightlight or toilet light-up light to prevent falls. Available to members with two or more documented UTIs in the past 12 months.	You pay a \$0 copay for one nightlight or toilet light-up light to prevent falls. Available to members with referral from Case / Disease Management or Primary Care Physician.

Cost	2019 (this year)	2020 (next year)
<b>Supplemental Benefits: Therapeutic Massage</b>	Therapeutic massage is <u>not</u> covered.	You pay a \$20 copay per visit for up to four (4) therapeutic massage sessions furnished by a state licensed massage therapist. Massage must be health related. A referral is required.
<b>Kidney Disease Education Services</b>	Authorization <u>is</u> required.	Authorization is <u>not</u> required.
<b>Preventive Dental Services</b>	<p>You pay a \$0 copay per visit for:</p> <ul style="list-style-type: none"> <li>• 1 oral evaluation every 6 months</li> <li>• 1 comprehensive oral exam every 3 years</li> <li>• 1 cleaning every 6 months</li> <li>• 1 fluoride treatment every 6 months</li> <li>• 1 dental x-ray every year</li> </ul>	<p>You pay a \$0 copay per visit for:</p> <ul style="list-style-type: none"> <li>• 1 oral evaluation every 6 months</li> <li>• 1 cleaning every 6 months</li> <li>• 1 fluoride treatment every 6 months</li> <li>• 1 dental x-ray every year</li> </ul> <p>X-rays may include:</p> <ul style="list-style-type: none"> <li>• Intraoral, complete series of radiographic images</li> <li>• Intraoral, periapical radiographic image</li> <li>• Bitewing, single radiographic image, or</li> <li>• Bitewings, two, three or four radiographic images</li> <li>• Panoramic radiographic image</li> <li>• Full mouth and panoramic images covered every 3 years.</li> </ul>



Cost	2019 (this year)	2020 (next year)
<b>Comprehensive Dental Services</b>	Comprehensive dental services are <u>not</u> covered.	<p>You pay a \$0 copay per visit for:</p> <ul style="list-style-type: none"> <li>• 1 comprehensive oral exam every 3 years</li> <li>• 1 simple extraction per year</li> <li>• 1 filling per year</li> </ul> <p>Simple Extraction may include:</p> <ul style="list-style-type: none"> <li>• Extraction, erupted tooth or exposed root</li> <li>• Extraction, erupted tooth requiring removal of bone and / or sectioning of tooth</li> </ul> <p>Filling may include:</p> <ul style="list-style-type: none"> <li>• Amalgam, one, or more surfaces, primary or permanent</li> <li>• Resin-based composite, one to three surfaces, anterior, four or more surfaces, involving incisal angle</li> <li>• Resin-based composite, one or more surfaces, posterior</li> </ul> <p>Services must be performed by a participating general dentist.</p>

Cost	2019 (this year)	2020 (next year)
<b>Eyewear</b>	<p>You pay a \$0 copay for eyewear. There is a \$150 per-year benefit limit.</p> <p>Post-Cataract Surgery Benefit:</p> <ul style="list-style-type: none"> <li>• No limit on lenses after cataract surgery</li> </ul>	<p>You pay a \$0 copay for eyewear. There is a \$200 per-year benefit limit.</p> <p>Post-Cataract Surgery Benefit:</p> <ul style="list-style-type: none"> <li>• One frame from special selection AND / OR -Standard CR-39 Single Vision, Bifocal (FT 28) or Trifocal (7X28) lenses as medically necessary</li> <li>• No limit on lenses after cataract surgery</li> <li>• In lieu of glasses, may select contact lenses up to the eyewear benefit limit of \$200</li> </ul>

## Section 2.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. For 2020, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: 31 days of medication rather than the amount provided in 2019 (98 days of medication). (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Most formulary exceptions are granted until the end of the plan year. Any formulary exceptions granted during the current or a prior plan year may need to be resubmitted for the 2020 plan year.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

## Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by September 30, 2019 please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your Evidence of Coverage for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the Evidence of Coverage, which is located on our website at [www.chooseultimate.com](http://www.chooseultimate.com). You may also call Member Services to ask us to mail you an Evidence of Coverage.)

**Changes to the Deductible Stage**

<b>Stage</b>	<b>2019 (this year)</b>	<b>2020 (next year)</b>
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, Types of out-of-pocket costs you may pay for covered drugs in your Evidence of Coverage.

Stage	2019 (this year)	2020 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Preferred Generic:</b> You pay: <b>\$0</b> per prescription</p> <p><b>Generic:</b> You pay: <b>\$12</b> per prescription</p> <p><b>Preferred Brand</b> You pay: <b>\$35</b> per prescription</p> <p><b>Non-Preferred Drug</b> You pay: <b>\$60</b> per prescription</p> <p><b>Specialty Tier</b> You pay: <b>33%</b> of the cost</p> <hr/> <p>Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Preferred Generic:</b> You pay: <b>\$0</b> per prescription</p> <p><b>Generic:</b> You pay: <b>\$12</b> per prescription</p> <p><b>Preferred Brand</b> You pay: <b>\$35</b> per prescription</p> <p><b>Non-Preferred Drug</b> You pay: <b>\$60</b> per prescription</p> <p><b>Specialty Tier</b> You pay: <b>33%</b> of the cost</p> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your Evidence of Coverage.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Premier by Ultimate (HMO)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2020, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Ultimate Health Plans offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Premier by Ultimate (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Premier by Ultimate (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.2 of the Evidence of Coverage.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Florida, the SHIP is called SHINE.

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337 (TTY users call 1-800-955-8770). You can learn more about SHINE by visiting their website ([www.floridashine.org](http://www.floridashine.org)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

- The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-352-2437 (TTY users should call 1-888-503-7118).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Premier by Ultimate (HMO)

Questions? We're here to help. Please call Member Services at 1-888-657-4170 (TTY only, call 711). We are available for phone calls Monday through Sunday from 8 a.m. to 8 p.m. During certain times of the year we may use alternative technologies to answer your call during weekends and Federal holidays. Calls to these numbers are free.

#### **Read your 2020 Evidence of Coverage (it has details about next year's benefits and costs)**

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 Evidence of Coverage for Premier by Ultimate (HMO). The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at [www.chooseultimate.com](http://www.chooseultimate.com). You may also call Member Services to ask us to mail you an Evidence of Coverage.

#### **Visit our Website**

You can also visit our website at [www.chooseultimate.com](http://www.chooseultimate.com). As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).



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## **Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans”).

### **Read Medicare & You 2020**

You can read the Medicare & You 2020 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.