Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) offered by Boston Medical Center HealthNet Plan, Inc.

Annual Notice of Changes for 2019

You are currently enrolled as a member of Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP). Next year, there will be some changes to the plan's costs and benefits*. This booklet tells about the changes.*

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 2019 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 in our network?
- What about the hospitals or other providers you use?
- Look in Section 2 for information about our *Provider 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 4.2 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** Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP), **you don’t need to do anything**. You will stay in Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between now and December 31. Look in section 4.2, page 12 to learn more about your choices.

4. ENROLL: To change plans, join a plan between **now and December 31, 2018**

- If you **don’t join another plan by December 31, 2018**, you will stay in Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).
- If you **join another plan by December 31, 2018**, your new coverage will start on January 1, 2019.
- Starting in 2019, there are new limits on how often you can change plans. Look in Section 4, Section 4.2, page 12 to learn more.

Additional Resources

- This document is available for free in Spanish and Portuguese.
- Please contact our Member Services number at 1-855-833-8125. (TTY only, call 711.) We are available for phone calls Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1 – March 31). Calls to these numbers are free.
- Member Services also has free language interpreter services available for non-English speakers.
- This document may be available in other formats such as Braille, large print, or other alternate formats. For additional information call Member Services at 1-855-833-8125.
- **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 Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP)

- Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. Enrollment in Boston

Medical Center HealthNet Plan Senior Care Options (HMO SNP) depends on contract renewal. Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services. The plan also has a written agreement with the Massachusetts Medicaid program to coordinate your Medicaid benefits

- When this booklet says "we," "us," or "our," it means Boston Medical Center Health Plan, Inc. d/b/a Boston Medical Center HealthNet Plan. When it says "plan" or "our plan," it means Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).

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Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$0 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	$0 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $0 per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.	Primary care visits: $0 per visit Specialist visits: $0 per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 per visit.
Inpatient hospital stays 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**.**	$0 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	$0 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 Copayment during the Initial Coverage Stage: • Drug Tier 1: $0	Deductible: $0 Copayment during the Initial Coverage Stage: • Drug Tier 1: $0

Cost	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) in 2019

If you do nothing to change your Medicare coverage in 2018, we will automatically enroll you in our Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP). This means starting January 1, 2019, you will be getting your medical and prescription drug coverage through Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you want to change, you can do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP) and the benefits you will have on January 1, 2019, as a member of Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).

SECTION 2 Changes to Medicare Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0

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	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$0	$0 You will pay nothing for your covered Part A and Part B services.

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.SeniorsGetMore.org*. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2019 *Provider 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, Medicare requires that we 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.SeniorsGetMore.org*. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2019 *Pharmacy Directory* to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

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, *Benefits Chart (what is covered and what you pay)*, in your *2019 Evidence of Coverage.* A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2018 (this year)	2019 (next year)
Dental Implants –Supplemental Benefit of up to $1,000 per calendar year	Dental Implants are not covered.	Supplemental Benefit (mandatory, no copayment) of up to $1,000 per calendar year
Acupuncture – Supplemental Benefit of up to $500 per calendar year	You pay $0	Acupuncture (supplemental benefit) is not covered.
Weight Watchers – Supplemental Benefit of up to $150 per calendar year	You pay $0	Weight Watchers (supplemental benefit) is not covered.
Over the Counter Items Supplemental Benefit of $80 per calendar quarter.	You pay $0	Supplemental Benefit (mandatory, no copayment) of $85 per calendar quarter.

Cost	2018 (this year)	2019 (next year)
Vision Hardware –Supplemental Benefit of up to $200 per calendar year	You pay $0	Supplemental Benefit (mandatory, no copayment) of up to $150 per calendar year

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. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our website *www.SeniorsGetMore.org*.

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 8 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 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 2019, 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: one month (31 days) of medication rather than the amount provided in 2018 (91 to 98 day supply 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.

If you have obtained approval for a formulary exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. If your approval expires on December 31, 2018, you will need to obtain a new approval in order to continue to receive your drug in 2019 if the drug is still non-formulary and you and your doctor feel it is needed. 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.

Starting in 2019, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes), you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a one month (30 day), rather than a 60-day, refill of your brand name drug at a network pharmacy.

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 the 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 does not apply to you.** We have included 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. Because you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 8.1 of this booklet.

SECTION 3 Changes to your Medicaid Benefits

We are changing our coverage for certain Medicaid medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered)*, in your *2019 Evidence of Coverage.* A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2018 (this year)	2019 (next year)
Home Delivered Meals	$0	$0, additional services available for members with certain conditions when discharged from the hospital or when diagnosed with a condition such as Congestive Heart Failure or Diabetes for up to a maximum of 2 weeks to help transition to a more healthy lifestyle.

Cost	2018 (this year)	2019 (next year)
Respite Care	$0	In addition to the caregiver requesting respite care, the member can request respite care for the caregiver for 1 – 3 days per year.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP)

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, you will automatically stay enrolled as a member of our plan for 2019.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *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.

Your new coverage will begin on the first day of the following month. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP).

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - o 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 8.1 of this booklet).
  - o – *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.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 31. The change will take effect on January 1, 2019.

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. Starting in 2019, there are new limits on how often you can change plans. For more information, see Chapter 9, Section 2 of the *Evidence of Coverage.*

Note: Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans.

If you enrolled in a Medicare Advantage plan for January 1, 2019, 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, 2019. For more information, see Chapter 9, Section 2 of the *Evidence of Coverage*.

SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *Massachusetts,* the SHIP is called *SHINE (Serving the Health Insurance Needs of Everyone).*

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-AGE-INFO (1-800-243-4636) to leave a message and a representative will respond to you, TTY 1-800-872-0166. You can learn more about *SHINE* by visiting their website *www.800ageinfo.com*.

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) Customer Service Center: 1-800-841-2900, TTY/TDD: 1-800-497-4648. Monday – Friday 8 a.m. – 5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in 'Extra Help,' also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, 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).

SECTION 8 Questions?

Section 8.1 – Getting Help from Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP)

Questions? We're here to help. Please call Member Services at 1-855-833-8125. (TTY only, call 711.) We are available for phone calls Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1 – March 31). Calls to these numbers are free.

Read your *2019 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 2019. For details, look in the *2019 Evidence of Coverage* for Boston Medical Center HealthNet Plan Senior Care Options (HMO SNP). 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 included in this envelope.

Visit our Website

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

Section 8.2 – Getting Help from Medicare

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 2019*

You can read *Medicare & You 2019* 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.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call MassHealth (Medicaid) at 1-800-841-2900 or 617-573-1770. TTY users should call 1-800-497-4648. They are available Monday – Friday, 8:00 a.m. – 5:00 p.m.