

# Annual Notice of Changes for 2019

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

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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 2.3 and 2.4 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 2.4 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?*

*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.*

- *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** Boston Medical Center HealthNet Plan Senior Care Options (SCO), **you don't need to do anything**. You will stay in Boston Medical Center HealthNet Plan Senior Care Options (SCO).*
- *If you want to **change to a different plan** that may better meet your needs, you can switch plans anytime. Look in section 3.2, page 9 to learn more about your choices.*

### **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 (SCO)**

- *Boston Medical Center HealthNet Plan Senior Care Options (SCO) has a contract with the Massachusetts Medicaid program. Enrollment in Boston Medical Center HealthNet Plan Senior Care Options (SCO) depends on contract renewal. Boston Medical Center HealthNet Plan Senior Care Options (SCO) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services.*

*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 (SCO).*

*SCOANOC\_01012019\_M Approved*

## 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 (SCO) 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.**

Cost	2018 (this year)	2019 (next year)
<b>Monthly plan premium*</b>	\$0	\$0
<b>Doctor office visits</b>	<i>Primary care visits: \$0 per visit</i> <i>Specialist visits: \$0 per visit</i>	<i>Primary care visits: \$0 per visit</i> <i>Specialist visits: \$0 per visit</i>
<b>Inpatient hospital stays</b> <i>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.</i>	\$0	\$0
<b>Prescription drug coverage</b> <i>(See Section 2.4 for details.)</i>	<ul style="list-style-type: none"> <li>Copayments: \$0</li> </ul>	<ul style="list-style-type: none"> <li>Copayments: \$0</li> </ul>

**Annual Notice of Changes for 2019**  
**Table of Contents**

**Summary of Important Costs for 2019.....1**

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Boston Medical Center HealthNet Plan Senior Care Options (SCO) in 2019 .....3**

**SECTION 2 Changes for Next Year.....3**

*Section 2.1 – Changes to the Provider Network..... 3*

*Section 2.2 – Changes to the Pharmacy Network..... 4*

*Section 2.3 – Changes to Benefits and Costs for Medical Services..... 4*

*Section 2.4 – Changes to Prescription Drug Coverage..... 5*

**SECTION 3 Deciding Which Plan to Choose .....6**

*Section 3.1 – If you want to stay in Boston Medical Center HealthNet Plan Senior Care Options (SCO)..... 6*

*Section 3.2 – If you want to change plans..... 6*

**SECTION 4 Programs That Offer Free Counseling about MassHealth Medicaid ..7**

**SECTION 5 Questions? .....7**

*Section 5.1 – Getting Help from Boston Medical Center HealthNet Plan Senior Care Options (SCO)..... 7*

*Section 5.2 – Getting Help from Medicaid..... 8*

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

**If you do nothing to change your coverage in 2018, we will automatically enroll you in our Boston Medical Center HealthNet Plan Senior Care Options (SCO).** *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 (SCO). If you want to, you can change to a different health plan. If you want to change, you can do so between October 15 and December 7.*

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

## **SECTION 2 Changes for Next Year**

### **Section 2.1 – 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](http://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, we are required to 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 2.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Our plan has 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](http://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 2.3 – Changes to Benefits and Costs for Medical Services

Please note that the Annual Notice of Changes only tells you about changes to your 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)
<b>Home Delivered Meals</b>	\$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 healthier lifestyle.
<b>Respite Care</b>	\$0	In addition to the caregiver requesting respite care, the member can request respite care for the caregiver for 1 – 3 days per year.
<b>Dental Implants</b> –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
<b>Acupuncture</b> – Supplemental Benefit of up to \$500 per calendar year	You pay \$0	Acupuncture (supplemental benefit) is not covered.

Cost	2018 (this year)	2019 (next year)
<b>Weight Watchers</b> –Supplemental Benefit of up to \$150 per calendar year	You pay \$0	Weight Watchers (supplemental benefit) is not covered.
<b>Over the Counter Items</b> Supplemental Benefit of \$80 per calendar quarter.	You pay \$0	Supplemental Benefit (mandatory, no copayment) of \$85 per calendar quarter.
<b>Vision Hardware</b> –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 2.4 – Changes to 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](http://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 days 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 determines 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 allowed changes.*

*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.)*

## **SECTION 3      Deciding Which Plan to Choose**

### **Section 3.1 – If you want to stay in Boston Medical Center HealthNet Plan Senior Care Options (SCO)**

**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 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 2019 follow these steps:*



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

- You can join a different MassHealth (Medicaid) health plan

## SECTION 4 Programs That Offer Free Counseling about MassHealth 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 MassHealth (Medicaid). SHINE counselors can help you with your MassHealth (Medicaid) questions or problems. They can help you understand your 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](http://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 affects how you get your MassHealth (Medicaid) coverage.

## SECTION 5 Questions?

### Section 5.1 – Getting Help from Boston Medical Center HealthNet Plan Senior Care Options (SCO)

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 – February 14). 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 (SCO). 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).

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## **Section 5.2 – Getting Help from Medicaid**

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*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.*