

West Virginia Senior Advantage (HMO SNP)
offered by West Virginia Senior Advantage, Inc.

Annual Notice of Changes for 2019

You are currently enrolled as a member of West Virginia Senior Advantage (HMO SNP). 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 1.1 and 1.5 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 1.6 for information about changes to our drug coverage.
- 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 1.3 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>. 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** West Virginia Senior Advantage (HMO SNP), you don’t need to do anything. You will stay in West Virginia Senior Advantage (HMO SNP).
- To change to a **different plan** that may better meet your needs, you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is also available in Braille and in large print.
- **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 West Virginia Senior Advantage (HMO SNP)

- West Virginia Senior Advantage (HMO SNP) is a HMO-MAPD plan with a Medicare contract. Enrollment in West Virginia Senior Advantage (HMO SNP) depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means West Virginia Senior Advantage, Inc.. When it says “plan” or “our plan,” it means West Virginia Senior Advantage (HMO SNP).

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for West Virginia Senior Advantage (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 online *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$37.10	\$37
Deductible	\$183	The Part B deductible was \$183. This is the 2018 cost sharing amount and may change in 2019. West Virginia Senior Advantage (HMO SNP) will provide updated rates as soon as they are released.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$6,700	\$6,400
Doctor office Visits	Primary care visits: \$0 copayment per visit Specialist visits: 20% coinsurance per visit	Primary care visits: \$0 copayment per visit Specialist visits: 20% coinsurance per visit

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Cost	2018 (this year)	2019 (next year)
<p>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.</p>	<p>You pay the 2018 Original Medicare cost-sharing amounts. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. West Virginia Senior Advantage (HMO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Coinsurance during the Initial Coverage Stage: Covered Drugs: 25%</p>	<p>Coinsurance during the Initial Coverage Stage: Covered Drugs: 25%</p>

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 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.)	\$37.10	\$37

- 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 1.2 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 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.	\$6,700	\$6,400 Once you have paid \$6,400 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 1.3 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.wvsenioradvantage.com. 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 1.4 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.wvsenioradvantage.com. 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 1.5 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 2019 *Evidence of Coverage*.

Cost	2018 (this year)	2019 (next year)
Emergency care - Cost Sharing	You pay a \$80 copayment for each Medicare-covered service	You pay a \$90 copayment for each Medicare-covered service

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Cost	2018 (this year)	2019 (next year)
Inpatient hospital stays - Cost Sharing	<p>You pay the 2018 Original Medicare cost-sharing amounts. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. West Virginia Senior Advantage (HMO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>
Inpatient mental health care - Cost Sharing	<p>You pay the 2018 Original Medicare cost-sharing amounts. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>	<p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. West Virginia Senior Advantage (HMO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>
Outpatient Hospital Services - Cost Sharing	<p>You pay a 20% coinsurance for each Medicare-covered service</p>	<p>You pay a \$100 copayment per visit for Medicare-covered observation stay services You pay a 20% coinsurance for all other Medicare-covered outpatient hospital services</p>

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Cost	2018 (this year)	2019 (next year)
Skilled nursing facility (SNF) care - Cost Sharing - Out-of-Network	You pay a \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.	You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. West Virginia Senior Advantage (HMO SNP) will provide updated rates as soon they are released. \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay. \$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.

Section 1.6 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.

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 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 may 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. If 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 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*, available online at www.wvsenioradvantage.com.)

Changes to the Deductible Stage

Stage	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your drugs until you have reached the yearly deductible.	The deductible is \$405.	The deductible is \$415.

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	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. 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, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: 25% coinsurance _____ Once your total drug costs have reached \$3,750, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: 25% coinsurance _____ Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).

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 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in West Virginia Senior Advantage (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 by December 7, you will automatically stay enrolled as a member of our plan for 2019.

Section 2.2 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.

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 4), or call Medicare (see Section 6.2).

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 West Virginia Senior Advantage (HMO SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from West Virginia Senior Advantage (HMO SNP).
- 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 6.1 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 3 **Deadline for Changing Plans**

You can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 **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 West Virginia, the SHIP is called West Virginia State Health Insurance Assistance Program (WV SHIP).

West Virginia State Health Insurance Assistance Program (WV SHIP) 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. West Virginia State Health Insurance Assistance Program (WV SHIP) 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 West Virginia State Health Insurance Assistance Program (WV SHIP) at 1-877-987-3646. You can learn more about West Virginia State Health Insurance Assistance Program (WV SHIP) by visiting their website (<http://www.wvship.org/>).

SECTION 5 **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).

SECTION 6 Questions?

Section 6.1 Getting Help from West Virginia Senior Advantage (HMO SNP)

Questions? We're here to help. Please call Member Services at 1-844-854-6888. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. 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 West Virginia Senior Advantage (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 available online at: www.wvsenioradvantage.com.

Visit our Website

You can also visit our website at www.wvsenioradvantage.com. 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 6.2 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 the *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

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