

# **Premera Blue Cross Medicare Advantage (HMO) offered by Premera Blue Cross**

## **Annual Notice of Changes for 2018**

You are currently enrolled as a member of Premera Blue Cross Medicare Advantage (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 2018 Drug List and look in Section 2.6 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 2.3 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> 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** Premera Blue Cross Medicare Advantage (HMO), you don’t need to do anything. You will stay in Premera Blue Cross Medicare Advantage (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, 2017**

- If you **don’t join by December 7, 2017**, you will stay in Premera Blue Cross Medicare Advantage (HMO).
- If you **join by December 7, 2017**, your new coverage will start on January 1, 2018.

## **Additional Resources**

- Please contact our Customer Service number at 888-850-8526 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. 7 days a week between October 1 - February 14; and 8 a.m. to 8 p.m. Monday - Friday between February 15 - September 30.
- This information is available in a different format, including audio CDs.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** 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 Premera Blue Cross Medicare Advantage (HMO)**

- Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Premera Blue Cross. When it says “plan” or “our plan,” it means Premera Blue Cross Medicare Advantage (HMO).

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### Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for Premera Blue Cross Medicare Advantage (HMO) 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	2017 (this year)	2018 (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.)	\$6,700	\$6,200
<b>Doctor office visits</b>	Primary care visits: \$15 per visit. Specialist visits: \$50 per visit.	Primary care visits: \$15 per visit. Specialist visits: \$45 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.	\$450 copay each day for days 1 - 4 and \$0 copay each day for days 5-90 You pay nothing for additional hospital days.	\$450 copay each day for days 1 - 4 and \$0 copay each day for days 5-90 You pay nothing for additional hospital days.

Cost	2017 (this year)	2018 (next year)
<b>Part D prescription drug coverage</b> (See Section 2.6 for details.)	Deductible: \$320 (Does not apply to Tier 1 and Tier 2 drugs) Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1 (Preferred Generic):  <i>Preferred</i>  <i>cost-sharing:</i> \$5 copay  <i>Standard</i>  <i>cost-sharing:</i> \$15 copay</li> <li>• Drug Tier 2 (Generic):  <i>Preferred</i>  <i>cost-sharing:</i> \$15 copay  <i>Standard</i>  <i>cost-sharing:</i> \$20 copay</li> <li>• Drug Tier 3 (Preferred Brand):  <i>Preferred and standard</i>  <i>cost-sharing:</i> \$45 copay</li> <li>• Drug Tier 4 (Non-Preferred Drug):  <i>Preferred and standard</i>  <i>cost-sharing:</i> 30% of the total cost</li> </ul>	Deductible: \$340 (Does not apply to Tier 1 and Tier 2 drugs) Copayment/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1 (Preferred Generic):  <i>Preferred</i>  <i>cost-sharing:</i> \$5 copay  <i>Standard</i>  <i>cost-sharing:</i> \$15 copay</li> <li>• Drug Tier 2 (Generic):  <i>Preferred</i>  <i>cost-sharing:</i> \$15 copay  <i>Standard</i>  <i>cost-sharing:</i> \$20 copay</li> <li>• Drug Tier 3 (Preferred Brand):  <i>Preferred</i>  <i>cost-sharing:</i> \$42 copay  <i>Standard</i>  <i>cost-sharing:</i> \$47 copay</li> <li>• Drug Tier 4 (Non-Preferred Drug):  <i>Preferred and standard</i>  <i>cost-sharing:</i> 35% of the total cost</li> </ul>

Cost	2017 (this year)	2018 (next year)
	<ul style="list-style-type: none"> <li>Drug Tier 5 (Specialty): <i>Preferred and standard cost-sharing: 26% of the total cost</i></li> </ul>	<ul style="list-style-type: none"> <li>Drug Tier 5 (Specialty): <i>Preferred and standard cost-sharing: 26% of the total cost</i></li> </ul>

## ***Annual Notice of Changes for 2018***

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## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Premera Blue Cross Medicare Advantage (HMO) in 2018**

**If you do nothing to change your Medicare coverage by December 7, 2017, we will automatically enroll you in our Premera Blue Cross Medicare Advantage (HMO).** This means starting January 1, 2018, you will be getting your medical coverage through Premera Blue Cross Medicare Advantage (HMO). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change, you must do so between October 15 and December 7. If you are eligible for Low Income Subsidies, you can change plans at any time.

The information in this document tells you about the differences between your current benefits in Premera Blue Cross Medicare Advantage (HMO) and the benefits you will have on January 1, 2018 as a member of Premera Blue Cross Medicare Advantage (HMO).

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

### **Section 2.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2017 (this year)</b>	<b>2018 (next year)</b>
<b>Monthly plan premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty. This penalty is added to the premium if you did not have other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more. The penalty will be added to your premium if you enroll in Medicare prescription drug coverage in the future.
- 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 amounts.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2017 (this year)	2018 (next year)
<b>Maximum out-of-pocket amount</b>	\$6,700	\$6,200
Your costs for prescription drugs, your optional supplemental dental premium (if applicable) and your out-of-network dental cost shares above the allowable reimbursement for covered services (if applicable), do not count toward your maximum out-of-pocket amount.		Once you have paid \$6,200 out-of-pocket for covered services, you will pay nothing for your covered 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 and Pharmacy Directory* is located on our website at [premera.com/ma](http://premera.com/ma). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

**Please review the 2018 *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, 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.

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## Section 2.4 – Changes to the Pharmacy Network

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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. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at [premera.com/ma](http://premera.com/ma). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2018 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

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

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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 *2018 Evidence of Coverage*.

Cost	2017 (this year)	2018 (next year)
<b>Medicare covered dental exam</b>	You pay a \$50 copay per exam.	You pay a \$45 copay per exam.
<b>Medicare covered hearing exam</b>	You pay a \$50 copay per exam.	You pay a \$45 copay per exam.

Cost	2017 (this year)	2018 (next year)
<b>Optional supplemental dental benefit changes</b> * If enrolled in dental benefit	Emergency focused exam is not covered.  Periodontal maintenance is not covered.  Palliative (emergency) treatment of dental pain is not covered.	Emergency focused exam is covered. Limit 1 per calendar year.  Periodontal maintenance is covered. Limit 2 per calendar year.  Palliative (emergency) treatment of dental pain is covered.
<b>Podiatrist office visit</b>	You pay a \$50 copay per visit.	You pay a \$45 copay per visit.
<b>Specialist office visit</b>	You pay a \$50 copay per exam.	You pay a \$45 copay per exam.
<b>Urgent care</b>	You pay a \$65 copay per visit.	You pay a \$50 copay per visit.

## 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 in this envelope.

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. **We encourage current members** to ask for an exception before next year.
  - 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 Customer Service.

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, 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. (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 had an approved formulary exception during the previous year, a new request may need to be submitted for the current year. To see if you need a new formulary exception request, you may call Customer Service.

### 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 Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8.1 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 enclosed *Evidence of Coverage*.)

## Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3 to Tier 5 drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$320.</p> <p>During this stage, you pay cost-sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3 through Tier 5 until you have reached the yearly deductible.</p>	<p>The deductible is \$340.</p> <p>During this stage, you pay cost-sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3 through Tier 5 until you have reached the yearly deductible.</p>

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

Please see the following chart for the changes from 2017 to 2018.

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	2017 (this year)	2018 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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 <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. For information about the costs for a long-term supply; or for mail-order</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Tier 1 Preferred Generic Drugs:</b>  <i>Standard cost-sharing:</i>            You pay \$15 per prescription.  <i>Preferred cost-sharing:</i>            You pay \$5 per prescription.  <i>Standard mail-order cost-sharing:</i>            You pay \$15 per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Tier 1 Preferred Generic Drugs:</b>  <i>Standard cost-sharing:</i>            You pay \$15 per prescription.  <i>Preferred cost-sharing:</i>            You pay \$5 per prescription.  <i>Mail-order cost-sharing:</i>            You pay \$5 per prescription.</p>

Stage	2017 (this year)	2018 (next year)
prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	<p><i>Preferred mail-order cost-sharing:</i> You pay \$5 per prescription.</p>	
	<p><b>Tier 2 Generic Drugs:</b> <i>Standard cost-sharing:</i> You pay \$20 per prescription. <i>Preferred cost-sharing:</i> You pay \$15 per prescription. <i>Standard mail-order cost-sharing:</i> You pay \$20 per prescription. <i>Preferred mail-order cost-sharing:</i> You pay \$15 per prescription.</p>	<p><b>Tier 2 Generic Drugs:</b> <i>Standard cost-sharing:</i> You pay \$20 per prescription. <i>Preferred cost-sharing:</i> You pay \$15 per prescription. <i>Mail-order cost-sharing:</i> You pay \$15 per prescription.</p>
	<p><b>Tier 3 Preferred Brand Drugs:</b> <i>Standard cost-sharing:</i> You pay \$45 per prescription. <i>Preferred cost-sharing:</i> You pay \$45 per prescription. <i>Standard mail-order cost-sharing:</i> You pay \$45 per prescription. <i>Preferred mail-order cost-sharing:</i> You pay \$45 per prescription.</p>	<p><b>Tier 3 Preferred Brand Drugs:</b> <i>Standard cost-sharing:</i> You pay \$47 per prescription. <i>Preferred cost-sharing:</i> You pay \$42 per prescription. <i>Mail-order cost-sharing:</i> You pay \$42 per prescription.</p>
	<p><b>Tier 4 Non-Preferred Drugs:</b> <i>Standard cost-sharing:</i> You pay 30% of the total cost.</p>	<p><b>Tier 4 Non-Preferred Drugs:</b> <i>Standard cost-sharing:</i> You pay 35% of the total cost.</p>

Stage	2017 (this year)	2018 (next year)
	<p><i>Preferred cost-sharing:</i> You pay 30% of the total cost.</p> <p><i>Standard mail-order cost-sharing:</i> You pay 30% of the total cost.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay 30% of the total cost.</p>	<p><i>Preferred cost-sharing:</i> You pay 35% of the total cost.</p> <p><i>Mail-order cost-sharing:</i> You pay 35% of the total cost.</p>
	<p><b>Tier 5 Specialty Drugs:</b></p> <p><i>Standard cost-sharing:</i> You pay 26% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 26% of the total cost.</p> <p><i>Standard mail-order cost-sharing:</i> You pay 26% of the total cost.</p> <p><i>Preferred mail-order cost-sharing:</i> You pay 26% of the total cost.</p>	<p><b>Tier 5 Specialty Drugs:</b></p> <p><i>Standard cost-sharing:</i> You pay 26% of the total cost.</p> <p><i>Preferred cost-sharing:</i> You pay 26% of the total cost.</p> <p><i>Mail-order cost-sharing:</i> You pay 26% of the total cost.</p>
	<p>Once your total drug costs have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$3,750, you will move to the next stage (the Coverage Gap Stage).</p>
	<p>Long Term Care Pharmacy 1 month supply = 34 days</p>	<p>Long Term Care Pharmacy 1 month supply = 31 days</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 Administrative Changes

	2017 (this year)	2018 (next year)
Optional supplemental dental benefit premiums *If benefit was elected	Payments are due the 1st of each month, but are not considered late until the 15th of each month.	Payments are due the 1st of each month, and considered late after the 1st of each month.
Optional supplemental dental benefit grace period * If enrolled in dental benefit	If we have not received your optional supplemental dental premium by the 15th of the month, we will send you a notice telling you that your Optional Supplemental Dental benefits will be discontinued and your coverage will be downgraded to remove dental coverage after three months.	If we have not received your optional supplemental dental premium by the 1st of the month, we will send you a notice telling you that your Optional Supplemental Dental benefits will be discontinued and your coverage will be downgraded to remove dental coverage after two months.



	2017 (this year)	2018 (next year)
Part D late enrollment penalty	<p>Payments are due the 1st of each month, but are not considered late until the 15th of each month.</p> <p>If we have not received your penalty payment by the 15th of the month, we will send you a notice telling you that your plan membership will end if we do not receive your late enrollment penalty within three months.</p>	<p>Payments are due the 1st of each month, and considered late after the first of each month.</p> <p>If we have not received your penalty payment by the 1st of the month, we will send you a notice telling you that your plan membership will end if we do not receive your late enrollment penalty within two months.</p>
Part D Transition Policy changes	<p>In the retail setting, the transition policy provides for at least a one-time, temporary 30-day fill (unless the enrollee presents with a prescription written for less than 30 days), with multiple refills as necessary for up to a 90 day supply anytime during the first 90 days of a beneficiary’s enrollment with Premera Blue Cross, beginning on the enrollee’s effective date of coverage.</p> <p>In the long-term care setting the transition policy provides for a 102 day fill consistent with the applicable dispensing increment (unless the enrollee presents with a prescription written for less), with refills provided if needed during the first 90 days of a beneficiary’s</p>	<p>In the retail setting, the transition policy provides for at least a one-time, temporary 30-day fill (unless the enrollee presents with a prescription written for less than 30 days), with multiple refills as necessary for up to a 30 day supply anytime during the first 90 days of a beneficiary’s enrollment with Premera Blue Cross, beginning on the enrollee’s effective date of coverage.</p> <p>In the long-term care setting the transition policy provides for up to a 98 day fill consistent with the applicable dispensing increment (unless the enrollee presents with a prescription written for less), with refills provided if needed during the first 90 days of a beneficiary’s</p>

	2017 (this year)	2018 (next year)
	enrollment in the plan, beginning on the enrollee's effective date of coverage.	enrollment in the plan, beginning on the enrollee's effective date of coverage.

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Premera Blue Cross Medicare Advantage (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 2018.

### 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 2018 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 2018*, 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.**

As a reminder, Premera Blue Cross offers other Medicare health plans and Medicare prescription drug 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 Premera Blue Cross Medicare Advantage (HMO).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Premera Blue Cross Medicare Advantage (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 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 5 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, 2018.

### 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 are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2018, and don’t like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2018. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

## SECTION 6 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 Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

SHIBA 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. SHIBA 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 SHIBA at 800-562-6900 (TTY 360-586-0241). You can learn more about SHIBA by visiting their website ([www.insurance.wa.gov/shiba](http://www.insurance.wa.gov/shiba)).

## SECTION 7 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 Washington State's ADAP is known as the Early Intervention Program (EIP). The EIP provides services to help eligible persons with HIV get the medications and assistance with insurance premium payments they need to improve and maintain their health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call EIP at 877-376-9316.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Premera Blue Cross Medicare Advantage (HMO)

Questions? We're here to help. Please call Customer Service at 888-850-8526. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week from October 1 through February 14; 8 a.m. to 8 p.m. (Pacific Time), Monday through Friday from February 15 through September 30. Calls to these numbers are free.

#### **Read your 2018 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 2018. For details, look in the 2018 *Evidence of Coverage* for Premera Blue Cross Medicare Advantage (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 included in this envelope.

#### **Visit our Website**

You can also visit our website at [premera.com/ma](http://premera.com/ma). 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).

### 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 2018***

You can read the *Medicare & You 2018* 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.

### Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator — Complaints and Appeals  
Premera Blue Cross Medicare Advantage Plans -  
Complaints & Appeals  
PO Box 262527, Plano, TX 75026  
Phone: 888-850-8526, fax: 800-889-1076, TTY: 711  
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Getting Help in Other Languages

**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 888-850-8526 (TTY: 711).

#### አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 888-850-8526 (TTY: 711) ይደውሉ።

#### العربية (Arabic):

يحيوي هذا الإشعار معلومات هامة. قد يحيوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ(888-850-8526 (TTY: 711)

#### 中文 (Chinese):

**本通知有重要的訊息。** 本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 888-850-8526 (TTY: 711)。

**Oromoo (Cushite):**

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 888-850-8526 (TTY: 711) tii bilbilaa.

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 888-850-8526 (TTY: 711).

**日本語 (Japanese): この通知には重要な情報が含まれています。** この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。888-850-8526 (TTY: 711)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 888-850-8526 (TTY: 711) 로 전화하십시오.

**ភាសាខ្មែរ (Khmer):**

**សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។** សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្លៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 888-850-8526 (TTY: 711)។

**ລາວ (Lao):**

**ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ.** ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 888-850-8526 (TTY: 711).



ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ  
Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ  
ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਜਵਾਬ  
ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ  
ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ  
ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ  
ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ, ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ  
ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ, ਕਾਲ  
888-850-8526 (TTY: 711).

Русский (Russian):

**Настоящее уведомление содержит важную информацию.** Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 888-850-8526 (TTY: 711).

Español (Spanish):

**Este Aviso contiene información importante.** Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

Tagalog (Tagalog):

**Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon.** Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 888-850-8526 (TTY: 711).

Український (Ukrainian):

**Це повідомлення містить важливу інформацію.** Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 888-850-8526 (TTY: 711).

Tiếng Việt (Vietnamese):

**Thông báo này cung cấp thông tin quan trọng.** Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 888-850-8526 (TTY: 711).