Care Wisconsin Medicare Dual Advantage (HMO SNP) offered by Care Wisconsin Health Plan

Annual Notice of Changes for 2018

You are currently enrolled as a member of Care Wisconsin Medicare Dual Advantage. 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 2.1 and 2.5 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 2018 Drug List and look in Section 2.6 for information about changes to our drug coverage.

H5209-004_DAANOC8-24-17 CMS Accepted 8/31/2017
DHS Approved 8/30/2017

☐ 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 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** Care Wisconsin Medicare Dual Advantage, you don't need to do anything. You will stay in Care Wisconsin Medicare Dual Advantage.

If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in section 3.2, page 12 to learn more about your choices.

Additional Resources

Please contact our Customer Service number at 1-800-963-0035 for additional information. (TTY users should call Wisconsin Relay System 711.) Hours are 8:00 a.m. – 8:00 p.m. Central, 7 days a week. Customer Service has free interpreter services.

English: For help to translate or understand this, please call 1-800-963-0035
TTY Call the Wisconsin Relay System at 711

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-963-0035
TTY Call the Wisconsin Relay System at 711

Russian: Если вам не всё понятно в этом документе, позвоните по телефону 1-800-963-0035
TTY Call the Wisconsin Relay System at 711

Hmong: Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-963-0035
TTY Call the Wisconsin Relay System at 711

If you need this material in an alternate format such as Braille, large print, or another format, please contact Customer Service.

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 Care Wisconsin Medicare Dual Advantage

Care Wisconsin Medicare Dual Advantage is a Coordinated Care Plan with a Medicare Advantage Contract. The plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits. Enrollment in Care Wisconsin Medicare Dual Advantage depends on contract renewal.

When this booklet says "we," "us," or "our," it means Care Wisconsin Health Plan, Inc. When it says "plan" or "our plan," it means Care Wisconsin Medicare Dual Advantage.

Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for Care Wisconsin Medicare Dual Advantage 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)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	$0	$0
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $0 per visit	Primary care visits: $0 per visit Specialist visits: $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	$0
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 Copayment during the Initial Coverage Stage: • ***Generic Drugs***: $0/$1.20/$3.30 • ***All Other Drugs***: $0/$3.70/$8.25	Deductible: $0 Copayment during the Initial Coverage Stage: • ***Generic Drugs***: $0/$1.25/$3.35 • ***All Other Drugs***: $0/$3.70/$8.35

Cost	2017 (this year)	2018 (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.)	$6,700 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.	$6,700 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 Care Wisconsin Medicare Dual Advantage in 2018

If you do nothing to change your Medicare coverage in 2017, we will automatically enroll you in our Care Wisconsin Medicare Dual Advantage plan. This means starting January 1, 2018, you will be getting your medical and prescription drug coverage through Care Wisconsin Medicare Dual Advantage. 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 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 Care Wisconsin Medicare Dual Advantage and the benefits you will have on January 1, 2018, as a member of Care Wisconsin Medicare Dual Advantage.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Wisconsin 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	2017 (this year)	2018 (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.** 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 count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,700	$6,700 Once you have paid $6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.carewisc.org/medicare-dual-advantage. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2018 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.carewisc.org/medicare-dual-advantage. You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2018 Pharmacy Directory to see which pharmacies are in our network**.

Section 2.5 – There are no changes to your benefits or amounts you pay for medical services

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

Our benefits and what you pay for these covered medical services will be exactly the same in 2018 as they are in 2017.

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." **You can get the *complete* Drug List** by calling Customer Service (see the back cover) or visiting our website (www.carewisc.org/medicare-dual-advantage).

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 Customer Service.

- **Work with your doctor (or 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.

Some of your exceptions may still be covered next year without requiring a new exception. Please call Customer Service to see if you will need a new exception.

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 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 in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

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

Stage	2017 (this year)	2018 (next year)
Stage 2: 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.**	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Generic Drugs*:** You pay $0/$1.20/$3.30 ***All Other Drugs*:** You pay $0/$3.70/$8.25	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Generic Drugs*:** You pay $0/$1.25/$3.35 ***All Other Drugs*:** You pay $0/$3.70/$8.35

Stage	2017 (this year)	2018 (next year)
Stage 2: Initial Coverage Stage (continued)		
The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Once you have paid $4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid $5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage**.

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Care Wisconsin Medicare Dual Advantage

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 2018.

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 2018 follow these steps:

Step 1: Learn about and compare your choices

You can join a different Medicare health plan at any time,

-- *OR*-- You can change to Original Medicare at any time.

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 2018*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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

As a reminder, Care Wisconsin Health Plan offers other Medicare health plans *AND*. 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 Care Wisconsin Medicare Dual Advantage.

To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Care Wisconsin Medicare Dual Advantage.

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 7.1 of this booklet).

– *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 4 Deadline for Changing Plans

Because you are eligible for Medicare and Full Medicaid Benefits 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 5 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 Wisconsin, the SHIP is called the Wisconsin State Health Insurance Assistance Program.

The Wisconsin State Health Insurance Assistance Program 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. Wisconsin State Health Insurance Assistance Program 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 the Wisconsin State Health Insurance Assistance Program at 800-242-1060. You can learn more about the Wisconsin State Health Insurance Assistance Program by visiting their website (http://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm).

For questions about your Wisconsin Medicaid benefits, contact the Wisconsin Department of Health Services by calling 1-800-362-3002 (TTY users should call Wisconsin Relay System 711) Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

SECTION 6 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). To get information from Wisconsin Medicaid you can call the Wisconsin Department of Health Services (DHS) at 1-800-362-3002. TTY users should call the Wisconsin Relay System at 711.

Prescription Cost-sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Wisconsin AIDS/HIV Drug Assistance Program, https://www.dhs.wisconsin.gov/aids-hiv/adap.htm. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-991-5532.

SECTION 7 Questions?

Section 7.1 – Getting Help from Care Wisconsin Medicare Dual Advantage

Questions? We're here to help. Please call Customer Service at 1-800-963-0035. (TTY only, call Wisconsin Relay System 711.) We are available for phone calls 8:00 a.m. – 8:00 p.m. Central, 7 days a week. 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 Care Wisconsin Medicare Dual Advantage. 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 www.carewisc.org/medicare-dual-advantage. 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 7.2 – 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 *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.

Section 7.3 – Getting Help from Wisconsin Medicaid

To get information from Wisconsin Medicaid you can call the Wisconsin Department of Health Services (DHS) at 1-800-362-3002. TTY users should call the Wisconsin Relay System at 711.