

Passport Advantage (HMO-SNP)
offered by University Health Care, Inc.

Annual Notice of Changes for 2017

You are currently enrolled as a member of Passport Advantage (HMO-SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

Additional Resources

- Please contact our Member Services number at 1-844-859-6152 for additional information. (TTY users, please call 711.) Hours are 8 a.m. to 8 p.m. Eastern Time Monday through Friday from February 15 to September 30 and 8 a.m. to 8 p.m. Eastern Time 7 days a week from October 1 to February 14.
- Member Services also has free language interpreter services available for non-English speakers (phone numbers are in Section 6.3 of this booklet).
- We must provide information in a way that works for you (in languages other than English, in Braille, in large print, or other alternate formats, etc.).
- Minimum essential coverage (MEC): 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 on the individual requirement for MEC.

About Passport Advantage (HMO-SNP)

- Passport Advantage (HMO-SNP) is an HMO Special Needs Plan with a Medicare contract and a contract with the Kentucky Medicaid program. Enrollment in Passport Advantage (HMO-SNP) depends on contract renewal.
- When this booklet says "we," "us," or "our," it means University Health Care, Inc. When it says "plan" or "our plan," it means Passport Advantage (HMO-SNP).



Nondiscrimination Notice

Passport Advantage (HMO-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Passport Advantage (HMO-SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Passport Advantage (HMO-SNP):

- 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 Tracy Bertram.

If you believe that Passport Advantage (HMO-SNP) 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 Tracy Bertram, Director of Compliance, 5100 Commerce Crossings Drive, Louisville, KY 40229, Telephone Number: 502-212-6767, TTY 711, Fax Number: 502-213-8905, Tracy.bertram@passporthealthplan.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tracy Bertram 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 Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nondiscrimination Statement

English: Passport Advantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: Passport Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

French: Passport Advantage respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

French Creole: Passport Advantage konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Italian: Passport Advantage è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

Portuguese: Passport Advantage cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

German: Passport Advantage erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Norwegian: Passport Advantage overholder gjeldende føderale lover om borgerrettigheter og diskriminerer ikke på grunnlag av etnisitet, farge, nasjonal opprinnelse, alder, funksjonshemming eller kjønn.

Russian: Passport Advantage соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Persian: ر ب ی ض ی ع ب ت ه ن و گ چ ی ه Passport Advantage و د ن ک ی م ت ی ع ب ت ه ط و ب ر م ل ا ر د ف ی ن د م ق و ق ح ن ی ن ا و ق ز ا د و ش ی م ن ل ی ا ق د ا ر ف ا ت ی س ن ج ا ی ی ن ا و ت ا ن ، ن س ، ی ت ی ل م ت ی ل ص ر ا ، ت س و پ گ ن ر ، د ا ژ ن س ا س ا

Greek: Passport Advantage συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.

Serbo-Croatian: Passport Advantage pridržava se važećih saveznih zakona o građanskim pravima i ne pravi diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.

Urdu: ل س ن ه ک ه ی ر و ا ه ا ت ر ک ل ی م ع ت ی ک ی ن ی ن ا و ق ه ک ق و ق ح ی ر ه ش ی ق ا ف و ق : Passport Advantage ط ا ل ب ا ق ، ا ت ر ک ی ه ن ز ا ی ت م ا ر پ د ا ی ن ب ی ک س ن ج ا ی ی ر و ذ ع م ، ر م ع ، ت ی م و ق ، گ ن ر

Hindi: Passport Advantage

ध्यान दें: अगर आप बात करने में सक्षम हैं हिंदी, तो नि शुल्क भाषा सहायता सेवाएं उपलब्ध हैं।
अपने सदस्य आईडी कार्ड या इस वेबपेज पर सूचीबद्ध नंबर पर फोन करें।

Chinese: Passport Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Japanese: Passport Advantage は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Korean: Passport Advantage

주의: 한국어를 하시는 분들을 위해 무료 통역 서비스가 제공됩니다. 귀하의 회원 ID 카드 또는 본 웹페이지를 통해 제공되는 번호로 문의해 주시기 바랍니다.

Vietnamese: Passport Advantage tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog: Sumusunod ang Passport Advantage sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-859-6152 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-859-6152 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-859-6152 (TTY: 711)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-859-6152 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-859-6152 (TTY: 711).

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-859-6152 (رقم هواتف الصم والبكم: 117).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-859-6152 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-859-6152 (TTY:711) まで、お電話にてご連絡ください。

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-859-6152 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-859-6152 (TTY: 711)번으로 전화해 주십시오.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-844-859-6152 (TTY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-859-6152 (टिटावाइ: (TTY: 711) ।

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-859-6152 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-859-6152 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-859-6152 (TTY: 711).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-859-6152 (TTY: 711).

Grievance Procedure

It is the policy of Passport Advantage not to discriminate on the basis of race, color, national origin, sex, age or disability. Passport Advantage has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Tracy Bertram, Compliance, 5100 Commerce Crossings Drive, Louisville, KY 40229, Telephone Number: 502-212-6767, Fax Number: 502-213-8905, email: Tracy.bertram@passporthealthplan.com, who has been designated to coordinate the efforts of Passport Advantage to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Passport Advantage to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Passport Advantage relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Administrator/Chief Executive Officer/Board of Directors/etc. within 15 days of receiving the Section 1557 Coordinator's decision. The Administrator/Chief Executive Officer/Board of Directors/etc. shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of

Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. Passport Advantage will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Think About Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It's important to review your coverage each fall to make sure it will meet your needs next year.

Important things to do:

- **Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1 for information about benefit and cost changes for our plan.
- **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1 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 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? How do the total costs compare to other Medicare coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with Passport Advantage (HMO-SNP):

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch at any time. If you enroll in a new plan, your new coverage will begin on the first day of the month after you request the change. Look in Section 2 to learn more about your choices.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for Passport 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 enclosed *Summary of Benefits* to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
Deductible	\$0 or \$166	In 2016, the yearly deductible was \$0 or \$166. This amount may change in 2017.
Doctor office visits	Primary care visits: <ul style="list-style-type: none"> • 0% or 20% coinsurance per visit • You Pay Nothing if you maintain your Kentucky Medicaid coverage and use a network provider, per visit Specialist visits: <ul style="list-style-type: none"> • 0% or 20% coinsurance per visit • You Pay Nothing if you maintain your Kentucky Medicaid coverage and use a network provider, per visit 	Primary care visits: <ul style="list-style-type: none"> • 0% or 20% coinsurance per visit • You Pay Nothing if you maintain your Kentucky Medicaid coverage and use a network provider, per visit Specialist visits: <ul style="list-style-type: none"> • 0% or 20% coinsurance per visit • You Pay Nothing if you maintain your Kentucky Medicaid coverage and use a network provider, 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.	<ul style="list-style-type: none"> • \$0 or \$1,288 deductible for days 1 - 60. • \$0 copay or \$322 copay per day for days 61 - 90. • \$0 copay or \$644 copay per day for 60 lifetime reserve days. You Pay Nothing if you maintain your Kentucky Medicaid coverage and use a network provider, per visit	<ul style="list-style-type: none"> • \$0 or \$1,288 deductible for days 1 - 60. • \$0 copay or \$322 copay per day for days 61 - 90. • \$0 copay or \$644 copay per day for 60 lifetime reserve days. You Pay Nothing if you maintain your Kentucky Medicaid coverage and use a network provider, per visit These amounts may change for 2017.
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: \$0 Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> • Generic Drugs: \$0 / \$1.20 / \$2.95 • All Other Drugs: \$0 / \$3.60 / \$7.40 	Deductible: \$0 Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> • Generic Drugs: \$0 / \$1.20 / \$3.30 • All Other Drugs: \$0 / \$3.70 / \$8.25
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 1.2 for details.)	\$6,700	\$6,700

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SECTION 1: Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2016 (this year)	2017 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Kentucky Medicaid.)	\$0.00	\$0.00

- 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 enroll in Medicare prescription drug coverage in the future.
- If you ever lose your low-income subsidy (“Extra Help”), you must maintain your Part D coverage or you could be subject to a late enrollment penalty if you ever choose to enroll in Part D in the future. If you have a higher income as reported on your last tax return (\$85,000 or more), 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	2016 (this year)	2017 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Kentucky Medicaid, very few members ever reach this out-of-pocket maximum. Your costs for covered medical services (such as copays and deductibles) 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 \$6,700.00 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 <http://passportadvantage.com/>. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2017 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.
- When possible we will 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 <http://passportadvantage.com/>. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2017 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.5 – Changes to Benefits and Cost for Medical Services

Our benefits and what you pay for these covered medical services will be exactly the same in 2017 as they are in 2016.

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 2017 *Summary of Benefits*. A copy of the *Summary of Benefits* was included in this envelope.

Cost	2016 (this year)	2017 (next year)
Hearing Aid Benefit	One complete set per year	Up to \$500 per ear, per year.
Dental Services	<p>An additional preventive dental service that works with Medicaid benefits:</p> <p>Comprehensive periodontal maintenance, oral exam and evaluation every 6 months;</p> <p>Additional adult cleaning</p> <p>Vertical bitewings 7 to 8 films 1x per 36 months</p> <p>Periodontal scaling and root planning 1 to 3 teeth per quadrant; one quadrant per 24 months</p> <p>Full mouth debridement 1x every 36 months</p> <p>Palliative (emergency treatment) 1 visit per 12 months</p> <p>Dentures - Our plan covers one pair every 60 months within denture network. No partial denture coverage.</p>	<p>Dentures - Our plan covers one pair every 60 months within denture network. No partial denture coverage. Requires medical necessity.</p>

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 in this envelope. The Drug List we included in this envelope includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website at <http://passportadvantage.com/>.

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 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 **one-time**, temporary supply of a non-formulary drug in the first 90 days of coverage of the plan year or coverage. (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.

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91 to 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

In addition, all members who experience a level-of-care change are eligible for a transition supply. A level-of-care change is when a member changes from one treatment setting to another. For example, if a member is discharged from an inpatient facility to home on a non-formulary medication, the member

will be eligible for a transition supply of that non-formulary medication. You can receive up to a 31-day supply of the medication (unless you have a prescription written for fewer days) after being discharged to allow time for you and your physician to switch to a formulary alternative or request an exception. After your first 31-day supply, we will not pay for the drug, unless an exception was approved. Our transition policy applies only to those drugs that are “Part D drugs.” The transition policy cannot be used to cover non-Part D drugs.

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 get “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 6 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	2016 (this year)	2017 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.	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	2016 (this year)	2017 (next year)
<p>Stage 2: Initial Coverage Stage</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 you pay your share of the cost.</p> <p>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 for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1:</p> <p>You pay \$0, \$1.20 or \$2.95 for Generic Drugs (including drugs treated as generic) and \$0, \$3.60 or \$7.40 for all other drugs, per prescription.</p> <p>Once you have paid \$4,850 out-of-pocket for Part D, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1:</p> <p>You pay \$0, \$1.20 or \$3.30 for Generic Drugs (including drugs treated as generic) and \$0, \$3.70 or \$8.25 for all other drugs, per prescription.</p> <p>Once you have paid \$4,950 out-of-pocket for Part D, you will move to the next stage (the Catastrophic Coverage Stage).</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 your *Summary of Benefits* or 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 Passport 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, you will automatically stay enrolled as a member of our plan for 2017.

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 2017, 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 and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 6).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://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 Passport 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 Passport 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 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

Because you are eligible for Medicare and Full Kentucky 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 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 Kentucky, the SHIP is called the Kentucky State Health Insurance Assistance Program.

The Kentucky 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. The Kentucky 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 Kentucky State Health Insurance Assistance Program (SHIP) Hotline at 1-877-293-7447 (option #2) or locally you can call 502-564-6930 and ask for a SHIP counselor.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your Kentucky Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Kentucky has a program called Kentucky Prescription Assistance Program (KPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **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 Kentucky AIDS Drug Assistance Program (KADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-866-510-0005.

SECTION 6 Questions?

Section 6.1 – Getting Help From Passport Advantage (HMO-SNP)

Questions? We’re here to help. Please call Member Services at 1-844-859-6152. (TTY only, call 711.) We are available for phone calls Monday to Friday from 8 a.m. to 8 p.m. Eastern Time from February 15 to

September 30 and 7 days a week from 8 a.m. to 8 p.m. Eastern Time from October 1 to February 14. Calls to these numbers are free.

Read your 2017 Summary of Benefits (it has details about next year's benefits and costs)

This *Summary of Benefits* gives you a summary of changes in your benefits and costs for 2017. For details, look in the 2017 *Summary of Benefits* for Passport Advantage (HMO-SNP). The *Summary of Benefits* 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 *Summary of Benefits* is included in this envelope.

Visit Our Website

You can also visit our website at <http://passportadvantage.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 (<http://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 <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read Medicare & You 2017

You can read *Medicare & You 2017 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 (<http://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 6.3 – Getting Help From Kentucky Medicaid

To get information from Kentucky Medicaid, you can call Kentucky Medicaid at 1-800-635-2570. TTY users should call 1-855-326-4654.

PASSPORT
ADVANTAGE (HMO SNP) 