

Passport Advantage (HMO SNP) offered by  
University HealthCare, Inc.

# Annual Notice of Changes for 2018

You are currently enrolled as a member of Passport 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 1.5 and 1.6 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 1.6 for information about changes to our drug coverage.
  
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
  
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?

- How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

## **2. COMPARE: Learn about other plan choices**

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov>. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 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 Passport Advantage, you don’t need to do anything. You will stay in Passport 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 2, page 11 to learn more about your choices.

## **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.
- 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.).
- 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 Passport Advantage

- 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.

## 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 Member Services at 1-844-859-6152.

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 in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. Passport Advantage’s Civil Rights Coordinator can be contacted by mail: 5100 Commerce Crossings Drive, Louisville, KY 40229; telephone number: 502-212-6767, TTY 711; fax number: 502-213-8905; or email: [PADCompliance@passporthealthplan.com](mailto:PADCompliance@passporthealthplan.com).

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, 1-800-537-7697 (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, funksjonshemning 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: Passport Advantage و دنک یم تی عبت مطوبرم لاردف یندم قوقح نین اوق زا

دارفا تیسنج ای یناوتان، نس، یتیلیم تیلحرا، تسوپ گنر، داژن ساسا رب یضی عبت هنوگچی ه  
دوش یمن لیاق.

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: Passport Advantage طا لباق ، لسن هک هی روا ه اترک لیمعت یک نین اوق ےک قوقح یرہش یقافوق  
اترک ینہن زایتم رپ داینب یک سنج ای یروذعم، رمع، تیموق، گنر

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 بالجمان. اتصل برقم 1-844-859-6152 (رقم هاتف الصم والبكم: 711). ملحوظة:

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 Schprouch. 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 (टिटिवाइ: (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).

Passport Advantage is an HMO Special Needs Plan with a Medicare contract and a contract with the Kentucky Medicaid program. Enrollment in Passport Advantage depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare, and resides in Jefferson, Hardin, Bullitt, or Nelson County. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums and/or co-payments may change on January 1 of each year. You must continue to pay your Medicare Part B premium. This premium is covered as long as you remain a full-dual Kentucky Medicaid enrollee. Premium, co-pays, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

## Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for Passport 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)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
<b>Deductible</b>	\$0 or \$166  <ul style="list-style-type: none"> <li>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0</li> </ul>	\$0 or \$183  <ul style="list-style-type: none"> <li>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0</li> </ul>
<b>Doctor office visits</b>	Primary care visits: <ul style="list-style-type: none"> <li>0% or 20% coinsurance per visit</li> </ul> Specialist visits: <ul style="list-style-type: none"> <li>0% or 20% coinsurance per visit</li> <li>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</li> </ul>	Primary care visits: <ul style="list-style-type: none"> <li>0% or 20% coinsurance per visit</li> </ul> Specialist visits: <ul style="list-style-type: none"> <li>0% or 20% coinsurance per visit</li> <li>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</li> </ul>



**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.

You pay:

- \$0 or \$1,316 deductible for each benefit period

Days 1-60:

- \$0 coinsurance for each benefit period

Days 61-90:

- \$0 or \$329 coinsurance per day of each benefit period

Days 91 and beyond:

- \$0 or \$658 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

Beyond lifetime reserve days:

- all costs
- If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0

You pay:

- \$0 or \$1,316 deductible for each benefit period

Days 1-60:

- \$0 coinsurance for each benefit period

Days 61-90:

- \$0 or \$329 coinsurance per day of each benefit period

Days 91 and beyond:

- \$0 or \$658 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

Beyond lifetime reserve days:

- all costs
- If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0

<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$400</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>•Drug Tier 1: For generic drugs, (including brand drugs treated as generic), either: \$0, \$1.20, or \$3.30 copayment (depending on your institutional status or income)</li> <li>•For all other drugs, either: \$0, \$3.70, or \$8.25 copayment, (depending on your institutional status or income)</li> </ul>	<p>Deductible: \$405</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>•Drug Tier 1: For generic drugs, (including brand drugs treated as generic), either: \$0, \$1.25, or \$3.35 copayment (depending on your institutional status or income)</li> <li>•For all other drugs, either: \$0, \$3.70, or \$8.35 copayment, (depending on your institutional status or income)</li> </ul>
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.</p>	<p>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, 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.</p>

# Annual Notice of Changes for 2018

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## SECTION 1: Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### 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	2017 (this year)	2018 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b></p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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.</p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$6,700	<p>\$6,700</p> <p>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.</p>

### 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 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 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 2018 Pharmacy Directory to see which pharmacies are in our network.**

### Section 1.5 – Changes to Benefits and Cost for Medical Services

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2018 Evidence of Coverage*. A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2017 (this year)	2018 (next year)
Over the Counter (OTC) Items	Not Covered	\$40 per month

## 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 (<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. **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 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 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.

In some instances, if you or your provider received approval for a formulary exception for a prescription drug that is not on our current 2017 formulary, the exception approval will continue to be covered in 2018. However, if your original exception approval letter had a specific timeframe for coverage of the prescription drug, that timeframe will still apply (e.g., covered for 3 months); it will not start over in 2018.

### 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 sent you 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 haven’t received this insert, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 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)
<b>Stage 1: Yearly Deductible Stage</b>	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)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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 a long-term supply or 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><b>Generic Drugs:</b></p> <p>For generic drugs (including brand drugs treated as generic), either</p> <p>You pay \$0, \$1.20, or \$3.30 copayment (depending on your status or income)</p> <p>For all other drugs, either: \$0, \$3.70, or \$8.25 copayment (depending on your status or income)</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>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Generic Drugs:</b></p> <p>For generic drugs (including brand drugs treated as generic), either</p> <p>You pay \$0, \$1.25, or \$3.35 copayment (depending on your status or income)</p> <p>For all other drugs, either: \$0, \$3.70, or \$8.35 copayment (depending on your status or income)</p> <p>Once you have paid \$5,000 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 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 2: Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Passport 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 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 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 4), or call Medicare (see Section 6.2).

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

#### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Passport Advantage.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Passport Advantage.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – *or* – Contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 3: Deadline for Changing Plans**

Because you are eligible for both 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 and Medicaid**

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. You can learn more about the Kentucky State Health Insurance Program by visiting their website at <http://www.chfs.ky.gov/dail/ship.htm>.

For questions about your Kentucky Medicaid benefits, contact The Kentucky Cabinet for Health and Family Services, 1-800-635-2570, TTY 711, Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. Ask how joining another plan or returning to Original Medicare affects how you get your Kentucky Medicaid coverage.

### **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.** 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 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
- Your State 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 4 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

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 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 Passport 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 <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 (<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 6.3 – Getting Help from Medicaid**

To get information from Kentucky Medicaid, you can call Kentucky Medicaid at 1-800-635-2570. TTY users should call 711.





**PASSPORT**  
**ADVANTAGE** (HMO SNP) 