Health CHOICE GENERATIONS

Health Choice Generations (HMO D-SNP)

2020 ANNUAL NOTICE OF CHANGES

ARIZONA

Serving Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

Health Choice Generations (HMO D-SNP) offered by Health Choice Arizona, Inc.

Annual Notice of Changes for 2020

You are currently enrolled as a member of Health Choice Generations. 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 Section 1 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 2020 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit https://go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, 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 website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You handbook.
- Look in Section 2.2 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** Health Choice Generations, you don't need to do anything. You will stay in Health Choice Generations.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 2.2, page 17 to learn more about your choices.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don't join another plan by **December 7, 2019**, you will stay in Health Choice Generations.
- If you join another plan between **October 15** and **December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- This document is available for free in Spanish. Please contact our Member Services number at (800) 656-8991 for additional information. TTY users should call 711. Hours are 7 days a week, 8 a.m. to 8 p.m.
- This document may be available in other formats such as Braille, large print, or other alternate formats. This document may be available in non-English language. For additional information call the Member Services number listed above.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About *Health Choice Generations*

- Health Choice Generations HMO D-SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Health Choice Generations HMO D-SNP depends on contract renewal. The plan also has a written agreement with the Arizona Medicaid program to coordinate your Medicaid benefits.

- When this booklet says "we," "us," or "our," it means Health Choice Arizona, Inc. When it says "plan" or "our plan," it means Health Choice Generations.

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Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Health Choice Generations in several important areas. **Please note this is only a summary of changes**. A copy of the Evidence of Coverage is located on our website at www.HealthChoiceGenAZ.com. You may also call Member Services to ask us to mail you an Evidence of Coverage. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$0 - $31.60 based on your level of AHCCCS (Medicaid) eligibility.	$0 - $28.10 based on your level of AHCCCS (Medicaid) eligibility.
Deductible	$0 or $185 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.	$0 or $198. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.
Doctor office visits	Primary care visits: $0 copayment or 20% of the cost per visit Specialist visits: $0 copayment or 20% of the cost per visit If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0 per visit.	Primary care visits: $0 copayment or 20% of the cost per visit Specialist visits: $0 copayment or 20% of the cost per visit If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0 per visit.

Cost	2019 (this year)	2020 (next year)
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**.**	$1,364 deductible for each benefit period. Days 1–60: $0 coinsurance for each benefit period. Days 61–90: $341 coinsurance per day of each benefit period. Days 91 and beyond: $682 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 AHCCCS (Medicaid), you pay $0.	$1,408 deductible for each benefit period. Days 1–60: $0 coinsurance for each benefit period. Days 61–90: $352 coinsurance per day of each benefit period. Days 91 and beyond: $704 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 AHCCCS (Medicaid), you pay $0.

Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 or $85 If you receive "Extra Help" to pay for your prescription drugs, your deductible amount will be either $0 or $85, depending on the level of "Extra Help" you receive. If your deductible is $85: You pay the full cost of your drugs until you have paid $85 for your drugs. If you do not receive "Extra Help" you must pay the full cost of your drugs until you reach the plan's deductible amount of $415. Copayment/Coinsurance during the Initial Coverage Stage: Generic/Preferred Multi-Source Drug, per prescription, depending on your "Extra Help" level or institutional status: • $0 copay or • $1.25 copay or • $3.40 copay or • 15% All other drugs, per prescription, depending on your "Extra Help" level or institutional status: • $0 copay or • $3.80 copay or • $8.50 copay or • 15%	Deductible: $0 or $89 If you receive "Extra Help" to pay for your prescription drugs, your deductible amount will be either $0 or $89, depending on the level of "Extra Help" you receive. If your deductible is $89: You pay the full cost of your drugs until you have paid $89 for your drugs. If you do not receive "Extra Help" you must pay the full cost of your drugs until you reach the plan's deductible amount of $435. Copayment/Coinsurance during the Initial Coverage Stage: Generic/Preferred Multi-Source Drug, per prescription, depending on your "Extra Help" level or institutional status: • $0 copay or • $1.30 copay or • $3.60 copay or • 15% All other drugs, per prescription, depending on your "Extra Help" level or institutional status: • $0 copay or • $3.90 copay or • $8.95 copay or • 15%

Cost	2019 (this year)	2020 (next year)
	If you do not receive "Extra Help" you will pay a 25% coinsurance for your prescription drugs.	If you do not receive "Extra Help" you will pay a 25% coinsurance for your prescription drugs.
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 If you are eligible for Medicare cost-sharing assistance under AHCCCS (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.	$6,700 If you are eligible for Medicare cost-sharing assistance under AHCCCS (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.

Annual Notice of Changes for 2020
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by AHCCCS (Medicaid).	$0 - $31.60 based on your level of AHCCCS (Medicaid) eligibility.	$0 - $28.10 based on your level of AHCCCS (Medicaid) eligibility.

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	2019 (this year)	2020 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum** If you are eligible for AHCCCS (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. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,700	$6,700 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 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.HealthChoiceGenAZ.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 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, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.HealthChoiceGenAZ.com. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* 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 *2020 Evidence of Coverage.* A copy of the *Evidence of Coverage* is located on our website at www.HealthChoiceGenAZ.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Cost	2019 (this year)	2020 (next year)
Deductible	$0 or $185 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.	$0 or $198. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.
Podiatry/Routine Foot care **(Supplemental Benefit)**	Routine Foot care is not covered.	You pay a $0 copay per office visit. Up to 12 visits per year.
Ambulatory Surgical Center Services	Prior Authorization is required.	No Prior Authorization required.
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.	$1,364 deductible for each benefit period. Days 1–60: $0 coinsurance for each benefit period. Days 61–90: $341 coinsurance per day of each benefit period. Days 91 and beyond: $682 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).	$1,408 deductible for each benefit period. Days 1–60: $0 coinsurance for each benefit period. Days 61–90: $352 coinsurance per day of each benefit period. Days 91 and beyond: $704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).

Cost	2019 (this year)	2020 (next year)
	Beyond lifetime reserve days: all costs. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.	Beyond lifetime reserve days: all costs. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. Depending on your level of AHCCCS (Medicaid) eligibility, you may pay: Days 1–20: $0 for each benefit period. Days 21–100: $170.50 coinsurance per day of each benefit period. Days 101 and beyond: all costs. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.	Our plan covers up to 100 days in a SNF. Depending on your level of AHCCCS (Medicaid) eligibility, you may pay: Days 1–20: $0 for each benefit period. Days 21–100: $176 coinsurance per day of each benefit period. Days 101 and beyond: all costs. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay $0.
Inpatient Hospital Psychiatric	$1,364 deductible for each benefit period. Days 1–60: $0 coinsurance for each benefit period. Days 61–90: $341 coinsurance per day of each benefit period. Days 91 and beyond: $682 coinsurance per each "lifetime	$1,408 deductible for each benefit period. Days 1–60: $0 coinsurance for each benefit period. Days 61–90: $352 coinsurance per day of each benefit period. Days 91 and beyond: $704 coinsurance per each "lifetime

Cost	2019 (this year)	2020 (next year)
	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 AHCCCS (Medicaid), you pay $0.	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 AHCCCS (Medicaid), you pay $0.
Transportation (Supplemental Benefit)	Transportation is not covered.	$0 copay, 24 one-way trips for Plan Approved Health-related Location
Durable Medical Equipment (DME) Are there preferred vendors/manufacturers for Durable Medical Equipment?	No	Yes
Over the Counter (OTC) Items (Supplemental Benefit)	$100 allowance per quarter (every three months)	$150 allowance per quarter (every three months)
Meal Benefit (Supplemental Benefit)	No Prior Authorization Required.	Prior Authorization is required.
Fitness Membership (Supplemental Benefit)	Fitness Membership is not covered.	$0 copay The Silver & Fit Exercise & Healthy Aging Program

Cost	2019 (this year)	2020 (next year)
		provides members with the following services: • Members receive a fitness center membership. • Available fitness center types include full centers, basic coed centers, YMCAs, gender-specific centers, and exercise centers. • Fitness advisors at Silver & Fit contracted centers will meet with the Silver & Fit members to introduce them to the fitness center and assist them with enrolling at the fitness center.
Dental Services (Supplemental Benefit)	We provide $2,500 per year towards: • 2 Oral Exams per year; 1 every 6 months. • 2 Prophylaxis (Cleaning) per year; 1 every 6 months. • No Fluoride Treatment • 1 Dental X-Ray per year. No Dentures No Prior Authorization required.	We provide $3,000 per year towards: • 2 Oral Exams per year; 1 every 6 months. • 2 Prophylaxis (Cleaning) per year; 1 every 6 months • 1 Fluoride treatment per year. • 2 Dental X-Rays per year. Dentures covered once every 5 years. Adjustments up to 4 per year. Prior authorization required for Dentures.

Cost	2019 (this year)	2020 (next year)
	Exam and cleaning must be performed in the same preventive office visit. X-Rays must be taken during a preventive office visit. One x-ray allowed per year, which can consist of: • One of either bitewing x-rays or single x-rays OR • One complete aka full mouth (fmx) aka panoramic set. Complete/panoramic only allowed once every 36 months.	Exam and cleaning must be performed in the same preventive office visit. X-rays must be taken during a preventive office visit. Two x-rays allowed per year, which can consist of: • One of either bitewing x-rays or single x-rays OR • One complete aka full mouth (fmx) aka panoramic set. Complete/panoramic only allowed once every 36 months.
Vision – Eyewear (Supplemental Benefit*)*	We pay up to $325 allowance that you can use to purchase contact lenses, eyeglasses (lenses and frames).	We pay up to $300 allowance that you can use to purchase contact lenses, eyeglasses (lenses and frames).
Opioid Treatment Program Services (OTPs)	Opioid Treatment Program not covered.	$0 copayment or 20% of the cost for the Opioid Treatment Programs (OTPs)
Part B Drugs – Step Therapy	Step Therapy not covered.	Step Therapy is covered for: Part B Drugs to Part B Drugs and Part D Drugs to Part B Drugs
Special Supplemental Benefits for the Chronically Ill If you are diagnosed with the following chronic condition(s) identified below and meet certain criteria, you may be eligible for special	Special Supplemental Benefits for the Chronically Ill not covered.	$0 copay Services include: Assistance in performing activities of daily living • Respite for caregivers • Companionship • Help with bathing and showering

Cost	2019 (this year)	2020 (next year)
supplemental benefits for the chronically ill. • Coronary artery disease with diabetes • Active Cancer • Kidney failure after transplant		• Help with dressing and grooming • Light housekeeping (cleaning, laundry, dishes) • Transportation to errands • Transportation to medical appointments • Meal preparation • Medication reminders In addition, we offer weekly well check calls. All at no cost. Services provided will be based on the need of the individual and a plan of care developed with the member and their family. Total of 8 hours per month (2-hour shifts weekly or 4-hour shifts bi-monthly).

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **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 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.

Current approved formulary exceptions will be honored through the date communicated on your approval letter. If you plan on continuing your medication beyond that date, we encourage you to contact us to submit another request for a formulary exception before your current approval expires. We will work with your doctor to obtain the information needed to review your request and renew the exception.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs does 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. Because you receive "Extra Help" and haven't received this insert by September 30, 2019, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 8.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2019 (this year)	2020 (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.	Your deductible amount is either $0 or $85, depending on the level of "Extra Help" you receive.	Your deductible amount is either $0 or $89, depending on the level of "Extra Help" you receive.

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	2019 (this year)	2020 (next year)
Stage 2: Initial Coverage Stage	Your cost for a one-month supply filled at a network	Your cost for a one-month supply filled at a network

Stage	2019 (this year)	2020 (next year)
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.**	pharmacy with standard cost-sharing: **Generics and drugs treated as generics:** Depending on your "Extra Help" level or institutional status you pay • $0 • $1.25 or • $3.40 or • 15% **All other drugs:** Depending on your "Extra Help" level or institutional status you pay • $0 or • $3.80 copay or • $8.50 copay or • 15% If you do not receive "Extra Help" you will pay a 25% coinsurance for your prescription drugs.	pharmacy with standard cost-sharing: **Generics and drugs treated as generics:** Depending on your "Extra Help" level or institutional status you pay • $0 • $1.30 or • $3.60 or • 15% **All other drugs:** Depending on your "Extra Help" level or institutional status you pay • $0 or • $3.90 copay or • $8.95 copay or • 15% If you do not receive "Extra Help" you will pay a 25% coinsurance for your prescription drugs.
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 look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Once you have paid $5,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid $6,350 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 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Health Choice Generations

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 2020.

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 2020 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.

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 2020*, call your State Health Insurance Assistance Program (see Section 6), 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 Health Choice Generations.

- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Health Choice Generations.
- 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 8.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

  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 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 7. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with AHCCCS (Medicaid), those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare and AHCCCS (Medicaid)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Arizona], the SHIP is called Arizona Health Insurance and Assistance Program (Arizona SHIP).

Arizona Ship is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer

questions about switching plans. You can call Arizona SHIP at 1-800-432-4040. You can learn more about Arizona SHIP by visiting their website https://des.az.gov/services/older-adults/medicare-assistance.

For questions about your AHCCCS (Medicaid) benefits, contact AHCCCS (Medicaid) at 1-855-HEA-PLUS (1-855-432-7587) or 1-602-417-4000, TTY 1-800-367-8939, Monday-Friday 8 a.m. – 5 p.m. except state holidays. Ask how joining another plan or returning to Original Medicare affects how you get your AHCCCS (Medicaid) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** Because you have AHCCCS (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).
- **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 Arizona Department of Health Services (ADHS). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-334-1540 or 1-602-364-3610.

SECTION 6 Questions?

Section 6.1 – Getting Help from Health Choice Generations

Questions? We're here to help. Please call Member Services at 1-800-656-8991. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2020 *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 2020. For details, look in the 2020 Evidence of Coverage for Health Choice Generations. 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 located on our website at www.HealthChoiceGenAZ.com. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.HealthChoiceGenAZ.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 2020*

You can read *Medicare & You 2020* 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 AHCCCS (Medicaid)

To get information from AHCCCS (Medicaid) you can call AHCCCS (Medicaid) at 1-855-HEA-PLUS, (1-855-432-7587) or 1-602-417-4000, Monday-Friday 8 a.m. – 5 p.m. except state holidays. TTY users should call 1-800-367-8939.

NOTICE OF NON-DISCRIMINATION

In Compliance with Section 1557 of the Affordable Care Act

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

Health Choice Generations:

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:

Health Choice Generations
Address: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711

If you believe that Health Choice Generations 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 by mail, fax, or email to:

Health Choice Generations
Address: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

This information is available in other formats, such as Braille, large print, and audio.

AVISO DE NO DISCRIMINACIÓN

En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo

Health Choice Generations (HMO D-SNP) cumple con las leyes de derechos civiles federales vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Health Choice Generations no excluye a las personas ni las trata de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

Health Choice Generations:

Ofrece material de ayuda y servicios sin cargo a las personas que tienen discapacidades que les impiden comunicarse de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Brinda servicios de idiomas sin cargo a las personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

Health Choice Generations
Dirección: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711

Si considera que Health Choice Generations no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal por correo, fax o correo electrónico:

Health Choice Generations
Dirección: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711

Puede presentar una queja formal personalmente o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Los formularios de queja están disponibles en http://www.hhs.gov/ocr/office/file/index.html.

Esta información está disponible en otros formatos, como braille, letra grande y audio.

MULTI-LANGUAGE INTERPRETER SERVICES

as required by Section 1557 of the Affordable Care Act

Health CHOICE GENERATIONS

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-656-8991 (TTY: 711), 8AM – 8PM, 7 days a week.

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al 1-800-656-8991 (TTY: 711).

請注意：若您使用繁體中文，您可以接受免費的語言協助服務。請致電 1-800-656-8991 (TTY: 711)。

Bilagáana bizaad doo bee yáníłti' dago dóó saad nááná ła' bee yáníłti'go, saad bee ata' hane', t'áá níík'eh, ná bee ahóót'i' . Kojį' hodíílnih 1-800-656-8991 (TTY: 711).

ATENÇÃO: Se você fala português brasileiro, oferecemos serviços gratuitos de assistência para idiomas. Ligue para 1-800-656-8991 (TTY: 711).

CHÚ Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số 1-800-656-8991 (TTY: 711).

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لديك خدمات المساعدة اللغوية، مجانًا. اتصل على 1-800-656-8991 (هاتف نصي: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-656-8991 (TTY: 711).

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang, gratis, disponib pou ou. Rele 1-800-656-8991 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Fremdsprachenservice zur Verfügung. Rufen Sie 1-800 -656-8991 (TTY: 711) an.

ΠΡΟΣΟΧΗ: εάν μιλάτε Ελληνικά, μπορείτε να λάβετε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό 1-800-656-8991 (TTY: 711).

સૂચના: જો તમે બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. સંપર્ક 1-800-656-8991 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। 1-800-656-8991 (TTY: 711) पर कॉल करें।

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiami il numero 1-800-656-8991 (TTY: 711).

MULTI-LANGUAGE INTERPRETER SERVICES

as required by Section 1557 of the Affordable Care Act

Health CHOICE GENERATIONS

注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の番号までお電話してください：1-800-656-8991 (TTY: 711)

주의: 한국어를 사용하는 경우, 언어 지원 서비스가 무료로 제공됩니다. 1-800-656-8991 (TTY: 711) 번으로 전화하십시오.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើលោកអ្នកនិយាយភាសា ខ្មែរ យើងខ្ញុំមានសេវាកម្មជំនួយភាសាដល់លោកអ្នកដោយមិនគិតថ្លៃនោះទេ។ សូមហៅទូរសព្ទមកលេខ 1-800-656-8991 (TTY៖ 711)។

नेपाली – बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध छन् । ध्यान दिनुहोस्: तपाईं 1-800-656-8991 (TTY: 711) मा कल गर्नुहोस् ।

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات زبانی رایگان به شما ارائه می‌شود.با 1-800-656-8991 (TTY: 711). تماس بگیرید.

UWAGA: Jeżeli mówi Pan/Pani po polsku, oferujemy bezpłatne usługi pomocy językowej. Prosimy o kontakt pod numerem 1-800-656-8991 (telefon tekstowy (TTY: 711).

ВНИМАНИЕ! Если вы говорите на Русский, вам бесплатно доступны услуги языковой поддержки. Звоните 1-800-656-8991 (телетайп: 711).

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Pozovite 1-800-656-8991 (TTY: 711).

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FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-656-8991 (TTY: 711).

Health CHOICE GENERATIONS

MEMBER SERVICES:
1-800-656-8991 | TTY 711
8 a.m. – 8 p.m., 7 days a week

VISIT OUR WEBSITE AT:
www.HealthChoiceGenAZ.com