

**Care N' Care Choice MA-Only (PPO)**  
**offered by Care N' Care Insurance Company, Inc.**

**Annual Notice of Changes for 2019**

You are currently enrolled as a member of Care N' Care Choice MA-Only (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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**What to do now**

**1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1 and 1.4 for information about benefit and cost changes for our plan.
  
- 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> 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** Care N’ Care Choice MA-Only (PPO), you don’t need to do anything. You will stay in Care N’ Care Choice MA-Only (PPO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don’t join another plan by December 7, 2018**, you will stay in Care N’ Care Choice MA-Only (PPO).
- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

## Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-877-374-7993 for additional information. (TTY users should call 711). Hours are October 1 - March 31, 8AM – 8PM Central, 7 days a week; April 1 - September 30, 8AM – 8PM Central, Monday through Friday.
- This information is available in a different format, including large print and Spanish. Please call your Healthcare Concierge at the number listed above if you need plan information in another format or language.
- **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 Care N' Care Choice MA-Only (PPO)

- Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Care N' Care Insurance Company, Inc. When it says “plan” or “our plan,” it means Care N' Care Choice MA-Only (PPO).

## Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Care N' Care Choice MA-Only (PPO) 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 separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.**

Cost	2018 (this year)	2019 (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>Maximum out-of-pocket amounts</b>  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.)	<b>From network providers:</b> \$3,000  <b>From network and out-of-network providers combined:</b> \$5,100	<b>From network providers:</b> \$3,000  <b>From network and out-of-network providers combined:</b> \$5,100
<b>Doctor office visits</b>	Primary care visits: <b>In-Network</b> \$10 per visit <b>Out-of-Network</b> \$40 per visit  Specialist visits: <b>In-Network</b> \$25 per visit <b>Out-of-Network</b> \$50 per visit	Primary care visits: <b>In-Network</b> \$10 per visit <b>Out-of-Network</b> \$40 per visit  Specialist visits: <b>In-Network</b> \$25 per visit <b>Out-of-Network</b> \$50 per visit
<b>Inpatient hospital stays</b>  Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	<b>In-Network</b> Days 1-6: \$175 per day Days 7-90: \$0 per day  <b>Out-of-Network</b> 35% coinsurance	<b>In-Network</b> Days 1-6: \$175 per day Days 7-90: \$0 per day  <b>Out-of-Network</b> 35% coinsurance

## ***Annual Notice of Changes for 2019***

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**SECTION 1 Changes to Benefits and Costs for Next Year**


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**Section 1.1 – Changes to the Monthly Premium**


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Cost	2018 (this year)	2019 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts**


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To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network providers count toward your network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,000  Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.	\$3,000  Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$5,100  Once you have paid \$5,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	\$5,100  Once you have paid \$5,100 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

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## **Section 1.3 – Changes to the Provider Network**

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at <https://www.cnhealthplan.com>. You may also call your Healthcare Concierge for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 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 specialist (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 Benefits and Costs for Medical Services

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 2019 Evidence of Coverage.

Cost	2018 (this year)	2019 (next year)
<b>Outpatient Surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	<p><b>In-Network</b> You pay a \$100 copay per day at a hospital outpatient facility</p> <p><b>Out-of-Network</b> You pay a \$200 copay per day at a hospital outpatient facility</p>	<p><b>In-Network</b> You pay a \$100 copay per day at a hospital outpatient facility</p> <p><b>Out-of-Network</b> You pay a \$225 copay per day at a hospital outpatient facility</p>
<b>Ambulance services</b>	<p>You pay \$225 copay for Medicare-covered ground and air ambulance benefits per one-way trip.</p> <p>Prior Authorization is required for Non-Emergency transportation</p>	<p>You Pay \$225 copay for Medicare-covered ground ambulance benefits per one-way trip.</p> <p>You Pay 20% of the cost for Air Transportation</p> <p>Prior Authorization is required for Non-Emergency transportation</p>
<b>Outpatient Diagnostic and Therapeutic Radiological Services</b>	<p><b>In-Network</b> You pay a \$150 copay for Stress Echo-cardioagraphy, Spec Scan, Treadmill Stress Test, Pulmonary Function Test, or Sleep study.</p> <p><b>Out-of-Network</b> You pay a \$200 copay for Stress Echo-cardioagraphy, Spec Scan, Treadmill Stress Test, Pulmonary Function Test, or Sleep study.</p>	<p><b>In-Network</b> You pay a \$150 copay for Stress Echo-cardioagraphy, or Spec Scan.</p> <p>You pay a \$100 copay for a Treadmill Stress Test, Pulmonary Function Test, or Sleep study.</p> <p><b>Out-of-Network</b> You pay a \$200 copay for Stress Echo-cardioagraphy, or Spec Scan.</p> <p>You pay a \$150 copay for a Treadmill Stress Test, Pulmonary Function Test, or Sleep study.</p>
<b>Services to treat kidney disease and conditions</b>	<p><b>In-Network</b> You pay \$30 copay for Medicare-covered renal dialysis treatments</p> <p><b>Out-of-Network</b> You pay 35% of the cost for Medicare-covered renal dialysis treatments</p>	<p><b>In-Network</b> You pay \$30 copay for Medicare-covered renal dialysis treatments</p> <p><b>Out-of-Network</b> You pay 30% of the cost for Medicare-covered renal dialysis treatments</p>

Cost	2018 (this year)	2019 (next year)
<b>Fitness Benefit</b>	There is no copay for an unlimited number of visits to a Siver&Fit participating fitness facility. You can switch fitness facilities once per month.	<p>You pay \$0 copay for your SilverSneakers® fitness benefit. SilverSneakers® can help you live a healthier, more active life. You have access to certified instructors who lead specially designed group exercise classes. At fitness locations* nationwide you can take classes plus use exercise equipment and other amenities. In addition to SilverSneakers classes offered in fitness classrooms, more than 50 SilverSneakers FLEX® options are available in settings outside traditional fitness locations. SilverSneakers BOOM™ classes, MIND, MUSCLE and MOVE, offer more intense workouts inside fitness locations. SilverSneakers also includes a support network and online resources such as daily exercise videos. All you need to get started is your personal SilverSneakers ID number. Go to SilverSneakers.com to learn more about your benefit, or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.</p> <p>Tivity Health, SilverSneakers, SilverSneakers FLEX and SilverSneakers BOOM are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.</p>

Cost	2018 (this year)	2019 (next year)
<b>Dental Services</b>	<p><b>In-Network:</b> You pay a \$20 Copay</p> <p><b>Out-of-Network:</b> You pay a \$35 Copay</p> <p>We cover two oral exams (Choice of the following):</p> <ul style="list-style-type: none"> <li>• Recall Exam - up to 2 per year (ADA Code: D0120)</li> <li>• Comprehensive Exam - One every three years (ADA Code: D0150)</li> </ul>	<p><b>In-Network:</b> You pay a \$10 Copay for Oral Exams</p> <p><b>Out-of-Network:</b> You pay a \$10 Copay for Oral Exams</p> <p>We cover clinical oral evaluations (Choice of the following):</p> <ul style="list-style-type: none"> <li>• Periodic Oral Evaluation- 1 every 6 months (ADA Code: D0120)</li> <li>• Comprehensive Oral Evaluation - One every 36 months (ADA Code: D0150)</li> </ul>
	<p><b>In-Network:</b> You pay a \$20 Copay</p> <p><b>Out-of-Network:</b> You pay a \$35 Copay</p> <p>Up to Two Cleanings Per Year:</p> <ul style="list-style-type: none"> <li>• Routine Cleaning (ADA Code: D1110)</li> </ul>	<p><b>In-Network:</b> You pay a \$10 Copay for Cleanings</p> <p><b>Out-of-Network:</b> You pay a \$10 Copay for Cleanings</p> <p>We Cover:</p> <ul style="list-style-type: none"> <li>• Prophylaxis - 1 every 6 months (ADA Code: D1110)</li> <li>• Periodontal Scaling and Root Planing, per quadrant - 1 every 12 months (ADA Code: D4341)</li> <li>• Periodontal Scaling and Root Planing, 1-3 teeth - 1 every 12 months (ADA Code: D4342)</li> </ul>
	Denture Adjustments are not Covered	<p><b>In-Network:</b> You pay a \$10 Copay for Denture Adjustments</p> <p><b>Out-of-Network:</b> You pay a \$10 Copay for Denture Adjustments</p> <p>We cover:</p> <ul style="list-style-type: none"> <li>• Adjust complete denture - maxillary (ADA Code: D5410)</li> <li>• Adjust complete denture - mandibular (ADA Code: D5411)</li> <li>• Adjust partial denture - maxillary (ADA Code: D5421)</li> <li>• Adjust partial denture - mandibular (ADA Code: D5422)</li> </ul>

Cost	2018 (this year)	2019 (next year)
<b>Dental Services (continued)</b>	<p><b>In-Network:</b> You pay a \$20 Copay</p> <p><b>Out-of-Network:</b> You pay a \$35 Copay</p> <p>One Set of X-Rays from the Choices Below:</p> <ul style="list-style-type: none"> <li>• Bitewing X-Rays (ADA Codes: D0270/D0272/D0273/D0274)</li> <li>• Single X-Ray Film (ADA Code: D0220) and up to 3 additional (ADA Code D0230); a total of 4 films per year</li> <li>• Full Mouth X-Rays - limited one every three years (ADA Code D0210)</li> </ul>	<p><b>In-Network:</b> You pay a \$10 Copay for Dental X-rays</p> <p><b>Out-of-Network:</b> You pay a \$10 Copay for Dental X-rays</p> <p>We Cover:</p> <ul style="list-style-type: none"> <li>• Intraoral, complete series (includes bitewings) - 1 every 36 months (ADA Code: D0210)</li> <li>• Intraoral, periapical first film - 1 every 12 months (ADA Code: D0220)</li> <li>• Bitewing, single film - 1 every 12 months (ADA Code: D0270)</li> <li>• Bitewings, two films - 1 every 12 months (ADA Code: D0272)</li> <li>• Bitewings - three films - 1 every 12 months (ADA Code: D0273)</li> <li>• Bitewings, four films - 1 every 12 months (ADA Code: D0274)</li> </ul>
<b>Meal Benefit</b>	Meal Benefit is not covered.	<p><b>In-Network</b> You pay a \$0 copay for two (2) deliveries of 15 meals.</p> <p><b>Out-of-Network</b> You pay a \$30 copay for two (2) deliveries of 15 meals.</p> <p>This benefit is only eligible to members post discharge of an acute care hospital stay with prior authorization.</p>
<b>Hearing Services</b>	<p><b>In Network:</b> You Pay a \$20 copay</p> <p><b>Out-Of-Network:</b> You Pay a \$35 copay</p> <p>Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p>	<p><b>In Network:</b> You Pay a \$20 copay</p> <p><b>Out-Of-Network:</b> You Pay a \$45 copay</p> <p>Diagnostic hearing and balance evaluations performed by your PCP to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p>

Cost	2018 (this year)	2019 (next year)
<b>Routine Hearing Test</b>	Routine Hearing Test is not covered.	<p><b>In Network:</b> You pay a \$45 copay</p> <p><b>Out-of-Network:</b> You pay a \$45 copay</p>
<b>Hearing Aids</b>	Hearing Aids are not covered.	<p>You pay a \$699 copayment per aid for Advanced Aids                      You pay a \$999 copayment per aid for Premium Aids</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to TruHearing's Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit. Call 833-492-9866 to schedule an appointment (for TTY, dial 711).</p> <p>Hearing aid purchase includes:</p> <ul style="list-style-type: none"> <li>• 3 provider visits within first year of hearing aid purchase</li> <li>• 45-day trial period</li> <li>• 3-year extended warranty</li> <li>• 48 batteries per aid</li> </ul> <p>Benefit does not include or cover any of the following:</p> <ul style="list-style-type: none"> <li>• Ear molds</li> <li>• Hearing aid accessories</li> <li>• Additional provider visits</li> <li>• Extra batteries</li> <li>• Hearing aids that are not TruHearing-branded hearing aids</li> <li>• Costs associated with loss &amp; damage warranty claims</li> </ul> <p>Routine hearing exam and hearing aid copayments are not subject to the maximum out-of-pocket.</p>

Cost	2018 (this year)	2019 (next year)
<b>Glasses after Cataract Surgery</b>	<p><b>In Network:</b> You Pay a \$0 copay</p> <p><b>Out-Of-Network:</b> You Pay 50% of the cost</p> <p>Medicare-covered eyeglasses or contact lenses after cataract surgery up to a maximum benefit amount not to exceed \$150</p>	<p><b>In Network:</b> You Pay a \$0 copay</p> <p><b>Out-Of-Network:</b> You Pay a \$30 copay and you will be reimbursed up to a maximum amount of \$75 for Medicare-covered medically necessary glasses after cataract surgery, with submission of paid receipt and completed reimbursement form</p>
<b>Routine Eye Exam</b>	<p><b>In Network:</b> You Pay a \$20 copay for a Routine Eye Exam.</p> <p><b>Out-Of-Network:</b> You pay a \$35 Copay</p>	<p><b>In Network:</b> You Pay a \$0 copay for a Routine Eye Exam.</p> <p><b>Out-Of-Network:</b> You pay a \$35 Copay. You will be reimbursed up to a maximum amount of \$30 for a routine eye exam with submission of paid receipt and completed reimbursement form</p>
<b>Glasses, Lenses, and Frames</b>	<p><b>In Network:</b> You Pay a \$0 copay</p> <p><b>Out-Of-Network:</b> You Pay 50% of the cost</p> <p>Contact lenses or eyeglasses (lenses and frames) up to a maximum benefit amount not to exceed \$150</p>	<p><b>In Network:</b> You Pay a \$0 copay with a maximum benefit amount of \$150</p> <p><b>Out-Of-Network:</b> You pay a \$30 copay and you will be reimbursed up to a maximum amount of \$75 for frames, lenses/glasses with submission of paid receipt and completed reimbursement form.</p>
<b>Optional Supplemental Benefits</b>	<p><b>Dental Coverage:</b> You can add additional dental coverage through Avesis for an extra \$20 per month in premium</p>	<p><b>Dental Coverage:</b> You can add additional dental coverage through FCL Dental for an extra \$18 per month in premium.</p> <p>See Chapter 4, Section 2.2 in the Evidence of Coverage for full benefit information</p>
<b>Optional Supplemental Benefits</b>	<p><b>Dental, Vision and Hearing Coverage:</b> You can add additional coverage for Dental, Vision and Hearing through Avesis for an extra \$35 per month in premium</p>	<p>No Coverage Offered as an extra benefit.</p>

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## **SECTION 2      Deciding Which Plan to Choose**

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### **Section 2.1 – If you want to stay in Care N' Care Choice MA-Only (PPO)**

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**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

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### **Section 2.2 – If you want to change plans**

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We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, 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.**

As a reminder, Care N' Care Insurance Company, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### **Step 2: Change your coverage**

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Care N' Care Choice MA-Only (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Care N' Care Choice MA-Only (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact your Healthcare Concierge 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.

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**SECTION 3      Deadline for Changing Plans**

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If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2019.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2019, 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, 2019. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

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**SECTION 4      Programs That Offer Free Counseling about Medicare**

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The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Texas, the SHIP is called the Health Information Counseling and Advocacy Program (HICAP).

The Health Information Counseling and Advocacy Program (HICAP) 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 Health Information Counseling and Advocacy Program (HICAP) 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 Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about the Health Insurance Information Counseling and Advocacy Program (HICAP) by visiting their website (<http://www.tdi.texas.gov/consumer/hicap/>).

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**SECTION 5      Programs That Help Pay for Prescription Drugs**

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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);
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Texas Kidney Health Care Program (KHC) and the Texas HIV Medication Program 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).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** . The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090. *Note:* To be eligible for the ADAP operating in your State, 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.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. The Texas HIV Medication Program (THMP) can be contacted at 1-800-255-1090.

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## **SECTION 6      Questions?**

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### **Section 6.1 – Getting Help from Care N' Care Choice MA-Only (PPO)**

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Questions? We're here to help. Please call your Healthcare Concierge at 1-877-374-7993. (TTY only, call 711) We are available October 1 - March 31, 8AM – 8PM Central, 7 days a week; April 1 - September 30, 8AM – 8PM Central, Monday through Friday.

#### **Read your 2019 *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 2019. For details, look in the 2019 *Evidence of Coverage* for Care N' Care Choice MA-Only (PPO). 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* will be separately mailed to you.

#### **Visit our Website**

You can also visit our website at <http://www.cnchealthplan.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).

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### **Section 6.2 – Getting Help from Medicare**

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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 2019***

You can read *Medicare & You 2019* 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.

# NOTICE OF HOW TO FIND OR REQUEST YOUR CARE N' CARE PPO OR HMO:

## Evidence of Coverage

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If you have a question about what is covered by the plan, please call your Healthcare Concierge at 1-877-374-7993 (TTY 711), October 1 - March 31, 8am - 8pm, CST, seven days a week or April 1 - September 30, 8am - 8pm Monday through Friday, CST, or visit [www.cnchealthplan.com/2019-plan-documents/](http://www.cnchealthplan.com/2019-plan-documents/) to access the online Evidence of Coverage.

The 2019 Evidence of Coverage will be available October 15, 2018. If you would like a copy mailed to you, you may call your Healthcare Concierge at the number above, request one online at [www.cnchealthplan.com/members/](http://www.cnchealthplan.com/members/) or email your Healthcare Concierge at [concierge@cnchealthplan.com](mailto:concierge@cnchealthplan.com) to request an electronic copy or hard copy.

## NOTICE OF HOW TO FIND OR REQUEST YOUR CARE N' CARE HMO OR PPO:

### Comprehensive Formulary (List of Covered Drugs)

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If your plan includes prescription drug coverage and you have a question about covered drugs, please call your Healthcare Concierge at 1-877-374-7993 (TTY 711), October 1 - March 31, 8am - 8pm, CST, seven days a week or April 1 - September 30, 8am - 8pm Monday through Friday, CST, or visit [www.cnchealthplan.com/2019-medication-look-up/](http://www.cnchealthplan.com/2019-medication-look-up/) to access our on-line formulary.

The 2019 Comprehensive Formulary will be available October 15, 2018. If you would like a copy mailed to you, you may call your Healthcare Concierge at the number above, request one online at [www.cnchealthplan.com/members/](http://www.cnchealthplan.com/members/) or email your Healthcare Concierge at [concierge@cnchealthplan.com](mailto:concierge@cnchealthplan.com) to request an electronic or hard copy.

### Provider/Pharmacy Directory

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If you need help finding a network provider, please call your Healthcare Concierge at 1-877-374-7993 (TTY 711), October 1 - March 31, 8am - 8pm, CST, seven days a week or April 1 - September 30, 8am - 8pm, CST, Monday through Friday, or visit [www.cnchealthplan.com/seath](http://www.cnchealthplan.com/seath) to access our online searchable Provider/Pharmacy Directory.

The 2019 Provider/Pharmacy Directory will be available October 15, 2018. If you would like a copy mailed to you, you may call your Healthcare Concierge at the number above, request one online at [www.cnchealthplan.com/members/](http://www.cnchealthplan.com/members/), or email your Healthcare Concierge at [concierge@cnchealthplan.com](mailto:concierge@cnchealthplan.com) to request an electronic or hard copy.