

2019 Annual Notice of Changes

MedMutual Advantage Plus HMO Plan
Region 2

600373
Z8389-MCA R4/19

MedMutual Advantage Plus HMO offered by Medical Mutual of Ohio (Medical Mutual)

Annual Notice of Changes for 2019

You are currently enrolled as a member of MedMutual Advantage Plus HMO. 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.**

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 1.5 for information about benefit and cost changes for our plan.

   ☐ **Check the changes in the booklet to our prescription drug coverage to see if they affect you.**

   - Will your drugs be covered?
   - Are your drugs in a different tier, with different cost-sharing?
   - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
   - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
   - Review the 2019 Drug List and look in Section 1.6 for information about changes to our drug coverage.

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- 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 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 3.2 to learn more about your choices.

☐ **Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.**

3. **CHOOSE: Decide whether** you want to change your plan
   - If you want to **keep** MedMutual Advantage Plus HMO, you don't need to do anything. You will stay in MedMutual Advantage Plus HMO.
   - 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 MedMutual Advantage Plus HMO.

- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

Additional Resources

- Please contact our Customer Care number at 1-800-982-3117 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options.
- This booklet is available in alternate formats (e.g., Braille, large print, audio tapes).
- **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 MedMutual Advantage Plus HMO

- Medical Mutual's MedMutual Advantage Plus HMO is a HMO plan with a Medicare contract. Enrollment in Medical Mutual's MedMutual Advantage Plus HMO depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Medical Mutual of Ohio (Medical Mutual). When it says "plan" or "our plan," it means MedMutual Advantage Plus HMO.

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for MedMutual Advantage Plus HMO 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)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	$109	$119
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.)	$3,400	$3,400
Doctor office visits	Primary care visits: $0 copay per visit Specialist visits: $25 copay per visit	Primary care visits: $0 copay per visit Specialist visits: $25 copay per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	**In Network** Days 1 - 6: $300 copay per day Day 7 and thereafter: $0 copay	**In Network** Days 1 - 6: $350 copay per day Day 7 and thereafter: $0 copay

Cost	2018 (this year)	2019 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $95 Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> **Standard** network retail and mail-order pharmacies • $2 per prescription for up to a 30-day supply • $4 per prescription for up to a 90-day supply <u>Drug Tier 2:</u> **Standard** network retail and mail-order pharmacies • $14 per prescription for up to a 30-day supply • $28 per prescription for up to a 90-day supply <u>Drug Tier 3:</u> **Standard** network retail and mail-order pharmacies • $47 per prescription for up to a 30-day supply • $118 per prescription for up to a 90-day supply <u>Drug Tier 4:</u> **Standard** network retail and mail-order pharmacies • 50% of the total cost for up to a 30-day supply • 50% per prescription for up to a 90-day supply	Deductible: $55 Copayment/Coinsurance during the Initial Coverage Stage: <u>Drug Tier 1:</u> **Preferred** retail and mail-order pharmacies • $0 per prescription for up to a 30-day supply • $0 per prescription for up to a 90-day supply **Standard** network retail pharmacies • $6 per prescription for up to a 30-day supply • $12 per prescription for up to a 90-day supply <u>Drug Tier 2:</u> **Preferred** retail pharmacies • $10 per prescription for up to a 30-day supply • $25 per prescription for up to a 90-day supply **Preferred** mail-order pharmacies • $9 per prescription for up to a 30-day supply • $22 per prescription for up to a 90-day supply **Standard** network retail pharmacies • $15 per prescription for up to a 30-day supply • $38 per prescription for up to a 90-day supply

Cost	2018 (this year)	2019 (next year)
	Drug Tier 5: **Standard** network retail and mail-order pharmacies • 31% of the total cost for up to a 30-day supply	Drug Tier 3: **Preferred** retail pharmacies • $42 per prescription for up to a 30-day supply • $118 per prescription for up to a 90-day supply **Preferred** mail-order pharmacies • $40 per prescription for up to a 30-day supply • $110 per prescription for up to a 90-day supply **Standard** network retail pharmacies • $47 per prescription for up to a 30-day supply • $132 per prescription for up to a 90-day supply Drug Tier 4: **Preferred and Standard** network retail and mail-order pharmacies • 50% of the total cost for up to a 30-day supply or a 90-day supply Drug Tier 5: **Preferred and Standard** network retail and mail-order pharmacies • 32% of the total cost for up to a 30-day supply

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$109	$119

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for	$3,400	$3,400 (No change from 2018) Once you have paid $3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part

Cost	2018 (this year)	2019 (next year)
prescription drugs do not count toward your maximum out-of-pocket amount.		A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network has changed more than usual for 2019. An updated Provider Directory is located on our website at MedMutual.com/MAplaninfo. You may also call Customer Care for updated provider information or to ask us to mail you a Provider Directory. **We strongly suggest that you review our current Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are still 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. Our network includes

pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Our network has changed more than usual for 2019. An updated Pharmacy Directory is located on our website at MedMutual.com/MAplaninfo. You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**

Section 1.5 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)
Ambulance services		
Ground	**In Network** You pay 50% of the total cost for each covered one-way ambulance trip.	**In Network** You pay a $200 copay for covered one-way ground ambulance services. For multiple ground ambulance services occurring on the same date of service, only one copay will apply.
Fixed wing and rotary wing (air)	**In Network** You pay 50% of the total cost for one-way air ambulance services.	**In Network** You pay 50% of the total cost for one-way air ambulance services.
Dental services	**In Network** You pay a $25 copay for each covered preventive visit.	**In Network** You pay a $0 copay for each covered preventive visit.

Cost	2018 (this year)	2019 (next year)
Diabetes self-management training, services and supplies	**In Network** You pay 20% of the total cost for covered blood glucose monitors. You pay 20% of the total cost for each covered 30-day supply of: • Blood glucose test strips • Urine test strips • Lancet devices and lancets • Glucose control solutions for checking the accuracy of test strips and monitors. You pay 20% of the total cost for therapeutic shoes, including fitting the shoes or inserts.	**In Network** You pay 0% of the total cost for the following diabetic supplies: • Blood glucose meters and monitors • Blood glucose test strips • Lancing devices and glucose lancets • Syringes and pen needles • Glucose control solutions for checking the accuracy of test strips and glucose meters and monitors. You pay 20% of the total cost for all other diabetic supplies.
Durable medical equipment and related supplies-diabetic supplies	**In Network** You pay 20% of the total cost.	**In Network** You pay 0% of the total cost for the following diabetic supplies: • Blood glucose meters and monitors • Blood glucose test strips • Lancing devices and glucose lancets • Syringes and pen needles • Glucose control solutions for checking the accuracy of test strips and glucose meters and monitors.

Cost	2018 (this year)	2019 (next year)
		You pay 20% of the total cost for all other diabetic supplies.
Emergency care	You pay a $100 copay for each covered emergency room visit. If you are admitted to the hospital within 24 hours, you do not have to pay the $100 copay. This coverage is worldwide. You pay a $100 copay for each emergency visit to a hospital outside the United States.	You pay a $120 copay for each covered emergency room visit. If you are admitted to the hospital within 24 hours, you do not have to pay the $120 copay. This coverage is worldwide. You pay a $120 copay for each emergency visit to a hospital outside the United States.
Hearing services	**In Network** You pay a $15 copay for each covered hearing exam to determine if you need medical treatment for a hearing condition.	**In Network** You pay a $0 copay for each covered hearing exam to determine if you need medical treatment for a hearing condition.
Additional hearing services You must see a TruHearing provider to use this benefit. Call 1-866-201-9630 to schedule an appointment (for TTY, dial 711).	Additional hearing services are not covered.	You pay a $0 copay for each covered routine hearing exam. You pay a $0 copay for each covered hearing aid fitting-evaluation visit. You pay a $699 copay for each covered Advanced hearing aid. You pay a $999 copay for each covered Premium hearing aid.

Cost	2018 (this year)	2019 (next year)
Inpatient hospital care	**In Network** You pay a $300 copay per day for days 1 through 6. You pay a $0 copay for day 7 and thereafter.	**In Network** You pay a $350 copay per day for days 1 through 6. You pay a $0 copay for day 7 and thereafter.
Inpatient mental health care	**In Network** You pay a $324 copay per day for days 1 through 5. You pay a $0 copay for days 6 through 90.	**In Network** You pay a $330 copay per day for days 1 through 5. You pay a $0 copay for days 6 through 90.
Drugs, biologicals and chemotherapy drugs covered by Medicare Part B - listed under "Medicare Part B prescription drugs" and "Outpatient hospital services"	**In Network** You pay 20% of the total cost for chemotherapy and other drugs covered by Medicare Part B.	**In Network** You pay 20% of the total cost for chemotherapy drugs (including other related chemotherapy services), biologicals and other drugs covered by Medicare Part B. Medicare Part B prescription drugs may be subject to step therapy requirements, meaning that you may be asked to try a different drug first before we will agree to cover the drug you are asking for.
Outpatient diagnostic tests and therapeutic services and supplies	**In Network** Laboratory Services • You pay a $0 copay for each covered laboratory service. X-ray Services • You pay a $25 copay for each covered x-ray service.	**In Network** Laboratory Services • You pay a $10 copay for each covered laboratory service. (This copay may not apply if you visit a PCP or specialist on the same date of service that the lab service was performed, and your

Cost	2018 (this year)	2019 (next year)
	Complex Diagnostic Tests and Services • You pay 20% of the total cost for each covered complex diagnostic service, such as heart catheterizations, sleep studies, Computed Tomography (CT), Magnetic Resonance tests (MRIs and MRAs) and nuclear medicine studies, including PET scans. Test to Confirm Chronic Obstructive Pulmonary Disease (COPD) • You pay 20% of the total cost for each covered test to confirm COPD.	plan has an office visit copay for that visit.) X-ray Services • You pay a $50 copay for each covered x-ray service, including diagnostic mammogram. Original Medicare Covered Diagnostic Tests and Procedures • You pay a $10 copay for each covered test or procedure, such as heart catheterizations and sleep studies (This copay may not apply if you visit a PCP or specialist on the same date of service that the test or procedure was performed, and your plan has an office visit copay for that visit.) Diagnostic Radiological Services • You pay a $100 copay for each covered Computed Tomography (CT) scan. • You pay a $125 copay for each covered Magnetic Resonance test (MRI and MRA). • You pay a $350 copay for each covered

Cost	2018 (this year)	2019 (next year)
		nuclear medicine study, including PET scans. Test to Confirm Chronic Obstructive Pulmonary Disease (COPD) • You pay a $10 copay for each covered test to confirm COPD (This copay may not apply if you visit a PCP or specialist on the same date of service that the test was performed, and your plan has an office visit copay for that visit.)
Outpatient hospital services	**In Network** You pay a $100 copay for each covered emergency room visit. You pay a $0 copay for each covered laboratory service. You pay a $25 copay for each covered x-ray service. You pay 20% of the total cost for certain complex diagnostic services, including heart catheterizations, sleep studies, Computed Tomography (CT), Magnetic Resonance tests (MRIs and MRAs) and nuclear medicine studies, including PET scans. You pay 20% of the total cost for diagnostic mammography.	**In Network** You pay a $120 copay for each covered emergency room visit. You pay a $10 copay for each covered laboratory service. (This copay may not apply if you visit a PCP or specialist on the same date of service that the lab service was performed, and your plan has an office visit copay for that visit.) You pay a $50 copay for each covered medical x-ray. You pay a $10 copay for Original Medicare covered diagnostic tests and procedures, such as heart catheterizations and sleep studies. (This copay may not apply if you visit a PCP or specialist on the same date

Cost	2018 (this year)	2019 (next year)
		of service that the test or procedure was performed, and your plan has an office visit copay for that visit.) You pay a $100 copay for each covered Computed Tomography (CT) scan. You pay a $125 copay for each covered Magnetic Resonance test (MRI and MRA). You pay a $350 copay for each covered nuclear medicine study, including PET scans. You pay a $50 copay for each covered diagnostic mammogram.
Outpatient hospital services- observation services	Observation services are not listed as a separate service under "Outpatient hospital services." **In Network** You pay 0% of the total cost for observation services.	**In Network** You pay 20% of the total cost for observation services.
Skilled nursing facility (SNF) care	**In Network** You pay a $167.50 copay per day for days 21 through 100.	**In Network** You pay a $172 copay per day for days 21 through 100.
Supervised Exercise Therapy (SET) For members who have symptomatic peripheral artery disease (PAD)	Supervised Exercise Therapy is not covered.	**In Network** You pay a $30 copay for each covered SET visit.

Cost	2018 (this year)	2019 (next year)
Urgently needed services	You pay $40 copay for each covered urgent care visit. This coverage is worldwide. You pay a $40 copay for each urgent care visit outside the United States.	You pay a $25 copay for each covered urgent care center visit. This coverage is worldwide. You pay a $25 copay for each urgent care center visit outside the United States.
Vision care	**In Network** You pay a $25 copay for Original Medicare covered vision services. You pay a $25 copay for routine eye exams.	**In Network** You pay a $0 copay for Original Medicare covered vision services. You pay a $0 copay for routine eye exams.
Optional supplemental benefits- dental benefit	**In Network** You pay 50% of the total cost for a crown.	**In Network** You pay 30% of the total cost for a crown.

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.
  - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Customer Care.

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care 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. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days' supply provided in all other cases: a one-month supply of medication rather than the amount provided in 2018 (maximum of a 91- to 98-day supply) of medication. (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.

If after review of the Drug List you determine your drug(s) are restricted in some way (example: we have placed a prior authorization, step therapy, or quantity limit on it, or it doesn't appear at all), you may receive a temporary supply of your medication in the qualifying transition period. For additional information on this temporary supply, please refer to Chapter 5, Section 5.2 of the *Evidence of Coverage*.

We will continue to cover your approved exception request through the documented approval period. You will have to submit a new request upon the expiration date of your approved 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 2019, before we make changes during the year to our Drug List that require us to provide you with advance notice when you are taking a drug, we will provide you with notice of those changes 30, rather than 60, days before they take place. Or we will give you a 30-day, rather than a 60-day, refill of your brand name drug at a network pharmacy. We will provide this notice before, for instance, replacing a brand name drug on the Drug List with a generic drug or making changes based on FDA boxed warnings or new clinical guidelines recognized by Medicare.

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 the 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. If you receive "Extra Help" and haven't received this insert by September 30th, please call Customer Care and ask for the "LIS Rider." Phone numbers for Customer Care are in Section 7.1 of this booklet.

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

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

Changes to the Deductible Stage

Stage	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 3, Tier 4 and Tier 5 drugs until you have reached the yearly deductible.	The deductible is $95. During this stage, you pay: • $2 (**standard** network retail or mail-order pharmacy) cost-sharing for up to a 30-day supply for drugs on **Tier 1** • $4 (**standard** network retail or mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on **Tier 1** • $14 (**standard** network retail or mail-order pharmacy) cost-sharing for up to a 30-day supply for drugs on **Tier 2** • $28 (**standard** network retail or mail-order pharmacy) cost-sharing for up to a 90-day	The deductible is $55. During this stage, you pay: • $0 (**preferred** retail or mail order pharmacy) cost-sharing for up to a 30-day supply for drugs on **Tier 1** • $6 (**standard** network retail pharmacy) cost-sharing for up to a 30-day supply for drugs on **Tier 1** • $0 (**preferred** retail or mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on **Tier 1** • $12 (**standard** network retail pharmacy) cost-sharing for up to a 90-day supply for drugs on **Tier 1** • $10 (**preferred** retail pharmacy) or $9

Stage	2018 (this year)	2019 (next year)
	supply for drugs on **Tier 2** **and** the full cost of drugs on **Tier 3, Tier 4** and **Tier 5** until you have reached the yearly deductible.	(preferred mail-order pharmacy) cost-sharing for up to a 30-day supply for drugs on **Tier 2** • $15 (**standard** network retail pharmacy) cost-sharing for up to a 30-day supply for drugs on **Tier 2** • $25 (**preferred** retail pharmacy) or $22 (preferred mail-order pharmacy) cost-sharing for up to a 90-day supply for drugs on **Tier 2** • $38 (**standard** network retail pharmacy) cost-sharing for up to a 90-day supply for drugs on **Tier 2** **and** the full cost of drugs on **Tier 3, Tier 4** and **Tier 5** until you have reached the yearly deductible.

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	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage 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**. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Tier 1 (Preferred Generic Drugs):** You pay $2 per prescription. **Tier 2 (Generic Drugs):** You pay $14 per prescription. **Tier 3 (Preferred Brand Drugs):** You pay $47 per prescription. **Tier 4 (Non-Preferred Drugs):** You pay 50% of the total cost. **Tier 5 (Specialty Drugs):** You pay 31% of the total cost. --- Once your total drug costs have reached $3,750, you will move to the next stage (the Coverage Gap Stage) OR you have paid $5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month supply at a network pharmacy: **Tier 1 (Preferred Generic Drugs):** ***Standard** cost-sharing:* You pay $6 per prescription (retail). ***Preferred** cost-sharing:* You pay $0 per prescription (retail or mail order). **Tier 2 (Generic Drugs):** ***Standard** cost-sharing:* You pay $15 per prescription (retail). ***Preferred** cost-sharing:* You pay $10 per prescription (retail) or $9 per prescription (mail order). **Tier 3 (Preferred Brand Drugs):** ***Standard** cost-sharing:* You pay $47 per prescription (retail). ***Preferred** cost-sharing:* You pay $42 per prescription (retail) or $40 per prescription (mail order). **Tier 4 (Non-Preferred Drugs):** ***Standard** cost-sharing:* You pay 50% of the total cost (retail).

Stage	2018 (this year)	2019 (next year)
		Preferred *cost-sharing:* You pay 50% of the total cost (retail or mail order). **Tier 5 (Specialty Drugs):** ***Standard*** *cost-sharing:* You pay 32% of the total cost (retail). ***Preferred*** *cost-sharing:* You pay 32% of the total cost (retail or mail order). _____ Once your total drug costs have reached $3,820, you will move to the next stage (the Coverage Gap Stage) OR you have paid $5,100 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 other two drug coverage stages - the Coverage Gap Stage and the Catastrophic Coverage Stage - are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage.*

SECTION 2 Administrative Changes

The chart below shows some additional changes.

Cost	2018 (this year)	2019 (next year)
Cardiac rehabilitation services	Your provider must obtain prior approval from the plan if you need more than 36 visits for cardiac rehabilitation. However, this plan will not cover more than 72 cardiac rehabilitation visits.	Your provider must obtain prior approval from the plan if you need more than 36 visits for cardiac rehabilitation.
Customer Care Hours	**October 1 through February 14:** • 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) **February 15 through September 30:** • 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays (except holidays)	**October 1 through March 31:** • 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) **April 1 through September 30:** • 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays (except holidays)
Health and wellness education programs - SilverSneakers®	New members received a welcome packet with a list of nearby facilities and a SilverSneakers ID card.	Members will have to request a SilverSneakers ID card if they have not received one already (first-time or replacement). Call 1-888-423-4632 or go

Cost	2018 (this year)	2019 (next year)
		to SilverSneakers.com to request a card.
Home Meals program	After your inpatient stay in a hospital, you are eligible to receive a one-week course of meals, at no extra cost to you. You will receive two meals a day for seven days delivered to your home.	After your inpatient stay in a hospital, you are eligible to receive a one-week course of meals, at no extra cost to you. You will receive two meals a day for seven days delivered to your home. The home meal benefit must be requested within 30 days of discharge from an acute inpatient hospital.
Pharmacy network structure	Standard pharmacy network, including retail and mail-order pharmacies.	Preferred and standard pharmacies in network (with lower cost sharing at preferred pharmacies). Preferred pharmacies include retail and mail-order options. There are no mail-order options available for standard network pharmacies.
Pulmonary rehabilitation services	Prior authorization was not required for pulmonary rehabilitation services.	Your provider must obtain prior approval from the plan if you need more than 36 visits for pulmonary rehabilitation services. This is called prior authorization.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in MedMutual Advantage Plus HMO

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.

Section 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 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 5), or call Medicare (see Section 7.2).

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

As a reminder, Medical Mutual offers other Medicare health plans and Medicare prescription drug 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 MedMutual Advantage Plus HMO.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from MedMutual Advantage Plus HMO.
- To **change to Original Medicare without a prescription drug plan,** you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - - Or - Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

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, 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. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

Note: If you're in a drug management program, you may not be able to change plans.

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*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Ohio, the SHIP is called Ohio Senior Health Insurance Information Program (OSHIIP).

Ohio Senior Health Insurance Information 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. Ohio Senior Health Insurance Information 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 Ohio Senior Health Insurance Information Program at 1-800-686-1578 (toll free). You can learn more about Ohio Senior Health Insurance Information Program by visiting their website (http://www.insurance.ohio.gov/aboutodi/ODIDiv/Pages/OSHIIP.aspx).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"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 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 Ohio HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-777-4775.

SECTION 7 Questions?

Section 7.1 Getting Help from MedMutual Advantage Plus HMO

Questions? We're here to help. Please call Customer Care at 1-800-982-3117. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., Eastern time, seven days a week from October 1 through March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays). Our automated telephone system is available 24 hours a day, seven days a week for self-service options. Calls to these numbers are free.

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 MedMutual Advantage Plus HMO. 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 MedMutual.com/MAplaninfo. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on "Find health & drug plans.")

Read Medicare & You 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.

Multi-Language Interpreter Services & Nondiscrimination Notice

MEDICAL MUTUAL®

This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

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 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة:إذاكنت تتحدث اذكر اللغة،فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم 711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

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。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator
Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.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:
  ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F
  HHH Building
  Washington, DC 20201-0004
- By phone at:
  1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
  hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.