

Imperial Insurance Value (HMO C-SNP) offered by Imperial Insurance Companies, Inc. (HMO) (HMO SNP)

Annual Notice of Changes for 2021

You are currently enrolled as a member of Imperial Insurance Value (HMO C-SNP). 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 1.5 and 1.6 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2021 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 [go.medicare.gov/drugprices](https://www.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 www.medicare.gov/plan-compare website.
 - 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 don't join another plan by December 7, 2020, you will be enrolled in Imperial Insurance Value (HMO C-SNP).
- 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, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Imperial Insurance Value (HMO C-SNP).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-800-838-8271 for additional information. (TTY users should call 711.) Hours are October 1 through March 31

Monday – Sunday, from 6:00 a.m. – 8:00 p.m. PST or April 1 through September 30
Monday through Friday, from 6:00 a.m. – 8:00 p.m. PST except holidays.

- This document may be available in other formats such as braille, large print or other alternate formats. For additional information, call our Member Services Department at the phone 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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Imperial Insurance Value (HMO C-SNP)

- Imperial Insurance Companies, Inc. is an (HMO) (HMO SNP) plan with a Medicare Contract. Enrollment in Imperial Insurance Companies (HMO) (HMO SNP) depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Imperial Insurance Companies. When it says “plan” or “our plan,” it means Imperial Insurance Value (HMO C-SNP).

H2793_191 ANOC 005_M ENG Accepted 08/29/20

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Imperial Insurance Value (HMO C-SNP) 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.imperialhealthplan.com. You can also review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$32.74 Part D Premium	\$0 Part D Premium
Maximum out-of-pocket amount 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.)	\$4,000	\$2,999
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$0 copay per visit

Cost	2020 (this year)	2021 (next year)
<p>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.</p>	<p>You pay a \$0 copay during the first 2 days of your stay</p> <p>After that, you pay a \$100 copay per day for days 1-5 of Medicare-covered inpatient hospital stays</p> <p>You pay a \$0 copay for days 6 - 90</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copay per day for days 1 – 60</p>	<p>You pay a \$0 copay during the first 2 days of your stay</p> <p>After that, you pay a \$125 copay per day for days 1-5 of Medicare-covered inpatient hospital stays</p> <p>You pay a \$0 copay for days 6 - 90</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copay per day for days 1 – 60</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p> <p>To find out which drugs are select insulins, review the most recent Drug List provided electronically. If you have questions about the Drug List, you can also call Member Services. (Phone numbers for Member Services are printed on the back cover of this booklet).</p>	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment • Drug Tier 2: \$5 Copayment • Drug Tier 3: \$45 Copayment • Drug Tier 4: \$90 Copayment • Drug Tier 5: 33% Coinsurance • Drug Tier 6: \$3 Copayment 	<p>Deductible: \$0</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 copayment • Drug Tier 2: \$5 Copayment • Drug Tier 3: \$45 Copayment <ul style="list-style-type: none"> ○ Select Insulins: \$0 • Drug Tier 4: \$90 Copayment • Drug Tier 5: 33% Coinsurance • Drug Tier 6: \$3 Copayment

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$32.74 Part D Premium	\$0 Part D Premium

- 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.

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	2020 (this year)	2021 (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 costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,000	\$2,999 Once you have paid \$2,999 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. We included a copy of our Provider Directory in the envelope with this booklet. An updated Provider Directory is located on our website at www.imperialhealthplan.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 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 to manage 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. We included a copy of our Pharmacy Directory in the envelope with this booklet. An updated Pharmacy Directory is located on our website at www.imperialhealthplan.com. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are 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 2021 Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
Ambulance services	You pay a \$100 copay for each Medicare-covered one-way trip by ground or air	You pay a \$125 copay for each Medicare-covered one-way trip by ground You pay 20% of the total cost for each Medicare-covered one-way trip by air
Acupuncture	You pay a \$15 copay per treatment	Routine acupuncture is <u>not</u> covered
Dental Services	Routine Dental Services: You pay a \$0 copay for covered services every year up to \$500 This includes x-rays every year Non-Routine Dental Services: You pay a \$0 copay for covered services every year up to \$1000 Dental benefits provided through Liberty Dental	Routine Dental Services: You pay a \$0 copay for covered services every year up to \$500 This includes x-rays every six months Non-Routine Dental Services: You pay a copay \$0 for covered services every three months up to \$500 Dental benefits provided through Healthplex Dental
Emergency Services	You pay a \$90 copay for emergency care services received in the U.S.	You pay a \$120 copay for emergency care services received in the U.S.

Cost	2020 (this year)	2021 (next year)
Worldwide Emergency/Urgent Care	You pay a \$90 copay for emergency or urgent care services received worldwide (outside the U.S.)	You pay a \$0 copay for emergency or urgent care services received worldwide (outside the U.S.)
Inpatient Hospital	<p>You pay a \$0 copay during the first 2 days of your stay</p> <p>If you stay in the hospital longer than 2 days, you pay a \$100 copay per day for days 1-5 and a \$0 copay for days 6 -90</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copay per day for days 1 – 60</p>	<p>You pay a \$0 copay during the first 2 days of your stay</p> <p>If you stay in the hospital longer than 2 days, you pay a \$125 copay per day for days 1-5 and a \$0 copay for days 6 - 90</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copay per day for days 1 – 60</p>
Inpatient Mental Health	<p>You pay a \$0 copay during the first 2 days of your stay</p> <p>If you stay in the hospital longer than 2 days, you pay a \$100 copay per day for days 1-5 and a \$0 copay for days 6 - 90</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copayment per day for days 1 – 60</p>	<p>You pay a \$0 copay during the first 2 days of your stay</p> <p>If you stay in the hospital longer than 2 days, you pay: \$200 copayment per day for days 1-7 and \$0 copayment for days 8 - 90</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copay per day for days 1 – 60</p>

Cost	2020 (this year)	2021 (next year)
Outpatient Therapy Including Occupational, Physical and Speech Therapy Services	You pay a \$10 copay for each Medicare-covered occupational therapy outpatient rehabilitation service	You pay a \$15 copay for each Medicare-covered occupational therapy outpatient rehabilitation service
	You pay a \$0 copay for each Medicare-covered physical and speech therapy service	You pay a \$15 copay for each Medicare-covered physical and speech therapy service
Additional Telehealth Services	Most telehealth services are <u>not</u> covered	You pay a \$0 copay for certain additional telehealth services, including those for primary care Prior authorization & referral required

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

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

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

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
 - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Member Services.
- **Work with your doctor (or other 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.

Most formulary exceptions are granted until the end of the plan year. Any formulary exceptions granted during the current plan year may need to be resubmitted for the 2021 plan year.

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.

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. If you receive “Extra Help” and haven’t received this insert by September 30, please call Member Services and ask for the “LIS Rider.”

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 Evidence of Coverage, which is located on our website at www.imperialhealthplan.com. You can also review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	<p>Because we have no deductible, this payment stage does not apply to you.</p> <p>There is no deductible for Imperial Insurance Value (HMO C-SNP) for select insulins. You pay \$0 for select insulins.</p>

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	2020 (this year)	2021 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic Drugs – Tier 1: You pay \$0 per prescription</p> <p>Generic Drugs – Tier 2: You pay \$5 per prescription</p> <p>Preferred Brand Drugs – Tier 3: You pay \$45 per prescription</p> <p>Non-Preferred Drug – Tier 4: You pay \$90 per prescription</p> <p>Specialty Drugs – Tier 5: You pay 33% of the total cost</p> <p>Select Care Drugs – Tier 6: You pay \$3 per prescription</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generic Drugs – Tier 1: You pay \$0 per prescription</p> <p>Generic Drugs – Tier 2: You pay \$5 per prescription</p> <p>Preferred Brand Drugs – Tier 3: You pay \$45 per prescription. You pay \$0 for select insulins</p> <p>Non-Preferred Drug – Tier 4: You pay \$90 per prescription</p> <p>Specialty Drugs – Tier 5: You pay 33% of the total cost</p> <p>Select Care Drugs – Tier 6: You pay \$3 per prescription.</p>

Stage	2020 (this year)	2021 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p> <p>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.</p>	<p>Once you have paid \$4,020 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$4,130 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your Evidence of Coverage.

Imperial Insurance Value (HMO C-SNP) offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$0.

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
<p>Plan Service Area</p>	<p>In 2020 your plan service consists of these counties:</p> <p>Arizona – Maricopa and Pima</p> <p>Texas- Bexar, Collin, Comal, Dallas, Denton, El Paso, Harris, Hays, Tarrant, Travis, and Williamson.</p>	<p>In 2021 your plan service consists of these counties:</p> <p>Arizona – Maricopa Coconino, Pima, Pinal, and Yavapai</p> <p>Nevada – Clark</p> <p>New Mexico - Bernalillo</p> <p>Utah – Salt Lake</p> <p>Texas- Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise.</p>
<p>Prescription Benefit Manager. This is who you will contact for coverage decisions about your Part D prescription drugs.</p>	<p>EnvisionRx Options</p>	<p>Elixir Phone: 1-833-667-3497 Calls to this number are free 24 hours a day, 7 days a week.</p> <p>Fax: 1-877-503-7231</p> <p>Mail: 2181 E. Aurora Road, Suite 201 Twinsburg, OH 44087</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Imperial Insurance Value (HMO C-SNP)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Imperial Insurance Value (HMO C-SNP).

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 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- 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 do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2021, call your State Health Insurance Assistance Program (see Section 6), 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 www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Imperial Insurance Companies, 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 Imperial Insurance Value (HMO C-SNP).
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Imperial Insurance Value (HMO C-SNP).
- **To change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 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, 2021.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. 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.

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. 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 contact the SHIP in your area using the information below.

State SHIP	Phone	Website
Arizona	1-800-432-4040	https://www.azahcccs.gov/
Nevada	1-800-307-4444	http://adsd.nv.gov/Programs/Seniors/SHIP/SHIP_Prog/
New Mexico	1-800-432-2080	http://www.nmaging.state.nm.us/
Utah	1-877-424-4640	https://insurance.utah.gov/consumer/seniors
Texas	1-800-252-3439	http://www.tdi.texas.gov/consumer/hicap/

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 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 ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your ADAP.

State ADAP	Phone	Website
Arizona ADAP	1-888-311-7632	http://www.ramsellcorp.com/individuals/az.aspx
Nevada ADAP	1-888-311-7632	http://www.ramsellcorp.com/individuals/nv.aspx
New Mexico Department of Health HIV Services Program	1-505-827-2435	https://nmhivguide.org/
Utah – Ryan White Part B	1-801-538-6197	http://health.utah.gov/epi/treatment/
Texas HIV Medication Program	1-800-255-1090	https://www.dshs.texas.gov/hivstd/meds/

SECTION 7 Questions?

Section 7.1 – Getting Help from Imperial Insurance Value (HMO C-SNP)

Questions? We're here to help. Please call Member Services at 1-800-838-8271. (TTY only, call 711). We are available for phone calls October 1 through March 31 Monday – Sunday, from 6:00 a.m. – 8:00 p.m. PST or April 1 – September 30 Monday through Friday, from 6:00 a.m. – 8:00 p.m. PST except holidays.

Read your 2021 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 2021. For details, look in the 2021 Evidence of Coverage for Imperial Insurance Value (HMO C-SNP). 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.imperialhealthplan.com. You can also review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you. 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.imperialhealthplan.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 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 (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 www.medicare.gov/plan-compare).

Read Medicare & You 2021

You can read the Medicare & You 2021 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 (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.