

Imperial Insurance Company Dual (HMO D-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 Company Dual (HMO D-SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.5 and 1.6 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 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 Company Dual (HMO D-SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 4, page 22 to learn more about your choices.

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 Company Dual (HMO D-SNP).
- If you join another plan between **October 15** and **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 – March 31: Monday – Sunday, from 6:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from 6:00 a.m. – 8:00 p.m. PST except holidays.
- This information is also available in alternate formats such as braille and large print.

- **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 Company Dual (HMO D-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 Inc. When it says “plan” or “our plan,” it means Imperial Insurance Company Dual (HMO D-SNP).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Imperial Insurance Company Dual (HMO D-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*. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium*	\$32.74 Part D Premium	\$22.50 Part D Premium
* Your premium may be higher or lower than this amount. See Section 1.1 for details.		

Cost	2020 (this year)	2021 (next year)
<p>Deductible</p>	<p>\$198 Part B Deductible</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>\$198 Part B Deductible</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>This is the 2020 Medicare Part B deductible amount and may change for 2021. Imperial Insurance Company Dual (HMO D-SNP) will provide updated rates as soon as they are released.</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>	<p>Primary care visits: 20% per visit</p> <p>Specialist visits: 20% per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>

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>	<ul style="list-style-type: none"> • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<ul style="list-style-type: none"> • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>These are 2020 cost-sharing amounts and may change for 2021. Imperial Insurance Company Dual (HMO D-SNP) will provide updated rates as soon as they are released.</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible for Tiers 2-5: \$435</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 0% • Drug Tier 2: 25% • Drug Tier 3: 25% • Drug Tier 4: 25% • Drug Tier 5: 25% 	<p>Deductible for Tiers 2-5: \$445</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 0% • Drug Tier 2: 25% • Drug Tier 3: 25% • Drug Tier 4: 25% • Drug Tier 5: 25%

Cost	2020 (this year)	2021 (next year)
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$2,999</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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 unless it is paid for you by Medicaid.)	\$32.74 Part D Premium	\$22.50 Part D Premium

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 Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,700	\$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

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*. 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)
Acupuncture	You pay a \$0 copay for 12 acupuncture treatments each year.	Routine acupuncture is <u>not</u> covered.
Ambulance services	You pay a \$100 copay for each Medicare-covered one-way trip by ground or air.	You pay 20% of the total cost for each Medicare-covered one-way trip by ground If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.
Cardiac rehabilitation services	You pay a \$0 copay for Medicare-covered cardiac rehabilitation services, intensive cardiac rehabilitation services or pulmonary rehabilitation services.	You pay 20% of the total cost for Medicare-covered cardiac rehabilitation services, intensive cardiac rehabilitation services or pulmonary rehabilitation services. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.

Cost	2020 (this year)	2021 (next year)
Chiropractic services	You pay a \$0 copay for Medicare-covered Chiropractic services.	<p>You pay 20 % of the total cost for Medicare-covered Chiropractic services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Colorectal cancer screening	<p>You pay a \$0 copay for a digital rectal exam or barium enema every 48 months.</p> <p>Prior authorization is not required.</p>	<p>You pay 20% of the total cost for a digital rectal exam or barium enema every 48 months.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Prior authorization is required.</p>

Dental services

You pay a \$0 copay for Medicare-covered dental benefits.

Routine Dental

You pay a \$0 copay for:

- One oral exam every six months.
- One cleaning every six months (two cleanings every year).
- One fluoride treatment (non-varnish) every six months.
- One full set of dental x-rays every year unless medically necessary.

Your plan covers up to \$500 in routine dental service per year.

Non-routine Dental

You pay a \$0 copay for:

- Restorative Services
- Prosthodontics
- Oral/Maxillofacial Surgery
- Other Services

Your plan covers up to \$1000 in non-routine dental service per year.

Referral and prior authorization are not required.

Dental benefits provided through Liberty Dental

You pay 20% of the total cost for Medicare-covered dental benefits.

Routine Dental

You pay a \$0 copay for:

- One oral exam every six months.
- One cleaning every six months.
- One fluoride treatment (non-varnish) every six months.
- One full set of dental x-rays every six months unless medically necessary.

Your plan covers up to \$500 in routine dental service per year.

Non-routine Dental

You pay a \$0 copay for:

- Restorative Services
- Prosthodontics
- Oral/Maxillofacial Surgery
- Other Services

Your plan covers up to \$500 in non-routine dental service every three months. Per quarter allowed amounts do not roll over.

Referral and prior authorization are required.

Dental benefits provided through Healthplex Dental

Cost	2020 (this year)	2021 (next year)
Diabetes self-management training and diabetic supplies	You pay a \$0 copay for Medicare-covered diabetes self-management training, monitoring supplies, therapeutic shoes or inserts.	<p>You pay 20% of the total cost for Medicare-covered self-management training, diabetes monitoring supplies, therapeutic shoes or inserts.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Dialysis services & kidney disease education services	You pay a \$0 copay for Medicare-covered dialysis and kidney disease education services.	<p>You pay 20% of the total cost for Medicare-covered dialysis and kidney disease education services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Doctor office visits	<p>You pay a \$0 copay for each primary care visit.</p> <p>You pay a \$0 copay for each specialist office visit.</p> <p>Referral and prior authorization are <u>not</u> required for preventative services including an annual physical exam.</p>	<p>You pay 20% of the total cost for each primary care visit.</p> <p>You pay 20% of the total cost for each specialist office visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>Referral and prior authorization are required for preventative services including an annual physical exam.</p>

Cost	2020 (this year)	2021 (next year)
Durable medical equipment and supplies	You pay a \$0 copay for each Medicare-covered Durable Medical Equipment (DME) and related supplies, such as oxygen or a wheelchair.	<p>You pay 20% of the total cost for each Medicare-covered Durable Medical Equipment (DME) and related supplies, such as oxygen or a wheelchair.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Emergency care <u>Worldwide emergency care</u>	<p>You pay a \$0 copay for each Medicare-covered emergency room visit.</p> <p>Copayment for Medicare-covered benefits is waived if admitted to hospital within 48 hours.</p> <p>You pay 20% of the total cost for Emergency care services received worldwide (outside the U.S.). There is a \$50,000 annual maximum allowance for worldwide emergency/urgent care.</p>	<p>You pay 20% of the total cost for each Medicare-covered emergency room visit up to \$90 per visit.</p> <p>Copayment for Medicare-covered benefits is waived if admitted to the hospital within 3 days.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>You pay a \$0 copay for Emergency care services received worldwide (outside the U.S.). There is a \$50,000 annual maximum allowance for worldwide emergency/urgent care.</p>

Cost	2020 (this year)	2021 (next year)
Hearing services	<p>You pay a \$0 copay for Medicare-covered exams to diagnose and treat hearing/balance issues.</p> <p>You pay 20% of the total cost for 1 routine hearing exam per year.</p>	<p>You pay 20% of the total cost for Medicare-covered exams to diagnose and treat hearing/balance issues.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>You pay 20% of the total cost for 1 routine hearing exam per year.</p>
Inpatient hospital stays	<p>You pay a copay for each benefit period as follows:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a copay for each benefit period as follows:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>These are 2020 cost-sharing amounts and may change for 2021. Imperial Insurance Company Dual (HMO D-SNP) will provide updated rates as soon as they are released.</p>

Cost	2020 (this year)	2021 (next year)
Inpatient mental health care	<p>You pay a copay for each benefit period as follows:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a copay for each benefit period as follows:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>These are 2020 cost-sharing amounts and may change for 2021. Imperial Insurance Company Dual (HMO D-SNP) will provide updated rates as soon as they are released.</p>
Medicare Part B prescription drugs	<p>You pay a \$0 copay for Medicare-covered Part B Rx Drugs and Home Infusion Drugs.</p>	<p>You pay 20% of the total cost for Medicare-covered Part B Rx Drugs and Home Infusion Drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Opioid treatment program services	<p>You pay a \$0 copay for Medicare-covered opioid treatment services.</p>	<p>You pay 20% of the total cost for Medicare-covered opioid treatment services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

Cost	2020 (this year)	2021 (next year)
<p>Outpatient diagnostic tests and therapeutic services and supplies</p>	<p>You pay a \$0 copay for Medicare covered:</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Diagnostic radiology services (not including X-rays) • X-rays • Therapeutic radiology services • Blood – including storage and administration 	<p>You pay 20% of the total cost for Medicare covered:</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Diagnostic radiology services (not including X-rays) • X-rays • Therapeutic radiology services • Blood – including storage and administration <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<p>Outpatient hospital services & observation</p>	<p>You pay a \$0 copay for Medicare-covered outpatient hospital services and observation.</p>	<p>You pay 20% of the total cost for Medicare-covered outpatient hospital services and observation.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

Cost	2020 (this year)	2021 (next year)
Outpatient mental health care	<p>You pay a \$0 copay for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician).</p> <p>You pay a \$0 copay for each Medicare-covered psychiatric individual or group therapy session.</p>	<p>You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician).</p> <p>You pay 20% of the total cost for each Medicare-covered psychiatric individual or group therapy session.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Outpatient rehabilitation services including physical therapy, occupational therapy, and speech language therapy	<p>You pay a \$0 copay for Medicare-covered outpatient rehabilitation services.</p>	<p>You pay 20% of the total cost for Medicare-covered outpatient rehabilitation services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Outpatient substance abuse services	<p>You pay a \$0 copay for each Medicare-covered individual or group therapy visit for outpatient substance abuse services.</p>	<p>You pay 20% of the total cost for each Medicare-covered individual or group therapy visit for outpatient substance abuse services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

Cost	2020 (this year)	2021 (next year)
Outpatient surgery including services provided at ambulatory surgical centers	You pay a \$0 copay for each Medicare-covered ambulatory surgical center visit.	<p>You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Over-the-counter items	You receive a \$35 monthly allowance for Over-the-Counter (OTC) drugs and supplies.	You receive a \$70 allowance for Over-the-Counter (OTC) drugs and supplies every three months (quarterly).
Partial hospitalization	You pay a \$0 copay for each Medicare-covered partial hospitalization program service.	<p>You pay 20% of the total cost for each Medicare-covered partial hospitalization program service.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Podiatry services	You pay a \$0 copay for Medicare-covered podiatry services.	<p>You pay 20% of the total cost for Medicare-covered podiatry services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

Cost	2020 (this year)	2021 (next year)
Skilled nursing facility (SNF) care*	<p>You pay a copay for each benefit period as follows:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$176.00 copay per day for days 21 through 100 • 100% of total cost for days 101 and beyond. 	<p>You pay a copay for each benefit period as follows:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$176.00 copay per day for days 21 through 100 <p>100% of total cost for days 101 and beyond.</p> <p>These are 2020 cost-sharing amounts and may change for 2021. Imperial Insurance Company Dual (HMO D-SNP) will provide updated rates as soon as they are released.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)	<p>You pay a \$0 copay for Medicare-covered SET services.</p>	<p>You pay 20% of the total cost for Medicare-covered SET services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
Additional Telehealth Services	<p>Most telehealth services are <u>not</u> covered.</p>	<p>You pay 20% of the total cost for certain additional telehealth services, including those for primary care.</p> <p>Prior authorization & referral required.</p>

Cost	2020 (this year)	2021 (next year)
<p data-bbox="201 317 545 352">Urgently needed services</p> <p data-bbox="201 695 480 764"><u>Worldwide urgently needed services</u></p>	<p data-bbox="586 327 935 432">You pay a \$0 copay for Medicare-covered urgently needed services.</p> <p data-bbox="586 474 971 615">Copayment for Medicare-covered benefits is waived if admitted to hospital within 48 hours.</p> <p data-bbox="586 667 971 919">You pay 20% of the total cost for urgently needed services received outside the U.S. There is a \$50,000 annual maximum allowance for worldwide emergency/urgent care.</p>	<p data-bbox="1016 327 1406 468">You pay 20% of the total cost for Medicare-covered urgently needed services up to \$65 per visit.</p> <p data-bbox="1016 510 1406 651">Copayment for Medicare-covered benefits is waived if admitted to the hospital within 3 days.</p> <p data-bbox="1016 693 1414 833">If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p data-bbox="1016 886 1390 1102">You pay a \$0 copay for Urgently needed services outside of the U.S. There is a \$50,000 annual maximum allowance for worldwide emergency/urgent care.</p>
<p data-bbox="201 1163 358 1192">Vision care</p>	<p data-bbox="586 1171 984 1276">You pay a \$0 copay for one glaucoma screening per year if you are at high risk.</p> <p data-bbox="586 1329 971 1549">You pay 20% of the total cost for one pair of prescribed eyewear every 2 years - either:</p> <ul data-bbox="586 1444 971 1549" style="list-style-type: none"> <li data-bbox="586 1444 922 1507">• One pair of eyeglasses (lenses and frames) <li data-bbox="586 1518 971 1549">• One pair of contact lenses. <p data-bbox="586 1591 971 1696">Your plan covers up to \$500 for eyeglasses, frames, lenses, or contacts every 2 years.</p>	<p data-bbox="1016 1171 1406 1276">You pay 20% of the total cost for one glaucoma screening per year if you are at high risk.</p> <p data-bbox="1016 1329 1398 1470">You pay 20% of the total cost for one pair of eyeglasses (lenses and frames) every two years.</p> <p data-bbox="1016 1512 1398 1617">You pay 20% of the total cost for one pair of contact lenses every six months.</p> <p data-bbox="1016 1669 1398 1774">Your plan covers up to \$250 for eyeglasses, frames, lenses, or contacts every 2 years.</p>

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. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

When we grant a formulary exception, it is usually 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 may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because 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 in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your tier 2-5 drugs until you have reached the yearly deductible.	The deductible is \$435. During this stage, you pay \$0 cost sharing for drugs on tier 1 and the full cost of drugs on tiers 2-5 until you have reached the yearly deductible.	The deductible is \$445. During this stage, you pay \$0 cost sharing for drugs on tier 1 and the full cost of drugs on tiers 2-5 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	2020 (this year)	2021 (next year)
<p>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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic: You pay \$0 per prescription.</p> <p>Tier 2 Generic: You pay 25% of the total cost.</p> <p>Tier 3 Preferred Brand: You pay 25% of the total cost.</p> <p>Tier 4 Non-preferred Drug: You pay 25% of the total cost.</p> <p>Tier 5 Specialty: You pay 25% of the total cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1 Preferred Generic: You pay \$0 per prescription.</p> <p>Tier 2 Generic: You pay 25% of the total cost.</p> <p>Tier 3 Preferred Brand: You pay 25% of the total cost.</p> <p>Tier 4 Non-preferred Drug: You pay 25% of the total cost.</p> <p>Tier 5 Specialty: You pay 25% of the total cost.</p>

**Stage 2: Initial Coverage Stage
(continued)**

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*.

Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).

Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Plan Service Area	In 2020 your plan service consists of Bexar, Dallas, El Paso, Harris, Tarrant, and Travis counties.	In 2021 your plan service consists of Bexar, Dallas, El Paso, Harris, Tarrant, Travis, Collin, Comal, Denton, Hays, Williamson, Fort Bend, Montgomery, Nueces, and Wise counties.

Description	2020 (this year)	2021 (next year)
<p>Prescription Benefit Manager. This is who you will contact for coverage decisions about your Part D prescription drugs.</p>	EnvisionRx Options	<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 Company Dual (HMO D-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 Company Dual (HMO D-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,
- -- 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 2021*, 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 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 Company Dual (HMO D-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 Company Dual (HMO D-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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from October 15 to 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.

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 2.3 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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

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. 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 HICAP at 1-800-252-3439. You can learn more about the Texas Department of Insurance by visiting their website (<http://www.tdi.texas.gov/consumer/hicap/>).

For questions about your Texas Medicaid benefits, contact Texas Department of State Health Services at 1-800-252-8263 or TTY 711. Hours are Monday-Friday 7:00 am – 7:00 pm. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

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.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 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 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.

SECTION 7 Questions?

Section 7.1 – Getting Help from Imperial Insurance Company Dual (HMO D-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 – March 31: Monday – Sunday, from 6:00 am – 8:00 pm PST or April 1 – September 30: Monday – Friday, from 6:00 am – 8:00 pm PST. Calls to these numbers are free.

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 Company Dual (HMO D-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 *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.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call the Texas Department of State Health Services at 1-888-963-7111. TTY users should call 711.