

Peoples Health **Secure Health** (**HMO SNP**) offered by Peoples Health Annual Notice of Changes for 2018

You are currently enrolled as a member of Peoples Health Secure Health. 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 1.1 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 2018 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- 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 healthcare 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.**

continued inside cover >

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
- Review the list in the back of your *Medicare & You* handbook.
- Look in Section 2.2 to learn more about your choices.

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

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** Peoples Health Secure Health, you don't need to do anything. You will stay in Peoples Health Secure Health.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in Section 2.2, page 11, to learn more about your choices.

Additional Resources

- This document may be made available in alternate formats.
- **Coverage under this plan qualifies as minimum essential coverage (MEC)** 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 Peoples Health Secure Health

- Peoples Health is a Medicare Advantage organization with a Medicare contract to offer HMO plans. Enrollment depends on annual Medicare contract renewal.
- When this booklet says "we," "us," or "our," it means Peoples Health. When it says "plan" or "our plan," it means Peoples Health Secure Health.

Summary of Important Costs for 2018

The table below and on the following page compares the 2017 costs and 2018 costs for Peoples Health Secure Health 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 enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.**

Cost	2017 (this year)	2018 (next year)
<p>Monthly plan premium*</p> <p>*Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$32.80	\$30.90
<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 Louisiana Medicaid, you pay \$0 per visit.</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 Louisiana Medicaid, you pay \$0 per visit.</p>
<p>Inpatient hospital stays</p> <p>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>\$0 or \$45 per day for days 1-2; \$0 per day for days 3 and beyond</p> <p>Out-of-pocket costs are limited to \$90 for each inpatient admission.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0.</p>	<p>\$0 or \$85 per day for days 1-8; \$0 per day for days 9 and beyond</p> <p>Out-of-pocket costs are limited to \$680 for each inpatient admission.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 1.6 for details.)</p>	<p>Deductible: \$400</p> <p>Copayments during the Initial Coverage Stage:</p>	<p>Deductible: \$405</p> <p>Copayments during the Initial Coverage Stage:</p>

Cost	2017 (this year)	2018 (next year)
	<ul style="list-style-type: none"> • Generic drugs: \$0, \$1.20, or \$3.30 per prescription for a 30-day supply or a 90-day supply • Brand drugs: \$0, \$3.70, or \$8.25 per prescription for a 30-day supply or a 90-day supply 	<ul style="list-style-type: none"> • Generic drugs: \$0, \$1.25, or \$3.35 per prescription for a 30-day supply or a 90-day supply • Brand drugs: \$0, \$3.70, or \$8.35 per prescription for a 30-day supply or a 90-day supply
<p>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.)</p>	<p>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana 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>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana 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>

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium	\$32.80	\$30.90
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Louisiana Medicaid.)		

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	2017 (this year)	2018 (next year)
Maximum out-of-pocket amount	\$6,700	\$6,700
Because our members also get assistance from Louisiana Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Louisiana Medicaid assistance with Part A and Part B copays, 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.		Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Your costs for covered medical services (such as copayments 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.		

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at <http://www.peopleshealth.com/searchtools>. You may also call member services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2018 *Provider Directory* to see if your providers (primary care physician, 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, 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 healthcare needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

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

There are changes to our network of pharmacies for next year. An updated *Provider Directory* is located on our website at <http://www.peopleshealth.com/searchtools>. You may also call member services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2018 *Provider 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* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below and on the following pages 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 2018 *Evidence of Coverage*. A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2017 (this year)	2018 (next year)
Additional medical nutrition therapy	You pay a \$0 copayment for up to 10 additional visits for medical nutrition therapy services for Medicare-covered and non-Medicare-covered conditions from a dietitian.	Additional medical nutrition therapy is <u>not</u> covered.
Health and wellness education programs (nutrition and dietary services)	You pay a \$0 copayment for nutrition and dietary services from staff dietitians.	Nutrition and dietary services are <u>not</u> covered.
Inpatient hospital care	<p>You pay a \$0 or a \$45 copayment each day for days 1-2 and a \$0 copayment each day for days 3 and beyond for each inpatient admission to a network hospital or other facility (including a long-term acute care facility or an inpatient rehabilitation facility) for Medicare-covered services.</p> <p>Out-of-pocket costs are limited to \$90 for each inpatient admission.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$0 or an \$85 copayment each day for days 1-8 and a \$0 copayment each day for days 9 and beyond for each inpatient admission to a network hospital or other facility (including a long-term acute care facility or an inpatient rehabilitation facility) for Medicare-covered services.</p> <p>Out-of-pocket costs are limited to \$680 for each inpatient admission.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>

Cost	2017 (this year)	2018 (next year)
Inpatient mental health care	<p>You pay a \$0 or \$45 copayment each day for days 1-2 and a \$0 copayment each day for days 3-90 for each inpatient admission to a network hospital or psychiatric facility for Medicare-covered mental health services.</p> <p>You pay a \$0 copayment each day per lifetime reserve day.</p> <p>Out-of-pocket costs are limited to \$90 for each inpatient admission.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$0 or \$85 copayment each day for days 1-8 and a \$0 copayment each day for days 9-90 for each inpatient admission to a network hospital or psychiatric facility for Medicare-covered mental health services.</p> <p>You pay a \$0 copayment each day per lifetime reserve day.</p> <p>Out-of-pocket costs are limited to \$680 for each inpatient admission.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>
Inpatient stay: covered services received in a hospital during a non-covered inpatient stay	<p>You pay a \$0 or \$45 copayment each day for Medicare-covered inpatient services received during a non-covered inpatient stay at a network hospital or other facility (including a long-term acute care facility or an inpatient rehabilitation facility).</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a \$0 or \$85 copayment each day for Medicare-covered inpatient services received during a non-covered inpatient stay at a network hospital or other facility (including a long-term acute care facility or an inpatient rehabilitation facility).</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount.</p>
Medicare Part B prescription drugs	<p>You pay a \$0 copayment or 15% of the total cost at a network provider for Medicare Part B-covered drugs (including chemotherapy drugs) and Medicare-covered infusion therapy other than home infusion therapy.</p>	<p>You pay a \$0 copayment or 20% of the total cost at a network provider for Medicare Part B-covered chemotherapy drugs.</p> <p>You pay a \$0 copayment at a network provider for other</p>

Cost	2017 (this year)	2018 (next year)
	<p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount or 0% of the total cost.</p>	<p>Medicare Part B-covered drugs and Medicare-covered infusion therapy other than home infusion therapy.</p> <p>If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay a \$0 copayment amount or 0% of the total cost.</p>
<p>Nonemergency (routine) transportation services</p>	<p>You pay a \$0 copayment for each one-way trip, up to 48 trips, from the network transportation provider to plan-approved locations within 30 miles of your home. If you travel to or from a Peoples Health-sponsored event, such as a wellness seminar, health fair, or vaccination fair, these trips are not counted toward your 48 one-way trips.</p> <p>You pay a \$0 copayment per trip for 48 additional one-way trips from the network transportation provider to plan-approved locations for dialysis services within 30 miles of your home.</p>	<p>You pay a \$0 copayment for each one-way trip, up to 24 trips, from the network transportation provider to plan-approved locations within 30 miles of your home. If you travel to or from a Peoples Health-sponsored event, such as a wellness seminar, health fair, or vaccination fair, these trips <u>are counted</u> toward your 24 one-way trips.</p> <p>Additional one-way trips for dialysis services are <u>not</u> covered.</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.” You can request a copy of our *Abridged Formulary*, which includes a list of many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. Call member services (see the back cover) or visit our website (<http://www.peopleshealth.com/formulary>). **You can also get the *complete* Drug List.**

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 **one-time**, 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.

If you have a current formulary exception for a drug in 2017, you usually submit a new formulary exception request for that drug for 2018 if you need to continue taking it.

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.” Phone numbers for member services are in Section 6.1 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 and on the following page 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	2017 (this year)	2018 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	The deductible is \$400.	The deductible is \$405.

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	2017 (this year)	2018 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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>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 <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Generic drugs: You pay \$0, \$1.20, or \$3.30 per prescription.</p> <p>Brand drugs: You pay \$0, \$3.70, or \$8.25 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Generic drugs: You pay \$0, \$1.25, or \$3.35 per prescription.</p> <p>Brand drugs: You pay \$0, \$3.70, or \$8.35 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$3,750 you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Peoples Health Secure Health

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2018 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan at any time,
- -- *OR*-- You can change to Original Medicare at any time.

Your new coverage will begin on the first day of the following month. 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 2018*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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

Step 2: Change your coverage

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

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

SECTION 3 Deadline for Changing Plans

Because you are eligible for both Medicare and Louisiana Medicaid, you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Louisiana Medicaid

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

SHIIP 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. SHIIP 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 SHIIP at 1-800-259-5300. You can learn more about SHIIP by visiting their website (<http://www.ldi.la.gov/SHIIP>).

For questions about your Louisiana Medicaid benefits, contact Louisiana Medicaid at 1-888-342-6207, Monday through Friday, from 7:30 a.m. to 5 p.m. TTY users may call 1-800-220-5404. Ask how joining another plan or returning to Original Medicare affects how you get your Louisiana Medicaid coverage.

SECTION 5 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 Louisiana 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 a.m. and 7 p.m., 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 Louisiana Health Access Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 504-568-7474, Monday through Friday, from 8 a.m. to 5 p.m.

SECTION 6 Questions?

Section 6.1 – Getting Help from Peoples Health

Questions? We're here to help. Please call member services at 1-800-222-8600. (TTY only, call 1-800-846-5277.) We are available for phone calls seven days a week, from 8 a.m. to 8 p.m. If you contact us on a weekend or holiday, you may need to leave a message, but we will return your call within one business day. Calls to these numbers are free.

Read your 2018 *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 2018. For details, look in the 2018 *Evidence of Coverage* for Peoples Health Secure Health. 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 included in this envelope.

Visit our Website

You can also visit our website at <http://www.peopleshealth.com>. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2018*

You can read *Medicare & You 2018* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from Louisiana Medicaid

To get information from Louisiana Medicaid, you can call Louisiana Medicaid at 1-888-342-6207, Monday through Friday, from 7:30 a.m. to 5 p.m. TTY users should call 1-800-220-5404.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-222-8600 (TTY: 1-800-846-5277).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-8600 (TTY: 1-800-846-5277).

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 1-800-222-8600 (TTY: 1-800-846-5277)。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-222-8600 (TTY: 1-800-846-5277).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-222-8600 (ATS: 1-800-846-5277).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-222-8600 (TTY: 1-800-846-5277).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-222-8600 (TTY: 1-800-846-5277).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-222-8600 (TTY: 1-800-846-5277) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-222-8600 (телетайп: 1-800-846-5277).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-222-008-1 (رقم هاتف الصم والبكم: 1-800-648-7725).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-222-8600 (TTY: 1-800-846-5277).

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。

1-800-222-8600 (TTY: 1-800-846-5277) まで、お電話にてご連絡ください。

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-222-8600 (TTY: 1-800-846-5277).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອທາງພາສາ ຈຳນວນ ສິດ ທ່ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-222-8600 (TTY: 1-800-846-5277).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. (TTY: 1-800-846-5277) با

1-800-222-8600 تماس بگیرد. خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-222-8600 (TTY: 1-800-846-5277).

Notice of Nondiscrimination

Peoples Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Peoples Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Peoples Health provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; written information in other formats (large print, audio, accessible electronic formats, other formats). Peoples Health also provides free language services to people whose primary language is not English, such as: qualified interpreters; information written in other languages. If you need these services, contact the member services department. If you believe that Peoples Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator; Peoples Health, Three Lakeway Center, 3838 N. Causeway Blvd., Suite 2200, Metairie, LA 70002; 504-849-4685, 225-346-5704 or toll-free 1-800-222-8600; TTY: 711; fax: 504-849-6959; email: civilrightscoordinator@peopleshealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Peoples Health Member Services

METHOD Member Services – Contact Information

CALL: 1-800-222-8600

Calls to this number are free. We are available seven days a week, from 8 a.m. to 8 p.m. If you contact us on a weekend or holiday, you may need to leave a message, but we will return your call within one business day.

Member services also has free language interpreter services available for non-English speakers.

TTY: 1-800-846-5277

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. The TTY relay service operates 24 hours a day, seven days a week.

FAX: 504-849-6906

WRITE: Member Services Department
Peoples Health
Three Lakeway Center
3838 N. Causeway Blvd., Ste. 2200
Metairie, LA 70002

phn.member@peopleshealth.com

WEBSITE: <http://www.peopleshealth.com>

Senior Health Insurance Information Program (Louisiana SHIP)

Senior Health Insurance Information Program is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD Contact Information

CALL: 1-800-259-5300

WRITE: Louisiana Department of Insurance
P.O. Box 94214
Baton Rouge, LA 70804

WEBSITE: <http://www.lidi.la.gov/SHIIP>

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