

ANNUAL NOTICE OF CHANGES FOR 2019



PEOPLES HEALTH

Your **Medicare Health** Team

PEOPLES HEALTH SECURE HEALTH (HMO SNP)

offered by Peoples Health

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 2019 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 <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- ❑ Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Provider Directory*.
- ❑ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- ❑ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ❑ Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
 - Review the list in the back of your *Medicare & You* handbook.
 - Look in Section 3.2 to learn more about your choices.
- ❑ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you want to **keep** 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 between now and December 31. Look in Section 3.2, page 16, to learn more about your choices.

4. ENROLL: To change plans, join a plan between now and December 31, 2018

- If you **don't join another plan by December 31, 2018**, you will stay in Peoples Health Secure Health.
- If you **join another plan by December 31, 2018**, your new coverage will start the first day of the following month.
- Starting in 2019, there are new limits on how often you can change plans. Look in Section 4, page 17 to learn more.

Additional Resources

- This document may be made available in alternate formats.
- **Coverage under this plan qualifies as qualifying health coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About 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 2019

The following table compares the 2018 costs and 2019 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 *Evidence of Coverage* to see if other benefit or cost changes affect you. If you are eligible for Medicare cost-sharing assistance under Louisiana Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$30.90	\$33.10
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0 or \$85 per day for days 1-8; \$0 per day for days 9 and beyond	\$0 or \$60 per day for days 1-8; \$0 per day for days 9 and beyond
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: \$405 Copayments during the Initial Coverage Stage: <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 	Deductible: \$415 Copayments during the Initial Coverage Stage: <ul style="list-style-type: none"> Generic drugs: \$0, \$1.25, or \$3.40 per prescription for a 30-day supply or a 90-day supply

Cost	2018 (this year)	2019 (next year)
	<ul style="list-style-type: none"> Brand drugs: \$0, \$3.70, or \$8.35 per prescription for a 30-day supply or a 90-day supply 	<ul style="list-style-type: none"> Brand drugs: \$0, \$3.80, or \$8.50 per prescription for a 30-day supply or a 90-day supply
<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 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 Medicare Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium	\$30.90	\$33.10
(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	2018 (this year)	2019 (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 copayments, 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) 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 2019 *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 health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

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

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 2019 *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 the 2019 *Evidence of Coverage*. You can find the *Evidence of Coverage* on our website at <http://www.peopleshealth.com>, or you can request a hard copy. Call us at the phone number printed on the special notice included with this *Annual Notice of Changes*.

Cost	2018 (this year)	2019 (next year)
Dental Services	<p>A \$50 deductible applies for comprehensive dental services not normally covered by Medicare.</p> <p>You pay a \$0 to a \$295 copayment amount for plan-covered comprehensive dental services not normally covered by Medicare.</p> <p>Amalgams and resins have no coverage limits.</p> <p>One crown is covered every 12 months.</p> <p>Endodontics and periodontics are <u>not</u> covered.</p> <p>Fluoride treatment is <u>not</u> covered.</p>	<p>There is no deductible for comprehensive dental services not normally covered by Medicare.</p> <p>You pay a \$0 copayment amount for plan-covered comprehensive dental services not normally covered by Medicare.</p> <p>One amalgam or resin per tooth is covered every 36 months.</p> <p>One crown per tooth is covered every 60 months.</p> <p>Endodontics and periodontics are covered. Limitations apply. You pay a \$0 copayment amount.</p> <p>You pay a \$0 copayment amount for one fluoride treatment each year.</p>

Cost	2018 (this year)	2019 (next year)
	<p>For Medicare-covered comprehensive dental services from a network provider:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount.</p> <p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$40 copayment amount.</p>	<p>You pay a \$0 copayment amount for Medicare-covered comprehensive dental services from a network provider.</p>
Hearing services	<p>Routine hearing exams are <u>not</u> covered.</p> <p>You pay a \$25 copayment amount for up to one hearing aid every two years, up to a maximum of \$500, from a network provider.</p> <p>Hearing exams for evaluation and fitting of hearing aids are <u>not</u> covered.</p>	<p>You pay a \$0 copayment amount for one routine hearing exam each year from a network provider.</p> <p>You pay a \$0 copayment amount for up to two hearing aids (one for each ear) per year, up to a maximum of \$1,000, from a network provider. Limit is for both ears combined.</p> <p>You pay a \$0 copayment amount for one hearing exam for evaluation and fitting of hearing aids per year from a network provider.</p> <p>There is a network of audiologists and hearing instrument specialists that you must use for hearing aids and for hearing exams for evaluation and fitting of hearing aids to be covered.</p>

Cost	2018 (this year)	2019 (next year)
<p>Help with certain chronic conditions – respite care</p>	<p>Respite care is <u>not</u> covered.</p>	<p>If you have been diagnosed with Alzheimer’s disease or dementia, you pay a \$0 copayment amount for each respite care session, up to 12 sessions per year from the network respite care provider. Each session is up to four hours. You must meet plan rules documenting that you have either medical condition.</p> <p>Respite care provides caregivers with a “respite,” or temporary break, from their caregiving duties.</p> <p>This benefit requires prior authorization from Peoples Health.</p>
<p>Inpatient hospital care</p>	<p>For days 1-8 for each inpatient admission to a network hospital or other network facility (including a long-term acute care facility or an inpatient rehabilitation facility) for Medicare-covered services:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount each day.</p> <p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay an \$85 copayment amount each day.</p>	<p>For days 1-8 for each inpatient admission to a network hospital or other network facility (including a long-term acute care facility or an inpatient rehabilitation facility) for Medicare-covered services:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount each day.</p> <p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$60 copayment amount each day.</p>

Cost	2018 (this year)	2019 (next year)
	Out-of-pocket costs are limited to \$680 for each inpatient admission.	Out-of-pocket costs are limited to \$480 for each inpatient admission.
Inpatient mental health care	<p>For days 1-8 for each inpatient admission to a network hospital or network psychiatric facility for Medicare-covered services:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount each day.</p> <p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay an \$85 copayment amount each day.</p> <p>Out-of-pocket costs are limited to \$680 for each inpatient admission.</p>	<p>For days 1-8 for each inpatient admission to a network hospital or network psychiatric facility for Medicare-covered services:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount each day.</p> <p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$60 copayment amount each day.</p> <p>Out-of-pocket costs are limited to \$480 for each inpatient admission.</p>
Inpatient stay: covered services received in a hospital during a non-covered inpatient stay	<p>For Medicare-covered inpatient services received during a non-covered inpatient stay at a network hospital or other network facility (including a long-term acute care facility or an inpatient rehabilitation facility):</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount each day.</p>	<p>For Medicare-covered inpatient services received during a non-covered inpatient stay at a network hospital or other network facility (including a long-term acute care facility or an inpatient rehabilitation facility):</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount each day.</p>

Cost	2018 (this year)	2019 (next year)
	<p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay an \$85 copayment amount each day.</p>	<p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$60 copayment amount each day.</p>
<p>Meals after an inpatient hospital stay</p>	<p>Meals are <u>not</u> covered.</p>	<p>You pay a \$0 copayment amount for up to three prepared meals per day for seven days (up to 21 meals total) following a discharge from an inpatient hospital stay, an inpatient rehabilitation stay, or a long-term acute care facility stay to your home or another household in Louisiana. Meals are <u>not</u> covered following a discharge from an inpatient mental health stay, a skilled nursing facility stay, or an observation stay.</p> <p>Meals are prepared and delivered by the network meal provider. We will work with you at the time of your discharge to set up meals based on your health needs.</p> <p>This benefit requires prior authorization from Peoples Health.</p>

Cost	2018 (this year)	2019 (next year)
<p>Medicare Part B prescription drugs</p>	<p>Part B drugs are <u>not</u> subject to step therapy requirements.</p> <p>You pay 0% of the total cost at a network provider for Medicare Part B-covered drugs other than chemotherapy drugs and Medicare-covered infusion therapy other than home infusion therapy.</p>	<p>Part B drugs may be subject to step therapy requirements.</p> <p>For Medicare Part B-covered drugs other than chemotherapy drugs and Medicare-covered infusion therapy other than home infusion therapy at a network provider:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay 0% of the total cost.</p> <p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay 20% of the total cost.</p>
<p>Nonemergency (routine) transportation services</p>	<p>You pay a \$0 copayment amount for each one-way trip, up to 24 trips, from the network transportation provider to plan-approved locations within 30 miles of your home.</p>	<p>You pay a \$0 copayment amount for each one-way trip, up to 48 trips, from the network transportation provider to plan-approved locations within 40 miles of your home.</p>
<p>Outpatient hospital services – observation services</p>	<p>For each Medicare-covered hospital service during an observation visit at a network outpatient hospital facility:</p> <p>If you <u>are</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount.</p>	<p>You pay a \$0 copayment amount for a Medicare-covered observation visit at a network outpatient hospital facility.</p>

Cost	2018 (this year)	2019 (next year)
	<p>If you <u>are not</u> eligible for Medicare cost-sharing assistance under Louisiana Medicaid: You pay a \$0 copayment amount, a \$75 copayment amount, or 20% of the total cost, depending on the service.</p>	
Over-the-counter items	Over-the-counter items are <u>not</u> covered.	<p>You pay a \$0 copayment amount for over-the-counter health-related items and nonprescription medications, up to \$200 every quarter of the year (Jan. 1–March 31; April 1–June 30; July 1–Sept. 30; and Oct. 1–Dec. 31). Items must be purchased from the network mail-order provider.</p> <p>Categories of covered items include vitamins and minerals, as well as products for allergies, colds, digestive health, eye care, first aid, incontinence, oral care, pain relief, personal care, and foot care. There are limits on how many of each item you can order. Covered items may change during the year.</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 provided electronically.

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

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

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **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 the *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. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: 30 days of medication rather than the amount provided in 2018 (98-day supply of medication). (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a current formulary exception for a drug in 2018, you usually submit a new formulary exception request for that drug for 2019 if you need to continue taking it.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2019, before we make changes during the year to our Drug List that require us to provide you with advance notice when you are taking a drug, we will provide you with notice of those changes 30, rather than 60, days before they take place. Or we will give you a 30-day, rather than a 60-day, refill of your brand name drug at a network pharmacy. We will provide this notice before, for instance, replacing a brand name drug on the Drug List with a generic drug or

making changes based on FDA boxed warnings or new clinical guidelines recognized by Medicare.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs 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 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of the *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	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.	The deductible is \$405.	The deductible is \$415.

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 the *Evidence of Coverage*.

Stage	2018 (this year)	2019 (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 the <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, \$1.25, 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>	<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 \$3.40 per prescription.</p> <p>Brand drugs: You pay \$0, \$3.80, or \$8.50 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$3,820 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 the *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2018 (this year)	2019 (next year)
Service area	Your service area includes these parishes: Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana,	Your service area includes these parishes: Acadia, Ascension, Assumption, Bossier, Caddo, Calcasieu, Cameron, East Baton

2018 (this year)	2019 (next year)
Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana.	Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – 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 2019.

Section 3.2 – If you want to change plans

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

Step 1: Learn about and compare your choices

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

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 2019*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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

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 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 now until December 31. The change will take effect on January 1, 2019.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Louisiana 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. Starting in 2019, there are new limits on how often you can change plans. For more information, see Chapter 10, Section 2.1 of the *Evidence of Coverage*.

Note: Effective January 1, 2019, if you’re in a drug management program, you may not be able to change plans.

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare

prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

SECTION 5 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.lldi.la.gov/SHIIP>).

For questions about your Louisiana Medicaid benefits, contact Louisiana Medicaid at 1-888-342-6207, Monday through Friday, from 7 a.m. to 4:30 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 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 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 7 Questions?

Section 7.1 – 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, we will reach out to you within one business day. Calls to these numbers are free.

Read the 2019 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 *Evidence of Coverage* for 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. You can find the *Evidence of Coverage* on our website at <http://www.peopleshealth.com>, or you can request a hard copy. Call us at the phone number printed on the special notice included with this *Annual Notice of Changes*.

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 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2019*

You can read the *Medicare & You 2019* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – 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 a.m. to 4:30 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

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, we will reach out to you 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.

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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