



TOMORROW'S HEALTHCARE TODAY



## 2020 Annual Notice of Change

Nascentia Dual Advantage



# Nascentia Dual Advantage offered by Nascentia Health Plus

## Annual Notice of Changes for 2020

You are currently enrolled as a member of Nascentia Dual Advantage. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

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### What to do now

#### 1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.1 and 2.5 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 2020 Drug List and look in Section 2.6 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, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 2.3 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 4.2 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** Nascentia Dual Advantage, you don’t need to do anything. You will stay in Nascentia Dual Advantage.
- 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 4.2, page 19 to learn more about your choices.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in Nascentia Dual Advantage.
- If you join another plan between **October 15** and **December 7, 2019**, your new coverage will start on **January 1, 2020**.

**Additional Resources**

- Please contact our Member Services number at 1-888-477-4663 for additional information. (TTY users should call 711.) Hours are 8:00 am-8:00 pm, 7 days a week, October 1-March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system.
- Our plan has people and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in Braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan’s benefits in a format that is accessible and

appropriate for you. To get information from us in a way that works for you, please call Member Services (phone numbers are printed on the back cover of this booklet).

### **About Nascentia Dual Advantage**

- Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-4663 (TTY 711), 7 days a week 8am-8pm October 1-March 31, Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information.
- When this booklet says “we,” “us,” or “our,” it means Nascentia Health Plus. When it says “plan” or “our plan,” it means Nascentia Dual Advantage.

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## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Nascentia Dual Advantage 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.nascentiahealthplus.org](http://www.nascentiahealthplus.org). 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.

These are 2019 cost-sharing amounts and may change for 2020. Nascentia Dual Advantage will provide updated rates as soon as they are released.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$39.30	\$36.60
<b>Deductible</b>	\$0  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	\$0  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
<b>Doctor office visits</b>	Primary care visits: 0% or 20% coinsurance per visit  Specialist visits: 0% or 20% coinsurance per visit  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.	Primary care visits: 0% or 20% coinsurance per visit  Specialist visits: 0% or 20% coinsurance per visit  If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.

Cost	2019 (this year)	2020 (next year)
<b>Inpatient hospital stays</b> 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>You pay the original Medicare cost sharing amounts.</p> <p>\$1,364 deductible for each benefit period</p> <p>\$0 copay days 1-60</p> <p>\$341/day for days 61-90</p> <p>\$682/day for days 91-150</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,364 deductible for each benefit period</p> <p>\$0 copay days 1-60</p> <p>\$341/day for days 61-90</p> <p>\$682/day for days 91-150</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p> <p>These are 2019 cost-sharing amounts and may change for 2020. Nascentia Dual Advantage will provide updated rates as soon as they are released.</p>
<b>Part D prescription drug coverage</b> (See Section 2.6 for details.)	<p>Deductible: \$415</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>25%</li> </ul>	<p>Deductible: \$435</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>25%</li> </ul>
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	<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>\$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>

## ***Annual Notice of Changes for 2020***

### **Table of Contents**

<b>Summary of Important Costs for 2020 .....</b>	<b>1</b>
<b>SECTION 1      We Are Changing the Plan's Name .....</b>	<b>4</b>
<b>SECTION 2      Changes to Benefits and Costs for Next Year .....</b>	<b>4</b>
Section 2.1 – Changes to the Monthly Premium .....	4
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....	4
Section 2.3 – Changes to the Provider Network .....	5
Section 2.4 – Changes to the Pharmacy Network.....	6
Section 2.5 – Changes to Benefits and Costs for Medical Services .....	6
Section 2.6 – Changes to Part D Prescription Drug Coverage .....	10
<b>SECTION 3      Administrative Changes .....</b>	<b>12</b>
<b>SECTION 4      Deciding Which Plan to Choose.....</b>	<b>13</b>
Section 4.1 – If you want to stay in Nascentia Dual Advantage.....	13
Section 4.2 – If you want to change plans .....	13
<b>SECTION 5      Changing Plans .....</b>	<b>14</b>
<b>SECTION 6      Programs That Offer Free Counseling about Medicare and Medicaid .....</b>	<b>14</b>
<b>SECTION 7      Programs That Help Pay for Prescription Drugs .....</b>	<b>15</b>
<b>SECTION 8      Questions?.....</b>	<b>15</b>
Section 8.1 – Getting Help from Nascentia Dual Advantage .....	15
Section 8.2 – Getting Help from Medicare .....	16
Section 8.3 – Getting Help from Medicaid .....	17



**SECTION 1 We Are Changing the Plan's Name**

On January 1, 2020, our plan name will change from Nascentia Health Dual (HMO D-SNP) to Nascentia Dual Advantage.

You will receive a new member ID card for 2020. All future communications will reflect the name change.

**SECTION 2 Changes to Benefits and Costs for Next Year****Section 2.1 – Changes to the Monthly Premium**

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$39.30	\$36.60

**Section 2.2 – 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	2019 (this year)	2020 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> 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.	\$6,700	\$6,700 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.

## Section 2.3 – 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 [www.nascentiahealthplus.org](http://www.nascentiahealthplus.org). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 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 and managing your care.

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## Section 2.4 – Changes to the Pharmacy Network

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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 Pharmacy Directory is located on our website at [www.nascentiahealthplus.org](http://www.nascentiahealthplus.org). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network.**

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## Section 2.5 – Changes to Benefits and Costs for Medical Services

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid 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 *2020 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [www.nascentiahealthplus.org](http://www.nascentiahealthplus.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Inpatient Hospital Acute</b>		
Is there an enrollee Coinsurance?	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,364 deductible for each benefit period</p> <p>\$0 copay days 1-60</p> <p>\$341/day for days 61-90</p> <p>\$682/day for days 91-150</p>	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,364 deductible for each benefit period</p> <p>\$0 copay days 1-60</p> <p>\$341/day for days 61-90</p> <p>\$682/day for days 91-150</p> <p>These are 2019 cost-sharing amounts and may change for 2020. Nascentia Dual Advantage will provide updated rates as soon as they are released.</p>
Is authorization required?	Yes	Yes, only for elective and planned admissions
<b>Inpatient Hospital Psychiatric</b>		
Is there an enrollee Coinsurance?	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,364 deductible for each benefit period</p> <p>\$0 copay days 1-60</p> <p>\$341/day for days 61-90</p> <p>\$682/day for days 91-150</p>	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$1,364 deductible for each benefit period</p> <p>\$0 copay days 1-60</p> <p>\$341/day for days 61-90</p> <p>\$682/day for days 91-150</p> <p>These are 2019 cost-sharing amounts and may change for 2020. Nascentia Dual Advantage will provide updated rates as soon as they are released.</p>
Is authorization required?	Yes	No

Cost	2019 (this year)	2020 (next year)
<b>Skilled Nursing Facility</b>		
Is there an enrollee Coinsurance?	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$0 copay day 1-20</p> <p>\$170.50 per day for days 21-100</p>	<p>You pay the original Medicare cost sharing amounts.</p> <p>\$0 copay day 1-20</p> <p>\$170.50 per day for days 21-100</p> <p>These are 2019 cost-sharing amounts and may change for 2020. Nascentia Dual Advantage will provide updated rates as soon as they are released.</p>
<b>Outpatient Hospital Services</b>		
Is authorization required for Medicare-covered Outpatient Hospital Services?	Yes	Yes
<b>Ambulatory Surgical Center (ASC) Services</b>		
Is authorization required?	Yes	Yes
<b>Transportation Services</b>		
Does the plan provide Transportation Services as a supplemental benefit under Part C?	No	<p>Yes</p> <p>8 one way medical transportation rides a year</p> <p>Prior authorization required</p>

Cost	2019 (this year)	2020 (next year)
<b>Preventive Dental Services (Oral Exams, Prophylaxis (cleaning), Fluoride Treatment, Dental X-Rays)</b>  Does the plan provide Preventive Dental Items as a supplemental benefit under Part C?	Yes	Yes
<b>Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral / Maxillofacial Surgery, Other Services)</b>  Does the plan provide Preventive Dental Items as a supplemental benefit under Part C?	Yes	Yes  \$750 plan maximum
<b>Hearing Exams</b>  Does the plan provide Hearing Exams as a supplemental benefit under Part C?	Yes	Yes
<b>Hearing Aids</b>  Does the plan provide Hearing Aids as a supplemental benefit under Part C?	No	Yes  \$1000 maximum every two years

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## Section 2.6 – Changes to Part D Prescription Drug Coverage

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<b>Changes to Our Drug List</b>
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Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our website ([www.nascentiahealthplus.org](http://www.nascentiahealthplus.org)).

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.]

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 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

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 have included 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 didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 8.1 of this booklet.

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

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

## Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
<b>Stage 1: Yearly Deductible Stage</b>  During this stage, <b>you pay the full cost</b> of your drugs until you have reached the yearly deductible.	The deductible is \$415.  During this stage, you pay the full cost of drugs until you have reached the yearly deductible.  Your deductible amount is either \$0 or \$85, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	The deductible is \$435.  During this stage, you pay the full cost of drugs until you have reached the yearly deductible.  Your deductible amount is either \$0 or \$89 depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)



## 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	2019 (this year)	2020 (next year)
<b>Stage 2: Initial Coverage Stage</b> 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 <b>you pay your share of the cost.</b> 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 look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: 25% of the total cost Once your total drug costs have reached \$3,820 you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: 25% of the total cost Once your total drug costs have reached \$4,020, 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 3 Administrative Changes

	2019 (this year)	2020 (next year)
Plan Name is changing	Nascentia Health Dual (HMO D-SNP)	Nascentia Dual Advantage

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Nascentia Dual Advantage

**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 2020.

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 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.

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 2020*, call your State Health Insurance Assistance Program (see Section 7), or call Medicare (see Section 8.2).

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

As a reminder, Nascentia Health Plus offers other Medicare health plans *AND/OR* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Nascentia Dual Advantage.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Nascentia Dual Advantage.
- 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 8.1 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 5 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 7. The change will take effect on January 1, 2020.

### 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, 2020, 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, 2020. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

## SECTION 6 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 New York, the SHIP is called The State Health Insurance Assistance Program (SHIP).

The State Health Insurance Assistance Program (SHIP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call The State Health Insurance Assistance Program (SHIP) at 1-800-701-0501. You can learn more about The State Health Insurance Assistance Program (SHIP) by visiting their website ([www.aging.ny.gov](http://www.aging.ny.gov)).

For questions about your New York Medicaid benefits, contact New York City Human resources Administration, New York’s Medicaid Program at 1-888-692-6116 (TTY users please call 711) Monday through Friday from 9:00 am to 5:00 pm. Ask how joining another plan or returning to

Original Medicare affects how you get your New York City Human Resources Administration Medicaid coverage.

## SECTION 7 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).
- **Help from your state’s pharmaceutical assistance program.** New York has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **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 New York Department of Health’s AIDS Institute. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call New York Department of Health’s AIDS Institute.

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Nascentia Dual Advantage

Questions? We’re here to help. Please call Member Services at 1-888-477-4663 (TTY only, call 711.) We are available 8:00 am-8:00 pm, 7 days a week, October 1-March 31. On weekends and certain holidays from April 1 to September 30, your call may be handled by our automated phone system. Calls to these numbers are free.

**Read your 2020 *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 2020. For details, look in the 2020 *Evidence of Coverage* for Nascentia Health 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.nascentiahealthplus.org](http://www.nascentiahealthplus.org). 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.nascentiahealthplus.org](http://www.nascentiahealthplus.org). 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).

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**Section 8.2 – Getting Help from Medicare**

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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 2020***

You can read *Medicare & You 2020* 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.

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## **Section 8.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call New York City Human Resources Administration at 1-888-692-6116. TTY users should call 711.



# For Enrollment Questions Please Call:

**1.888.477.4663**  
**TTY 711**

**8:00am - 8:00pm, 7 days a week from October 1 - March 31,  
then Monday - Friday for the rest of the year.**

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Or access information online at  
**[nascentiahealthplus.org](http://nascentiahealthplus.org)**

Nascentia Health Plus is an HMO SNP plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in Nascentia Health Plus depends on contract renewal. This information is not a complete description of benefits. For more information, call 1-888-477-4663 (TTY 711), 7 days a week 8am-8pm October 1-March 31, Monday-Friday for the rest of the year. Assistance services for other languages are available, free of charge at the number above. This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Nascentia Health Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



TOMORROW'S HEALTHCARE TODAY

1050 West Genesee Street  
Syracuse, NY 13204

888.477.4663 TTY 711  
**[nascentiahealthplus.org](http://nascentiahealthplus.org)**