Nascentia Health PLUS

TOMORROW'S HEALTHCARE TODAY

Annual Notice of Change

Nascentia Dual Advantage | 2021

H9066_0032021ANOC_M

Nascentia Dual Advantage (DSNP) offered by Nascentia Health Plus

Annual Notice of Changes for 2021

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.

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 2021 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 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 www.medicare.gov/plan-compare website.
- Review the list in the back of your Medicare & Your handbook.
- Look in Section 3.2 to learn more about your choices.

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

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

- If you don't join another plan by December 7, 2020, you will be enrolled in 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 3.2, page 15 to learn more about your choices.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you do not join another plan by **December 7, 2020**, you will be enrolled in Nascentia Dual Advantage
- If you join another plan between **October 15** and **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Member Services number at 1-888-477-4663 (TTY users should call 711) for additional information. 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).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About 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), 8 am – 8 pm, 7 days a week, from October 1-March 31 and 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 2021

The table below compares the 2020 costs and 2021 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. Select the For Members tab and choose the Member Documents option. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium Your premium may be higher or lower than this amount. See Section 2.1 for details.	$36.60	$42.30
Deductible	$0	$0
Doctor office visits	Primary care visits: 0% to 20% coinsurance per visit Specialist visits: 0% to 20% coinsurance per visit	Primary care visits: 0% to 20% coinsurance per visit Specialist visits: 0% to 20% coinsurance per visit

Cost	2020 (this year)	2021 (next year)
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**.**	You pay the original Medicare cost sharing amounts. $1,408 deductible for each benefit period $0 copay days 1-60 $352/day for days 61-90 $704/day for days 91-150	You pay the original Medicare cost sharing amounts. $1,452 deductible for each benefit period $0 copay days 1-60 $363/day for days 61-90 $726/day for days 91-150
Is Authorization required?	No Prior authorizations for Inpatient Hospital Acute including Substance abuse and Rehabilitation Services Prior approval is needed for elective and scheduled admissions only	Yes Yes, for elective and scheduled admissions only, including Substance abuse and Rehabilitation Services

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage See Section 2.6 for details	Deductible: $435 Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25%	Deductible: $445 Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% Depending on your level of "Extra "Help" you may be eligible for the subsidized copayments listed below: For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.30 copay; or $3.70 copay; or 15% For all other drugs, either $0 copay; or $4.00 copay; or $9.20 copay; or 15%
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. See Section 2.2 for details.	$6,700 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	$7,550 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

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *Nascentia Dual Advantage* in 2021

If you do nothing to change your Medicare coverage in 2020, we will automatically enroll you in our Nascentia Dual Advantage. This means starting January 1, 2021, you will be getting your medical and prescription drug coverage through Nascentia Dual Advantage. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you want to change plans, you can do so between October 15 and December 7. The change will take effect on January 1, 2021.

The information in this document tells you about the differences between your current benefits in Nascentia Dual Advantage and the benefits you will have on January 1, 2021, as a member of Nascentia Dual Advantage.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly Premium You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid	$36.60	$42.30

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	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount.	$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.	$7,550 Once you have paid $7,550 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 http://www.nascentiahealthplus.org located under the For Members tab. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 – 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 Pharmacy Directory is located on our website at http://www.nascentiahealthplus.org under the For Members tab. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network**.

Section 2.5 – Changes to Benefits and Costs for Medical Services

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 *2021 Evidence of Coverage.* A copy of the *Evidence of Coverage* is located on our website at www.nascentiahealthplus.org. Select the For Members tab and choose Member Documents. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Cost	2020 (this year)	2021 (next year)
Inpatient Hospital Acute:		
Coinsurance?	You pay the original Medicare cost sharing amounts $1,408 deductible for each benefit period $0 copay days 1-60 $352/day for days 61-90 $704/day for days 91-150	You pay the original Medicare cost sharing amounts $1,452 deductible for each benefit period $0 copay days 1-60 $363/day for days 61-90 $726/day for days 91-150
Authorization Required?	No, Prior authorizations for Inpatient Hospital Acute Includes Substance abuse and Rehabilitation Services. Prior approval is needed for elective and scheduled admissions. only for elective and planned admissions	Yes, for elective and scheduled admissions only, including Substance abuse and Rehabilitation Services

Cost	2020 (this year)	2021 (next year)
Inpatient Hospital Psychiatric		
Coinsurance?	You pay the original Medicare cost sharing amounts $1,408 deductible for each benefit period $0 copay days 1-60 $352/day for days 61-90 $704/day for days 91-150	You pay the original Medicare cost sharing amounts $1,452 deductible for each benefit period $0 copay days 1-60 $363/day for days 61-90 $726/day for days 91-150
Authorization Required?	Yes	No
Physician Specialist Services		
Authorization Required?	No	No
Referral Required?	No	No Note: Authorization needed for out of Network Physician Specialists only

Cost	2020 (this year)	2021 (next year)
Emergency/Post Stabilization Services		
Is coinsurance for Medicare covered benefits waived if admitted to hospital?	No	Yes
Number of days within which admission must occur for waiver?	N/A	1 Day
Skilled Nursing Facility		
Coinsurance?	You pay the original Medicare cost sharing amounts	You pay the original Medicare cost sharing amounts
	$0 copay day 1-20	$0 copay day 1-20
	$176 per day for days 21-100	$181.50 per day for days 21-100
	No inpatient hospital stay prior to admission	No inpatient hospital stay prior to admission
Over the Counter (OTC)	$100/month	$130/month

Cost	2020 (this year)	2021 (next year)
Preventive Dental Services (Oral Exams, Prophylaxis (cleaning), Fluoride Treatment, Dental X-Rays)		
Does the plan provide Preventive Dental Items as a supplemental benefit under Part C?	Yes 1 x-ray per year: Bitewings-one set per benefit year; panoramic and full mouth series limited to once every three (3) years $750 plan maximum	Yes 1 x-ray per year: Bitewings-one set per benefit year; panoramic and full mouth series limited to once every three (3) years $1000 plan maximum
Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral / Maxillofacial Surgery, Other Services)		
Does the plan provide Comprehensive Dental Items as a supplemental benefit under Part C?	Yes $750 plan maximum	Yes $1000 plan maximum
Chiropractic services	No	Yes 12 routine visits per year 20% coinsurance No Copayment No referral needed

Cost	2020 (this year)	2021 (next year)
Hearing Exams	No	Yes
Does the plan provide hearing Exams as s supplemental benefit under Part C?		
Plan benefit coverage amount?	N/A	$1,200 maximum every year
Coinsurance for Medicare covered benefits?	20%	20%
Hearing Aids		
Does the plan provide Hearing Aids as a supplemental benefit under Part C?	Yes $1000 maximum every two years	Yes 1 hearing aid every year with $1200 maximum benefit amount both ears combined
Coinsurance?	N/A	No
Authorization Required?	N/A	No

Cost	2020 (this year)	2021 (next year)
Remote Access Technologies (including web/phone-based technologies and Nursing hotline) Coinsurance? Authorization Required?	No	Yes Available to supplement and assist with the disease management and any emergent exacerbation of disease or illness that requires clinical assessment to diagnose and treat some conditions via telephone, and/or real time interactive audio and video technologies. This service will be supportive of the facility/PCP relationship and efficient delivery of needed care. No Coinsurance No authorization required
Home and bathroom safety devices and modifications	No	Yes $300/year Post acute stay to be used for toilet seats, grab bars, hand-held showers, versa frames, shower benches identified by clinician in the In-home Safety Assessment.
In-Home Safety Assessment	No	Yes $200/year Provided Post-Acute stay by a clinician to identify safety issues in the home.

Cost	2020 (this year)	2021 (next year)
Post discharge In Home Medication Reconciliation	No	Yes $200/year Post Acute stay by a clinician to ensure proper medications are filled and used per MD and hospital discharge directions. Reported back to PCP with completion notes and findings.
Eyewear	$100 upgrade yearly Note: Eyeglasses or contact lenses covered after cataract surgery; One pair of eyeglasses or contact lenses per year; $100 upgrade is available for frames, lenses or contact lenses every year.	$355 upgrade yearly for lenses and frames; contacts No Note
Transportation Services	Yes 8 one-way every year	Yes 8 one-way Plan approved Health related location via Taxi; Medical transport
Authorization Required?	Yes	Yes
Referral Required?	Yes Note: For approved Medical Related transportation	Yes No Note
Diabetic Supplies and Services	Yes	Yes
Coinsurance?	20%	None

Cost	2020 (this year)	2021 (next year)
DME		
Authorization required?	Yes	Yes
	Note: Prior Auth for Customized equipment, motorized & manual wheelchairs/scooters, hospital beds & support surfaces, apnea monitors, continuous positive airway pressure/bi-level positive airway, pressure devices (CPAP/BIPAP), external infusion pumps, infusion supplies, lymphedema pumps, osteogenesis stimulators, oxygen therapy, parenteral/ enteral nutrition, seat lift mechanisms, specialty wound care, wound care supplies/ dressings (i.e. alginate & collagen dressings).	No Note
Partial Hospitalization	Yes	Yes
Coinsurance?	20%	20%
	Note: Partial hospitalization program is a structured program of active outpatient psychiatric treatment that is more intense than the care received in a doctors or therapist's office and is an alternative to inpatient hospitalization	No Note

Cost	2020 (this year)	2021 (next year)
Home Health Services Authorization required? Referral required?	Yes Yes No Note: Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services	Yes Yes No No Note
Medicare Covered Podiatry Services	Yes Note: routine care not Covered	Yes No Note
Outpatient Diagnostic/ Therapeutic Radiological Services	Note: For MRI, Functional MRI, Pharmacokinetic testing, MRA & PET scans	No Note
Prosthetics/Medical Supplies	Yes Note: Prior auth required for customized items and other prosthetic/medical supplies	Yes No Note
Medicare Part B RX Drugs	No Note	Note: Prior authorization required for Medicare Part B chemotherapy drugs and other part B drugs

Section 2.6 – 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. If you do not see your drug on this list, it might still be covered. **You can get the *complete* Drug List** by calling Member Services (see the back cover) or visiting our

website http://www.nascentiahealthplus.org and selecting Prescription Drug List under the For Members tab.

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 2021, 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 or both.

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."

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*, which is located on our website www.nascentiahealthplus.org, under the For Members tab, Member Documents link. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage	The deductible is $435 During this stage, you pay the full cost of drugs on 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)	The deductible is $445 During this stage, you pay the full cost of drugs until you have reached the yearly deductible Your deductible amount is either $0 or $92 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	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost.
Stage 2: Initial Coverage Stage (continued) The costs in this row are for a one-month (30 day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Once your total drug costs have reached $4,020 you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – 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 by December 7, you will automatically be enrolled in our Nascentia Dual Advantage Plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 7.2 of this booklet).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, 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 7.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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

SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from October 15 to December 7. The change will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York State the SHIP is called the State Health Insurance Assistance Program (SHIP).

The Health Insurance Information Counseling and Assistance Program (HIICAP) 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 Health Insurance Information Counseling and Assistance Program (HIICAP) 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 Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501. You can learn more about the Health Insurance Information Counseling and Assistance program by visiting their website at https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap.

For questions about your New York Medicaid benefits, contact New York's Medicaid Program at 1-800-541-2831 (TTY users please call 1-800-662-1220) 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 State Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in 'Extra Help,' also called the Low-Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).
- **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 website at https://www.health.ny.gov/diseases/aids/ or call 1-800-541-2137.

SECTION 7 Questions?

Section 7.1 – Getting Help from Nascentia Dual Advantage

Questions? We're here to help. Please call Member Services at 1-888-477-4663 (TTY users should 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 2021 Evidence of Coverage (it has details about next year's benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 Evidence of Coverage for Nascentia Dual Advantage. 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*. Select the For Members tab and choose the Member Documents option. 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 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).

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) (TTY users should call 1-877-486-2048), 24 hours a day, 7 days a week.

Visit the Medicare Website

You can visit the Medicare website at www.medicare.gov. It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2021*

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website at www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048), 24 hours a day, 7 days a week.

Section 7.3 – Getting Help from Medicaid

To get information from Nascentia Dual Advantage you can 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.