Inter Valley Health Plan

Medicare plans for health. Not for profit.

Inter Valley Health Plan Desert Preferred Choice (HMO)
offered by Inter Valley Health Plan

Annual Notice of Changes for 2020

You are currently enrolled as a member of Inter Valley Health Plan Desert Preferred Choice (HMO). Next year, there will be some changes to the Plan's costs and benefits. *This booklet tells about the changes*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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 Section 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 2020 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, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider/Pharmacy 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 2.2 to learn more about your choices.

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

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

- If you want to **keep** Inter Valley Health Plan Desert Preferred Choice (HMO), you don't need to do anything. You will stay in Inter Valley Health Plan Desert Preferred Choice (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

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

- If you don't join by **December 7, 2019**, you will stay in Inter Valley Health Plan Desert Preferred Choice (HMO).
- If you join by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- This document is available for free in Spanish.

Please contact our Member Care Team number at 1-800-251-8191 for additional information. (TTY/TDD users should call 711). Contact us October 1 to March 31: 8 am to 8 pm, 7 days a week. We are closed on Thanksgiving Day and Christmas Day. Contact us April 1 – September 30: 8 am to 8 pm, Monday through Friday. We are closed on federal holidays. **NOTE:** When we are closed you have the option to leave a message. Messages received will be returned within one (1) business day.

- This information is available in alternate formats such as large print. Please call our Member Care Team at 1-800-251-8191 (TTY/TDD users should call 711) if you need plan information in another format.
- **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 Inter Valley Health Plan Desert Preferred Choice (HMO)

- Inter Valley Health Plan is a not-for-profit HMO with a Medicare contract. Enrollment in Inter Valley Health Plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means *Inter Valley Health Plan*. When it says "Plan" or "our Plan," it means *Inter Valley Health Plan Desert Preferred Choice (HMO)*.

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Inter Valley Health Plan Desert Preferred Choice (HMO) 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.ivhp.com.*** You may also call our Member Care Team to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly Plan premium * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$0	$0
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 1.2 for details.)	$3,400	$1,500
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 Copay for each Medicare-covered hospital stay.	$0 Copay for each Medicare-covered hospital stay.

Cost	2019 (this year)	2020 (next year)
Part D prescription drug coverage (See Section for details.)	Copays during the Initial Coverage Stage: • Drug Tier 1: $0 per prescription for a supply filled at a network pharmacy • Drug Tier 2: $9 per prescription for a supply filled at a network pharmacy • Drug Tier 3: $37 per prescription for a supply filled at a network pharmacy • Drug Tier 4: 30% of the total cost per prescription for a supply filled at a network pharmacy • Drug Tier 5: 33% of the total cost per prescription for a supply filled at a network pharmacy • Drug Tier 6: $10 per prescription for a supply filled at a network pharmacy	Copays during the Initial Coverage Stage: • Drug Tier 1: $0 per prescription for a supply filled at a network pharmacy • Drug Tier 2: $12 per prescription for a supply filled at a network pharmacy • Drug Tier 3: $47 per prescription for a supply filled at a network pharmacy • Drug Tier 4: 30% of the total cost per prescription for a supply filled at a network pharmacy • Drug Tier 5: 33% of the total cost per prescription for a supply filled at a network pharmacy • Drug Tier 6: $11 per prescription for a 30-day supply filled at a network pharmacy

Annual Notice of Changes for 2020
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0 There is no change to the monthly plan premium in 2020.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

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	2019 (this year)	2020 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,400 out-of-pocket limit Once you have paid 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.	$1,500 out-of-pocket limit Once you have paid out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider/Pharmacy Directory is located on our website at www.ivhp.com. You may also call our Member Care Team for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. **Please review the 2020 Provider/Pharmacy 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.

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/Pharmacy Directory is located on our website at www.ivhp.com.You may also call our Pharmacy Care Team for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. **Please review the 2020 Provider/Pharmacy Directory to see which pharmacies are in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services

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, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Ambulance	$150 Copay for each Medicare-covered ground ambulance transport	$200 Copay for each Medicare-covered ground ambulance transport
Chiropractic Services (Routine/ Non-Medicare covered)	Not Covered	$0 copay for up to 20 routine chiropractic visit(s) every year. Your PCP will refer you to a contracted provider for all chiropractic care.
Emergency Care	$100 copay for Medicare-covered emergency room visits $100 copay for worldwide coverage for services needed to evaluate or stabilize an urgent/emergency medical condition	$120 Copay for Medicare-covered emergency room visits $120 copay for worldwide coverage for services needed to evaluate or stabilize an urgent/emergency medical condition
Outpatient Diagnostic Radiology Services	$0 Copay for each Medicare-covered diagnostic radiology services.	$40 Copay for each Medicare-covered diagnostic radiological services. These procedures require specialized equipment beyond normal x-ray equipment. Examples include, but are not limited to, specialized scans such as CT, SPECT, PET, MRI, MRA, nuclear studies. Complex radiology services are performed by specially-trained or certified personnel.
Skilled Nursing Facility (SNF) Care	$0 Copay for day(s) 1-20 $75 Copay for day(s) 21-100 for each Medicare benefit period.	$0 Copay for day(s) 1-20 $100 Copay for day(s) 21-35 for each Medicare benefit period. $0 Copay for day(s) 36-100 for each Medicare benefit period.

Cost	2019 (this year)	2020 (next year)
Transporation (Routine/Non Medicare covered)	There is no Copay for up to 34 one-way trip(s) to plan-approved locations every calendar year. Transportation services must be requested by calling (844-813-5845), calls to this number are free. TTY/TDD users should call 711.	There is no Copay for up to 24 one-way trip(s) to plan-approved locations every calendar year. Transportation services must be requested by calling (844-813-5845), calls to this number are free. TTY/TDD users should call 711.

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is in this envelope.

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

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

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*) or call our Pharmacy Care Team.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call our Pharmacy Care Team 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 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 2020, 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: 31-days supply of medication rather than the amount provided in 2019 (90-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.

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

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about 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 will send 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. If you receive "Extra Help" and haven't received this insert by October 1, 2019, please call our Member Care Team and ask for the "LIS Rider." Phone numbers for our Pharmacy Care Team are in Section 6.1 of this booklet.

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

The information below 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 at Chapter 6, Section 5 and 6 of the *Evidence of Coverage*, which is located on our website at www.ivhp.com. You may also call our Member Care Team to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

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)
Stage 2: 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**. 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 4 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Preferred Generic Drugs:** You pay $0 per prescription **Generic Drugs:** You pay $9 per prescription **Preferred Brand Drugs:** You pay $37 per prescription. **Non-Preferred Drugs:** You pay 30% of the total cost. **Specialty Tier:** You pay 33% of the total cost. **Select Care Drugs:** You pay $10 per prescription. 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: **Preferred Generic Drugs:** You pay $0 per prescription **Generic Drugs:** You pay $12 per prescription **Preferred Brand Drugs:** You pay $47 per prescription. **Non-Preferred Drugs:** You pay 30% of the total cost. **Specialty Tier:** You pay 33% of the total cost. **Select Care Drugs:** You pay $11 per prescription. 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 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, Section 5 and 6 in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Inter Valley Health Plan Desert Preferred Choice (HMO)

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 stay enrolled as a member of our Plan for 2020.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- – *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 do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

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 4), or call Medicare.

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, *Inter Valley Health Plan* offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Inter Valley Health Plan Desert Preferred Choice (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Inter Valley Health Plan Desert Preferred Choice (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact our Member Care Team if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 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 (Medi-Cal), 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. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

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 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

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

HICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-800-434-0222, calls to this number are free.

You can learn more about HICAP by visiting their website (https://cahealthadvocates.org/HICAP).

SECTION 5 Programs That Help Pay for Prescription Drugs

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, 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 (Medi-Cal) 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 California provider for the ADAP program, The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) at 1-844-421-7050 (TTY users should call 1-800-735-2929). You can learn more about The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) by visiting their website www.cdph.ca.gov/programs/AIDS.

SECTION 6 Questions?

Section 6.1 – Getting Help from Inter Valley Health Plan Desert Preferred Choice (HMO)

Questions? We're here to help. Please call our Member Care Team at 1-800-251-8191. (TTY users should call 711). Contact us October 1 to March 31: 8 am to 8 pm, 7 days a week. We are closed on Thanksgiving Day and Christmas Day.

Contact us April 1 – September 30: 8 am to 8 pm, Monday through Friday. We are closed on federal holidays.

NOTE: When we are closed you have the option to leave a message. Messages received will be returned within one (1) business day.

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 Inter Valley Health Plan Desert Preferred Choice (HMO). 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.ivhp.com. You may also call the Member Care Team to ask us to mail you an Evidence of Coverage.

Visit our Website

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

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2020*

You can read the *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.

GENERAL NOTICE ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Inter Valley Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex.

Inter Valley Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).

Inter Valley Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Inter Valley Health Plan Member Services.

If you believe that Inter Valley Health Plan 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 in person, by phone, mail, or fax, at:

Inter Valley Health Plan
Manager, Grievance and Appeals Department
300 S. Park Avenue, Suite 300, Pomona, CA 91769-6002
800-251-8191 Ext. 469, (TTY/TDD: 711)
FAX: 909-620-6413

If you need help filing a grievance, Inter Valley Health Plan Member Services is available to help you.

Or by filling out the "File a Grievance" form on our website at: www.ivhp.com/AppealsGrievance.

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 (TTY/TDD: 1-800-537-7697)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Inter Valley Health Plan is a not-for-profit HMO with a Medicare contract. Enrollment in Inter Valley Health Plan depends on contract renewal.

Inter Valley Health Plan

Medicare plans for health. Not for profit.

MULTI-LANGUAGE INTERPRETER SERVICES

ENGLISH: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-251-8191. (TTY/TDD: 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-8191. (TTY/TDD: 711).

CHINESE TRADITIONAL: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-251-8191。(TTYTDD: 711)。

CHINESE SIMPLIFIED: 注意：如果您使用中文，您可以免费获得语言援助服务，请致电 1-800-251-8191。(TTY/TDD: 711)。

VIETNAMESE: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số 1-800-251-8191. (TTY/TDD: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-8191. (TTY/TDD: 711).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-8191 번으로 연락해 주십시오. (TTY/TDD: 711).

ARMENIAN: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա Ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք 1-800-251-8191 հեռախոսահամարով: Հեռատիպի համարն է՝ 711:

PERSIAN (FARSI): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 1-800-251-8191 تماس بگیرید. (TTY/TDD: 711).

RUSSIAN: ВНИМАНИЕ! Если вы говорите по-русски, вы можете бесплатно получить услуги перевод;а. Звоните по телефону 1-800-251-8191 (TTY/TDD: 711).

JAPANESE: 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。お問合せ先 1-800-251-8191. (TTY/TDD: 711).

ARABIC: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-8191. (الهاتف النصي: 711).

PUNJABI: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-251-8191 ਉੱਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)।

MON-KHMER, CAMBODIAN: សូមយកចិត្តទុកដាក់៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ អាចមានសំរាប់បំរើអ្នក។ សូមទូរស័ព្ទទៅលេខ 1-800-251-8191 ។ (TTY/TDD: 711) ។

HMONG: LUS CEEV: Yog tias koj hais lus Hmoob (Ntawv Suav - Hmoob), muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-251-8191. (TTY/TDD: 711).

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-251-8191, (TTY/TDD: 711)।

THAI: โปรดทราบ: ถ้า าคุณพูดภาษาไทย คุณสามารถใช้ บริการช่ วยเหลือทางภาษาได้ ฟรี โทร 1-800-251-8191 (TTY/TDD: 711).

Inter Valley Health Plan

Medicare plans for health. Not for profit.

Member Care Team:

1-800-251-8191 - for Medical Benefits - Calls to this number are free.

1-844-237-2228 - for Dental Benefits - Calls to this number are free.

or 1-909-623-6333 - Local calls to this number are free.

Pharmacy Care Team:

1-800-523-3142 – for Pharmacy Benefits – Calls to this number are free

TTY/TDD users call 711

Contact our Member Care Team or Pharmacy Care Team October 1 to March 31: 8 am to 8 pm, 7 days a week. We are closed on Thanksgiving Day and Christmas Day. Contact us April 1 – September 30: 8 am to 8 pm, Monday through Friday. We are closed on federal holidays. **NOTE:** When we are closed you have the option to leave a message. Messages received will be returned within one (1) business day.

Our Member Care Team and Pharmacy Care Team also have free language interpreter services available for non-English speakers.

Nursing Hotline:

1-888-463-9220 – Available 24 hours a day, 7 days a week

TTY/TDD users call 711