



# Inter Valley Health Plan

Medicare plans for health. Not for profit.

## Inter Valley Health Plan Service To Seniors (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 Value 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 Service To Seniors (HMO), you don’t need to do anything. You will stay in Inter Valley Health Plan Service To Seniors (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 BE ENROLLED IN Inter Valley Health Plan Service To Seniors (HMO).
- If you **join another plan by December 7, 2019**, your new coverage will start on **January 1, 2020**.

### Additional Resources

- This document is available for free in Spanish.

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.

- 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 Service To Seniors (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 Service To Seniors (HMO)*.

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Inter Valley Health Plan Service To Seniors (HMO) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*.** A copy of the *Evidence of Coverage* is located on our website at [www.ivhp.com](http://www.ivhp.com). You can also call our Member Care Team to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly Plan premium</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$34.50	\$0
<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.)	\$5,900	\$2,000
<b>Doctor office visits</b>	Primary care visits: 20% of the Medicare-approved amount per visit  Specialist visits: 20% of the Medicare -approved amount per visit	\$0 Copay for each Medicare-covered Primary Care visit.  \$0 Copay for each Medicare-covered Specialist visit.
<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.	\$1,364 deductible  Days 1-60: \$0 Copay for each Medicare-covered hospital stay  Days 61-90: \$341 Copay per day  Days 91-150: \$682 Copay per "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)  Beyond lifetime reserve days: all costs	\$0 for each Medicare-covered hospital stay.

Cost	2019 (this year)	2020 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 2.6 for details.)</p>	<p>Deductible: \$415</p> <p>During the Initial Coverage Stage:</p> <p>Drug Tier 1: You pay \$0 for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 2: You pay 25% of the total cost per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 3: You pay 25% of the total cost per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 4: You pay 25% of the total cost per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 5: You pay 25% of the total cost per prescription for a 30-day supply filled at a network pharmacy.</p>	<p>Deductible: \$0</p> <p>During the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 2: \$5 per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 3: \$47 per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 4: 25% of the total cost per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 5: 33% of the total cost per prescription for a 30-day supply filled at a network pharmacy.</p> <p>Drug Tier 6: \$11 per prescription for a 30-day supply filled at a network pharmacy.</p>

**Annual Notice of Changes for 2020**  
**Table of Contents**

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Inter Valley Health Plan Service To Seniors (HMO) in 2020..... 7**

**SECTION 2 Changes to Benefits and Costs for Next Year..... 7**

Section 2.1 – Changes to the Monthly Premium ..... 7

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... 7

Section 2.3 – Changes to the Provider Network ..... 9

Section 2.4 – Changes to the Pharmacy Network..... 9

Section 2.5 – Changes to Benefits and Costs for Medical Services..... 10

Section 2.6 – Changes to Part D Prescription Drug Coverage ..... 18

**SECTION 3 Deciding Which Plan to Choose..... 21**

Section 3.1 – If you want to stay in Inter Valley Health Plan Service To Seniors (HMO) ..... 21

Section 3.2 – If you want to change plans ..... 21

**SECTION 4 Deadline for Changing Plans ..... 22**

**SECTION 5 Programs That Offer Free Counseling about Medicare ..... 22**

**SECTION 6 Programs That Help Pay for Prescription Drugs ..... 22**

**SECTION 7 Questions?..... 23**

Section 7.1 – Getting Help from Inter Valley Health Plan Service To Seniors (HMO) ..... 23

Section 7.2 – Getting Help from Medicare ..... 23

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Inter Valley Health Plan Service To Seniors (HMO) in 2020

On January 1, 2020, Inter Valley Health Plan will be combining Inter Valley Health Plan **Value Preferred Choice (HMO)** with one of our plans, Inter Valley Health Plan **Service To Seniors (HMO)**.

**If you do nothing to change your Medicare coverage by December 7, 2019, we will automatically enroll you into Inter Valley Health Plan Service To Seniors (HMO).** This means starting January 1, 2020, you will be getting your medical and prescription drug coverage through Inter Valley Health Plan Service To Seniors (HMO). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change, you can do so between January 1 and March 31. You can also change plans between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

This information in this document tells you about the differences between your current benefits in Inter Valley Health Plan Value Preferred Choice (HMO) and the benefits you will have on January 1, 2020 as a member of Inter Valley Health Plan Service To Seniors (HMO).

## 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.)	\$34.80	\$0

- 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 enroll in Medicare prescription drug coverage in the future.
- 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 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.

<b>Cost</b>	<b>2019 (this year)</b>	<b>2020 (next year)</b>
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,900 maximum out-of-pocket limit	\$2,000 maximum out-of-pocket limit  Once you have paid \$2,000 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/Pharmacy Directory is located on our website at [www.ivhp.com](http://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, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

---

## Section 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 Provider/Pharmacy Directory is located on our website at [www.ivhp.com](http://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 2.5 – 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*.

<b>Cost</b>	<b>2019 (this year)</b>	<b>2020 (next year)</b>
<b>Acupuncture</b>	\$0 copay for up to 20 visits per year combined with chiropractic services (Routine/ Non-Medicare covered)	Not Covered
<b>Ambulance</b>	20% of the Medicare-approved amount for each one-way trip for ground ambulance services. 20% of the Medicare approved amount for each one-way trip for ground ambulance services.	\$195 Copay for each Medicare-covered ground transport \$1,000 copay for each Medicare-covered air ambulance transport.
<b>Cardiac Rehabilitation Services</b>	20% of the Medicare-approved amount for each cardiac rehabilitation visit	\$0 copay for each Medicare-covered cardiac rehabilitation visit
<b>Chiropractic Services (Non-Routine/Medicare Covered)</b>	20% of the Medicare-approved amount for each Medicare covered chiropractic visit	\$0 copay for each Medicare-covered chiropractic visit
<b>Chiropractic Services (Routine/ Non-Medicare covered)</b>	\$0 copay for up to 20 routine chiropractic visits per year combined with Acupuncture	Not Covered
<b>Dental Services (Non-Routine/ Medicare Covered)</b>	20% of the Medicare approved amount for each dental specialist visit	\$0 copay for each Medicare-covered dental specialist visit

Cost	2019 (this year)	2020 (next year)
<b>Dental Services (Routine/Non-Medicare Covered)</b>	\$0 for Preventive Oral Exams \$0 for Preventive Cleanings \$0 for Preventive Fluoride Treatment \$0 copay for Preventive Dental X-Rays \$0-5 copay for Comprehensive Diagnostic Services \$0-580 copay for Comprehensive Prosthodontics and Other Oral/Maxillofacial Surgery See Chapter 4 in the Evidence of Coverage for a detailed list of all covered routine dental procedures and copayments	\$4 for Preventive Oral Exams \$10 for Preventive Cleanings \$10-12 for Preventive Fluoride Treatment \$0-10 for Preventive Dental X-Rays \$4-10 copay for Comprehensive Diagnostic Services \$25-\$730 copay for Comprehensive Prosthodontics and Other Oral/Maxillofacial Surgery See Chapter 4 in the Evidence of Coverage for a detailed list of all covered routine dental procedures and copayments
<b>Diabetes Self-Management Training, Diabetic Services and Supplies</b>	20% of the Medicare-approved amount for the supplies to monitor your blood glucose, diabetes self-management training, therapeutic shoes and inserts.	\$0 for each Medicare-covered diabetes monitoring supplies 10% of the cost for Medicare-covered therapeutic shoes and inserts. \$0 Copay for Medicare-covered diabetes self-management training.
<b>Durable Medical Equipment and related supplies (DME)</b>	20% of the Medicare-approved amount for each item  For rental items, your coinsurance will be 20% of the charge for the rental.	10% of the Medicare-approved amount for each item  For rental items, your coinsurance will be 10% of the charge for the rental.

Cost	2019 (this year)	2020 (next year)
<b>Emergency Care</b>	<p>\$90 copay for Medicare-covered emergency room visits within the United States or its Territories</p> <p>\$120 copay for Medicare-covered emergency room visits outside the United States or its Territories</p>	<p>\$120 Copay for Medicare-covered emergency room visits</p> <p>This copay <b>does not</b> apply if you are admitted directly to the hospital as an inpatient within 24 hours.</p> <p>\$120 copay for Medicare-covered emergency room visits outside the United States or its Territories.</p> <p>If you are admitted to a hospital outside the United States or its Territories, your copay is <b>not</b> waived.</p>
<b>Health and Education Programs/ Fitness Benefit</b>	<p>\$0 copay each year for gym/health club membership.</p> <p>Program offered by Silver &amp; Fit.</p>	<p>We cover an allowance up to \$25 each month toward gym/health club/fitness studio monthly dues.</p> <p>You must pay out-of-pocket for gym/health club/fitness studio dues, then send us the Fitness Reimbursement Form along with receipts or other documentation showing what you have paid.</p>
<b>Hearing Services (Non-Routine/ Medicare Covered)</b>	<p>20% of the Medicare approved amount for each hearing specialist visit</p>	<p>\$0 copay for each Medicare-covered hearing specialist visit</p>

Cost	2019 (this year)	2020 (next year)
<p><b>Help with Certain Chronic Conditions</b></p>	<p>Not Covered</p>	<p>If you are admitted to the hospital with a diagnosis of:</p> <ul style="list-style-type: none"> <li>• Cerebrovascular Accident (also known as a stroke) with paralysis</li> <li>• Exacerbation of Chronic Obstructive Pulmonary Disease (COPD)</li> <li>• Exacerbation of Chronic Heart Failure (CHF)</li> </ul> <p>Upon discharge from the hospital or a skilled nursing facility, you may qualify for the following benefits:</p> <p>In-Home Support Services-You pay \$0 for up to 20 hours each calendar year and must be used in 4 hour increments.</p> <p>Home-Delivered Meals-You pay \$0 for up to 10 meals each calendar year (up to 5 days/2 meals each day)</p>
<p><b>Home-Delivered Meals</b></p>	<p>\$0 copay home delivered meals following discharge from a hospital or skilled nursing facility.</p> <p>Home-delivered meals are limited to two (2) discharges from an inpatient hospital or skilled nursing facility (SNF) each year. Limited to three meals a day and up to five (5) days in duration.</p>	<p>Not Covered</p>

Cost	2019 (this year)	2020 (next year)
<b>Inpatient Hospital Care</b>	<p>In 2019, the amounts for each benefit periods are:</p> <p>\$1,364 deductible</p> <p>Days 1-60: \$0 copay</p> <p>Days 61-90: \$341 copay per day</p> <p>Days 91-150: \$682 copay per “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)</p> <p>Beyond lifetime reserve days: all costs</p>	<p>\$0 Copay for each Medicare-covered hospital stay</p>
<b>Inpatient Mental Health Care</b>	<p>In 2019, the amounts for each benefit periods are:</p> <p>\$1,364 deductible</p> <p>Days 1-60: \$0 copay</p> <p>Days 61-90: \$341 copay per day</p> <p>Days 91-150: \$682 copay per “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)</p> <p>20% of the Medicare-approved amount for mental health services your get from doctors and other providers while you’re an inpatient.</p> <p>Beyond lifetime reserve days: all costs</p> <p>You are covered up to 190-day lifetime limit in a psychiatric hospital.</p>	<p>\$75 copay per day for day(s) 1-6</p> <p>\$0 copay for day(s) 7-90 for each Medicare covered inpatient mental health care stay.</p> <p>There is a \$450 maximum out-of-pocket limit every stay.</p> <p>You are covered up to 190-day lifetime limit in a psychiatric hospital.</p>
<b>Medicare Part B Prescription Drugs</b>	<p>20% of the Medicare approved amount for Part B prescription drugs.</p> <p>This includes both oral and injectable medication.</p>	<p>15% of the Medicare-approved amount for Part B prescription drugs.</p> <p>This includes both oral and injectable medication</p>

Cost	2019 (this year)	2020 (next year)
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b>	<p>20% coinsurance for Medicare-covered x-ray services</p> <p>20% coinsurance for Medicare-covered diagnostic tests</p> <p>20% coinsurance for Medicare-covered therapeutic radiological services, including technician materials and supplies and Medicare-covered diagnostic services.</p> <p>20% coinsurance for Medicare-covered blood and blood services</p>	<p>\$0 copay for Medicare-covered x-ray services</p> <p>\$60 copay for each Medicare-covered diagnostic radiological service. These procedures require specialized equipment beyond normal x-ray equipment.</p> <p>\$15 copay for each Medicare-covered outpatient radiation therapy visit</p> <p>\$0 copay for Medicare-covered blood use and storage</p> <p>\$0 copay for Medicare-covered other outpatient diagnostic tests.</p>
<b>Outpatient Mental Health Care</b>	<p>20% of the Medicare-approved amount for each therapy visit in a group or individual setting</p>	<p>\$0 copay for each Medicare-covered visit in a group or individual setting</p>
<b>Outpatient Rehabilitation Services</b> Covered services include: physical therapy, occupational therapy and speech language therapy	<p>20% of the Medicare-approved amount for each office or clinic visit</p>	<p>\$10 copay for each Medicare-covered for each outpatient rehabilitation visit.</p>
<b>Outpatient Substance Abuse</b>	<p>20% of the Medicare-approved amount for each therapy visit in a group or individual setting</p>	<p>\$0 copay for each Medicare-covered therapy visit in a group or individual setting</p>
<b>Outpatient Surgery, Including Services provided at Hospital Outpatient Facilities and Ambulatory Surgical Centers</b>	<p>20% of the Medicare-approved amount for each ambulatory surgical center visit</p> <p>20% of the Medicare-approved amount for each outpatient hospital facility visit</p>	<p>\$0 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>

Cost	2019 (this year)	2020 (next year)
<b>Over-the-Counter (OTC) Items</b>	You are covered up to \$30 each month for OTC items. Any unused amounts cannot be carried over to the following month(s).	You are covered for up to \$30 per quarter (every 3 months) Any unused amounts cannot be carried over to the next following quarter(s).
<b>Partial Hospitalization Services</b>	20% coinsurance for each Medicare-covered partial-hospitalization visit	\$10 copay for each Medicare-covered partial hospitalization visit
<b>Personal Emergency Response System (PERS)</b>	\$0 copay for a personal emergency response system	Not Covered
<b>Physician/Practitioner Services, Including Doctor's Office Visits</b>	20% of the Medicare-approved amount for each physician office visit 20% of the Medicare-approved amount for each specialist office visit	\$0 copay for each Medicare-covered Primary Care Physician visit \$0 copay for each Medicare-covered Specialty Care Physician visit.
<b>Podiatry Services (Non-Routine/Medicare-Covered)</b>	20% of the Medicare-approved amount for podiatrist visits	\$0 copay for each Medicare-covered podiatrist visit
<b>Podiatry Services (Routine/Non-Medicare Covered)</b>	\$0 copay for each routine podiatrist visit up to 4 office visits each year	Not Covered
<b>Prosthetic Devices and Related Supplies</b>	20% of the Medicare-approved amount for each item	10% of the Medicare-approved amount for each prosthetic device \$0 copay for Medicare-covered supplies related to prosthetic devices
<b>Pulmonary Rehabilitation Services</b>	20% of the Medicare approved amount for each visit	\$0 copay for each Medicare-covered visit
<b>Services to Treat Kidney Disease and Conditions</b>	20% of the Medicare-approved amount for dialysis treatment 20% of the Medicare-approved amount for kidney disease education services	\$0 copay for each Medicare-covered dialysis treatment \$0 copay for Medicare-covered kidney disease education services
<b>Skilled Nursing Facility (SNF) Care</b>	In 2019, the amounts for each benefit period are: Days 1-20: \$0 per day Days 21-100: \$170.50	\$0 copay for day(s) 1-20 \$50 copay a day for day(s) 21-100 for each Medicare benefit period

Cost	2019 (this year)	2020 (next year)
<b>Supervised Exercise Therapy (SET)</b>	20% of the Medicare-approved amount for each visit	\$0 copay for each Medicare-covered visit
<b>Transportation (Routine/Non-Medicare Covered)</b>	You are covered for up to 60 one-way trips to plan-approved locations each calendar year.	You are covered for up to 12 one-way trips to plan-approved locations each calendar year.
<b>Urgently Needed Services</b>	\$65 copay for Medicare-covered urgent care visits within the United States or its Territories	\$0 copay for Medicare-covered urgent care visits within the United States or its Territories
<b>Vision Care (Non-Routine/Medicare-Covered)</b>	20% of the Medicare-approved amount for each eye exam  20% of the of the Medicare-approved amount for eyewear after cataract surgery	\$0 copay for each Medicare-covered eye exam  \$0 copay for eyewear after Medicare-covered cataract surgery

---

## 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 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 supply that is provided in all other cases: 30-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 Pharmacy 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, Sections 5 and 6, in the enclosed *Evidence of Coverage* which is located on our website at [www.ivhp.com](http://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)
<p><b>Stage 1: Yearly Deductible Stage</b>                      During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$415.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

**Changes to Your Cost-sharing in the Initial Coverage Stage**

For drugs on Tier 1 – Preferred Generics your cost sharing in the initial coverage stage is changing from a coinsurance to a copayment. Please see the following chart for the changes from 2019 to 2020 on the next page.

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)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the Plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 4 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier of 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.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Tier 1 – Preferred Generics:</b> You pay \$0 per prescription.</p> <p><b>Tier 2 – Generic Drugs:</b> You pay 25% of the total cost.</p> <p><b>Tier 3 – Preferred Brand Drugs:</b> You pay 25% of the total cost.</p> <p><b>Tier 4 – Non-Preferred Brand Drugs:</b> You pay 25% of the total cost.</p> <p><b>Tier 5 – Specialty Drugs:</b> You pay 25% of the total cost.</p> <p>Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Tier 1 – Preferred Generic Drugs:</b> You pay \$0 per prescription.</p> <p><b>Tier 2 – Generic Drugs:</b> You pay \$5 per prescription.</p> <p><b>Tier 3 – Preferred Brand Drugs:</b> You pay \$47 per prescription.</p> <p><b>Tier 4 – Non-Preferred Drugs:</b> You pay 25% of the total cost.</p> <p><b>Tier 5 – Specialty Tier:</b> You pay 33% of the total cost.</p> <p><b>Tier 6 – Select Diabetic Drugs:</b> You pay \$11 per prescription.</p> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>

**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 5 and 6, in your *Evidence of Coverage*.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Inter Valley Health Plan Service To Seniors (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 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 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 Service To Seniors (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 Service To Seniors (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/TDD users should call 1-877-486-2048.

## SECTION 4 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 5 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 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.** 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/TDD 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/TDD 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/TDD 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](http://www.cdph.ca.gov/programs/AIDS).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Inter Valley Health Plan Service To Seniors (HMO)

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.

#### **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 Service To Seniors (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](http://www.ivhp.com) You may also call our 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](http://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 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD 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/TDD 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](http://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: 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。(TTY/TDD: 711)。

**CHINESE SIMPLIFIED:** 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。(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: Հեռախոսի համարն է՝ 711:

**PERSIAN (FARSI):** ین ابز تالی هست، دینک یم وگتفگ یسراف نابز مبرگا: هجوت: 1-800-251-8191 مرامش اب. دشاب یم مہارف امش یارب ناگیار تروصب (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:** كل رفاوتت ةيوغلللا ةدعاسملا تامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم (711: يصنلا فتاهلا). 1-800-251-8191 مقرب لصتا. ناجملاب

**PUNJABI:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ 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៖ ប្តីស្ត្រីជាអ្នកនិយាយភាសាខ្មែរ ដែលស្រាវជ្រាវផ្នែកភាសា 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 คุณพูดภาษาไทย คุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ 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