

[MA-only HMO (and HMO-POS) models]  
[2019 ANOC model]

**[Insert 2019 plan name] ([insert plan type]) offered by [insert MAO name]**

## Annual Notice of Changes for 2019

[Optional: insert beneficiary name]

[Optional: insert beneficiary address]

You are currently enrolled as a member of [insert 2018 plan name]. 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 Sections [insert section number] and [insert section number] for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section [insert section number] for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section *[edit section number as needed]* 4.2 to learn more about your choices.

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

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

- If you want to **keep** *[insert 2018 plan name]*, you don’t need to do anything. You will stay in *[insert 2018 plan name]*.
- 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, 2018**

- If you **don’t join another plan by December 7, 2018**, you will stay in *[insert 2018 plan name]*. *[If the plan is being crosswalked, replace previous sentence with: If you don’t join another plan by December 7, 2018, you will be enrolled in [insert 2019 plan name].]*
- If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.

**Additional Resources**

- *[Plans that meet the 5% alternative language threshold insert: This document is available for free in [insert languages that meet the 5% threshold].]*
- Please contact our Member Services number at *[insert phone number]* for additional information. (TTY users should call *[insert TTY number]*.) Hours are *[insert days and hours of operation].]*
- *[Plans must insert language about availability of alternate formats (e.g., Braille, large print, audio tapes) as applicable.]*
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** 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** *[insert 2019 plan name]*

- *[Insert Federal contracting statement.]*

- When this booklet says “we,” “us,” or “our,” it means *[insert MAO name]*. When it says “plan” or “our plan,” it means *[insert 2019 plan name]*.

*[Insert as applicable: [insert Material ID] CMS Approved [MMDDYYYY]  
OR [insert Material ID] File & Use [MMDDYYYY]]*

## Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for [insert 2019 plan name] in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this Annual Notice of Changes** and review the [insert as applicable: attached OR enclosed] Evidence of Coverage to see if other benefit or cost changes affect you.

If using Medicare FFS amounts (e.g. Inpatient and SNF cost sharing) the plan must insert the 2018 Medicare amounts and must insert: “These are 2018 cost sharing amounts and may change for 2019. [insert plan name] will provide updated rates as soon as they are released.” Member cost sharing amounts may not be left blank.

Cost	2018 (this year)	2019 (next year)
<b>Monthly plan premium</b> [Plans with no optional supplemental benefits delete the following.] (See Section [edit section number as needed] 2.1 for details.)	[Insert 2018 premium amount]	[Insert 2019 premium amount]
[Plans with no deductible may delete this row.] <b>Deductible</b>	[Insert 2018 deductible amount]	[Insert 2019 deductible amount]
<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 [edit section number as needed] 2.2 for details.)	[Insert 2018 MOOP amount]	[Insert 2019 MOOP amount]
<b>Doctor office visits</b>	Primary care visits: [insert 2018 cost-sharing for PCPs] per visit  Specialist visits: [insert 2018 cost-sharing for specialists] per visit	Primary care visits: [insert 2019 cost-sharing for PCPs] per visit  Specialist visits: [insert 2019 cost-sharing for specialists] per visit

Cost	2018 (this year)	2019 (next year)
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p>[Insert 2018 cost-sharing]</p>	<p>[Insert 2019 cost-sharing]</p>

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*[If Section 1 does not apply, plans should omit it and renumber remaining sections as needed.]*

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

*[Plans that are changing the plan name, as approved by CMS, include Section 1, using the section title above and the following text:*

On January 1, 2019, our plan name will change from *[insert 2018 plan name]* to *[insert 2019 plan name]*.

*[Insert language to inform members if they will receive new ID cards and how, as well as if the name change will impact any other beneficiary communication.]*

## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in *[insert 2019 plan name]* in 2019**

*[If the beneficiary is being enrolled into another plan due to a consolidation, include Section 1, using the section title above and the text below. It is additionally expected that, as applicable throughout the ANOC, every plan/sponsor that cross walks a member from a non-renewed plan to a consolidated renewal plan will compare benefits and costs from that member's previous plan to the consolidated plan.*

On January 1, 2019, *[insert MAO name]* will be combining *[insert 2018 plan name]* with one of our plans, *[insert 2019 plan name]*.

**If you do nothing to change your Medicare coverage by December 7, 2018, we will automatically enroll you in our *[insert 2019 plan name]*.** This means starting January 1, 2019, you will be getting your medical coverage through *[insert 2019 plan name]*. 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 must do so between October 15 and December 7. If you are eligible for Low Income Subsidies, you can change plans at any time.

The information in this document tells you about the differences between your current benefits in *[insert 2018 plan name]* and the benefits you will have on January 1, 2019 as a member of *[insert 2019 plan name]*.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

*[Plans may add a row to this table to display changes in premiums for optional supplemental benefits.]*

*[Plans that include a Part B premium reduction benefit may insert a row to describe the change in the benefit.]*

Cost	2018 (this year)	2019 (next year)
<p><b>Monthly premium</b></p> <p><i>[Plans that include a Part B premium reduction benefit may modify this row to describe the change in the benefit. If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year.]</i></p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	<p><i>[Insert 2018 premium amount]</i></p>	<p><i>[Insert 2019 premium amount]</i></p>

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

*[Plans that include the costs of supplemental benefits (e.g., POS benefits) in the MOOP limit may revise this information as needed.]*

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 *[insert if applicable: Part A and Part B]* services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
<p><b>Maximum out-of-pocket amount</b>                      Your costs for covered medical services (such as copays <i>[insert if plan has a deductible: and deductibles]</i>) count toward your maximum out-of-pocket amount. <i>[Plans with no premium may delete the following sentence.]</i> Your plan premium does not count toward your maximum out-of-pocket amount.</p> <p><i>[If there are no changes from year to year, plans may indicate in the column that there is no change for the upcoming benefit year.]</i></p>	<p><i>[Insert 2018 MOOP amount]</i></p>	<p><i>[Insert 2019 MOOP amount]</i></p> <p>Once you have paid <i>[insert 2019 MOOP amount]</i> out-of-pocket for covered <i>[insert if applicable: Part A and Part B]</i> services, you will pay nothing for your covered <i>[insert if applicable: Part A and Part B]</i> services for the rest of the calendar year.</p>

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## Section 2.3 – Changes to the Provider Network

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*[Insert applicable section: For a plan that has changes in its provider network]* There are changes to our network of providers for next year. *[Insert if applicable: We included a copy of our Provider Directory in the envelope with this booklet.]* An updated Provider Directory is located on our website at *[insert URL]*. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

*OR*

*[For a plan that will have a higher than normal number of providers either leaving and/or joining its network]* Our network has changed more than usual for 2019. *[Insert if applicable: We included a copy of our Provider Directory in the envelope with this booklet.]* An updated Provider Directory is located on our website at *[insert URL]*. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **We strongly suggest that you review our current Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are still 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.

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## **Section 2.4 – Changes to Benefits and Costs for Medical Services**

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*[If there are no changes in benefits or in cost-sharing, revise heading to “There are no changes to your benefits or amounts you pay for medical services” and replace the rest of this section with: Our benefits and what you pay for these covered medical services will be exactly the same in 2019 as they are in 2018.]*

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 *2019 Evidence of Coverage*.

[The table must include: (1) all new benefits that will be added or 2018 benefits that will end for 2019, including any new optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium); (2) new limitations or restrictions on Part C benefits for CY 2019; and (3) all changes in cost-sharing for 2019 for covered medical services, including any changes to service category, out-of-pocket maximums, and cost-sharing for optional supplemental benefits (plans must indicate these optional supplemental benefits are available for an extra premium).]

If using Medicare FFS amounts (e.g. Inpatient and SNF cost sharing) the plan must insert the 2018 Medicare amounts and must insert: “These are 2018 cost sharing amounts and may change for 2019. [insert plan name] will provide updated rates as soon as they are released.” Member cost sharing amounts may not be left blank.

Cost	2018 (this year)	2019 (next year)
<p><b>[Insert benefit name]</b></p>	<p>[For benefits that were not covered in 2018 insert: [insert benefit name] is <u>not</u> covered.]</p> <p>[For benefits with a copayment insert: You pay a \$[insert 2018 copayment amount] copay [insert language as needed to accurately describe the benefit (e.g., “per office visit”).]</p> <p>[For benefits with a coinsurance insert: You pay [insert 2018 coinsurance percentage]% of the total cost [insert language as needed to accurately describe the benefit (e.g., “for up to one visit per year”).]</p>	<p>[For benefits that are not covered in 2019 insert: [insert benefit name] is <u>not</u> covered.]</p> <p>[For benefits with a copayment insert: You pay a \$[insert 2019 copayment amount] copay [insert language as needed to accurately describe the benefit (e.g., “per office visit”).]</p> <p>[For benefits with a coinsurance insert: You pay [insert 2019 coinsurance percentage]% of the total cost [insert language as needed to accurately describe the benefit (e.g., “for up to one visit per year”).]</p>
<p><b>[Insert benefit name]</b></p>	<p>[Insert 2018 cost/coverage, using format described above]</p>	<p>[Insert 2019 cost/coverage, using format described above]</p>

### SECTION 3 Administrative Changes

*[This section is optional. Plans with administrative changes that impact members (e.g., changes in options for paying the monthly premium, changes in prior authorization requirements, change in contract or PBP number) may insert this section and include an introductory sentence that explains the general nature of the administrative changes. Plans that choose to omit this section should renumber the remaining sections as needed.]*

Cost	2018 (this year)	2019 (next year)
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2018 administrative description]</i>	<i>[Insert 2019 administrative description]</i>
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2018 administrative description]</i>	<i>[Insert 2019 administrative description]</i>

### SECTION 4 Deciding Which Plan to Choose

#### Section 4.1 – If you want to stay in *[insert 2019 plan name]*

**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 2019.

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

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

##### Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (SHIP) (see Section [edit](#)

[section number as needed] 6), or call Medicare (see Section [edit section number as needed] 8.2).

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

[Plans may choose to insert if applicable: As a reminder, [insert MAO name] offers other [insert as applicable: 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 [insert 2019 plan name].
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from [insert 2019 plan name].
- 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 [edit section number as needed] 8.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 5 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, 2019.

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

In certain situations, changes are also allowed at other times of the year. For example, people with 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 are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don’t like your plan choice, you can switch to Original Medicare between January 1 and March 31, 2019. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 Programs That Offer Free Counseling about Medicare

*[Organizations offering plans in multiple states: Revise this section to use the generic name (“State Health Insurance Assistance Program”) when necessary, and include a list of names, phone numbers, and addresses for all SHIPs in your service area.]*

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *[insert state]*, the SHIP is called *[insert state-specific SHIP name]*.

*[Insert state-specific SHIP name]* 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. *[Insert state-specific SHIP name]* 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 *[insert state-specific SHIP name]* at *[insert SHIP phone number]*. *[Plans may insert the following: You can learn more about [insert state-specific SHIP name] by visiting their website ([insert SHIP website]).]*

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. *[Plans in states without SPAPs, delete the next sentence.]* 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:
  - o 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - o 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
  - o Your State Medicaid Office (applications).
- *[Plans without an SPAP in their state(s), should delete this bullet.]*  
*[Organizations offering plans in multiple states: Revise this bullet to use the generic name (“State Pharmaceutical Assistance Program”) when necessary, and include a list of names for all SPAPs in your service area.]* **Help from your state’s pharmaceutical assistance program.** *[Insert state name]* has a program called *[insert state-specific SPAP name]* 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 [edit section number as needed] 6 of this booklet).

- [Plans without an ADAP in their state(s), should delete this bullet.] **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance [insert State-specific ADAP information]. Note: To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. [Insert State-specific ADAP contact information.]

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call [insert State-specific ADAP contact information].

## SECTION 8 Questions?

### Section 8.1 – Getting Help from [insert 2019 plan name]

Questions? We're here to help. Please call Member Services at [insert member services phone number]. (TTY only, call [insert TTY number].) We are available for phone calls [insert days and hours of operation]. [Insert if applicable: Calls to these numbers are free.]

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 *Evidence of Coverage* for [insert 2019 plan name]. 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 included in this envelope.

#### **Visit Our Website**

You can also visit our website at [insert URL]. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

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

### **Read Medicare & You 2019**

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