



## NetworkCares (PPO D-SNP) offered by Network Health Insurance Corporation

### Annual Notice of Changes for 2021

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

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#### What to do now

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

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.1 and 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 2021 *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 [go.medicare.gov/drugprices](https://www.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 Directory*.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

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

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your *Medicare & You* handbook.
  - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2020, you will be enrolled in *NetworkCares*.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 3.2, page 18 to learn more about your choices.

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

- If you don't join another plan by **December 7, 2020**, you will be enrolled in *NetworkCares*.
- If you join another plan between **October 15** and **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

## Additional Resources

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This information is available for free in other formats. For more information, please contact our member experience team at 855-653-4363 (TTY 800-947-3529), Monday - Friday from 8 a.m. to 8 p.m. From October 1, 2020 through March 31, 2021, we are available every day from 8 a.m. to 8 p.m.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

## About NetworkCares

- Network Health Medicare Advantage plans include PPO, MSA and HMO plans. NetworkCares is a PPO D-SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid Program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.
  - When this booklet says “we,” “us,” or “our,” it means *Network Health Insurance Corporation*. When it says “plan” or “our plan,” it means *NetworkCares*.
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## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for NetworkCares 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 [networkhealth.com/medicare/plan-materials](http://networkhealth.com/medicare/plan-materials). You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	<p>\$0</p>	<p>\$0</p>
<p><b>Deductible</b></p>	<p>In 2019, the annual Part B deductible was \$0 or \$185.</p> <p>These amounts may change for 2020.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>	<p>In 2020, the annual Part B deductible was \$0 or \$198.</p> <p>These amounts may change for 2021.</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: 0% - 20% per visit</p> <p>Specialist visits: 0% - 20% per visit</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 per visit</p>	<p>Primary care visits: 0% - 20% per visit</p> <p>Specialist visits: 0% - 20% per visit</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you pay \$0 per visit.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Inpatient hospital care</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><b>In-Network</b> In 2019, the amounts for each benefit period were \$0 or up to:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$1,364 deductible</li> <li>• Days 61-90: \$341 per day</li> <li>• Days 91-150: \$682 per lifetime reserve day+</li> </ul> <p><b>Out-of-Network</b> In 2019, the amounts for each benefit period were \$0 or up to:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$1,364 deductible</li> <li>• Days 61-90: \$341 per day</li> <li>• Days 91-150: \$682 per lifetime reserve day+</li> </ul> <p>+These amounts may change for 2020.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p><b>In-Network</b> In 2020, the amounts for each benefit period were \$0 or up to:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$1,408 deductible +</li> <li>• Days 61-90: \$352 per day+</li> <li>• Days 91-150: \$704 per lifetime reserve day+</li> </ul> <p><b>Out-of-Network</b> In 2020, the amounts for each benefit period were \$0 or up to:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$1,408 deductible+</li> <li>• Days 61-90: \$352 per day+</li> <li>• Days 91-150: \$704 per lifetime reserve day+</li> </ul> <p>+These amounts may change for 2021.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$420</p> <p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0, \$1.30, \$3.60, \$4, or 15% at a preferred pharmacy and \$0, \$1.30, \$3.60, \$6 or 15% at a standard pharmacy.</li> <li>• Drug Tier 2: \$0, \$1.30, \$3.60, \$9 or 15% at a preferred pharmacy and \$0, \$1.30, \$3.60, \$15 or 15% at a standard pharmacy.</li> <li>• Drug Tier 3: \$0, \$1.30, \$3.60, \$3.90, \$8.95, \$42 or 15% at a preferred pharmacy and \$0, \$1.30, \$3.60, \$3.90, \$8.95, \$47 or 15% at a standard pharmacy.</li> <li>• Drug Tier 4: \$0, \$1.30, \$3.60, \$3.90, \$8.95, \$94 or 15% at a preferred pharmacy and \$0, \$1.30, \$3.60, \$3.90, \$8.95, \$100 or 15% at a standard pharmacy.</li> <li>• Drug Tier 5: \$0, \$1.30, \$3.60, \$3.90, \$8.95, 15% or 25% at both preferred and standard pharmacies.</li> </ul>	<p>Deductible: \$445</p> <p>Copayment/coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0, \$1.30, \$3.70, \$4, or 15% at a preferred pharmacy and \$0, \$1.30, \$3.70, \$6 or 15% at a standard pharmacy.</li> <li>• Drug Tier 2: \$0, \$1.30, \$3.70, \$8 or 15% at a preferred pharmacy and \$0, \$1.30, \$3.70, \$14 or 15% at a standard pharmacy.</li> <li>• Drug Tier 3: \$0, \$1.30, \$3.70, \$4, \$9.20, \$42 or 15% at a preferred pharmacy and \$0, \$1.30, \$3.70, \$4, \$9.20, \$47 or 15% at a standard pharmacy.</li> <li>• Drug Tier 4: \$0, \$1.30, \$3.70, \$4, \$9.20, \$90 or 15% at a preferred pharmacy and \$0, \$1.30, \$3.70, \$4, \$9.20, \$100 or 15% at a standard pharmacy.</li> <li>• Drug Tier 5: \$0, \$1.30, \$3.70, \$4, \$9.20, 15% or 25% at both preferred and standard pharmacies.</li> </ul>
<p><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 1.2 for details.)</p>	<p>From in-network providers: \$6,700</p> <p>From in-network and out-of-network providers combined: \$10,000</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>From in-network providers: \$6,700</p> <p>From in-network and out-of-network providers combined: \$10,000</p> <p>If you are eligible for Medicare cost sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	No change

**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	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> If you are eligible for Medicaid assistance with Part A and Part B copayments and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.  Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.	\$6,700  Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.	No change



Cost	2020 (this year)	2021 (next year)
<p><b>Combined in and out-of-network maximum out-of-pocket amount</b></p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>Your costs for covered medical services (such as copayments 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.</p>	<p>\$10,000</p> <p>Once you have paid \$10,000 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.</p>	<p>No change</p>

### Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at [networkhealth.com/provider-resources/printable-directory](http://networkhealth.com/provider-resources/printable-directory). You may also call our member experience team for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2021 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

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

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

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## Section 1.4 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our in-network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other in-network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at [networkhealth.com/find-a-pharmacy](http://networkhealth.com/find-a-pharmacy). You may also call our member experience team for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2021 *Pharmacy Directory* to see which pharmacies are in our network.**

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## Section 1.5 – Changes to Benefits and Costs for Medical Services

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [networkhealth.com/medicare/plan-materials](http://networkhealth.com/medicare/plan-materials). You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Hearing services – additional benefits</b>	Qualifying hearing aids from a participating provider are discounted to <b>\$1,220 - \$1,985</b> per hearing aid.	Qualifying hearing aids from a participating provider are discounted to <b>\$795 - \$2,370</b> per hearing aid.

**Help with certain chronic conditions**

Help with certain chronic conditions is not covered.

**In-Network**

You pay a **\$0** copayment for each acupuncture treatment for members undergoing chemotherapy. As an alternative to nausea medications, a maximum of 12 visits per year are covered for members who are undergoing chemotherapy.

You pay a **\$0** copayment for each one-way transportation for members with End Stage Renal Disease to get to and from dialysis treatment. Includes 24 one-way trips per year for members diagnosed with End Stage Renal Disease to get to and from dialysis for treatment. Trips must be booked through our approved vendor “Aryv”.

You pay a **\$0** copayment for one home-based palliative care consultation and evaluation for members with an end-stage (stage 4) cancer diagnosis.

**Out-of-Network**

You pay a **\$0** copayment for each acupuncture treatment for members undergoing chemotherapy. As an alternative to nausea medications, a maximum of 12 visits per year are covered for members who are undergoing chemotherapy.

You pay a **\$0** copayment for each one-way transportation for members with End Stage Renal Disease to get to and from dialysis treatment. Includes 24 one-way trips per year for members diagnosed with End Stage Renal Disease to get to and from dialysis for treatment. Trips must be booked through our approved vendor “Aryv”.

You pay a **\$0** copayment for one home-based palliative care consultation and evaluation for members with an end-stage (stage 4) cancer diagnosis.

Cost	2020 (this year)	2021 (next year)
<p><b>Inpatient hospital care</b></p>	<p><b>Per admission</b></p> <p><b>In-Network</b></p> <p>In 2019, the amounts for each benefit period were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,364 deductible</li> <li>2. Days 61-90: \$341 per day</li> <li>3. Days 91-150: \$682 per lifetime reserve day. +</li> </ol> <p>You will not be charged additional cost sharing for professional services.</p> <p><b>Out-of-Network</b></p> <p>In 2019, the amounts for each benefit period were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,364 deductible</li> <li>2. Days 61-90: \$341 per day</li> <li>3. Days 91-150: \$682 per lifetime reserve day. +</li> </ol> <p>+These amounts may change for 2020.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p><b>Per admission</b></p> <p><b>In-Network</b></p> <p>In 2020 the amounts for each admission were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,408 deductible +</li> <li>2. Days 61-90: \$352 per day +</li> <li>3. Days 91-150: \$704 per lifetime reserve day. +</li> </ol> <p>You will not be charged additional cost sharing for professional services.</p> <p><b>Out-of-Network</b></p> <p>In 2020 the amounts for each admission were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,408 deductible +</li> <li>2. Days 61-90: \$352 per day +</li> <li>3. Days 91-150: \$704 per lifetime reserve day. +</li> </ol> <p>+ These amounts may change for 2021.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Inpatient mental health care</b></p>	<p><b>In-Network</b></p> <p>In 2019 the amounts for each benefit period were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,364 deductible +</li> <li>2. Days 61-90: \$341 per day +</li> <li>3. Days 91-190: \$682 per lifetime reserve day. +</li> </ol> <p>+ These amounts may change for 2020.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p><b>Out-of-Network</b></p> <p>In 2019 the amounts for each benefit period were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,364 deductible +</li> <li>2. Days 61-90: \$341 per day +</li> <li>3. Days 91-150: \$682 per lifetime reserve day.</li> </ol> <p>These amounts may change for 2020.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Lifetime reserve days can only be used once.</p>	<p><b>Per Admission</b></p> <p><b>In-Network</b></p> <p>In 2020 the amounts for each admission were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,408 deductible +</li> <li>2. Days 61-90: \$352 per day. +</li> <li>3. Days 91-190: \$704 per lifetime reserve day. +</li> </ol> <p>+ These amounts may change for 2021.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p><b>Out-of-Network</b></p> <p>In 2020 the amounts for each admission were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-60: \$1,408 deductible +</li> <li>2. Days 61-90: \$352 per day +</li> <li>3. Days 91-150: \$704 per lifetime reserve day.</li> </ol> <p>+These amounts may change for 2021.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Lifetime reserve days can only be used once.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Meal delivery benefit</b></p>	<p>We cover up to 14 home-delivered meals for eligible members who have been recently discharged from a qualified inpatient hospital stay.</p> <p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost of home-delivered meals.</p> <p><b>Out-of-Network</b></p> <p>Meals must be provided by the plan’s approved partner. We do not reimburse for home-delivered meals provided by other services.</p> <p>Contact your care manager at 866-709-0019 to learn more about home-delivered meals.</p>	<p>We cover up to 28 home-delivered meals for eligible members who have been recently discharged from a qualified inpatient hospital stay, hospital observation stay, or skilled nursing facility stay.</p> <p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost of home-delivered meals.</p> <p><b>Out-of-Network</b></p> <p>Meals must be provided by the plan’s approved partner. We do not reimburse for home-delivered meals provided by other services.</p> <p>Contact your care manager at 866-709-0019 to learn more about home-delivered meals.</p>
<p><b>Over-the-counter (OTC) items</b></p>	<p>Our plan offers a <b>\$150</b> annual allowance to be used to purchase qualified over-the-counter (OTC) items from our mail-order service. Maximum of two orders per year.</p> <p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost of qualified OTC items, up to the \$150 annual maximum.</p> <p><b>Out-of-Network</b></p> <p>OTC items must be ordered from the plan’s approved service. We do not reimburse for OTC items purchased from retail stores or other mail-order services.</p>	<p>Our plan offers a <b>\$150</b> quarterly allowance to be used to purchase qualified over-the-counter (OTC) items from our mail-order service. Maximum of one order per quarter.</p> <p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost of qualified OTC items, up to the \$150 quarterly maximum.</p> <p><b>Out-of-Network</b></p> <p>OTC items must be ordered from the plan’s approved service. We do not reimburse for OTC items purchased from retail stores or other mail-order services.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Skilled nursing facility (SNF) care</b></p>	<p><b>Per admission</b></p> <p><b>In-Network</b></p> <p>In 2019, the amounts for each benefit period after at least a 3-day covered hospital stay were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-20: \$0 per day+</li> <li>2. Days 21-100: \$170.50 per day</li> </ol> <p>You will not be charged additional cost sharing for professional services.</p> <p><b>Out-of-Network</b></p> <p>In 2019, the amounts for each benefit period after at least a 3-day covered hospital stay were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-20: \$0 per day +</li> <li>2. Days 21-100: \$170.50 per day</li> </ol> <p>+These amounts may change for 2020.</p> <p>You are covered for up to 100 days per admission.</p>	<p><b>Per admission</b></p> <p><b>In-Network</b></p> <p>In 2020, the amounts for each admission after at least a 3-day covered hospital stay were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-20: \$0 per day +</li> <li>2. Days 21-100: \$176 per day +</li> </ol> <p>You will not be charged additional cost sharing for professional services.</p> <p><b>Out-of-Network</b></p> <p>In 2020, the amounts for each admission after at least a 3-day covered hospital stay were \$0 or up to:</p> <ol style="list-style-type: none"> <li>1. Days 1-20: \$0 per day +</li> <li>2. Days 21-100: \$176 per day +</li> </ol> <p>+ These amounts may change for 2021.</p> <p>You are covered for up to 100 days per admission.</p>
<p><b>Telemonitoring</b></p>	<p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost for non-Medicare covered telemonitoring up to the \$2,640 annual maximum.</p> <p><b>Out-of-Network</b></p> <p>You pay <b>50%</b> of the cost for non-Medicare covered telemonitoring up to the \$2,640 annual maximum.</p>	<p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost for non-Medicare covered telemonitoring.</p> <p><b>Out-of-Network</b></p> <p>You pay <b>50%</b> of the cost for non-Medicare covered telemonitoring.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Transportation benefit (non-emergency)</b></p>	<p>Your plan covers twelve one-way trips to and from approved locations within the plan’s service area.</p> <p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost of eligible trips.</p> <p><b>Out-of-Network</b></p> <p>Transportation must be provided by the plan’s approved partner. We do not reimburse for non-emergency transportation provided by other services.</p> <p>Contact your care manager at 866-709-0019 to learn more about your non-emergency transportation benefit.</p>	<p>Your plan covers 24 one-way trips to and from approved locations within the plan’s service area.</p> <p><b>In-Network</b></p> <p>You pay <b>0%</b> of the cost of eligible trips.</p> <p><b>Out-of-Network</b></p> <p>Transportation must be provided by the plan’s approved partner. We do not reimburse for non-emergency transportation provided by other services.</p> <p>Contact your care manager at 866-709-0019 to learn more about your non-emergency transportation benefit.</p>

## 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 provided electronically. **You can get the complete *Drug List*** by calling our member experience team (see the back cover) or visiting our website at [networkhealth.com/look-up-medications](http://networkhealth.com/look-up-medications).

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.
  - 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 member experience team.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call our member experience 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 a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you are a member of our plan and receive a tiering exception or a formulary exception for a drug not on our *Drug List*, the drug will remain covered under the exception through the end of the calendar year. You will need to submit a new request next year if you wish to continue receiving the drug under an exception.

If you are a member of our plan and receive a formulary exception to remove a restriction on coverage for a drug, the drug will remain covered based on the original expiration date of the exception. The exception may expire before the end of the year or may carry over into next year. You will need to submit a new request when the original exception expires if you wish to continue receiving the drug under an exception.

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 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 September 30, 2020 please call our member experience team and ask for the “LIS Rider.”

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

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at [networkhealth.com/medicare/plan-materials](http://networkhealth.com/medicare/plan-materials). You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.)

**Changes to the Deductible Stage**

<b>Stage</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your: Tier 2, Tier 3, Tier 4 and Tier 5 Part D drugs until you have reached the yearly deductible.	The deductible is \$420	The deductible is \$445

## Changes to Your Cost sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
<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 an in-network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our <i>Drug List</i>. To see if your drugs will be in a different tier, look them up on the <i>Drug List</i>.</p>	<p>Your cost for a one-month supply filled at an in-network pharmacy:</p> <p><b>Tier 1 Preferred Generic Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.60 or \$6 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.60 or \$4 per prescription or 15% of the total cost.</p> <p><b>Tier 2 Generic Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.60 or \$15per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.60 or \$9 per prescription or 15% of the total cost.</p> <p><b>Tier 3 Preferred Brand Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.60, \$3.90, \$8.95 or \$47 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.60, \$3.90, \$8.95 or \$42 per prescription or 15% of the total cost.</p>	<p>Your cost for a one-month supply at an in-network pharmacy:</p> <p><b>Tier 1 Preferred Generic Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.70 or \$6 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.70 or \$4 per prescription or 15% of the total cost.</p> <p><b>Tier 2 Generic Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.70 or \$14 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.70 or \$8 per prescription or 15% of the total cost.</p> <p><b>Tier 3 Preferred Brand Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.70, \$4, \$9.20 or \$47 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.70, \$4, \$9.20 or \$42 per prescription or 15% of the total cost.</p>

Stage	2020 (this year)	2021 (next year)
	<p><b>Tier 4 Non-Preferred Brand Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.60, \$3.90, \$8.95 or \$100 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.60, \$3.90, \$8.95 or \$94 per prescription or 15% of the total cost.</p> <p><b>Tier 5 Specialty Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.60, \$3.90 or \$8.95 per prescription or 15% or 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.60, \$3.90 or \$8.95 per prescription or 15% or 25% of the total cost.</p> <p><b>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</b></p>	<p><b>Tier 4 Non-Preferred Brand Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.70, \$4, \$9.20 or \$100 per prescription or 15% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.70, \$4, \$9.20 or \$90 per prescription or 15% of the total cost.</p> <p><b>Tier 5 Specialty Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0, \$1.30, \$3.70, \$4 or \$9.20 per prescription or 15% or 25% of the total cost.</p> <p><i>Preferred cost sharing:</i> You pay \$0, \$1.30, \$3.70, \$4 or \$9.20 per prescription or 15% or 25% of the total cost.</p> <p><b>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</b></p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Cost	2020 (this year)	2021 (next year)
Spark Wellness Program	Our plan offers a <b>\$75</b> reward incentive program for engaging in health and wellness activities. You can earn <b>\$25</b> for completing your Annual Wellness Visit, <b>\$25</b> for completing your Health Risk Assessment, and <b>\$25</b> for getting your annual flu vaccination. Each category may be earned once annually.	Our plan offers a <b>\$100</b> reward incentive program for engaging in health and wellness activities. You can earn a <b>\$25</b> reward for completing your Annual Wellness Visit, <b>\$50</b> for completing your Health Risk Assessment, and <b>\$25</b> for getting your annual flu vaccination. Each category may be earned once annually.  Please visit <a href="http://networkhealth.com/medicare/additional-benefits-SNP">networkhealth.com/medicare/additional-benefits-SNP</a> for additional information.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in NetworkCares

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our plan NetworkCares.

### Section 3.2 – If you want to change plans

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

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

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

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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

As a reminder, Network Health Insurance Corporation 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 NetworkCares.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from NetworkCares.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact our member experience team if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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

## SECTION 4 Changing Plans

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

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

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

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

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called The Board on Aging and Long Term Care.

The Board on Aging and Long Term Care is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. The Board on Aging and Long Term Care counselors can

help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call The Board on Aging and Long Term Care at 800-242-1060. You can learn more about The Board on Aging and Long Term Care by visiting their website at [longtermcare.wi.gov](http://longtermcare.wi.gov).

For questions about your Wisconsin Medicaid benefits, contact Wisconsin Medicaid at 800-362-3002, Monday – Friday from 8 a.m. to 6 p.m. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week;
  - The Social Security Office at 1-800-772-1213 Monday – Friday from 7 a.m. and 7 p.m. TTY users should call, 1-800-325-0778 (applications); or
  - Your state Medicaid office (applications).
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called Wisconsin Senior Care 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 5 of this booklet).
- **Prescription Cost sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance through the Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 608-267-6875 or 800-991-5532.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from NetworkCares

Questions? We’re here to help. Please call our member experience team at 855-653-4363. (TTY only, call 800-947-3529.) We are available for phone calls Monday – Friday from 8 a.m. to 8 p.m. Calls to these numbers are free.

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## **Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for NetworkCares. 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 [networkhealth.com/medicare/plan-materials](http://networkhealth.com/medicare/plan-materials). You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

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

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## **Section 7.2 – 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, seven days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

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

### **Read *Medicare & You 2021***

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

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## **Section 7.3 – Getting Help from Medicaid**

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To get information from Medicaid you can call Wisconsin Medicaid at 800-362-3002. TTY users should call 711.