Premera Blue Cross Medicare Advantage (HMO) offered by Premera Blue Cross

Annual Notice of Changes for 2017

You are currently enrolled as a member of Premera Blue Cross Medicare Advantage (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.

Additional Resources

- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this booklet).
- This information is available in a different format, including audio CDs.
- Minimum essential coverage (MEC): 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 on the individual requirement for MEC.

About Premera Blue Cross Medicare Advantage (HMO)

- Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Premera Blue Cross. When it says “plan” or “our plan,” it means Premera Blue Cross Medicare Advantage (HMO).
Think about Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It’s important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

☐ Check the changes to our benefits and costs to see if they affect you. Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 2.1 and 2.5 for information about benefit and cost changes for our plan.

☐ Check the changes to our prescription drug coverage to see if they affect you. Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 2.6 for information about changes to our drug coverage.

☐ 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 2.3 for information about our Provider and 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? How do the total costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

If you decide to stay with Premera Blue Cross Medicare Advantage (HMO):

If you want to stay with us next year, it’s easy - you don’t need to do anything.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2017. Look in Section 4.2 to learn more about your choices.
### Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for Premera Blue Cross Medicare Advantage (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 and review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you.**

<table>
<thead>
<tr>
<th>Cost</th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong>*</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><em>Your premium may be higher or lower than this amount. See Section 2.1 for details.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$6,700</td>
<td>$6,700</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits: $18 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist visits: $50 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$440 copay each day for days 1-4 and $0 copay each day for days 5-90</td>
<td>$450 copay each day for days 1-4 and $0 copay each day for days 5-90</td>
<td>You pay nothing for additional hospital days.</td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td>Deductible: $285 (Does not apply to Tier 1 drugs)</td>
<td>Deductible: $320 (Does not apply to Tier 1 and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Cost

<table>
<thead>
<tr>
<th>drug Tier 1 (Preferred Generic):</th>
<th>Preferred cost-sharing:</th>
<th>$4 copay</th>
<th>Standard cost-sharing:</th>
<th>$12 copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Tier 2 (Generic):</td>
<td>Preferred cost-sharing:</td>
<td>$12 copay</td>
<td>Standard cost-sharing:</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Drug Tier 3 (Preferred Brand):</td>
<td>Preferred and standard cost-sharing:</td>
<td>$45 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Tier 4 (Non-Preferred Brand):</td>
<td>Preferred and standard cost-sharing:</td>
<td>$100 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Tier 5 (Injectable):</td>
<td>Preferred and standard cost-sharing:</td>
<td>25% of the total cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Tier 6 (Specialty):</td>
<td>Preferred and standard cost-sharing:</td>
<td>25% of the total cost</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tier 2 drugs)

| Drug Tier 1 (Preferred Generic): | Preferred cost-sharing: | $5 copay | Standard cost-sharing: | $15 copay |
| Drug Tier 2 (Generic):          | Preferred cost-sharing: | $15 copay | Standard cost-sharing: | $20 copay |
| Drug Tier 3 (Preferred Brand):  | Preferred and standard cost-sharing: | $45 copay |
| Drug Tier 4 (Non-Preferred Drug): | Preferred and standard cost-sharing: | 30% of the total cost |
| Drug Tier 5 (Specialty):        | Preferred and standard cost-sharing: | 26% of the total cost |

(See Section 2.6 for details.)
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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Premera Blue Cross Medicare Advantage (HMO) in 2017

If you do nothing to change your Medicare coverage by December 7, 2016, we will automatically enroll you in our Premera Blue Cross Medicare Advantage (HMO). This means starting January 1, 2017, you will be getting your medical and prescription drug coverage through Premera Blue Cross Medicare Advantage (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 must do so between October 15 and December 7.

The information in this document tells you about the differences between your current benefits in Premera Blue Cross Medicare Advantage (HMO) and the benefits you will have on January 1, 2017 as a member of Premera Blue Cross Medicare Advantage (HMO).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

(You must also continue to pay your Medicare Part B premium.)

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

<table>
<thead>
<tr>
<th>Cost</th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$6,700</td>
<td>$6,700</td>
</tr>
<tr>
<td>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs, your optional supplemental dental premium (if applicable) and your out-of-network dental cost shares above the allowable reimbursement for covered services (if applicable) do not count toward your maximum out-of-pocket amount.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Once you have paid $6,700 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

Our network has changed more than usual for 2017. An updated Provider and Pharmacy Directory is located on our website at premera.com/ma. You may also call Customer Service for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **We strongly suggest that you review our current Provider and Pharmacy 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.
• When possible we will 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. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within the network.

There are changes to our network of pharmacies for next year. An updated Provider and Pharmacy Directory is located on our website at premera.com/ma. You may also call Customer Service for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2017 Provider and 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 2017 *Evidence of Coverage*.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulatory Surgical Center Services</strong></td>
<td>You pay 20% of the total cost for Medicare-covered ambulatory surgical center services.</td>
<td>You pay 15% of the total cost for Medicare-covered ambulatory surgical center services.</td>
</tr>
<tr>
<td><strong>Diabetes Self-Management Training, Diabetic Services and Supplies</strong></td>
<td>There is no restriction on manufacturer for diabetic supply purchases.</td>
<td>Diabetic supplies are restricted to certain manufacturers. All diabetic supplies and services must be provided and arranged through Premera Medicare Advantage contracted providers.</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment (DME)</strong></td>
<td>There is no restriction on brands and manufacturers for durable medical equipment.</td>
<td>Durable medical equipment is restricted to specific brands and manufacturers. All DME must be provided and arranged through Premera Medicare Advantage contracted providers.</td>
</tr>
<tr>
<td><strong>Health and Wellness Education Programs</strong></td>
<td>You pay an $18 copay for each supplemental virtual visit or e-Visit.</td>
<td>You pay a $15 copay for each supplemental virtual visit or e-Visit.</td>
</tr>
<tr>
<td></td>
<td>Enhanced disease management is <strong>not</strong> covered.</td>
<td>You pay a $0 copay for enhanced disease management if you qualify. <em>(See the 2017 <em>Evidence of Coverage</em> for details.)</em></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Care</strong></td>
<td>You pay a $440 copay each day for days 1-4 and</td>
<td>You pay a $450 copay each day for days 1-4 and</td>
</tr>
</tbody>
</table>
Premera Blue Cross Medicare Advantage (HMO) Annual Notice of Changes for 2017

### Cost

<table>
<thead>
<tr>
<th>Primary Care Provider Services</th>
<th>Cost Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 (this year)</td>
<td>You pay a $18 copay for each Medicare-covered primary care provider visit.</td>
</tr>
<tr>
<td>2017 (next year)</td>
<td>You pay a $15 copay for each Medicare-covered primary care provider visit.</td>
</tr>
</tbody>
</table>

### Pulmonary Rehabilitation

<table>
<thead>
<tr>
<th>Cost Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay a $40 copay for each Medicare-covered pulmonary rehabilitation visit.</td>
</tr>
</tbody>
</table>

### Urgently Needed Services

<table>
<thead>
<tr>
<th>Cost Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay a $50 copay for each Medicare-covered urgent care visit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay a $65 copay for each Medicare-covered urgent care visit.</td>
</tr>
</tbody>
</table>

### 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.
  - 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 Customer Service.
• **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of coverage of the plan year or coverage. (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 had an approved formulary exception during the previous year, a new request may need to be submitted for the current year. To see if you need a new formulary exception request, you may call Customer Service.

### Changes to Prescription Drug Costs

*Note: If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you.* We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you get “Extra Help” and didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8.1 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 6 and 7, in the enclosed *Evidence of Coverage.*)
Changes to the Deductible Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1: Yearly Deductible Stage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During this stage, <strong>you pay the full cost</strong> of your Tier 3 through Tier 5 drugs until you have reached the yearly deductible.</td>
<td>The deductible is $285.</td>
<td>The deductible is $320.</td>
</tr>
<tr>
<td>During this stage, you pay your cost-sharing for drugs on Tier 1 and the full cost of drugs on Tier 2 through Tier 6 until you have reached the yearly deductible.</td>
<td></td>
<td>During this stage, you pay your cost-sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3 through Tier 5 until you have reached the yearly deductible.</td>
</tr>
</tbody>
</table>

Changes to Your Cost-sharing in the Initial Coverage Stage

For drugs on Tier 4, your cost-sharing in the initial coverage stage is changing from copayment to coinsurance. Please see the following chart for the changes from 2016 to 2017.

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 2: Initial Coverage Stage

Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost**. For 2016 you paid a $100 copayment for drugs on Tier 4. For 2017 you will pay 30% coinsurance for drugs on this tier.

The costs in this row are for a one-month (30-day) supply when you fill your prescription at a 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 *Evidence of Coverage*.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

<table>
<thead>
<tr>
<th></th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1 Preferred Generic Drugs:</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay $12 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay $4 per prescription.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong> You pay $4 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay $5 per prescription.</td>
</tr>
<tr>
<td><strong>Tier 2 Generic Drugs:</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay $20 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay $12 per prescription.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong> You pay $15 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay $15 per prescription.</td>
</tr>
<tr>
<td><strong>Tier 3 Preferred Brand Drugs:</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay $45 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay $45 per prescription.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong> You pay $45 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay $45 per prescription.</td>
</tr>
<tr>
<td><strong>Tier 4 Non-Preferred Brand Drugs:</strong></td>
<td><strong>Standard cost-sharing:</strong> You pay $100 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay 30% of the total cost.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred cost-sharing:</strong> You pay $100 per prescription.</td>
<td><strong>Preferred cost-sharing:</strong> You pay 30% of the total cost.</td>
</tr>
<tr>
<td>Stage</td>
<td>2016 (this year)</td>
<td>2017 (next year)</td>
</tr>
<tr>
<td>-------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Tier 5 Injectable Drugs:</strong></td>
<td><strong>Tier 5 Specialty Drugs:</strong></td>
<td></td>
</tr>
<tr>
<td><em>Standard cost-sharing:</em> You pay 25% of the total cost.</td>
<td><em>Standard cost-sharing:</em> You pay 26% of the total cost.</td>
<td></td>
</tr>
<tr>
<td><em>Preferred cost-sharing:</em> You pay 25% of the total cost.</td>
<td><em>Preferred cost-sharing:</em> You pay 26% of the total cost.</td>
<td></td>
</tr>
<tr>
<td><em>Tier 6 Specialty Drugs:</em></td>
<td><em>Tier 6 Specialty Drugs:</em></td>
<td></td>
</tr>
<tr>
<td><em>Standard cost-sharing:</em> You pay 25% of the total cost.</td>
<td><em>Standard cost-sharing:</em> You pay 25% of the total cost.</td>
<td></td>
</tr>
<tr>
<td><em>Preferred cost-sharing:</em> You pay 25% of the total cost.</td>
<td><em>Preferred cost-sharing:</em> You pay 25% of the total cost.</td>
<td></td>
</tr>
</tbody>
</table>

Once your total drug costs have reached $3,310, you will move to the next stage (the Coverage Gap Stage).

Once your total drug costs have reached $3,700, you will move to the next stage (the Coverage Gap Stage).

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

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage.*
SECTION 3 Other Changes

<table>
<thead>
<tr>
<th>Cost</th>
<th>2016 (this year)</th>
<th>2017 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Premera Blue Cross Medicare Advantage (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 2017.

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 2017 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 and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2017, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to http://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, Premera Blue Cross 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 Premera Blue Cross Medicare Advantage (HMO).
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Premera Blue Cross Medicare Advantage (HMO).
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 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, 2017.

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 10, Section 2.3 of the Evidence of Coverage.

If you enrolled in a Medicare Advantage plan for January 1, 2017, and don’t like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2017. For more information, see Chapter 10, Section 2.2 of the Evidence of Coverage.

SECTION 6 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 Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

SHIBA 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. SHIBA 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 SHIBA at 800-562-6900 (TTY 360-586-0241). You can learn more about SHIBA by visiting their website (www.insurance.wa.gov/shiba).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid 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. Washington State’s ADAP is known as the Early Intervention Program (EIP). The EIP provides services to help eligible persons with HIV get the medications and assistance with insurance premium payments they need to improve and maintain their health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call EIP at 877-376-9316.

SECTION 8 Questions?

**Section 8.1 – Getting Help from Premera Blue Cross Medicare Advantage (HMO)**

Questions? We’re here to help. Please call Customer Service at 888-850-8526. (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week. Calls to these numbers are free.
Read your 2017 *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 2017. For details, look in the 2017 *Evidence of Coverage* for Premera Blue Cross Medicare Advantage (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 included in this envelope.

Visit our Website

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

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

**Visit the Medicare Website**

You can visit the Medicare website ([http://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 [http://www.medicare.gov](http://www.medicare.gov) and click on “Find health & drug plans”).

**Read *Medicare & You 2017***

You can read the *Medicare & You 2017* 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 ([http://www.medicare.gov](http://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.
Multi-Language Insert

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-850-8526 (TTY: 711).


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-850-8526 (TTY：711)。


Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-850-8526 (телетайп: 711).


Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-850-8526 (телетайп: 711).

Mon-Khmer, Cambodian: ្របយ័� េរើសិន�អកនិ�ប ��ែខ�រ េស�ជំនបែផក�� េ�បមិនគ័ឈល គ�ច�នសំ�ររំេរអក។ ចរ ទរសព� 1-888-850-8526 (TTY: 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。1-888-850-8526 （TTY:711）まで、お電話にてご連絡ください。

Amharic: የካከለው ይታች ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታ乔治 ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገーワ ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገደም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይትግልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማይታገልም ያላች_five ከማ掖Margins: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجتمع. اتصل برقم 711 (رقم هاتف الصم والبكم: 1-888-850-8526).


Laotian: ທີ່ປວກຊຸ່ມ: ບ້າ ຫົວ ເ ບົວ ປະກາец ຈອງ ຮູບ ເ ບົວ ເ ບົວ ບວກ ມະຫາວິດ ແລະ ບວກ ບວກ ເ ບົວ ເ ບົວ ເ ບົວ ບວກ ບວກ ແລະ ບວກ ບວກ. ແບວ່າ 1-888-850-8526 (TTY: 711).

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on renewal.
Non-Discrimination Notice

Discrimination is Against the Law

Premera Blue Cross Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, color, religion, sex, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera 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 with:
Premera Blue Cross Medicare Advantage Plans, Attn: Civil Rights Coordinator, P.O. Box 4158, Portland, OR 97208-4158
Fax Number: 1-855-339-8129
Expedited appeal requests can be made by phone at 1-888-850-8526 (TTY: 711).
Email: AppealsDepartmentInquiries@Premera.com.
You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.
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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

Getting Help in Other Languages
This Notice has important information. This notice may have important information about your application or coverage through Premera Blue Cross Medicare Advantage. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 888-850-8526 (TTY: 711).

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on renewal.

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