

## ***UW Health Senior Preferred Value (an HMO plan with a Medicare contract) offered by Senior Preferred***

# **Annual Notice of Changes for 2020**

You are currently enrolled as a member of *UW Health Senior Preferred Value*. 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.**
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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 Section 1.4 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, 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 <https://www.medicare.gov> website. Click "Find health & drug plans."

- Review the list in the back of your Medicare & You handbook.
- Look in Section 2.2 to learn more about your choices.

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

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

- If you want to **keep** *UW Health Senior Preferred Value*, you don't need to do anything. You will stay in *UW Health Senior Preferred Value*.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

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

- If you don't join another plan by **December 7, 2019**, you will stay in *UW Health Senior Preferred Value*.
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

### **Additional Resources**

- If you have questions or require language assistance, please call Customer Service at (800) 394-5566. For people who are deaf, hard of hearing or speech impaired please call TTY/TDD 711, (800) 877-8973. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. You may also call through a video relay service company of your choice. Interpreter services are provided free of charge to you. A customer service representative is available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m. You can also visit our website at [seniorpreferred.org](http://seniorpreferred.org).
- If you would like to meet with a Customer Service representative in person, please call Customer Service at (800) 394-5566 to schedule an appointment.
- We can also give you information in large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

### **About *UW Health Senior Preferred Value***

- Senior Preferred is an HMO plan with a Medicare Contract. Enrollment in Senior Preferred depends on contract renewal
- When this booklet says "we," "us," or "our," it means *Senior Preferred*. When it says "plan" or "our plan," it means *UW Health Senior Preferred Value*.

H5262\_19 46\_M CMS Approved File & Use 09/16/2019

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for *UW Health Senior Preferred Value* 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 [seniorpreferred.org](http://seniorpreferred.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$4,700	\$4,700
<b>Doctor office visits</b>	Primary care visits: \$5 per visit  Specialist visits: \$25 per visit	Primary care visits: \$5 per visit  Specialist visits: \$25 per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Days 1 - 7: \$200 copayment per day for Medicare-covered services  Days 8-discharge: \$0 copayment for Medicare-covered services	Days 1 - 7: \$200 copayment per day for Medicare-covered services  Days 8-discharge: \$0 copayment for Medicare-covered services

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

<b>Summary of Important Costs for 2020 .....</b>	<b>1</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>	<b>3</b>
Section 1.1 – Changes to the Monthly Premium .....	3
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	4
Section 1.3 – Changes to the Provider Network.....	5
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	6
<b>SECTION 2      Deciding Which Plan to Choose.....</b>	<b>7</b>
Section 2.1 – If you want to stay in <i>UW Health Senior Preferred Value</i> .....	7
Section 2.2 – If you want to change plans .....	7
<b>SECTION 3      Deadline for Changing Plans.....</b>	<b>8</b>
<b>SECTION 4      Programs That Offer Free Counseling about Medicare .....</b>	<b>9</b>
<b>SECTION 5      Programs That Help Pay for Prescription Drugs .....</b>	<b>9</b>
<b>SECTION 6      Questions?.....</b>	<b>10</b>
Section 6.1 – Getting Help from <i>UW Health Senior Preferred Value</i> .....	10
Section 6.2 – Getting Help from Medicare.....	11

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

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

Cost	2019 (this year)	2020 (next year)
<p><b>Monthly premium</b>                      (You must also continue to pay your Medicare Part B premium.)</p>	\$0	\$0

## 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.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
<p><b>Maximum out-of-pocket amount</b>                      Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$4,700</p>	<p>Once you have paid \$4,700 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.</p>

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## Section 1.3 – Changes to the Provider Network

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Our network has changed more than usual for 2020. An updated *Provider Directory* is located on our website at [seniorpreferred.org](http://seniorpreferred.org). You may also call Customer Service 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, we must furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.



## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Massage Therapy for Chronic Pain Conditions</b>	Massage Therapy for Chronic Pain Conditions is not covered.	12 massage visits per year, each visit up to 60 minutes with a participating provider.  \$10 copayment for each visit.
<b>Meal Delivery</b>	Meal Delivery is not covered.	There is no coinsurance or copayment for members eligible for our meal delivery program. 20 meals covered over 10 days. Limit 4 times per year. Must be requested within 7 days of discharge.
<b>Over the Counter (OTC) Card Program</b>	OTC Card is not covered.	There is no coinsurance or copayment for \$25 quarterly OTC card. An OTC catalog listing is available online at <a href="http://seniorpreferred.org">seniorpreferred.org</a> and will be provided initially with your OTC benefit card.
<b>Opioid Treatment Program</b>	Opioid Treatment Program is not covered.	\$40 copayment for individual or group sessions.

Cost	2019 (this year)	2020 (next year)
<b>Virtual Visits</b>	Virtual Visits are not covered.	<p>Virtual Visits are meant for conditions similar to what a beneficiary would utilize urgent care for, such as (but not limited to):</p> <ul style="list-style-type: none"> <li>• Allergies</li> <li>• Cough</li> <li>• Fever</li> <li>• Cold/Flu symptoms</li> <li>• Runny nose/Sinus congestion</li> <li>• Sore throat</li> </ul> <p>There is no copayment or coinsurance for covered Virtual Visits. No benefit coverage out of network.</p>

**SECTION 2 Deciding Which Plan to Choose**

**Section 2.1 – If you want to stay in *UW Health Senior Preferred Value***

**To stay in our plan you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

**Section 2.2 – If you want to change plans**

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

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

- You can join a different Medicare health plan timely,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

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.**

As a reminder, *Senior Preferred* offers other Medicare health plans and 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 *UW Health Senior Preferred Value*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *UW Health Senior Preferred Value*.
- 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 6.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2020.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 4 Programs That Offer Free Counseling about Medicare

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

Wisconsin Board on Aging and Long Term Care is an 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. Wisconsin 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 Wisconsin Board on Aging and Long Term Care at (800) 242-1060. You can learn more about Wisconsin Board on Aging and Long Term Care by visiting their website ([www.longtermcare.wi.gov](http://www.longtermcare.wi.gov)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called SeniorCare 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 4 of this booklet).
- **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 through the Wisconsin AIDS/HIV Program. 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. For Wisconsin AIDS/HIV Program call (800) 991-5532.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (800) 991-5532 in Wisconsin.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from UW Health Senior Preferred Value

Questions? We're here to help. Please call Customer Service at (800) 394-5566 (toll-free). For TTY/TDD users, call 711 or (800) 877-8973. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. We are available for phone calls Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.

#### **Read your 2020 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for *UW Health Senior Preferred Value*. 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 [seniorpreferred.org](http://seniorpreferred.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [seniorpreferred.org](http://seniorpreferred.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 6.2 – 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 2020**

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## NOTICE OF NONDISCRIMINATION

Senior Preferred is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

- We provide 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)
- We provide 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 Customer Service at **(800) 362-3310**.

If you believe that we have 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 –

**Kristie Meier, Compliance Officer; 840 Carolina Street, Sauk City, WI 53583**  
**Phone: (800) 362-3310; TTY: 711 or toll free (800) 877-8973; Fax: (608) 644-3500**  
**Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, 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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at –

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F HHH Building**  
**Washington, D.C. 20201**  
**(800) 368-1019; (800) 537-7697 (TDD)**

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

## Multi-Language Insert

### Multi-Language Interpreter Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (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 1-800-394-5566 (TTY: 711)。

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

**Arabic:** مقر (711) مقرب لصننا. ناچملاب كل رفاونتت قيوغلا ةدعاسملا تامدخ نإف، ةغلا ركذا نئحتت تنك اذا: ةظوحلم 1-800-394-5566 مكبلاو مصلا فتاه

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

**Amharic:** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከጎ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቸው: 711)።

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).