

MedStar Medicare Choice Dual Advantage (HMO SNP)

offered by MedStar Family Choice, Inc

Annual Notice of Changes for 2017

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

Additional Resources

- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- This document may be available in an alternative format such as Braille, large print, or audio.
- 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 MedStar Medicare Choice Dual Advantage

- This plan is available to anyone who has both Medical Assistance from the State and Medicare. MedStar Medicare Choice Dual Advantage (HMO SNP) has a contract with Medicare and a contract with the D.C. Department of Health Care Finance and the Maryland Department of Health and Mental Hygiene (Medicaid) programs. Enrollment in MedStar Medicare Choice Dual Advantage depends on contract renewal.
 - When this booklet says "we," "us," or "our," it means MedStar Family Choice, Inc. When it says "plan" or "our plan," it means MedStar Medicare Choice Dual Advantage.
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Nondiscrimination Notice

MedStar Medicare Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedStar Medicare Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. MedStar Medicare Choice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Catherine Kajubi, JD.

If you believe that MedStar Medicare Choice 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: Catherine Kajubi, JD, Director of Medicare Compliance, 5233 King Ave., Suite 400, Baltimore, MD 21237-4001, Telephone Number: 202-243-5419, Fax Number: 410-350-7440, Catherine.M.Kajubi@medstar.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Catherine Kajubi, JD, Director of Medicare Compliance 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nondiscrimination Statement

English: MedStar Medicare Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: MedStar Medicare Choice cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

French: MedStar Medicare Choice respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

French Creole: MedStar Medicare Choice konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Italian: MedStar Medicare Choice è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

Portuguese: MedStar Medicare Choice cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

German: MedStar Medicare Choice erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Norwegian: MedStar Medicare Choice overholder gjeldende føderale lover om borgerrettigheter og diskriminerer ikke på grunnlag av etnisitet, farge, nasjonal opprinnelse, alder, funksjonshemning eller kjønn.

Russian: MedStar Medicare Choice соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Persian:

MedStar Medicare Choice زا نیناوق قوقح ندمی فردال هطوبرم عینیت می دنک و هنوگچی به عضی رب ساسا داژن، رنگ تسوپ، نیلصا نیلمی، نس، زانوتی یا سنجیت دارفا لیساق زمی دوش.

Greek: MedStar Medicare Choice συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.

Serbo-Croatian: MedStar Medicare Choice pridržava se važećih saveznih zakona o građanskim pravima i ne pravi diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.

Urdu:

MedStar Medicare Choice ڈیال طا ق فافوی رہشی قوفح ےک نیناق کی لیمعت ٹرکا ےہ روا یہ کہ لسن، گنر، تیموق، رمع، روذعمی یا سنج کی بنیاد رپ یتمازا نیہن ٹرکا۔

Hindi: MedStar Medicare Choice लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Chinese: MedStar Medicare Choice 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Japanese: MedStar Medicare Choice は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Korean: MedStar Medicare Choice 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Vietnamese: MedStar Medicare Choice tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog: Sumusunod ang MedStar Medicare Choice sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-222-1041 (TTY: 1-855-250-5604).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-222-1041 (TTY: 1-855-250-5604).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-222-1041 (ATS: 1-855-250-5604).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-222-1041 (TTY: 1-855-250-5604).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-222-1041 (TTY: 1-855-250-5604).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-222-1041 (TTY: 1-855-250-5604).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-222-1041 (TTY: 1-855-250-5604).

Norwegian: MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-855-222-1041 (TTY: 1-855-250-5604).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-222-1041 (телетайп: 1-855-250-5604).

Persian:

هجوت: رگابه بزنا نسرای وگتفگ می کزید، بیست ت نابزی بتروص گیارنا برای مشا مهارف می بدشا. اب 1-855-222-1041 (TTY: 1-855-250-5604) متسا نیریگب.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-222-1041 (TTY: 1-855-250-5604).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-222-1041 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-855-250-5604).

Urdu:

رادربخ: رگا پا ودرالوبتے نیہ، وت پا وک بزنا کی ددم کی خدتم تفم منی پسلبا نیہ۔ کال نیرک 1-855-222-1041 (TTY: 1-855-250-5604).

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Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-222-1041 (TTY: 1-855-250-5604) पर कॉल करें।

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 1-855-222-1041 (TTY: 1-855-250-5604)。

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。1-855-222-1041 (TTY: 1-855-250-5604) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-222-1041 (TTY: 1-855-250-5604) 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 1-855-222-1041 (TTY: 1-855-250-5604).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-222-1041 (TTY: 1-855-250-5604).

Grievance Procedure

It is the policy of MedStar Medicare Choice not to discriminate on the basis of race, color, national origin, sex, age or disability. MedStar Medicare Choice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Catherine Kajubi, JD, Director of Medicare Compliance, 5233 King Ave., Suite 400, Baltimore, MD 21237-4001, Telephone Number: 202-243-5419, Fax Number: 410-350-7440, Catherine.M.Kajubi@medstar.net., who has been designated to coordinate the efforts of MedStar Medicare Choice to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for MedStar Medicare Choice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of MedStar Medicare Choice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of

Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

MedStar Medicare Choice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Think About Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It's important to review your coverage each fall 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 1.5 and 1.6 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 1.6 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 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? 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 MedStar Medicare Choice Dual Advantage:

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch at any time. If you enroll in a new plan, your new coverage will begin on the first day of the month after you request the change. Look in Section 2.2 to learn more about your choices.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 for MedStar Medicare Choice Dual Advantage 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 attached Evidence of Coverage to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
Deductible	\$0 or \$166	In 2016, the yearly deductible was \$0 or \$166. This amount may change in 2017.
Doctor office visits	Primary care visits: · 0% or 20% coinsurance per visit Specialist visits: · 0% or 20% coinsurance per visit	Primary care visits: · 0% or 20% coinsurance per visit Specialist visits: · 0% or 20% coinsurance per visit
Inpatient hospital stays 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.	· \$0 or \$1,288 deductible for days 1-60. · \$0 copay or \$322 copay per day for days 61-90. · \$0 copay or \$644 copay per day for 60 lifetime reserve days.	· \$0 or \$1,288 deductible for days 1-60. · \$0 copay or \$322 copay per day for days 61-90. · \$0 copay or \$644 copay per day for 60 lifetime reserve days. · These amounts may change for 2017.

Cost	2016 (this year)	2017 (next year)
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible: \$360</p> <ul style="list-style-type: none"> - Copayment during the Initial Coverage Stage: - Drug Tier 1: For generic drugs, (including brand drugs treated as generic), either: \$0, \$1.20, or \$2.95 copayment (depending on your institutional status or income) - For all other drugs, either: \$0, \$3.60, or \$7.40 copayment, (depending on your institutional status or income) 	<p>Deductible: \$400</p> <ul style="list-style-type: none"> - Copayment during the Initial Coverage Stage: - Drug Tier 1: For generic drugs, (including brand drugs treated as generic), either: \$0, \$1.20, or \$3.30 copayment (depending on your institutional status or income) - For all other drugs, either: \$0, \$3.70, or \$8.25 copayment, (depending on your institutional status or income)
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<ul style="list-style-type: none"> - \$6,700 	<ul style="list-style-type: none"> - \$6,700

Annual Notice of Changes for 2017
Table of Contents

Think About Your Medicare Coverage for Next Year	1
Summary of Important Costs for 2017	2
SECTION 1 Changes to Benefits and Costs for Next Year	5
Section 1.1 – Changes to the Monthly Premium.....	5
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	5
Section 1.3 – Changes to the Provider Network	6
Section 1.4 – Changes to the Pharmacy Network.....	6
Section 1.5 – Changes to Benefits and Costs for Medical Services	6
Section 1.6 – Changes to Part D Prescription Drug Coverage.....	7
SECTION 2 Deciding Which Plan to Choose	9
Section 2.1 – If you want to stay in MedStar Medicare Choice Dual Advantage	9
Section 2.2 – If you want to change plans	9
SECTION 3 Deadline for Changing Plans	10
SECTION 4 Programs That Offer Free Counseling About Medicare	10
SECTION 5 Programs That Help Pay for Prescription Drugs.....	11
SECTION 6 Questions?.....	11
Section 6.1 – Getting Help from MedStar Medicare Choice Dual Advantage.....	11
Section 6.2 – Getting Help from Medicare	12
Section 6.3 – Getting Help from Medicaid	12

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2016 (this year)	2017 (this year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you ever lose your low income subsidy ("Extra Help"), you must maintain your Part D coverage or you could be subject to a late enrollment penalty if you ever chose to enroll in Part D in the future. If you have a higher income as reported on your last tax return (\$85,000 or more), you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

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	2016 (this year)	2017 (next year)
Maximum out-of-pocket amount	\$6,700	\$6,700
Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for late enrollment penalties (if applicable) and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		· 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.

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 MedStarMedicareChoice.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. Please review the 2017 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, 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 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at MedStarMedicareChoice.com. You may also call Member Services for updated pharmacy information or to ask us to mail you a Pharmacy Directory. Please review the 2017 Pharmacy Directory to see which pharmacies are in our network.

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the Annual Notice of Changes only 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, Medical Benefits Chart (what is covered and what you pay), in your 2017 Evidence of Coverage. A copy of the Evidence of Coverage was included in this envelope.

Cost	2016 (this year)	2017 (next year)
Comprehensive Dental Services	\$800 allowance to the cost of comprehensive dental services per year.	\$1,000 allowance to the cost of comprehensive dental services per year. Please refer to the attached Evidence of Coverage for additional information.
Over-the-Counter Items (OTC)	\$12 allowance per month for over-the-counter items (OTC).	\$16 allowance per month for over-the-counter items (OTC).

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 in this envelope. The Drug List we included in this envelope includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. You can get the complete Drug List by calling Member Services (see the back cover) or visiting our Web site at MedStarMedicareChoice.com.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

If you are affected by a change in drug coverage, you can:

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug. We encourage current members to ask for an exception before next year.
 - o 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 Member Services.
- Work with your doctor (or other prescriber) to find a different drug that we cover. You can call Member Services 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. Please contact Member Services to inquire whether current formulary exceptions will still be covered in 2017.

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 sent 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 get “Extra Help” and haven’t received this insert by September 30, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 of this booklet.

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

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your Summary of Benefits or at Chapter 6, Sections 6 and 7, in the attached Evidence of Coverage.)

Changes to the Deductible Stage

Stage	2016 (this year)	2017 (next year)
Stage 1: Yearly Deductible Stage	The deductible is \$360.	The deductible is \$400.

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	2016 (this year)	2017 (next year)
Stage 2: 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.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: Generic Drugs: For generic drugs (including brand drugs treated as generic), either	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: Generic Drugs: For generic drugs (including brand drugs treated as generic), either

Stage	2016 (this year)	2017 (next year)
<p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p> <p>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.</p>	<ul style="list-style-type: none"> - You pay \$0, \$1.20, or \$2.95 copayment (depending on your institutional status or income) - For all other drugs, either: \$0, \$3.60, or \$7.40 copayment, (depending on your institutional status or income) <hr/> <p>Once you have paid \$4,850 out-of-pocket for Part D you will move to the next stage (the Catastrophic Coverage Stage).</p>	<ul style="list-style-type: none"> - You pay \$0, \$1.20, or \$3.30 copayment (depending on your institutional status or income) - For all other drugs, either: \$0, \$3.70, or \$8.25 copayment, (depending on your institutional status or income) <hr/> <p>Once you have paid \$4,950 out-of-pocket for Part D you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

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

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in MedStar Medicare Choice Dual Advantage

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, you will automatically stay enrolled as a member of our plan for 2017.

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 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 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 <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, MedStar Family Choice, Inc 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 MedStar Medicare Choice Dual Advantage.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from MedStar Medicare Choice Dual Advantage.
- To change to Original Medicare without a prescription drug plan, you must either:
 - o Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - o – 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

Because you are eligible for Medicare and Full Medicaid Benefits you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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 Maryland, the SHIP is called Senior Health Insurance Assistance Program (SHIP).

Senior Health Insurance Assistance Program (SHIP) 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. Senior Health Insurance Assistance Program (SHIP) 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 Senior Health Insurance Assistance Program (SHIP) at 800-243-3425 ext. 71108 (TTY call 7-1-1). You can learn more about Senior Health Insurance Assistance Program (SHIP) by visiting their website (www.aging.maryland.gov/Pages/StateHealthInsuranceProgram.aspx).

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:
 - o 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - o The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - o Your State Medicaid Office (applications);
- Help from your state’s pharmaceutical assistance program. Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP) 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).
- 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 Maryland AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 800-205-6308 (TTY call 800-735-2258).

SECTION 6 Questions?

Section 6.1 – Getting Help from MedStar Medicare Choice Dual Advantage

Questions? We’re here to help. Please call Member Services at 855-222-1041 (TTY only, call 855-250-5604. We are available for phone calls October 1 through February 14, seven days a week from 8 a.m. to 8 p.m. From February 15 through September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m., and Saturday from 8 a.m. to 3 p.m. 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 MedStar Medicare Choice Dual Advantage Evidence of Coverage for 2017. 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 MedStarMedicareChoice.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).

Section 6.2 – 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>). 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>) 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>) 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.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid, you can call Maryland Department of Health and Mental Hygiene at 877-463-3464 or 410-767-6500. TTY users should call 711.

