University Care Advantage (HMO SNP) offered by University Care Advantage, Inc.

Annual Notice of Changes for 2017

You are currently enrolled as a member of University Care Advantage (HMO SNP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

Additional Resources

- This information is available for free in other languages.
- Please contact our Customer Care Center number at (877) 874-3930 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Our Customer Care Center also has free language interpreter services available for non-English speakers.
- Nuestro Centro de Atención al Cliente también tiene servicios de intérprete gratis disponible para las personas que no hablan inglés.
- This document may be available in other formats such as Braille, large print or other alternate formats. For additional information, call our Customer Care Center at the phone number listed above.
- 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 University Care Advantage

- University Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid program. Enrollment in University Care Advantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means University Care Advantage, Inc. When it says "plan," "our plan," or "University Care Advantage," it means University Care Advantage (HMO SNP).

THE UNIVERSITY OF ARIZONA
HEALTH PLANS
University Care Advantage (HMO SNP)

Nondiscrimination Notice

University Care Advantage (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex.

University Care Advantage (HMO SNP):

- 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 Silvia Parra.

If you believe that University Care Advantage (HMO SNP) 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: Silvia Parra, Interim Chief Operating Officer, 2701 E. Elvira Road, Tucson, Arizona 85756, (877) 874-3930, TTY users should call 711, Fax (520) 874-3434, memberservicesinquir@bannerhealth.com. You can file a grievance in person or by mail or fax. If you need help filing a grievance, Silvia Parra, Interim Chief Operating 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 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

THE UNIVERSITY OF ARIZONA HEALTH PLANS
University Care Advantage (HMO SNP)

Multi-Language Insert

Multi-language Interpreter Services

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-874-3930 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-874-3930 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koję' hódíílnih 1-877-874-3930 (TTY: 711.)

繁體中文 (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 1-877-874-3930（TTY：711）。

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-874-3930 (TTY: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-874-3930 (رقم هاتف الصم والبكم:711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-874-3930 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-874-3930 (TTY: 711) 번으로 전화해 주십시오.

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-874-3930 (ATS : 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-874-3930 (TTY: 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-874-3930 (телетайп: 711).

日本語 (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。1-877-874-3930 (TTY: 711）まで、お電話にてご連絡ください。

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-877-874-3930 تماس بگیرید.

ܐܬܘܪܝܐ (Assyrian)

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܡܨܝܬܘܢ ܕܫܩܠܝܬܘܢ ܝܠܦܢܘܬܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 1-877-874-3930 (TTY: 711)

Srpsko-hrvatski (Serbo-Croatian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-874-3930 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-874-3930 (TTY: 711).

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 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 Sections 2.3 and 2.4 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 <u>stay</u> with University Care 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 <u>change</u> 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 3.2 to learn more about your choices.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for University Care 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 enclosed *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 2.1 for details.	$0	$0
Doctor office visits	Primary care visits: 0% or 20% of the cost per visit ◊ Specialist visits: 0% or 20% of the cost per visit ◊ ◊ *Your cost-sharing is determined by your level of Medicaid eligibility. Contact your Medicaid plan.*	Primary care visits: 0% or 20% per visit ◊ Specialist visits: 0% or 20% 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.	The amounts (◊) for each benefit period are: • Days 1-60: $1,288 deductible • Days 61 through 90: $322 co-pay per day • Days 91-150 (which are the 60 lifetime reserve days): $644 co-pay per day ◊ *Your cost-sharing is determined by your level of Medicaid eligibility. Contact your Medicaid plan.*	The amounts (◊) for each benefit period in 2016 are: • Days 1-60: $1,288 deductible • Days 61 through 90: $322 co-pay per day • Days 91-150 (which are the 60 lifetime reserve days): $644 co-pay per day These amounts may change in 2017.

Cost	2016 (this year)	2017 (next year)
Part D prescription drug coverage (See Section 2.6 for details.)	Deductible: $0 Generic and brand name drugs treated as generic: $0 co-pay *or* $1.20 co-pay *or* $2.95 co-pay Brand name drugs and all other drugs: $0 co-pay *or* $3.60 co-pay *or* $7.40 co-pay *Co-payment amounts depend on your income and institutional status.*	Deductible: $0 Generic and brand name drugs treated as generic: $0 co-pay *or* $1.20 co-pay *or* $3.30 co-pay Brand name drugs and all other drugs: $0 co-pay *or* $3.70 co-pay *or* $8.25 co-pay *Co-payment amounts depend on your income and institutional status.*
Maximum out-of-pocket amount 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.)	$6,700	$6,700

Annual Notice of Changes for 2017
Table of Contents

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in University Care Advantage in 2017

If you do nothing to change your Medicare coverage in 2016, we will automatically enroll you in our University Care Advantage**.** This means starting January 1, 2017, you will be getting your medical and prescription drug coverage through University Care Advantage. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare.

The information in this document tells you about the differences between your current benefits in University Care Advantage and the benefits you will have on January 1, 2017 as a member of University Care Advantage.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2016 (this year)	2017 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by the Arizona Health Care Cost Containment System (AHCCCS) or 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 enroll in Medicare prescription drug coverage in the future.
- 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 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 Part A and Part B services for the rest of the year.

Cost	2016 (this year)	2017 (next year)
Maximum out-of-pocket amount Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum. Your costs for covered medical services (such as co-pays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,700	$6,700 Once you have paid $6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.universitycareadvantage.com. You may also call our Customer Care Center 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 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 specialist (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.

There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.universitycareadvantage.com. You may also call our Customer Care Center 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

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, *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)
Routine Chiropractic Services	Routine chiropractic care is not covered.	There is no co-insurance, co-payment, or deductible for routine chiropractic care visits. We cover routine chiropractic care for up to 12 routine non-Medicare visits per calendar year.
Dental Services	Our plan pays up to $3,000 for most dental services (preventive and certain comprehensive services) every year.	Our plan pays up to $3,100 for most dental services (preventive and certain comprehensive services) every year.

Cost	2016 (this year)	2017 (next year)
Routine Hearing Services	The plan pays up to $1,500 every three years for routine hearing exams, hearing aid fitting/evaluations, and hearing aids.	The plan pays up to $2,000 every three years for routine hearing exams, hearing aid fitting/evaluations, and hearing aids.
Meals/Nutritional Support Services	Meals/Nutritional support services are not covered.	There is no co-insurance, co-payment, or deductible for meal/nutritional support services. This program provides up to 10 frozen meals, from a participating vendor, to eligible members recovering from an inpatient stay in a hospital or skilled nursing facility. The meals (in a packet of 10) must be requested within 30 days of discharge.
Over-the-Counter Card	$40 per month to be used at participating stores for certain over-the-counter medicines and health-related items.	$60 per month to be used at participating stores for certain over-the-counter medicines and health-related items.
Personal Emergency Response System (PERS)	Personal Emergency Response System (PERS) is not covered.	There is no co-insurance, co-payment, or deductible for PERS. If requested by enrollee or participating health care professional, an in-home Personal Emergency Response System (PERS) will be provided to notify appropriate personnel of an emergency (e.g., a fall).
Routine Podiatry Services	There is no co-insurance, co-payment, or deductible for routine foot care visits. We cover 6 routine visits per year for routine foot care.	There is no co-insurance, co-payment, or deductible for routine foot care visits. We cover 12 routine visits per year for routine foot care.

Cost	2016 (this year)	2017 (next year)
Skilled Nursing Facility (SNF) Care	The amounts (◊) for each benefit period are $0 or: • You pay nothing for days 1 through 20 • $161 co-pay per day for days 21 through 100 • Days 101 and beyond you pay 100% of the cost ◊ *Your cost-sharing is determined by your level of Medicaid eligibility. Contact your Medicaid plan.*	The amounts (◊) for each benefit period in 2016 are $0 or: • You pay nothing for days 1 through 20 • $161 co-pay per day for days 21 through 100 • Days 101 and beyond you pay 100% of the cost These amounts may change for 2017.
Vision	Our plan pays up to $225 every year for either contact lenses and fitting fee or eyeglasses (frames and lenses).	Our plan pays up to $300 every year for either contact lenses and fitting fee or eyeglasses (frames and lenses).
Emergency Care	No maximum per visit amount.	$75 maximum per visit amount.
Urgently Needed Services	No maximum per visit amount.	$65 maximum per visit amount.
Outpatient Lab Services	There is no co-insurance for Medicare-covered lab services.	0% or 20% co-insurance for Medicare-covered lab services.
Diabetic Supplies and Services	Diabetic supplies and services are not limited to those from specified manufacturers.	Diabetic supplies and services are limited to those from specified manufacturers.
Diabetes Self-Management Training	0% or 20% co-insurance for diabetes self-management training, no prior authorization required.	No co-insurance for diabetes self-management training. Prior authorization is required.
Eye Exams	There is no co-insurance or co-payment for Medicare-covered eye exams.	0% or 20% co-insurance for Medicare-covered eye exams.

Cost	2016 (this year)	2017 (next year)
Hearing Exams	There is no co-insurance or co-payment for Medicare-covered hearing exams.	0% or 20% co-insurance for Medicare-covered hearing exams.

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. 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 our Customer Care Center (see the back cover) or visiting our website (www.universitycareadvantage.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.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage* (*What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call our Customer Care Center.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call our Customer Care Center 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.

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 our Customer Care Center and ask for the "LIS Rider." Phone numbers for our Customer Care Center are in Section 7.1 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 *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2016 (this year)	2017 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how co-payments and co-insurance 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** The costs in this row are for a one-month (31-day) supply when you	Your cost for a one-month (30-day) supply filled at a network pharmacy with standard cost-sharing: **Cost-Sharing***	Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost-sharing: **Cost-Sharing***

fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	• Generic and brand name drugs treated as generic You pay $0, $1.20, or $2.95 co-pay per prescription • Brand name drugs and all other drugs You pay $0, $3.60 or $7.40 co-pay Once you have paid $4,850 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). **Your co-payments depend on income and institutional status.*	• Generic and brand name drugs treated as generic You pay $0, $1.20, or $3.30 co-pay per prescription • Brand name drugs and all other drugs You pay $0, $3.70 or $8.25 co-pay Once you have paid $4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). **Your co-payments depend on income and institutional status.*

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 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in University Care 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 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 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 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to http://www.medicare.gov and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from University Care Advantage.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from University Care Advantage.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact our Customer Care Center if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

Because you are eligible for both Medicare and Full AHCCCS (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 5 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 Arizona, the SHIP is called the Arizona State Health Insurance and Assistance Program (Arizona SHIP).

Arizona 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. Arizona 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 Arizona SHIP at 1-800-432-4040. You can learn more about Arizona SHIP by visiting their website (azdes.gov).

SECTION 6 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 co-insurance. 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 through Arizona ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (602) 364-4571 or (800) 334-1540.

SECTION 7 Questions?

Section 7.1 – Getting Help from University Care Advantage

Questions? We're here to help. Please call our Customer Care Center at (877) 874-3930. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., 7 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 University Care Advantage (HMO SNP). 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 www.universitycareadvantage.com. 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 7.2 – 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 *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 7.3 – Getting Help from AHCCCS (Medicaid)

To get information from AHCCCS (Medicaid), you can call AHCCCS at 1 (800) 654-8713. TTY users should call 711.