

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

## Annual Notice of Changes for 2018

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.*

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### What to do now

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

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.5 and 2.6 for information about benefit and cost changes for our plan.
- ☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2018 Drug List and look in Section 2.6 for information about changes to our drug coverage.
- ☐ Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 2.3 for information about our Provider and Pharmacy Directory.
- ☐ Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium 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 4.2 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** University Care Advantage, you don’t need to do anything. You will stay in University Care Advantage.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in section 4.2 page 14 learn more about your choices.

**Additional Resources**

- This document is available for free in other languages.
- Please contact our Customer Care Center 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.
- **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.

**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. The plan also has a written agreement with the Arizona Health Care Cost Containment System (AHCCCS Medicaid) program to coordinate your Medicaid benefits.
- When this booklet says “we,” “us,” or “our,” it means University Care Advantage, Inc. When it says “plan” or “our plan,” it means University Care Advantage (HMO SNP).



## THE UNIVERSITY OF ARIZONA HEALTH PLANS

University Care Advantage (HMO SNP)

### **NONDISCRIMINATION NOTICE**

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

University Care Advantage:

- 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 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, Chief Operating Officer  
2701 E. Elvira Road, Tucson, Arizona 85756  
Phone: (877) 874-3930, TTY users should call 711  
Fax: (520) 874-3434  
Email: [memberservicesinquir@bannerhealth.com](mailto:memberservicesinquir@bannerhealth.com)

You can file a grievance in person or by mail or fax. If you need help filing a grievance, Silvia Parra, 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  
(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)

## NOTIFICACIÓN DE NO DISCRIMINACIÓN

University Care Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. University Care Advantage no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

University Care Advantage:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Silvia Parra. Si considera que University Care Advantage no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja a:

Silvia Parra, Directora de Operaciones  
2701 E. Elvira Road, Tucson, Arizona 85756  
Teléfono: (877) 874-3930, usuarios de TTY llamen a 711  
Fax: (520) 874-3434  
Correo electrónico: [memberservicesinquir@bannerhealth.com](mailto:memberservicesinquir@bannerhealth.com)

Puede presentar una queja en persona o por correo postal o fax. Si necesita ayuda para hacerlo, Silvia Parra, Directora de Operaciones, está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante el Departamento de Salud y Servicios Humanos de EE. UU. (Department of Health and Human Services), la Oficina de Derechos Civiles (Office for Civil Rights) de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal o por teléfono a:

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)

Los formularios de reclamo están en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.



## THE UNIVERSITY OF ARIZONA HEALTH PLANS

University Care Advantage (HMO SNP)

# LANGUAGE ASSISTANCE 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).

### Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłtí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 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 (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。

**(Farsi) فارسی**

**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.

## 𐤁𐤓𐤏 (Assyrian)

[illegible]

**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).

## Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 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	2017 (this year)	2018 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
<b>Deductible</b>	<p>The “<b>deductible</b>” is the amount you must pay for medical services before our plan begins to pay its share. Members of University Care Advantage do not pay a deductible as long as your eligibility status as a full benefit dual eligible member does not change during the year. If your AHCCCS (Medicaid) status changes during the year, please call AHCCCS (Medicaid) or our Customer Care Center to see how this may impact you.</p> <p>◇ <i>Your cost-sharing is determined by your level of AHCCCS (Medicaid) eligibility. Contact your AHCCCS (Medicaid) plan.</i></p>	<p>The “<b>deductible</b>” is the amount you must pay for medical services before our plan begins to pay its share. Members of University Care Advantage do not pay a deductible as long as your eligibility status as a full benefit dual eligible member does not change during the year. If your AHCCCS (Medicaid) status changes during the year, please call AHCCCS (Medicaid) or our Customer Care Center to see how this may impact you.</p> <p>◇ <i>Your cost-sharing is determined by your level of AHCCCS (Medicaid) eligibility. Contact your AHCCCS (Medicaid) plan.</i></p>

Cost	2017 (this year)	2018 (next year)
<b>Doctor office visits</b>	<p>Primary care visits: 0% or 20% coinsurance per visit</p> <p>Specialist visits: 0% or 20% coinsurance per visit</p> <p>◇ <i>Your cost-sharing is determined by your level of AHCCCS (Medicaid) eligibility. Contact your AHCCCS (Medicaid) plan.</i></p>	<p>Primary care visits: 0% or 20% coinsurance per visit</p> <p>Specialist visits: 0% or 20% coinsurance per visit</p> <p>◇ <i>Your cost-sharing is determined by your level of AHCCCS (Medicaid) eligibility. Contact your AHCCCS (Medicaid) plan.</i></p>
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>In 2017, the amounts (◇) for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,316 deductible for each benefit period</li> <li>• \$0 coinsurance for each benefit period days 1 through 60</li> <li>• \$329 co-pay per day for days 61 through 90</li> <li>• \$658 co-pay per day for 60 lifetime reserve days</li> </ul> <p>These amounts may change for 2018. UCA will notify you of the 2018 Medicare Inpatient cost-sharing amounts when they are announced by the Federal government.</p> <p>◇ <i>Your cost-sharing is determined by your level of AHCCCS (Medicaid) eligibility. Contact your AHCCCS (Medicaid) plan.</i></p>	<p>In 2017, the amounts (◇) for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,316 deductible for each benefit period</li> <li>• \$0 coinsurance for each benefit period days 1 through 60</li> <li>• \$329 co-pay per day for days 61 through 90</li> <li>• \$658 co-pay per day for 60 lifetime reserve days</li> </ul> <p>These amounts may change for 2018. UCA will notify you of the 2018 Medicare Inpatient cost-sharing amounts when they are announced by the Federal government.</p> <p>◇ <i>Your cost-sharing is determined by your level of AHCCCS (Medicaid) eligibility. Contact your AHCCCS (Medicaid) plan.</i></p>



Cost	2017 (this year)	2018 (next year)
<b>Part D prescription drug coverage</b> (See Section 2.6 for details.)	<p>Deductible: \$0 - \$82</p> <p>If you receive “Extra Help” to pay for your prescription drugs, your deductible amount will be either \$0 or \$82, depending on the level of “Extra Help” you receive.</p> <p>If your deductible is \$82: You pay the full cost of your drugs until you have paid \$82 for your drugs.</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>Generic and brand name drugs treated as generic:               <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$1.20 co-pay or</li> <li>\$3.30 co-pay per prescription</li> </ul> </li> <li>Brand name drugs and all other drugs:               <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$3.70 co-pay or</li> <li>\$8.25 co-pay per prescription</li> </ul> </li> </ul> <p>Co-payment amounts depend on your income and institutional status.</p>	<p>Deductible: \$0 - \$83</p> <p>If you receive “Extra Help” to pay for your prescription drugs, your deductible amount will be either \$0 or \$83, depending on the level of “Extra Help” you receive.</p> <p>If your deductible is \$83: You pay the full cost of your drugs until you have paid \$83 for your drugs.</p> <p>Copayment during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>Generic and brand name drugs treated as generic:               <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$1.25 co-pay or</li> <li>\$3.35 co-pay or</li> <li>15% coinsurance per prescription</li> </ul> </li> <li>Brand name drugs and all other drugs:               <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$3.70 co-pay or</li> <li>\$8.35 co-pay or</li> <li>15% coinsurance per prescription</li> </ul> </li> </ul> <p>Co-payment amounts depend on your income and institutional status.</p>

Cost	2017 (this year)	2018 (next year)
<p><b>Part D prescription drug coverage <i>continued</i>.</b>  <b>(See Section 2.6 for details.)</b></p> <p>Members of University Care Advantage do not pay a deductible as long as your eligibility status as a full benefit dual eligible member does not change during the year. If your AHCCCS (Medicaid) status changes during the year, please call AHCCCS (Medicaid) or contact our Customer Care Center to see how this may impact you.</p> <p>If you do <u>not</u> receive “Extra Help” <b>you must pay the full cost of your drugs</b> until you reach the plan’s deductible amount, which is \$405, at which point you will pay a 25% coinsurance for your prescription drugs.</p>		
<p><b>Maximum out-of-pocket amount</b></p> <p>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>	<p>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$6,700</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## ***Annual Notice of Changes for 2018***

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## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in University Care Advantage in 2018**

On January 1, 2018, University Care Advantage will be combining University Care Advantage – Cochise County with one of our plans, University Care Advantage – Cochise, Gila, Graham, Greenlee, La Paz counties.

**If you do nothing to change your Medicare coverage in 2017, we will automatically enroll you in our University Care Advantage.** This means starting January 1, 2018, 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 and get your prescription drug coverage through a Prescription Drug Plan. If you are eligible for Low Income Subsidies, you can change plans at any time.

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, 2018, 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**

<b>Cost</b>	<b>2017 (this year)</b>	<b>2018 (next year)</b>
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Arizona Health Care Cost Containment System AHCCCS (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 have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs.

## Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2017 (this year)	2018 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum.</b> If you are eligible for AHCCCS (Medicaid) assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and 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](http://www.universitycareadvantage.com). You may also call our Customer Care Center for updated provider information or to ask us to mail you a 2018 Provider and Pharmacy Directory. **Please review the 2018 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 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.
- 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.

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## Section 2.4 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our 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](http://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 2018 Provider and Pharmacy Directory to see which pharmacies are in our network.**

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## Section 2.5 – Changes to Benefits and Costs for Medical Services

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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 *2018 Evidence of Coverage*. A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2017 (this year)	2018 (next year)
<b>Dental Services</b>	<p>Our plan pays up to \$1,250 for most dental services (preventive and certain comprehensive services) every year.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>	<p>Our plan pays up to \$1,500 for most dental services (preventive and certain comprehensive services) every year.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>
<b>Hearing Exam</b>	<p>0% or 20% coinsurance for Medicare-covered benefits for exam to diagnose/treat hearing issues. A referral or prior authorization required.</p> <p>Routine hearing exam is not covered.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>	<p>0% or 20% coinsurance for Medicare-covered benefits for exam to diagnose/treat hearing issues. A referral or prior authorization is not required for Hearing exams.</p> <p>One routine hearing exam per year; you pay nothing.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>
<b>Emergency Care</b>	<p>\$75 maximum per visit amount.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>	<p>\$80 maximum per visit amount.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>

<b>Cost</b>	<b>2017 (this year)</b>	<b>2018 (next year)</b>
<b>Chiropractic Services</b>	<p>0% or 20% coinsurance for Medicare-covered Chiropractic services, referral and prior authorization required.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>	<p>0% or 20% coinsurance for Medicare-covered Chiropractic services, no referral or prior authorization required.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>
<b>Over-the-Counter Card</b>	\$12 per month to be used at participating stores for certain over-the-counter medicines and health-related items.	\$25 per month to be used at participating stores for certain over-the-counter medicines and health-related items.
<b>Outpatient Lab Services</b>	0% or 20% coinsurance for Medicare-covered lab services.	0% coinsurance for Medicare-covered lab services.



Cost	2017 (this year)	2018 (next year)
<b>Skilled nursing facility (SNF) care</b>	<p>In 2017, the amounts (◇) for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>Days 1–20: \$0 for each benefit period.</li> <li>Days 21–100: \$164.50 coinsurance per day of each benefit period.</li> <li>Days 101 and beyond: all costs.</li> </ul> <p>These amounts may change for 2018. UCA will notify you of the 2018 Medicare Inpatient cost-sharing amounts when they are announced by the Federal government.</p> <p>A benefit period begins the day you go into a skilled nursing facility. The benefit period ends when you haven't received any skilled care in a SNF for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.</p> <p>A referral and authorization is required for Skilled Nursing facility services.</p> <p>◇Your cost-sharing is determined by your level of Medicaid eligibility. Contact your Medicaid plan.</p>	<p>In 2017, the amounts (◇) for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>Days 1–20: \$0 for each benefit period.</li> <li>Days 21–100: \$164.50 coinsurance per day of each benefit period.</li> <li>Days 101 and beyond: all costs.</li> </ul> <p>These amounts may change for 2018. UCA will notify you of the 2018 Medicare Inpatient cost-sharing amounts when they are announced by the Federal government.</p> <p>A benefit period begins the day you go into a skilled nursing facility. The benefit period ends when you haven't received any skilled care in a SNF for 60 days in a row. If you go into a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.</p> <p>A referral and authorization is required for Skilled Nursing facility services.</p> <p>◇Your cost-sharing is determined by your level of Medicaid eligibility. Contact your Medicaid plan.</p>

Cost	2017 (this year)	2018 (next year)
<b>Vision Care</b>	<p>0% or 20% co-insurance for Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). Prior authorization and referral required.</p> <p>0% or 20% coinsurance for one pair of standard eyeglass lenses, frames, or contact lenses after cataract surgery. Prior authorization and referral required.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>	<p>0% or 20% co-insurance for Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).</p> <p>0% or 20% coinsurance for one pair of standard eyeglass lenses, frames, or contact lenses after cataract surgery. Authorization required. Referral not required.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay 0% of the total cost.</p>

## 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](http://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.**

- 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.

## 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 receive “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 Customer Care Center are in Section 8.1 of this booklet.

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

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

## Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.	Your deductible amount is either \$0 or \$82 depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	Your deductible amount is either \$0 or \$83, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)

Stage	2017 (this year)	2018 (next year)
<p>Members of University Care Advantage do not pay a deductible as long as your eligibility status as a full benefit dual eligible member does not change during the year. If your AHCCCS (Medicaid) status changes during the year, please call AHCCCS (Medicaid) or contact our Customer Care Center to see how this may impact you.</p> <p>If you do <u>not</u> receive “Extra Help” <b>you must pay the full cost of your drugs</b> until you reach the plan’s deductible amount, which is \$405, at which point you will pay a 25% coinsurance for your prescription drugs.</p>		

### 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	2017 (this year)	2018 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Cost-Sharing*</b></p> <ul style="list-style-type: none"> <li>Generic and brand name drugs treated as generic: <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$1.20 co-pay or</li> <li>\$3.30 co-pay per prescription</li> </ul> </li> <li>Brand name drugs and all other drugs: <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$3.70 co-pay or</li> <li>\$8.25 co-pay per prescription</li> </ul> </li> </ul> <p>Once you have paid \$4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> <p><i>*Your copayments depend on income and institutional status.</i></p> <hr/>	<p>Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Cost-Sharing*</b></p> <ul style="list-style-type: none"> <li>Generic and brand name drugs treated as generic: <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$1.25 co-pay or</li> <li>\$3.35 co-pay or 15% coinsurance per prescription</li> </ul> </li> <li>Brand name drugs and all other drugs: <ul style="list-style-type: none"> <li>\$0 co-pay or</li> <li>\$3.70 co-pay or</li> <li>\$8.35 co-pay or</li> <li>15% coinsurance per prescription</li> </ul> </li> </ul> <p>Once you have paid \$5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> <p><i>*Your copayments depend on income and institutional status.</i></p> <hr/>

Stage	2017 (this year)	2018 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b> The costs in this row are for a one-month 31-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 at a network pharmacy or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	Once you have paid \$4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).  <i>*Your copayments depend on income and institutional status.</i> _____	Once you have paid \$5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).  <i>*Your copayments depend on income and institutional status.</i> _____

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

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

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

## SECTION 3 Administrative Changes

This section explains some of the administrative changes to your plan. Please review this information carefully.

Change	2017 (this year)	2018 (next year)
<b>Plan Service Area</b>	In 2017 your plan service area consists of Cochise county.	In 2018 your plan service area will consist of Cochise, Gila, Graham, Greenlee, La Paz counties.

Change	2017 (this year)	2018 (next year)
<b>Part D – Extended Day Supply of drugs</b>	In 2017, drugs available at an extended day supply limited to a one-month supply for the first prescription fill.	In 2018, drugs available at an extended day supply are not limited to a one-month supply for the first prescription fill.

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – 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 2018.

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2018 follow these steps:

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

- You can join a different Medicare health plan at any time,
- -- OR-- You can change to Original Medicare at any time.

Your new coverage will begin on the first day of the following month. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (see Section 8), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://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 8.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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

## **SECTION 5      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 6      Programs That Offer Free Counseling about Medicare and AHCCCS (Medicaid)**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Arizona, the SHIP is called 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](http://azdes.gov)).

For questions about your Arizona Health Care Cost Containment System (AHCCCS Medicaid) benefits, contact AHCCCS (Medicaid), at (1-855) HEA-PLUS (1-855-432-7587) AZ Relay Service for the hearing impaired - 1-800-367-8939. Calls answered Monday through Friday 8 a.m. – 5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your AHCCCS (Medicaid) coverage.



## SECTION 7 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 AHCCCS (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 the Arizona ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (602) 364-3610 or (800) 334-1540.

## SECTION 8 Questions?

### Section 8.1 – 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 2018 *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 2018. For details, look in the 2018 *Evidence of Coverage* for University Care Advantage. 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](http://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).

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## Section 8.2 – 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 2018*

You can read *Medicare & You 2018* 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.

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## Section 8.3 – Getting Help from AHCCCS (Medicaid)

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To get information from AHCCCS (Medicaid) you can call AHCCCS Applicant and Member Services number at 1(855) 432-7587. For the hearing impaired, call 1(800) 367-8939.