



NetworkPrime (MSA) offered by Network Health Insurance Corporation

Annual Notice of Changes for 2020

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

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

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 1.1 and 1.2 for information about benefit and cost changes for our plan.
- 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 3.2 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** *NetworkPrime*, you don't need to do anything. You will stay in *NetworkPrime*.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

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

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

Additional Resources

- Customer service has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This information is available for free in other formats. For more information, please contact customer service at 800-378-5234, Monday through Friday, 8 a.m. to 8 p.m. TTY users should call 800-947-3529 if you need plan information in another format. From October 1, 2019, through March 31, 2020, we are available every day from 8 a.m. to 8 p.m.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at: <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About NetworkPrime

- Network Health Medicare Advantage plans include PPO, MSA and HMO plans. *NetworkPrime* is a MSA plan with a Medicare contract. Enrollment in Network Health Medicare Advantage plans depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Network Health Insurance Corporation. When it says "plan" or "our plan," it means *NetworkPrime*.

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for NetworkPrime in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at networkhealth.com/medicare/plan-materials. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium See Section 1.3 for details.	\$0	\$0
Yearly deposit	\$1,500	\$1,500
Yearly deductible	\$5,100	\$5,100
All Medicare-covered services	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p>	<p>Until you meet your yearly deductible, you pay up to 100% of the Medicare-approved amount.</p> <p>After you meet your deductible, you pay \$0 for Medicare-covered services.</p>

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

Summary of Important Costs for 2020	1
SECTION 1 Changes to Benefits and Costs for Next Year.....	3
Section 1.1 – Changes to the Annual Deposit	3
Section 1.2 – Changes to the Annual Deductible	3
Section 1.3 – Changes to the Monthly Premium	3
Section 1.4 – There are no changes to your benefits or amounts you pay for medical services	3
SECTION 2 Administrative Changes.....	4
SECTION 3 Deciding Which Plan to Choose.....	4
Section 3.1 – If you want to stay in NetworkPrime.....	4
Section 3.2 – If you want to change plans	4
SECTION 4 Deadline for Changing Plans	5
SECTION 5 Programs That Offer Free Counseling About Medicare	5
SECTION 6 Programs That Help Pay for Prescription Drugs	6
SECTION 7 Questions?	7
Section 7.1 – Getting Help from NetworkPrime	7
Section 7.2 – Getting Help from Medicare.....	7

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Annual Deposit

Cost	2019 (this year)	2020 (next year)
Annual Deposit	\$1,500	No change

Section 1.2 – Changes to the Annual Deductible

Cost	2019 (this year)	2020 (next year)
Annual Deductible	\$5,100	No Change

Section 1.3 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	No change
Dental Optional Supplemental Benefit premium	\$35	\$37

Section 1.4 – There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be exactly the same in 2020 as they are in 2019.

SECTION 2 Administrative Changes

Process	2019 (this year)	2020 (next year)
Caregiver support	Caregiver support is <u>not</u> offered.	Our trained Care Managers can provide support and local resources for you as a caregiver and for your authorized representatives. Call 866-709-0019 for more information.
Health and Wellness reward	Health and Wellness reward is <u>not</u> offered.	Our plan offers a \$180 reward incentive program for engaging in health and wellness activities. You can earn \$100 for completing your Annual Wellness Visit, \$50 for completing your annual wellness screening labs and sharing the results with us, and \$30 for getting your annual flu vaccination. Each category may be earned once annually.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in NetworkPrime

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

Section 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 2020, follow these steps:

Step 1: Learn about and compare your choices

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

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (See Section 4), 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 <https://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, Network Health Insurance Corporation offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from NetworkPrime.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan and disenroll from NetworkPrime. Enrolling in the new drug plan will not automatically disenroll you from NetworkPrime. To disenroll from NetworkPrime you must send us a written request to disenroll. Contact customer service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
- To **change to Original Medicare without a prescription drug plan**, you must send us a written request to disenroll. Contact customer service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

SECTION 4 Deadline for Changing Plans

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

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

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 Wisconsin, the SHIP is called The Board on Aging and Long Term Care.

The Board on Aging and Long Term Care 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. The Board on Aging and Long Term Care counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan

choices and answer questions about switching plans. You can call The Board on Aging and Long Term Care at 800-242-1060. You can learn more about The Board on Aging and Long Term Care by visiting their website (<http://longtermcare.wi.gov>).

SECTION 6 Programs That Help Pay for Prescription Drugs

The law does not allow Medicare Advantage MSA plans to offer Medicare prescription drug coverage. If you have a Medicare MSA plan, you can, however, also join a Medicare prescription drug plan to get coverage. Any money that you use from your MSA savings account on drug plan deductibles or cost sharing will **not** count toward your MSA plan deductible, but it will count toward your drug plan's out-of-pocket costs. If you are interested in enrolling in a Medicare prescription drug plan or to see what plans are available in your area, visit <https://www.medicare.gov> or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Generally, unless you are new to Medicare or meet a special exception, you can only join during the Medicare fall open enrollment period, which occurs from October 15 to December 7.

Please note that 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 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Wisconsin has a program called Wisconsin Senior Care 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 (SHIP). (The name and phone numbers for this organization are in Section 4 of this booklet.)
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to lifesaving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost sharing assistance. Contact the Wisconsin AIDS/HIV Drug Assistance Program. Note: to be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes

in your Medicare Part D plan name or policy number. The Wisconsin AIDS/HIV Drug Assistance Program can be reached at 608-267-6875 or 800-991-5532.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Wisconsin AIDS/HIV Drug Assistance Program at 608-267-6875 or 800-991-5532.

SECTION 7 Questions?

Section 7.1 – Getting Help from NetworkPrime

Questions? We're here to help. Please call customer service at 800-378-5234. (TTY only, call 800-947-3529.) We are available for phone calls Monday through Friday, 8 a.m. to 8 p.m. Calls to these numbers are free.

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

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for NetworkPrime. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at networkhealth.com/medicare/plan-materials. You may also call customer service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at networkhealth.com/medicare/plan-materials.

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 (<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 "Compare Drug and Health Plans.")

Read Medicare & You 2020

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most

frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

REQUIRED INFORMATION - Nondiscrimination

Network Health complies with applicable Federal civil rights laws, conscience and anti-discrimination laws and prohibiting exclusion, adverse treatment, coercion or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Network Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. You may have the right under federal law to decline to undergo certain health care-related treatments, research, or services that violate your conscience, religious beliefs, or moral convictions.

Network Health:

- 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 Network Health's discrimination complaints coordinator at 800-378-5234 (TTY 800-947-3529).

If you believe that Network Health has failed to provide these services, has failed to accommodate your conscientious, religious or moral objection or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Network Health's discrimination complaints coordinator, 1570 Midway Place, Menasha, WI 54952, phone number 800-378-5234, TTY 800-947-3529, Fax 920-720-1907, compliance@networkhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's discrimination complaints coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence 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>.

Multi-language Interpreter Services

If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529).

Albanian: Nëse ju, ose dikush që po ndihmoni, ka pyetje për Network Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 800-378-5234 (TTY 800-947-3529).

Arabic:

إذا كان لديك أو لدى شخص كنت مساعدة، أسئلة حول Health Network، لديك الحق في الحصول على المساعدة والمعلومات باللغة الخاصة بك دون أي تكلفة. للتحدث مع مترجم فوري، قم باستدعاء 800-378-5234 (TTY 800-947-3529).

Chinese: 如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Network Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 800-378-5234 (TTY 800-947-3529)。

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Network Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-378-5234 (TTY 800-947-3529).

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Network Health haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-378-5234 (TTY 800-947-3529) an.

Hindi: यदि आप, या किसी को आप की मदद कर रहे हैं, के बारे में सवाल है Network Health, आप कोई भी कीमत पर अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिया के लिए बात करने के लिए, 800-378-5234 (TTY 800-947-3529) कहते हैं।

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529).

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Network Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-378-5234 (TTY 800-947-3529) 로 전화하십시오.

Laotian: ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມຄຳຖາມກ່ຽວກັບ Network Health, ທ່ານມ ສິດທິ ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກບຸນາຍພາສາ, ໃຫ້ໂທຫາ 800-378-5234 (TTY 800-947-3529).

Pennsylvania Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Network Health, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kansch du 800-378-5234 (TTY 800-947-3529) uffrufe.

Polish: Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Network Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 800-378-5234 (TTY 800-947-3529).

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Network Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 800-378-5234 (TTY 800-947-3529).

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529).

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Network Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-378-5234 (TTY 800-947-3529).

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Network Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-378-5234 (TTY 800-947-3529).