

# UPMC *for Life* HMO (HMO) offered by UPMC Health Plan

## Annual Notice of Changes for 2016

You are currently enrolled as a member of UPMC *for Life* HMO. 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.**

---

### Additional Resources

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

### About UPMC *for Life* HMO

- UPMC *for Life* has a contract with Medicare to provide HMO and PPO plans. Enrollment in UPMC *for Life* depends on contract renewal. UPMC *for Life* is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., and UPMC Health Benefits Inc.
  - When this booklet says “we,” “us,” or “our,” it means UPMC Health Plan. When it says “plan” or “our plan,” it means UPMC *for Life* HMO.
-

---

## Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now 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 Section 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

---

### If you decide to stay with UPMC for Life HMO:

If you want to stay with us next year, it's easy - you don't need to do anything.

---

### If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2016. Look in Section 2.2 to learn more about your choices.

## Summary of Important Costs for 2016

The table below compares the 2015 costs and 2016 costs for UPMC for Life HMO in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2015 (this year)	2016 (next year)
<p><b>Monthly plan premium *</b>            *Your premium may be higher or lower than this amount.            See Section 1.1 for details.</p>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<p><b>Maximum out-of-pocket amount</b>            This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.            (See Section 1.2 for details.)</p>	<ul style="list-style-type: none"> <li>• \$3,400</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,400</li> </ul>
<p><b>Doctor office visits</b></p>	<p><b>Primary care visits:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay per visit</li> </ul> <p><b>Specialist visits:</b></p> <ul style="list-style-type: none"> <li>• \$45 copay per visit</li> </ul>	<p><b>Primary care visits:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay per visit</li> </ul> <p><b>Specialist visits:</b></p> <ul style="list-style-type: none"> <li>• \$45 copay per visit</li> </ul>
<p><b>Inpatient hospital stays</b>            Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services.            Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<ul style="list-style-type: none"> <li>• \$350 copay per stay for inpatient hospital and inpatient mental health care</li> </ul>	<ul style="list-style-type: none"> <li>• \$350 copay per stay for inpatient hospital and inpatient mental health care</li> </ul>

## ***Annual Notice of Changes for 2016***

### **Table of Contents**

<b>Think About Your Medicare Coverage for Next Year .....</b>	<b>1</b>
<b>Summary of Important Costs for 2016.....</b>	<b>2</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year .....</b>	<b>4</b>
Section 1.1 – Changes to the Monthly Premium .....	4
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	4
Section 1.3 – Changes to the Provider Network.....	5
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	5
<b>SECTION 2 Deciding Which Plan to Choose .....</b>	<b>7</b>
Section 2.1 – If you want to stay in UPMC <i>for Life</i> HMO.....	7
Section 2.2 – If you want to change plans .....	7
<b>SECTION 3 Deadline for Changing Plans .....</b>	<b>8</b>
<b>SECTION 4 Programs That Offer Free Counseling About Medicare.....</b>	<b>8</b>
<b>SECTION 5 Programs That Help Pay for Prescription Drugs.....</b>	<b>8</b>
<b>SECTION 6 Questions? .....</b>	<b>9</b>
Section 6.1 – Getting Help from UPMC <i>for Life</i> HMO .....	9
Section 6.2 – Getting Help from Medicare.....	10

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2015 (this year)	2016 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Part B premium reduction</b> (UPMC for Life will reduce your Medicare Part B premium by up to this amount.)	\$63.20	\$46.20

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket 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	2015 (this year)	2016 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 <ul style="list-style-type: none"> <li>Once you have paid \$3,400 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.</li> </ul>

---

## **Section 1.3 – Changes to the Provider Network**

---

There are changes to our network of providers for next year.

An updated Provider Directory is located on our website at <https://www.upmchealthplan.com/medicare>. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2016 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible we will provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

---

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

---

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2016 Evidence of Coverage*.

Cost	2015 (this year)	2016 (next year)
<b>Skilled Nursing Facility (SNF)</b>	<ul style="list-style-type: none"> <li>You pay a \$25 copay per day for days 1-5.</li> <li>You pay a \$40 copay per day for days 6-20.</li> </ul>	<ul style="list-style-type: none"> <li>You pay a \$40 copay per day for days 1-20.</li> </ul>
<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>You pay a \$65 copay for each emergency care visit</li> </ul>	<ul style="list-style-type: none"> <li>You pay a \$75 copay for each emergency care visit</li> </ul>
<b>Urgently Needed Services</b>	<ul style="list-style-type: none"> <li>You pay a \$45 copay for each urgent care visit.</li> </ul>	<ul style="list-style-type: none"> <li>You pay a \$50 copay for each urgent care visit.</li> </ul>
<b>Diabetic Supplies</b>	<ul style="list-style-type: none"> <li>You pay a \$25 copay for test strips and a \$10 copay for lancets for a 30-day supply.</li> <li>You pay a \$50 copay for test strips and a \$30 copay for lancets for a 90-day supply.</li> </ul>	<ul style="list-style-type: none"> <li>You pay 20% coinsurance for test strips and lancets.</li> </ul>
<b>Diabetic Shoes or Inserts</b>	<ul style="list-style-type: none"> <li>You pay a \$25 copay per pair of diabetic shoes or inserts.</li> </ul>	<ul style="list-style-type: none"> <li>You pay 20% coinsurance for diabetic shoes or inserts.</li> </ul>
<b>Remote Technologies</b>	<ul style="list-style-type: none"> <li>Remote technologies are <u>not</u> covered.</li> </ul>	<ul style="list-style-type: none"> <li>You pay a \$5 copay for each eVisit service.</li> <li>You Pay a \$38 copay for each eDerm service.</li> </ul>

---

## **SECTION 2 Deciding Which Plan to Choose**

---

### **Section 2.1 – If you want to stay in UPMC for Life HMO**

---

**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 2016.

---

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

---

We hope to keep you as a member next year but if you want to change for 2016 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 2016*, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

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

As a reminder, UPMC Health Plan offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### **Step 2: Change your coverage**

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UPMC for Life HMO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UPMC for Life HMO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).



- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### **SECTION 3 Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2016.

#### **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 are allowed to make a change at other times of the year. For more information, see Chapter 80, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2016, and don’t like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2016. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

### **SECTION 4 Programs That Offer Free Counseling About Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Pennsylvania, the SHIP is called APPRISE.

APPRISE 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. APPRISE 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 APPRISE at 1-800-783-7067. You can learn more about APPRISE by visiting their website ([www.aging.state.pa.us](http://www.aging.state.pa.us)).

### **SECTION 5 Programs That Help Pay for Prescription Drugs**

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 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.** Pennsylvania has a program called PACE/PACENET that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from UPMC for Life HMO

Questions? We're here to help. Please call Member Services at 1-877-539-3080. (TTY only, call 1-800-361-2629). We are available for phone calls October 1 through February 14, seven days a week from 8 a.m. to 8 p.m. From February 15 through September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m., and Saturday from 8 a.m. to 3 p.m. Calls to these numbers are free.

#### **Read your 2016 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 2016. For details, look in the 2016 *Evidence of Coverage* for UPMC for Life HMO. 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 <https://www.upmchealthplan.com/medicare>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

---

## **Section 6.2 – Getting Help from Medicare**

---

To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans”).

### **Read *Medicare & You 2016***

You can read the *Medicare & You 2016* 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.



2016\_MCHMONORXLNCANC\_15MCID0277