Gundersen Senior Preferred Elite (an HMO plan with a Medicare contract) offered by Senior Preferred

Annual Notice of Changes for 2019

You are currently enrolled as a member of Gundersen Senior Preferred Elite. 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 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 and cost-share; like copayments, coinsurance, and or deductibles?
     - How do your total plan costs compare to other Medicare coverage options?

2. **COMPARE: Learn about other plan choices**

   - Check coverage and costs of plans in your area.

OMB Approval 0938-1051 (Pending OMB Approval)
• Review the list in the back of your Medicare & You handbook.
• Look in Section 2.2 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 Gundersen Senior Preferred Elite**, you don’t need to do anything. You will stay in *Gundersen Senior Preferred Elite*.
   - 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, 2018**
   - If you **don’t join another plan by December 7, 2018**, you will stay in *Gundersen Senior Preferred Elite*.
   - If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.

**Additional Resources**

- If you have questions or require language assistance, please call Customer Service at (800) 394-5566. For people who are deaf, hard of hearing or speech impaired please call TTY/TDD 711, (800) 877-8973. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. You may also call through a video relay service company of your choice. Interpreter services are provided free of charge to you. A customer service representative is available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m. You can also visit our website at seniorpreferred.org.
- If you would like to meet with a Customer Service representative in person, please call Customer Service at (800) 394-5566 to schedule an appointment.
- We can also give you information in large print or other alternate formats.
- **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](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Gundersen Senior Preferred Elite**

- Senior Preferred is an HMO plan with a Medicare Contract. Enrollment in Senior Preferred depends on contract renewal
- When this booklet says “we,” “us,” or “our,” it means *Senior Preferred*. When it says “plan” or “our plan,” it means *Gundersen Senior Preferred Elite*. 
## Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for *Gundersen Senior Preferred Elite* 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.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong></td>
<td>$133</td>
<td>$110</td>
</tr>
<tr>
<td>(See Section 1.1 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$3,400</td>
<td>$3,000</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits: $20 per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist visits: $20 per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>$500 copayment per Medicare-covered admission</td>
<td>$250 copayment per Medicare-covered admission</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annual Notice of Changes for 2019
Table of Contents

Summary of Important Costs for 2019 ................................................................. 1

SECTION 1 Changes to Benefits and Costs for Next Year ................................. 3
Section 1.1 – Changes to the Monthly Premium ................................................... 3
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 ..................... 6

SECTION 2 Deciding Which Plan to Choose ....................................................... 7
Section 2.1 – If you want to stay in Gundersen Senior Preferred Elite ................. 7
Section 2.2 – If you want to change plans ......................................................... 8

SECTION 3 Deadline for Changing Plans ......................................................... 8

SECTION 4 Programs That Offer Free Counseling about Medicare .................... 9

SECTION 5 Programs That Help Pay for Prescription Drugs ............................ 9

SECTION 6 Questions? ...................................................................................... 10
Section 6.1 – Getting Help from Gundersen Senior Preferred Elite ..................... 10
Section 6.2 – Getting Help from Medicare ....................................................... 11
SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$133</td>
<td>$110</td>
</tr>
</tbody>
</table>

(You must also continue to pay your Medicare Part B premium.)
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.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$3,400</td>
<td>$3,000</td>
</tr>
<tr>
<td>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</td>
<td></td>
<td>Once you have paid $3,000 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.</td>
</tr>
</tbody>
</table>
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 seniorpreferred.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. Please review the 2019 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
- 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.
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 2019 Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance services</td>
<td>$200 copayment each trip for Medicare-covered ambulance benefits</td>
<td>$150 copayment each trip for Medicare-covered ambulance benefits</td>
</tr>
<tr>
<td>Dental services</td>
<td>$20 copayment for Medicare-covered dental exam</td>
<td>$10 copayment for Medicare-covered dental exam</td>
</tr>
<tr>
<td>Hearing Exam</td>
<td>$20 copayment for each Medicare-covered hearing exam</td>
<td>$15 copayment for each Medicare-covered hearing exam</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>$500 copayment per admission for Medicare-covered services</td>
<td>$250 copayment per admission for Medicare-covered services</td>
</tr>
<tr>
<td>Inpatient mental health care</td>
<td>$500 copayment per admission for Medicare-covered services</td>
<td>$250 copayment per admission for Medicare-covered services</td>
</tr>
<tr>
<td>Outpatient mental health care</td>
<td>$20 copayment for each Medicare-covered individual or group therapy visit</td>
<td>$10 copayment for each Medicare-covered individual or group therapy visit</td>
</tr>
<tr>
<td>Outpatient rehabilitation services</td>
<td>$20 copayment for Medicare-covered visit</td>
<td>$10 copayment for Medicare-covered visit</td>
</tr>
<tr>
<td>Outpatient substance abuse services</td>
<td>$20 copayment for each Medicare-covered individual or group therapy visit</td>
<td>$10 copayment for each Medicare-covered individual or group therapy visit</td>
</tr>
</tbody>
</table>
### Cost

<table>
<thead>
<tr>
<th>Service Description</th>
<th>2018 (this year)</th>
<th>2019 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician/Practitioner services, including doctor’s office visits</strong></td>
<td>$20 copayment for each primary care doctor visit for Medicare-covered benefits</td>
<td>$10 copayment for each primary care doctor visit for Medicare-covered benefits</td>
</tr>
<tr>
<td></td>
<td>$20 copayment for each specialist visit for Medicare-covered benefits</td>
<td>$10 copayment for each specialist visit for Medicare-covered benefits</td>
</tr>
<tr>
<td><strong>Online medical evaluation and management service</strong></td>
<td>N/A</td>
<td>$0 copayment for online medical evaluation</td>
</tr>
<tr>
<td>provided by a participating physician or other qualified health care professional. Must not have had a related evaluation and management service in the past 7 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Podiatry services</strong></td>
<td>$20 copayment for each Medicare-covered visit</td>
<td>$10 copayment for each Medicare-covered visit</td>
</tr>
<tr>
<td><strong>Urgently needed services</strong></td>
<td>$20 copayment for Medicare-covered urgently needed care visits</td>
<td>$10 copayment for Medicare-covered urgently needed care visits</td>
</tr>
<tr>
<td><strong>Vision care</strong></td>
<td>$20 copayment for each additional eye exam</td>
<td>$10 copayment for each additional eye exam</td>
</tr>
</tbody>
</table>

### SECTION 2 Deciding Which Plan to Choose

**Section 2.1 – If you want to stay in Gundersen Senior Preferred Elite**

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 2019.
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 2019 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.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You* 2019, 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 [https://www.medicare.gov](https://www.medicare.gov) and click “Review and Compare Your Coverage Options.” Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, *Senior Preferred* offers other Medicare health and 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 *Gundersen Senior Preferred Elite*.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Gundersen Senior Preferred Elite*.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - 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 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, 2019.
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, those who have or are leaving employer coverage, 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 2.3 of the Evidence of Coverage.

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. 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 Iowa, the SHIP is called Senior Health Insurance Information Program (Iowa).
- In Wisconsin, the SHIP is called Wisconsin Board on Aging and Long Term Care.

Senior Health Insurance Information Program (Iowa) and Wisconsin Board on Aging and Long Term Care are independent (not connected with any insurance company or health plan). They are state programs that get money from the Federal government to give free local health insurance counseling to people with Medicare. Senior Health Insurance Information Program (Iowa) and Wisconsin 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 Senior Health Insurance Information Program (Iowa) at (800) 351-4664. You can learn more about Senior Health Insurance Information Program (Iowa) by visiting their website (www.shiip.state.ia.us).
- You can call Wisconsin Board on Aging and Long Term Care at (800) 242-1060. You can learn more about Wisconsin Board on Aging and Long Term Care by visiting their website (www.longtermcare.wi.gov).

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
gaps 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 State Medicaid Office (applications).

- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called SeniorCare 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).

- **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 life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Iowa HIV/AIDS Program and Wisconsin AIDS/HIV 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. For the Iowa HIV/AIDS Program call (515) 242-5151 and for Wisconsin AIDS/HIV Program call (800) 991-5532.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (515) 242-5151 in Iowa, or call (800) 991-5532 in Wisconsin.

### SECTION 6 Questions?

#### Section 6.1 – Getting Help from Gundersen Senior Preferred Elite

Questions? We’re here to help. Please call Customer Service at (800) 394-5566 (toll-free). For TTY/TDD users, call 711 or (800) 877-8973. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. We are available for phone calls Monday through Friday from 8:00 a.m. to 8:00 p.m. From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m. Calls to these numbers are free.
Read your 2019 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 2019. For details, look in the 2019 Evidence of Coverage for Gundersen Senior Preferred Elite. 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 seniorpreferred.org. 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 (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 2019

You can read Medicare & You 2019 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.