Allwell Dual Medicare (HMO D-SNP) offered by LOUISIANA HEALTHCARE CONNECTIONS, INC.

Annual Notice of Changes for 2021

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

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 1.5 and 1.6 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 2021 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

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☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider & 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 www.medicare.gov/plan-compare website.
- 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 don't join another plan by December 7, 2020, you will be enrolled in Allwell Dual Medicare (HMO D-SNP).
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 3.2, page 18 to learn more about your choices.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Allwell Dual Medicare (HMO D-SNP).
- If you join another plan between **October 15** and **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Member Services number at 1-833-541-0767 for additional information. (TTY users should call 711). Hours are from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.
- We must provide information in a way that works for you (in languages other than English, in audio, in large print, or other alternate formats, etc.).
- **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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Allwell Dual Medicare (HMO D-SNP)

- LOUISIANA HEALTHCARE CONNECTIONS, INC. is contracted with Medicare for HMO and HMO D-SNP plans, and with the state Medicaid program. Enrollment in LOUISIANA HEALTHCARE CONNECTIONS, INC. depends on contract renewal.
- When this booklet says "we," "us," or "our," it means LOUISIANA HEALTHCARE CONNECTIONS, INC. When it says "plan" or "our plan," it means Allwell Dual Medicare (HMO D-SNP).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Allwell Dual Medicare (HMO D-SNP) 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 allwell.louisianahealthconnect.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Cost	2020 (this year)	2021 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$0	$0
Doctor office visits	Primary care visits: You pay a $0 copay per visit. Specialist visits: You pay a $0 copay per visit.	Primary care visits: You pay a $0 copay per visit. Specialist visits: You pay a $0 copay per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day**.**	For Medicare-covered admissions, per benefit period: You pay a $0 copay.	For Medicare-covered admissions, per admission: You pay a $0 copay.
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $360 (applies to tiers 2, 3, 4, and 5)	Deductible: $445 (applies to tiers 2, 3, 4, and 5)

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (continued)	Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1 - Preferred Generic Drugs:** Standard cost-sharing: You pay a $0 copay for a one-month (30-day) supply. • **Drug Tier 2 - Generic Drugs:** Standard cost-sharing: You pay a $7 copay for a one-month (30-day) supply. • **Drug Tier 3 - Preferred Brand Drugs:** Standard cost-sharing: You pay a $47 copay for a one-month (30-day) supply. • **Drug Tier 4 - Non-Preferred Drugs:** Standard cost-sharing: You pay a $100 copay for a one-month (30-day) supply. • **Drug Tier 5 - Specialty Tier:** Standard cost-sharing: You pay 26% of the total cost for a one-month (30-day) supply.	Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1 - Preferred Generic Drugs:** Standard cost-sharing: You pay a $0 copay for a one-month (30-day) supply. • **Drug Tier 2 - Generic Drugs:** Standard cost-sharing: You pay a $11 copay for a one-month (30-day) supply. • **Drug Tier 3 - Preferred Brand Drugs:** Standard cost-sharing: You pay a $47 copay for a one-month (30-day) supply. • **Drug Tier 4 - Non-Preferred Drugs:** Standard cost-sharing: You pay 49% of the cost for a one-month (30-day) supply. • **Drug Tier 5 - Specialty Tier:** Standard cost-sharing: You pay 25% of the total cost for a one-month (30-day) supply.

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (continued)	• **Drug Tier 6 - Select Care Drugs:** Standard cost-sharing: You pay a $0 copay for a one-month (30-day) supply.	
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$6,700 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.	$3,450 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.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0 Your premium is based on your Low Income Subsidy status.	$0 Your premium is based on your Low Income Subsidy status.

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	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** 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) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,700	$3,450 Once you have paid $3,450 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 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider & Pharmacy Directory is located on our website at allwell.louisianahealthconnect.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **Please review the 2021 Provider & 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, we must 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 to manage your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider & Pharmacy Directory is located on our website at allwell.louisianahealthconnect.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **Please review the 2021 Provider & Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* 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 *2021 Evidence of Coverage.* A copy of the *Evidence of Coverage* is located on our website at allwell.louisianahealthconnect.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage.*

Cost	2020 (this year)	2021 (next year)
Additional medical nutritional therapy	Additional medical nutritional therapy is not covered.	You pay a $0 copay for additional medical nutrition therapy services. Please refer to the Evidence of Coverage for benefit details.
Additional telehealth services	Additional telehealth services are not covered benefits.	Certain additional telehealth services, including those for: primary care, specialist and other health care professional services, and outpatient mental health specialty services, including psychiatric care are covered. Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting. See Chapter 4 of your Evidence of Coverage for more details.
Dental services	**Additional services** There is a $2,000 benefit maximum for comprehensive dental services.	**Additional services** There is a $3,000 benefit maximum for comprehensive dental services.

Cost	2020 (this year)	2021 (next year)
Dental services (continued)	Preventive dental services include: • Exams - You pay a $0 copay for each oral exam, up to 2 every calendar year. • Cleanings - You pay a $0 copay for each cleaning, up to 2 every calendar year. • Fluoride is not covered. • Dental x-rays - You pay a $0 copay for dental x-rays, up to 1 set every calendar year. Comprehensive dental services include: • Non-routine services are not covered. • Diagnostic services - You pay a $0 copay per service. • Restorative service - You pay a $0 copay per service. • Endodontics - You pay a $0 copay per service. • Periodontics - You pay a $0 copay per service. • Extractions - You pay a $0 copay per service. • Prosthodontics, including dentures, other oral/ maxillofacial surgery, and other services - You pay a $0 copay per service. Please refer to the Evidence of Coverage for benefit details.	Preventive dental services include: • Exams - You pay a $0 copay for each oral exam, up to 2 every calendar year. • Cleanings - You pay a $0 copay for each cleaning, up to 2 every calendar year. • Fluoride - You pay a $0 copay for each fluoride treatment, up to 1 every calendar year. • Dental x-rays - You pay a $0 copay for dental x-rays, up to 1 set every calendar year. Comprehensive dental services include: • Non-routine services - You pay a $0 copay per service. • Diagnostic services - You pay a $0 copay per service. • Restorative service - You pay a $0 copay per service. • Endodontics - You pay a $0 copay per service. • Periodontics - You pay a $0 copay per service. • Extractions - You pay a $0 copay per service. • Prosthodontics, including dentures, other oral/ maxillofacial surgery, and other services - You pay a $0 copay per service. Please refer to the Evidence of Coverage for benefit details.

Cost	2020 (this year)	2021 (next year)
Health and wellness education programs	**Fitness benefit** You pay a $0 copay for the fitness benefit. You have the following choices available at no cost to you: • Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; or • Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive 1 kit each benefit year. Please refer to the Evidence of Coverage for benefit details. **Personal emergency response services (PERS)** PERS is not covered.	**Fitness benefit** You pay a $0 copay for the fitness benefit. You have the following choices available at no cost to you: • Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; and • Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive up to 2 kits each benefit year. Please refer to the Evidence of Coverage for benefit details. **Personal emergency response services (PERS)** PERS is offered as part of your plan. You receive the following PERS benefits at no cost to you: • A Personal Emergency Response Device and related monthly fee. Limited to 1 per lifetime. Please refer to the Evidence of Coverage for benefit details.

Cost	2020 (this year)	2021 (next year)
Inpatient hospital care	For Medicare-covered admissions, per benefit period: You pay a $0 copay.	For Medicare-covered admissions, per admission: You pay a $0 copay.
Inpatient mental healthcare	For Medicare-covered admissions, per benefit period: You pay a $0 copay.	For Medicare-covered admissions, per admission: You pay a $0 copay.
Nutritional/Dietary counseling benefit	Nutritional/dietary counseling benefit is not covered.	You pay a $0 copay for each nutritional/dietary counseling visit. Please refer to the Evidence of Coverage for benefit details.
Outpatient mental health care	**Additional counseling services** Additional counseling services are not covered.	**Additional counseling services** You pay a $0 copay for each counseling visit with a Teladoc™ provider. You pay a $0 copay for each counseling visit with a Medicare-qualified mental health provider. Please refer to the Evidence of Coverage for benefit details.
Over-the-counter (OTC) items	You pay a $0 copay for covered OTC items available through our mail order service. You can order up to 15 of the same item per calendar quarter. Additional limits may apply to some items.	You pay a $0 copay for covered OTC items available through our retail and mail order service. You can order up to 9 of the same item per calendar quarter. Additional limits may apply to some items.

Cost	2020 (this year)	2021 (next year)
Over-the-counter (OTC) items (continued)	The plan covers up to $325 per calendar quarter. Limited to one order per benefit period. Unused balances at the end of each benefit period will not carry forward. Please refer to the Evidence of Coverage for benefit details.	The plan covers up to $325 per calendar quarter. Limited to one order per benefit period. Unused balances at the end of each benefit period will not carry forward. Please refer to the Evidence of Coverage for benefit details.
Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) – additional smoking cessation visits	Additional smoking cessation counseling visits are not covered.	You pay a $0 copay for each additional smoking cessation counseling visit. Up to 5 additional smoking cessation counseling visits are covered through Teladoc™ per year. Please refer to your Evidence of Coverage for details.
Transportation services	You pay a $0 copay for each one-way trip, up to 50 trips to plan-approved locations. Please refer to the Evidence of Coverage for benefit details.	You pay a $0 copay for each one-way trip to plan-approved locations. There is no ride limit for this benefit. Please refer to the Evidence of Coverage for benefit details.
Virtual visits	Virtual visits are not covered.	You pay a $0 copay per visit with a Teladoc™ provider. Virtual visits are available 24 hours per day, 365 days a year and can be accessed by phone, smart phone app, or online. Please refer to the Evidence of Coverage for benefit details.

Cost	2020 (this year)	2021 (next year)
Worldwide emergency/urgent care coverage	Worldwide emergency/urgent care coverage is not covered.	You pay a $0 copay for each worldwide emergency visit. Copay is waived if admitted. You pay a $0 copay for each worldwide urgent care visit. Copay is not waived if admitted. You pay a $0 copay for each one-way worldwide emergency transport. Copay is not waived if admitted. There is an annual limit of $50,000 for worldwide emergency/urgent coverage. Please refer to the Evidence of Coverage for benefit details.
Prior Authorization	The following required prior authorization: • Ambulatory surgical center (ASC) services • Ambulance services for fixed wing aircraft and non-emergency services • Durable medical equipment • Home health services • Inpatient hospital care • Inpatient mental health care • Meals benefit • Medicare Part B prescription drugs • Outpatient diagnostic and therapeutic radiological services	The following will require prior authorization: • Ambulatory surgical center (ASC) services • Ambulance services for fixed wing aircraft and non-emergency services • Diabetic services and supplies • Durable medical equipment • Home health services • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs • Outpatient diagnostic and therapeutic radiological services

Cost	2020 (this year)	2021 (next year)
Prior Authorization (continued)	• Outpatient diagnostic tests and lab services • Outpatient hospital observation • Outpatient hospital services, including surgery • Outpatient rehabilitation services – physical and speech therapy • Outpatient rehabilitation service – occupational therapy • Outpatient substance abuse • Partial hospitalization services • Prosthetic devices and related supplies • Skilled Nursing Facility (SNF) care • Transportation services	• Outpatient diagnostic tests and lab services • Outpatient hospital observation • Outpatient hospital services, including surgery • Outpatient rehabilitation services – physical and speech therapy • Outpatient rehabilitation service – occupational therapy • Outpatient substance abuse • Partial hospitalization services • Prosthetic devices and related supplies • Skilled Nursing Facility (SNF) care

Section 1.6 – 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 provided electronically.

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 Member Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage.*) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Your current formulary exception will continue to be covered through the date included in the approval letter you previously received. You do not need to submit a new exception request until your current approval ends.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

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 sent you 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. Because you receive "Extra Help" and haven't received this insert by September 30, 2020, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 7.1 of this booklet.

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

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

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible.	The deductible is $360. During this stage, you pay a $0 cost cost-sharing for drugs on Tier 1 (Preferred Generic Drugs) and Tier 6 (Select Care Drugs) and the full cost of drugs on Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) until you have reached the yearly deductible.	The deductible is $445. During this stage, you pay a $0 cost cost-sharing for drugs on Tier 1 (Preferred Generic Drugs) and the full cost of drugs on Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Tier) until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 4 (Non-Preferred Drugs), your cost-sharing in the initial coverage stage is changing from copayment to coinsurance. Please see the following chart for the changes from 2020 to 2021.

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	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage 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 **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Drug Tier 1 – Preferred Generic Drugs:** You pay a $0 copay per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Drug Tier 1 – Preferred Generic Drugs:** You pay a $0 copay per prescription.

Stage	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage (continued) For 2020 you paid a $100 copay for drugs on Tier 4 (Non-Preferred Drugs). For 2021 you will pay 49% of the total cost for drugs on this tier. The costs in this row are for a one-month (30-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 that offers preferred cost-sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	**Drug Tier 2 – Generic Drugs:** You pay a $7 copay per prescription. **Drug Tier 3 – Preferred Brand Drugs:** You pay a $47 copay per prescription. **Drug Tier 4 – Non-Preferred Drugs:** You pay a $100 copay per prescription. **Drug Tier 5 – Specialty Tier:** You pay 26% of the total cost. **Drug Tier 6 – Select Care Drugs:** You pay a $0 copay per prescription. _____ Once your total drug costs have reached $4,020, you will move to the next stage (the Coverage Gap Stage).	**Drug Tier 2 – Generic Drugs:** You pay a $11 copay per prescription. **Drug Tier 3 – Preferred Brand Drugs:** You pay a $47 copay per prescription. **Drug Tier 4 – Non-Preferred Drugs:** You pay 49% of the total cost. **Drug Tier 5 – Specialty Tier:** You pay 25% of the total cost. _____ Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage).

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 the Initial Coverage Stage, for drugs on Tiers 4 (Non-Preferred Drugs), your cost-sharing is changing from a copayment to coinsurance. 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 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Mail Order Pharmacy	There are two mail order pharmacies: • CVS Caremark Mail Service Pharmacy • Homescripts Mail Order Pharmacy	There is one mail order pharmacy: • CVS Caremark Mail Service Pharmacy
Maximum out-of-pocket amount changes (MOOP)	The following benefits and services apply to your maximum out-of-pocket: All in-network Medicare-covered benefits. All non-Medicare-covered services covered by your plan.	The following benefits and services apply to your maximum out-of-pocket: All in-network Medicare-covered benefits.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Allwell Dual Medicare (HMO D-SNP)

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 be enrolled in our Allwell Dual Medicare (HMO D-SNP).

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 2021 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 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **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 Allwell Dual Medicare (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Allwell Dual Medicare (HMO D-SNP).
- 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 7.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

  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 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from October 15 to December 7. The change will take effect on January 1, 2021.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

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

Senior Health Insurance Information Program (SHIIP) 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. Senior Health Insurance Information Program (SHIIP) 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 (SHIIP) at 1-800-259-5300 (TTY 711). You can learn more about Senior Health Insurance Information Program (SHIIP) by visiting their website (http://www.ldi.la.gov/consumers/senior-health-shiip).

For questions about your Louisiana Medicaid benefits, contact Louisiana Medicaid at 1-888-342-6207 (TTY 1-855-889-4325) from Monday - Friday: 8 a.m. - 5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Louisiana Medicaid coverage.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in 'Extra Help,' also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, 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).
- **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 Louisiana Health Access Program (LA HAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-504-568-7474 (TTY 711) from Monday - Friday: 8 a.m. - 5 p.m.

SECTION 7 Questions?

Section 7.1 – Getting Help from Allwell Dual Medicare (HMO D-SNP)

Questions? We're here to help. Please call Member Services at 1-833-541-0767. (TTY only, call 711). We are available for phone calls from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. Calls to these numbers are free.

Read your 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for Allwell Dual Medicare (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our

website at allwell.louisianahealthconnect.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at allwell.louisianahealthconnect.com. As a reminder, our website has the most up-to-date information about our provider network (Provider & Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

You can visit the Medicare website (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 www.medicare.gov/plan-compare).

Read *Medicare & You 2021*

You can read *Medicare & You 2021* 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 (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call Louisiana Medicaid at 1-888-342-6207 (TTY users should call 1-855-889-4325) from Monday - Friday: 8 a.m. - 5 p.m.

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.
Allwell:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact Allwell's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.
If you believe that Allwell 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 by calling the number in the chart below and telling them you need help filing a grievance; Allwell's Member Services 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 (TTY: 1-800-537-7697).
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Member Services Telephone Numbers by State Chart

State	Telephone Number
Arizona	1-800-977-7522 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (TTY: 711)
Florida	1-877-935-8022 (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO and PPO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO); 1-833-541-0767 (HMO SNP) (TTY: 711)
Mississippi	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
Missouri	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
Nevada	1-833-854-4766 (HMO); 1-833-717-0806 (HMO SNP) (TTY:711)
New Mexico	1-833-543-0246 (HMO); 1-844-810-7965 (HMO SNP) (TTY: 711)
Ohio	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
Pennsylvania	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
South Carolina	1-855-766-1497 (TTY: 711)
Texas	1-844-796-6811 (H0062-001, 002, 003, 009; H5294-011, 012, 013, 014, 017, 018); 1-877-935-8023 (H5294-010, 015) (TTY: 711)
Wisconsin	1-877-935-8024 (TTY: 711)

Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

SPANISH: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

CHINESE: 請注意：如果您使用中文，您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

VIETNAMESE: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resevwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

KOREAN: 알림사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

FRENCH: ATTENTION : Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

ARABIC:

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية مُتاحة لك. اتصل برقم خدمات الأعضاء المُدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

RUSSIAN: ВНИМАНИЕ! Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

GERMAN: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendiensts an, die im Telefonverzeichnis des Mitgliederkundendiensts angegeben ist.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyong pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

GUJARATI: સાવધાન: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નઃશુલ્ક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલફ્રિન નંબર ચાર્ટમાં તમારા રાજ્ય માટે સૂચબિદ્ધ સભ્ય સેવાઓ નંબર પર કૉલ કરો.

PORTUGUESE: ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

ITALIAN: ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

PENNSYLVANIAN DUTCH: Geb Acht: Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lischt an die Glieder Hilf Telefon Nummer Kaart.

हिंदी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अन्य वैकल्पिक भाषाओं के लिए निःशुल्क उपलब्ध हैं। इन्हें प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

Diné Bizaad (Navajo): Diné k'ehjí saad bee shíká a'doowoł nínízingo bee ná haz'á, t'áá haada yit' éego kodóó naaltsoos da nich'į́ ál'įįgo éí doodago t'áá ha'át'íhída Diné k'ehjí bee shíká a'doowoł nínízingo bee ná ahóót'i'. Á kót' éego shíká a'doowoł nínízingo hódahgo béésh bee hane'í biká'íjį' hodíílnih.

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

ລາວ (Lao): ບໍລິການໃຫ້ການຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍລິການ ແລະ ຄວາມຊ່ວຍເຫຼືອ ຕ່າງໆ, ແລະ ຮບແບບທາງເລືອກຶ່ອ່ນໆ ມີໃຫ້ ໂດ ຟລີ. ຫາກ ຕ້ອງການ ຮ້ອ ຊ້ນ ກະລຸນາ ໂທ ປ ີ ຫມາຍ ເລກ ຂ້າ ງ ເທ ງ.

ျမန္မာ (Burmese) - ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ၊ အရန်အထောက်အပံ့များနှင့် ဝန်ဆောင်မှုများ၊ အျခားပုံစံမ်ားရှိ ရေြွးခ်ယ်စရာမ်ားကို သင့်အခမဲ့ရရှိနိုင်ပါသည်။ ၄င်းတို့ကို ရယူရန် အထက်ပါနံပါတ်ကို ဖုန်းဆက်ပါ။

(Shqip) (Albanian): Shërbimet e asistencës gjuhësore, ndihma dhe shërbimet shtesë plotësuese si dhe forma të tjera alternative ofrohen pa pagesë për ju. Për ta përfituar këtë, lutem merrni në telefon numrin e treguar më sipër.

Somali (Somali): Adeegyada caawinta luuqadaha, qalabka caawinta iyo adeegyo kale, iyo qaabab kale aya kuu diyaar ah si lacag la’aan ah. Si aad u hesho adeegyadan fadlan wac nambarka xaga sare ku xusan.