

Annual Notice of Changes 2021

Medicare Advantage Plan
with Prescription Drugs

Erickson Advantage® Guardian (HMO-POS I-SNP)



Toll-free **1-866-314-8188**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



www.EricksonAdvantage.com

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.



Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **www.EricksonAdvantage.com** to review the details online. All of the below documents will be available online by **October 15, 2020**.

Provider Directory

Review the 2021 Provider Directory online to make sure your providers (primary care provider, specialists, hospitals, etc.) will be in the network next year.

Pharmacy Directory

Review the 2021 Pharmacy Directory online to see which pharmacies are in our network next year.

Drug List (Formulary)

You can look up which drugs will be covered by your plan next year and review any new restrictions on our website.

Evidence of Coverage (EOC)

Review your 2021 EOC for details about plan costs and benefits. The EOC 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. It also has information about the Quality Improvement Program, how medical coverage decisions are made and your Rights and Responsibilities as a member.

Would you rather get paper copies?

If you want a paper copy of what is listed above, please contact our Customer Service at 1-866-314-8188 (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.

Annual Notice of Changes for 2021



You are currently enrolled as a member of Erickson Advantage® Guardian (HMO-POS I-SNP).

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 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](https://www.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.

- 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 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 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 don't join another plan by December 7, 2020, you will be enrolled in Erickson Advantage® Guardian (HMO-POS I-SNP).
- To change to a **different plan** that may better meet your needs, you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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 Erickson Advantage® Guardian (HMO-POS I-SNP).
- If you **join another plan by December 7, 2020**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in other languages.

- Please contact our Customer Service number at 1-866-314-8188 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, 7 days a week.
- Este documento está disponible sin costo en otros idiomas.
- Comuníquese con nuestro Servicio al Cliente al número 1-866-314-8188 para obtener información adicional (los usuarios de TTY deben llamar al 711). El horario es 8 a.m. a 8 p.m., los 7 días de la semana, hora local.
- This document may be available in an alternate format such as Braille, larger print or audio. Please contact our Customer Service number at 1-866-314-8188, TTY: 711, 8 a.m. - 8 p.m. local time, 7 days a week, for additional information.
- 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 Erickson Advantage® Guardian (HMO-POS I-SNP)

- Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- When this booklet says "we," "us," or "our," it means UnitedHealthcare Insurance Company or one of its affiliates. When it says "plan" or "our plan," it means Erickson Advantage® Guardian (HMO-POS I-SNP).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Erickson Advantage® Guardian (HMO-POS I-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 www.EricksonAdvantage.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
<p>Monthly Plan Premium*</p> <p>*Your premium may be higher or lower than this amount. (See Section 1.1 for details.)</p>	\$29.30	\$28.80
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$500</p> <p>From out-of-network providers: Unlimited</p>	<p>From network providers: \$500</p> <p>From out-of-network providers: Unlimited</p>
<p>Doctor Office Visits</p>	<p>Primary care visits: You pay a \$0 copayment per visit (in-network).</p> <p>You pay 30% coinsurance per visit (out-of-network).</p> <p>Specialist visits: You pay a \$0 copayment per visit (in-network).</p> <p>You pay 30% coinsurance per visit (out-of-network).</p>	<p>Primary care visits: You pay a \$0 copayment per visit (in-network).</p> <p>You pay 30% coinsurance per visit (out-of-network).</p> <p>Specialist visits: You pay a \$0 copayment per visit (in-network).</p> <p>You pay 30% coinsurance per visit (out-of-network).</p>
<p>Inpatient Hospital Stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts</p>	<p>You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p>	<p>You pay a \$0 copayment for each Medicare-covered hospital stay for unlimited days (in-network).</p>

Cost	2020 (this year)	2021 (next year)
<p>the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>You pay 30% coinsurance for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>	<p>You pay 30% coinsurance for each Medicare-covered hospital stay for unlimited days (out-of-network).</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.) To find out which drugs are Select Insulin Drugs, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service.</p>	<p>Deductible: Because we have no deductible, this payment stage does not apply to you.</p> <p>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$0 copayment <input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$0 copayment <input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-network) \$28 copayment <input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$70 copayment <input type="checkbox"/> Drug Tier 5: Standard retail cost-sharing (in- 	<p>Deductible: Because we have no deductible, this payment stage does not apply to you.</p> <p>Copays/Coinsurance for a one-month (30-day) supply during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 1: Standard retail cost-sharing (in-network) \$0 copayment <input type="checkbox"/> Drug Tier 2: Standard retail cost-sharing (in-network) \$0 copayment <input type="checkbox"/> Drug Tier 3: Standard retail cost-sharing (in-network) \$28 copayment <input type="checkbox"/> Select Insulin Drugs¹: Standard retail cost-sharing (in-network) \$28 copayment <input type="checkbox"/> Drug Tier 4: Standard retail cost-sharing (in-network) \$70 copayment <input type="checkbox"/> Drug Tier 5: Standard retail cost-sharing (in-

Cost	2020 (this year)	2021 (next year)
	network) 33% of the total cost	network) 33% of the total cost

¹ For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

Annual Notice of Changes for 2021 Table of Contents

Summary of Important Costs for 2021	6
SECTION 1: Changes to Benefits and Costs for Next Year	10
Section 1.1: Changes to the Monthly Premium.....	10
Section 1.2: Changes to Your Maximum Out-of-Pocket Amounts.....	10
Section 1.3: Changes to the Provider Network.....	11
Section 1.4: Changes to the Pharmacy Network.....	12
Section 1.5: Changes to Benefits and Costs for Medical Services.....	12
Section 1.6: Changes to Part D Prescription Drug Coverage.....	14
SECTION 2: Deciding Which Plan to Choose	18
Section 2.1: If You Want to Stay in Erickson Advantage® Guardian (HMO-POS I-SNP).....	18
Section 2.2: If You Want to Change Plans.....	18
SECTION 3: Deadline for Changing Plans	19
SECTION 4: Programs That Offer Free Counseling about Medicare	19
SECTION 5: Programs That Help Pay for Prescription Drugs	19
SECTION 6: Questions?	20
Section 6.1: Getting Help from Erickson Advantage® Guardian (HMO-POS I-SNP)	20
Section 6.2: Getting Help from Medicare.....	21

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.)	\$29.30	\$28.80

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

SECTION 1.2: Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” 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)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not	\$500 Once you have paid \$500 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network	\$500 Once you have paid \$500 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network

Cost	2020 (this year)	2021 (next year)
count toward your maximum out-of-pocket amount.	providers for the rest of the calendar year.	providers for the rest of the calendar year.
<p>Out-of-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from out-of-network providers count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	You have an unlimited out-of-network out-of-pocket maximum.	You have an unlimited out-of-network out-of-pocket maximum.

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 www.EricksonAdvantage.com. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 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, 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 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 Pharmacy Directory is located on our website at www.EricksonAdvantage.com. You may also call Customer Service for updated pharmacy information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

SECTION 1.5: 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 **2021 Evidence of Coverage**. A copy of the Evidence of Coverage is located on our website at www.EricksonAdvantage.com. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Cost	2020 (this year)	2021 (next year)
Authorization	Your provider must obtain Prior Authorization for some services. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Emergency Ambulance Services, Opioid Treatment Program Services, and Medicare-covered Preventive Services.	The services for which your provider must obtain Prior Authorization have changed. Your Prior Authorization requirements include all Medicare-covered services except: Emergency Care, Urgently Needed Services, Emergency Ambulance Services, and Medicare-covered Preventive Services.

Cost	2020 (this year)	2021 (next year)
Blood	You pay a \$0 copayment (in-network).	You pay a \$0 copayment for services in a nursing home (in-network). You pay 20% of the total cost for services outside of a nursing home (in-network).
Hearing Services Hearing Aids	You receive a \$1,100 allowance for hearing aids, limited to 2 hearing aids every 2 years (select products only). Home-delivered hearing aids are available nationwide (select products only).	You pay a \$375 - \$2,075 copayment for each hearing aid; limited to 2 hearing aids every 2 years (select products only). You pay a \$375 copayment per hearing aid for home-delivered hearing aids, available nationwide (select products only).
Opioid Treatment Program Services	You pay 30% of the total cost (out-of-network).	You pay a \$0 copayment (out-of-network).
Health Products Benefit / Over-the-Counter (OTC) Products Catalog	\$290 credit quarterly. Your credit amount expires at the end of the year. You can place your order online, over the phone, or by mail through your Health Products Benefit Catalog that will be sent to you.	\$290 credit quarterly. Your credit amount expires at the end of the year. You can place your order online, over the phone, or by mail through your FirstLine Essentials+ Catalog that will be sent to you. Benefit is combined in and out-of-network.
Virtual Medical Visits	<u>Not</u> Covered.	You pay a \$0 copayment.

Cost	2020 (this year)	2021 (next year)
<p>Vision Care Additional Routine Eyewear</p>	<p>You pay a \$0 copayment for standard lenses; receive up to \$100 toward your purchase of frames or contact lenses every 2 years. (in-network)</p> <p>You pay 50% coinsurance; receive up to \$100 toward your purchase of frames or contact lenses every 2 years. (out-of-network)</p> <p>Credit is combined in and out-of-network.</p>	<p>You pay a \$0 copayment for standard lenses; receive up to \$100 toward your purchase of frames or contact lenses through a UnitedHealthcare Vision provider every 2 years.</p> <p>Home-delivered eyewear available nationwide through UnitedHealthcare Vision network providers (select products only). You are responsible for all costs for eyewear not purchased from a UnitedHealthcare Vision network provider.</p>

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.” **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website (www.EricksonAdvantage.com).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
 - To learn what you must do to ask for an exception, see Chapter 9 of your **Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))** or call Customer Service.
- Work with your doctor (or other prescriber) to find a different drug that we cover.** You can call Customer Service 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 drug that is not on the Drug List (Formulary) or when it is restricted in some way 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.

If you have obtained approval for a Drug List (Formulary) exception this year, please refer to the approved through date provided on your approval letter to determine when your approval expires. After the date of expiration on your approval letter, you may need to obtain a new approval in order for the plan to continue to cover the drug, if the drug still requires an exception and you and your doctor feel it is needed. To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage or call Customer Service.

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 the 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. If you receive “Extra Help” you will receive a “LIS Rider” by September 30, 2020. If you don’t receive it, please call Customer Service and ask for the “LIS Rider” to be sent to you.

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 at Chapter 6, Sections 6 and 7, in the **Evidence of Coverage**, which is located on our website at www.EricksonAdvantage.com. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p>Stage 1: Yearly (Part D) Deductible Stage</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p> <p>There is no deductible for Erickson Advantage® Guardian (HMO-POS I-SNP) for Select Insulin Drugs. You pay \$28 for a one month retail supply for Select Insulin Drugs.</p>

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, **Types of out-of-pocket costs you may pay for covered drugs** in your **Evidence of Coverage**.

Stage	2020 (this year)	2021 (next year)
<p>Stage 2: 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.</p> <p>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.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Preferred Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 2 - Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 3 - Preferred Brand Drugs:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1 – Preferred Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 2 - Generic Drugs: You pay \$0 per prescription.</p> <p>Tier 3 - Preferred Brand Drugs:</p>

Stage	2020 (this year)	2021 (next year)
<p>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.</p>	<p>You pay \$28 per prescription.</p> <p>Tier 4 - Non-Preferred Drugs:</p> <p>You pay \$70 per prescription.</p> <p>Tier 5 - Specialty Tier Drugs:</p> <p>You pay 33% of the total cost.</p> <hr/> <p>Once your total drugs costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay \$28 per prescription.</p> <p>Select Insulin Drugs¹:</p> <p>You pay \$28 per prescription.</p> <p>Tier 4 - Non-Preferred Drugs:</p> <p>You pay \$70 per prescription.</p> <p>Tier 5 - Specialty Tier Drugs:</p> <p>You pay 33% of the total cost.</p> <hr/> <p>Once your total drugs costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>

¹ For 2021, this plan participates in the Insulin Senior Savings Program which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of covered insulin during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your covered insulin in the catastrophic stage. Your cost maybe less if you receive Extra Help from Medicare.

Changes to the Coverage Gap and Catastrophic Coverage Stages

Our plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulin Drugs will be \$28 for a one month retail supply.

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

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

Section 2: Deciding Which Plan to Choose

SECTION 2.1: If You Want to Stay in Erickson Advantage® Guardian (HMO-POS I-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 Erickson Advantage® Guardian (HMO-POS I-SNP).

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 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. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

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 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 www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, UnitedHealthcare Insurance Company or one of its affiliates 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 Erickson Advantage® Guardian (HMO-POS I-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Erickson Advantage® Guardian (HMO-POS I-SNP).
- 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

You can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Section 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.

State Health Insurance Assistance Program 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. State Health Insurance Assistance Program 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 find your SHIP number and address in Chapter 2, Section 3 of the **Evidence of Coverage**.

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.** State Pharmaceutical Assistance Program 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 Chapter 2, Section 3 of your **Evidence of Coverage**).
- **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 ADAP in your State. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your State. You can find your State's ADAP contact information in Chapter 2 of the **Evidence of Coverage**.

Section 6: Questions?

SECTION 6.1: Getting Help from Erickson Advantage® Guardian (HMO-POS I-SNP)

Questions? We're here to help. Please call Customer Service at 1-866-314-8188. (TTY only, call 711.) We are available for phone calls 8 a.m. - 8 p.m. local time, 7 days a week. 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 Erickson Advantage® Guardian (HMO-POS I-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 www.EricksonAdvantage.com. 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 www.EricksonAdvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary).

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 (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 the **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.



Erickson Advantage® Guardian (HMO-POS I-SNP) Customer Service:

Call **1-866-314-8188**

Calls to this number are free. 8 a.m. - 8 p.m. local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.

TTY 711

Calls to this number are free. 8 a.m. - 8 p.m. local time, 7 days a week.

Write P.O. Box 30770
Salt Lake City, UT 84130-0770

Website **www.EricksonAdvantage.com**