NaviCare SCO (a Senior Care Options program) offered by Fallon Health

Annual Notice of Changes for 2020

You are currently enrolled as a member of NaviCare SCO. 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 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 2020 Drug List and look in Section 1.5 for information about changes to our drug coverage.

   - 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 Sections 1.2 and 1.3 for information about our Provider and 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 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.
  • 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** NaviCare SCO, you don’t need to do anything. You will stay in NaviCare SCO.

• If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in Section 2, page 7 to learn more about your choices.

**Additional Resources**

• Please contact our Enrollee Services number at 1-877-700-6996 for additional information. (TTY users should call TRS 711.) Hours are 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.)

• This information is available in alternate formats, such as Braille, large print or audio tape.

• **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and** satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

**About NaviCare SCO**

• NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.

• When this booklet says “we,” “us,” or “our,” it means Fallon Health. When it says “plan” or “our plan,” it means NaviCare SCO.
The table below compares the 2019 costs and 2020 costs for NaviCare SCO 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 fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*. Because you are eligible for cost-sharing assistance under MassHealth (Medicaid), you pay $0 for your deductible, doctor office visits, inpatient hospital stays and prescription drugs.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>$0</td>
<td>$0</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>
<tr>
<td><strong>Prescription drug coverage</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(See Section 1.6 for details.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Annual Notice of Changes for 2020

## Table of Contents

Summary of Important Costs for 2020 ................................................................. 1

**SECTION 1** Changes to Benefits and Costs for Next Year ................................. 3

Section 1.1 – Changes to the Monthly Premium ................................................. 3
Section 1.2 – Changes to the Provider Network.................................................. 3
Section 1.3 – Changes to the Pharmacy Network............................................... 4
Section 1.4 – Changes to Benefits and Costs for Medical Services ...................... 4
Section 1.5 – Changes to Prescription Drug Coverage........................................ 6

**SECTION 2** Deciding Which Plan to Choose ..................................................... 7

Section 2.1 – If you want to stay in NaviCare SCO ........................................... 7
Section 2.2 – If you want to change plans ......................................................... 7

**SECTION 3** Programs That Offer Free Counseling about Medicare and Medicaid ................................................................. 7

**SECTION 4** Questions? ..................................................................................... 8

Section 4.1 – Getting Help from NaviCare SCO ................................................. 8
Section 4.2 – Getting Help from Medicaid ....................................................... 8
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>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Section 1.2 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider and Pharmacy Directory is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2020 Provider and 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 managing your care.
Section 1.3 – Changes to the Pharmacy Network

Our plan has 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 and Pharmacy Directory is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2020 Provider and Pharmacy Directory to see which pharmacies are in our network.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the Annual Notice of Changes tells you about changes to your MassHealth (Medicaid) 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 for these services, see Chapter 4, Benefits Chart (what is covered), in your 2020 Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at fallonhealth.org. You may also call Enrollee Services to ask us to mail you an Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health agency care</td>
<td>No prior authorization required.</td>
<td>Prior authorization required.</td>
</tr>
<tr>
<td>Membership in Health Club/Fitness Classes</td>
<td>Receive up to $200 for membership in a qualified health club or fitness facility</td>
<td>Receive up to $400 for membership in a qualified health club or fitness facility</td>
</tr>
<tr>
<td>Opioid Treatment Program Services</td>
<td>Opioid Treatment Program Services not covered.</td>
<td>You pay $0 for covered Opioid Treatment Program Services.</td>
</tr>
<tr>
<td>Outpatient rehabilitation services</td>
<td>Prior authorization is required for physical and occupational therapy visits beyond a combined 60 visits.</td>
<td>Prior authorization is required for physical therapy beyond 60 visits and for occupational therapy beyond 60 visits.</td>
</tr>
<tr>
<td>Over-the-Counter items</td>
<td>You pay $0 for approved over-the-counter items with the</td>
<td>You pay $0 for approved over-the-counter items with the</td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>Save Now card, up to $42 every quarter. You pay all costs over $42 per quarter.</td>
<td>Save Now card, up to $125 every quarter. You pay all costs over $125 per quarter.</td>
</tr>
<tr>
<td><strong>Podiatry services</strong></td>
<td>No prior authorization required for routine foot care.</td>
<td>Prior authorization required for routine foot care.</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td>No prior authorization required for:</td>
<td>Prior authorization required for:</td>
</tr>
<tr>
<td></td>
<td>• Abraxane</td>
<td>• Abraxane</td>
</tr>
<tr>
<td></td>
<td>• Akynzeo IV</td>
<td>• Akynzeo IV</td>
</tr>
<tr>
<td></td>
<td>• Alimta</td>
<td>• Alimta</td>
</tr>
<tr>
<td></td>
<td>• Aloxi</td>
<td>• Aloxi</td>
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<tr>
<td></td>
<td>• Avastin</td>
<td>• Avastin</td>
</tr>
<tr>
<td></td>
<td>• Erbitux</td>
<td>• Erbitux</td>
</tr>
<tr>
<td></td>
<td>• Fulphila</td>
<td>• Fulphila</td>
</tr>
<tr>
<td></td>
<td>• Fusilev</td>
<td>• Fusilev</td>
</tr>
<tr>
<td></td>
<td>• Herceptin</td>
<td>• Herceptin</td>
</tr>
<tr>
<td></td>
<td>• Khapzory</td>
<td>• Khapzory</td>
</tr>
<tr>
<td></td>
<td>• Marqibo</td>
<td>• Marqibo</td>
</tr>
<tr>
<td></td>
<td>• Neulasta</td>
<td>• Neulasta</td>
</tr>
<tr>
<td></td>
<td>• Onivyde</td>
<td>• Onivyde</td>
</tr>
<tr>
<td></td>
<td>• Sustol</td>
<td>• Sustol</td>
</tr>
<tr>
<td></td>
<td>• Udenyca</td>
<td>• Udenyca</td>
</tr>
<tr>
<td><strong>Rewards and Incentives</strong></td>
<td>Rewards and incentives for healthy activities not covered.</td>
<td>You pay $0. You may earn up to $100 annually for completing the health activities below:</td>
</tr>
<tr>
<td><strong>for Healthy Activities</strong></td>
<td></td>
<td>• Annual physical or qualified wellness visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Preventive vaccines such as:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Annual flu vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Tdap</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Pneumococcal vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Shingles vaccine</td>
</tr>
<tr>
<td><strong>Specialty physician</strong></td>
<td>Prior authorization required.</td>
<td>No prior authorization required.</td>
</tr>
<tr>
<td><strong>services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transportation (non-emergent non-medical)</td>
<td>You pay $0 for up to 90 MassHealth (Medicaid)-covered round trip transports per year.</td>
<td>You pay $0 for up to 140 MassHealth (Medicaid)-covered one-way transports per year.</td>
</tr>
</tbody>
</table>

### Section 1.5 – Changes to 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 8 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Enrollee Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Enrollee 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.

Most formulary exceptions are covered for a year from the date of approval. If the request is for less than a year, the request will be approved for an appropriate period of time.
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.

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

What you pay for covered prescription drugs will be exactly the same as in 2020 as they are in 2019—nothing.

### SECTION 2  Deciding Which Plan to Choose

#### Section 2.1 – If you want to stay in NaviCare SCO

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan, you will automatically stay enrolled as a member of our plan for 2020.

#### 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 2020:

**Learn about and compare your choices**

You can join a different health plan at any time. Your new coverage will begin on the first day of the following month. To learn more about the different types of plans, call your State Health Insurance Assistance Program (see Section 3), or MassOptions, 1-800-885-0484, TRS 711, Monday–Friday, 9 a.m.–5 p.m. (see Section 4.2).

### SECTION 3  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 Massachusetts, the SHIP is called the Serving the Health Insurance Needs of Everyone (SHINE) Program.

SHINE 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. SHINE counselors can help you with your insurance questions or problems. They can help you understand your plan choices and answer questions about switching plans. You can
call SHINE at 1-800-243-4636. You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid), 1-800-841-2900, TTY: 1-800-497-4648, Monday–Friday, 8 a.m.–5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

SECTION 4 Questions?

Section 4.1 – Getting Help from NaviCare SCO

Questions? We’re here to help. Please call Enrollee Services at 1-877-700-6996. (TTY only, call TRS 711.) We are available for phone calls 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.) Calls to these numbers are free.

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

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 Evidence of Coverage for NaviCare SCO. 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 fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an Evidence of Coverage.

Visit our Website

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

Section 4.2 – Getting Help from Medicaid

To get information from MassHealth (Medicaid) you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648.
Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health 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 with:

  Compliance Director
  Fallon Health
  10 Chestnut St.
  Worcester, MA 01608

  Phone: 1-508-368-9988 (TRS 711)
  Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director 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, D.C., 20201
  Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-700-6996 (TTY: TRS 711).


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-700-6996 (TTY : TRS 711)。


Khmer/Cambodian: បំផុត ប្រឈមប្រុងអត្ថប្រយោជន៍ គ្រាប់មុខយុទ្ធសាសនារបស់អ្នក ត្រូវបានទទួលបាន លោក ផលិតផល 1-877-700-6996 (TTY: TRS 711)។


Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-700-6996 (TTY : TRS 711) पर कॉल करें।


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