

Annual Notice of Changes 2021

UnitedHealthcare® Senior Care Options (HMO D-SNP)
UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)



Toll-free **1-888-867-5511**, TTY **711**
8 a.m. – 8 p.m. local time, Monday – Friday



www.myuhc.com/CommunityPlan

Do we have the right address for you?

Please let us know so we can keep you informed about your plan.



United
Healthcare®
Community Plan

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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.myuhc.com/CommunityPlan to review the details online. All of these 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)

Review the 2021 Drug List for new restrictions and to make sure the drugs you take will be covered next year. The Drug List is a full list of drugs covered by your plan.

Evidence of Coverage (EOC)

Review your 2021 **EOC** for details about what your plan covers and other details. 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 any of the documents listed above, please contact our Customer Service at 1-888-867-5511 (TTY users should call 711). Hours are 8 a.m. – 8 p.m., local time, Monday – Friday.

Annual Notice of Changes for 2021



You are currently enrolled as a member of UnitedHealthcare® Senior Care Options.

Next year, there will be some changes to the plan's benefits.
This booklet tells about the changes.

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits 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 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?
 - 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?
 - Review the 2021 Drug List and look in Section 1.5 for information about changes to our drug coverage.
 - Drug costs may have risen since last year. As a reminder, SCO members have no out-of-pocket costs for covered drugs. 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 1.2 for information about our Provider Directory.
- 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 UnitedHealthcare® Senior Care Options.
- 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 2.2, page 7 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 UnitedHealthcare® Senior Care Options.
- 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

- This document is available for free in Spanish and Chinese.
- Please contact our Customer Service number at 1-888-867-5511, 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 español y chino. Comuníquese con nuestro número de Servicio al Cliente al 1-888-867-5511 para obtener información adicional (los usuarios de TTY deben llamar al 711). El horario de atención es de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.
- This document may be available in an alternate format such as braille, larger print or audio. Please contact our Customer Service number at 1-888-867-5511, 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.
- Benefits, features and devices may vary by plan/area. Limitations and exclusions apply.
- Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

About UnitedHealthcare® Senior Care Options

- UnitedHealthcare SCO is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in UnitedHealthcare plans depends on contract renewal. The plan also has a written agreement with the Massachusetts Medicaid program (MassHealth) to coordinate your Medicaid benefits.
- 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 UnitedHealthcare® Senior Care Options.

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for UnitedHealthcare® Senior Care Options in several important areas. **Please note this is only a summary of changes.** A copy of the **Evidence of Coverage** is located at our website at www.myuhc.com/CommunityPlan. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**. Since you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Costs

	2020 (This year)	2021 (Next year)
Monthly plan premium	\$0 premium	\$0 premium
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 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.	In-Network You pay a \$0 copayment for Medicare-covered hospital care.	In-Network You pay a \$0 copayment for Medicare-covered hospital care.
Part D prescription drug coverage (See Section 1.5 for details.)	You pay \$0 per prescription.	You pay \$0 per prescription.

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Section 1: Changes to Benefits for Next Year

SECTION 1.1 Changes to the Monthly Premium

Costs

	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 Premium	\$0 Premium

SECTION 1.2 Changes to the Provider Network

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

An updated Provider Directory is located on our website at www.myuhc.com/CommunityPlan. 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 1.3 Changes to the Pharmacy Network

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.myuhc.com/CommunityPlan (click “Find a Pharmacy”). 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 1.4 Changes to Benefits for Medical Services

Please note that the **Annual Notice of Changes** tells you about changes to your **Medicare** benefits.

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, **Medical Benefits Chart (what is covered)**, in your 2021 **Evidence of Coverage**. A copy of the **Evidence of Coverage** is located at our website at www.myuhc.com/CommunityPlan. You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

Costs

	2020 (This year)	2021 (Next year)
Acupuncture for low back pain (Medicare-covered)	<u>Not</u> Covered	You pay \$0 copayment in a primary care services setting. You pay \$0 copayment in a specialist physician services setting. See Chapter 4 of the Evidence of Coverage for details.

	2020 (This year)	2021 (Next year)
Diabetes Supplies	<p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include:</p> <p>OneTouch Verio® Flex, Accu-Chek® Guide Me, Accu-Chek® Guide, and Accu-Chek® Aviva Plus. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, Accu-Chek® SmartView, and Accu-Chek® Compact Plus.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>	<p>We only cover Accu-Chek® and OneTouch® brands. Covered glucose monitors include:</p> <p>OneTouch Verio Flex®, OneTouch Verio Reflect®, Accu-Chek® Guide Me, and Accu-Chek® Guide. Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan. If you use a brand of supplies that is not covered by your plan, you should speak with your doctor to get a new prescription for a covered brand.</p>
Fitness Benefit	<p>Membership for SilverSneakers® Fitness program through network fitness centers. There is no visit or use fee for basic membership when you use network service providers.</p>	<p>Renew Active™ is a fitness program for body and mind that includes:</p> <ul style="list-style-type: none"> • Standard membership access to participating fitness locations • Online brain exercises and activities • An in-person fitness orientation <p>There is no visit or use fee for standard membership when you use network service providers.</p>
Healthy Foods Benefit	<u>Not</u> Covered	\$25 credit per month to spend on healthy food items such as vegetables, fruit, grains, milk, meats and more.
Medicare Part B Prescription Drugs – Step Therapy	You may be required to try another effective drug that treats the same medical condition before the plan will cover your drug.	Not-applicable.

	2020 (This year)	2021 (Next year)
Prior 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, Non-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, Non-emergency Ambulance Services, Medicare-covered Preventive Services, and Additional Medicare-covered Telehealth Services.
Virtual Mental Health Visits	<u>Not</u> Covered	You pay a \$0 copayment.

SECTION 1.5 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 8 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 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 a formulary exception this year, please refer to the date provided on your approval letter to determine when your approval expires. If your approval expires on December 31, 2020, you may need to get a new approval from us in order to continue to get your drug in 2021. **Your exception is not guaranteed.**

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.)

SECTION 2: Deciding Which Plan to Choose

SECTION 2.1 If you want to stay in UnitedHealthcare® Senior Care Options

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 UnitedHealthcare® Senior Care Options.

SECTION 2.2 If you want to change plans

We hope to keep you as a member next plan 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 4), or call Medicare (see Section 5.2).

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 UnitedHealthcare® Senior Care Options on the last day of the current month.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UnitedHealthcare® Senior Care Options on the last day of the current month.

- **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 5.1 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 3: 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 9, Section 2.3 of the **Evidence of Coverage**.

Section 4: Programs That Offer Free Counseling about Medicare and MassHealth (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 SHINE (Serving the Health Information Needs of Everyone) program.

The Massachusetts SHINE 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. Massachusetts SHINE 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 Massachusetts SHINE at 1-800-AGE-INFO (1-800-243-4636), or locally 617-727-7750.

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

Section 5: Questions?

SECTION 5.1 Getting Help from UnitedHealthcare® Senior Care Options

Questions? We're here to help. Please call Customer Service at 1-888-867-5511. (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)

This **Annual Notice of Changes** gives you a summary of changes in your benefits for 2021. For details, look in the 2021 **Evidence of Coverage** for UnitedHealthcare® Senior Care Options. 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 at our website at www.myuhc.com/CommunityPlan. 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.myuhc.com/CommunityPlan. 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/Drug List**).

SECTION 5.2 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.

SECTION 5.3 Getting Help from MassHealth (Medicaid)

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

UnitedHealthcare® Senior Care Options Customer Service:



Call 1-888-867-5511

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 PO Box 30770

Salt Lake City, UT 84130-0770



Website www.myuhc.com/CommunityPlan