



Annual Notice of Changes

Thank you

for your membership

We value the trust you place in us to support your health needs. We've put together this annual update for you. The information in it highlights what's available with your plan and changes that will take place. You don't have to do anything to stay in your plan. Please take a moment to read this important information.



You can use your benefits effective **January 1, 2019 - December 31, 2019**.



We can help you get the most out of your benefits.

Call Member Services at **1-800-225-2273** (TTY: **711**), Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays. Remember to have your **Senior Secure (HMO) with Senior Rx Plus** membership card available when you call. You can also visit <https://www11.anthem.com/ca/countyoforange/>.

Check your mailbox for your new Medicare ID card

To reduce the risk of fraud and identity theft, Medicare will be replacing your Medicare ID card (red, white and blue card). You may have already received the new card. If you haven't, the Centers for Medicare & Medicaid Services (CMS) will send it by April 2019. This new card will not include your Social Security number for your member identification number. Instead, CMS has created a unique number, called the Medicare Beneficiary Identifier (MBI). Although you won't use the Medicare ID card to receive services covered by this plan, you should keep it in a safe place in case you need it later. Remember to use your Senior Secure (HMO) with Senior Rx Plus membership card whenever you get any services covered by this plan.

Your plan documents

You are enrolled in the Senior Secure (HMO) with Senior Rx Plus plan. Below are descriptions of your plan documents. You can view the *Evidence of Coverage*, *Formulary* and *Directory* online or request printed copies. It's easy and convenient – simply follow the steps in the enclosed flyer. Please note, it's important that you review all the materials to learn about any changes and how they affect you.



Evidence of Coverage (EOC)

This booklet, available online, is a legal document that describes what is covered and what you pay for your Medicare Advantage and Prescription Drug coverage. It also explains your rights and responsibilities. Review the benefits chart located at the front of the *EOC* to see any changes to your share of cost.



2019 Part D Formulary (List of Covered Drugs)

This booklet, also available online, has information about the drugs we cover in your plan. Check if your drugs will continue to be covered, in the same tier, and if there are new restrictions. We encourage you to talk to your doctor if any of the changes affects you.



Certificate of Coverage

This booklet explains the additional drug benefits you get from us and not from Medicare. Review the benefits charts to see any changes to your share of the cost.



EOC, Formulary and Directory Flyer

This flyer gives you information about how to view the *EOC*, *Formulary* and *Directory* online or how to request a printed copy.



Directory

This booklet, available online, has information about how to find a new doctor, hospital and pharmacy or if you can keep using the same ones you use today.

Ways to save time and money



Talk to a doctor anywhere, anytime with LiveHealth Online

Visit with a board-certified doctor on your smartphone, tablet or computer – 24 hours a day, 7 days a week at no cost to you. Doctors can assess your condition and send prescriptions to the pharmacy you select if needed.¹ Talk with a doctor online for conditions such as colds, flu or allergies. You can schedule a visit with a therapist² to have a 45-minute counseling session. Sign up for free at livehealthonline.com or download the free mobile app.



Convenient ways to get your prescriptions filled

Choose from these options:

- Use retail pharmacies in your plan for short-term prescriptions for medications you need right away.
- You may save money by filling your prescriptions at a preferred retail pharmacy in your plan. The current list of preferred retail pharmacies is located in your *EOC*. Please note, preferred retail pharmacies may change each January.
- Use a mail-order pharmacy in your plan for medications you take on an ongoing basis, such as long-term or maintenance medications. This can offer significant cost savings, plus save you time.



You may qualify for help paying for prescription drugs

There are agencies that can help pay for your prescription drugs, such as Medicare's Extra Help program, State Pharmaceutical Assistance Program (SPAP) and AIDS Drug Assistance Program (ADAP). If you qualify, you can get help paying for your drug plan's monthly premium, yearly deductible, coinsurance/copays, coverage gap and late enrollment penalty.

To learn more about these programs and additional benefits, contact these agencies. Their contact information is listed in the last chapter of your *EOC*.



You must receive care from our in-network providers

Urgent care, emergency care and urgently required renal dialysis can always be received from the nearest available provider, anywhere worldwide. If you receive care in a non-emergency or non-urgent care situation from non-network providers, neither Medicare nor **Senior Secure (HMO) with Senior Rx Plus** will be responsible for the cost.

Other important things you should know



You don't need to do anything to stay in your plan

If you choose not to stay enrolled in our plan, you or your spouse may not be able to re-enroll in your retiree benefits. Please check with your group sponsor for their eligibility rules.



Learn more about your drug prices

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 <https://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.



We have you covered!

You must have **Qualifying Health Coverage (QHC)** to avoid the fee for not having insurance under the Affordable Care Act (ACA). Your plan with us qualifies as QHC so it satisfies your individual shared responsibility requirement. You can learn more information on the requirements for QHC by visiting the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families>.



Free health insurance counseling is available

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. It's not connected with any insurance company or health plan. The counselors can answer your questions and help you understand your Medicare plan choices. Look in the last chapter of your *EOC* for your state's SHIP contact information.



Medicare & You 2019 is a helpful resource

For more information, we encourage you to read *Medicare & You 2019*. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, go to <https://www.medicare.gov>. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the Member Services numbers listed above to request interpreter services.

This document may be available in an alternate format, such as large print. Please call the Member Services numbers listed above for additional information.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year or upon renewal. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network and provider network may change at any time.

You will receive notice when necessary.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of this plan.

1 Prescription availability is defined by physician judgment.

2 Appointments subject to availability of a therapist. Psychologists or therapists using LiveHealth Online cannot prescribe medications.

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