

## ***Devoted Health Essentials Polk (HMO) offered by Devoted Health***

# **Annual Notice of Changes for 2021**

You are currently enrolled as a member of *Devoted Health Essentials Greater Tampa Bay (HMO)*. 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.**

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### **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 2 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 2.6 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.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.
  
- 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 2.3 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](http://www.medicare.gov/plan-compare-website)
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Devoted Health Essentials Polk (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 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 *Devoted Health Essentials Polk (HMO)*.
- 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 English and Spanish.
- Please contact our Member Services number at 1-800-DEVOTED (1-800-338- 6833) for additional information. (TTY users should call 711.) Hours are 8am to 8pm 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday from April 1 to September 30.
- If you need information in a different language or format (such as braille, or large print) — or you need any help at all— call us at 1-800-DEVOTED (1-800- 338-6833) TTY 711.
- **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About *Devoted Health Essentials Polk (HMO)***

- Devoted Health is an HMO plan with a Medicare contract. Enrollment in Devoted Health depends on contract renewal.

- When this booklet says “we,” “us,” or “our,” it means *Devoted Health*. When it says “plan” or “our plan,” it means *Devoted Health Essentials Polk (HMO)*.

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## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for *Devoted Health Essentials Polk (HMO)* 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.devoted.com](http://www.devoted.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Monthly plan premium*</b>  * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,400	\$4,900
<b>Doctor office visits</b>	<b>Primary Care Visits:</b> \$0 copay per visit  <b>Specialist Visits:</b> \$20 copay per visit	<b>Primary Care Visits:</b> \$0 copay per visit  <b>Specialist Visits:</b> \$35 copay per visit
<b>Inpatient hospital stays</b>  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.	<b>Days 1 - 5</b> \$150 copay per day  <b>Day 6+</b> \$0 copay	<b>Days 1 - 6</b> \$250 copay per day  <b>Day 7+</b> \$0 copay

Cost	2020 (this year)	2021 (next year)
<b>Part D prescription drug coverage</b>	<b>Deductible: \$0</b>	<b>Deductible: \$0</b>
(See Section 2.6 for details.)	<b>Copayment/Coinsurance during the Initial Coverage Stage:</b>	<b>Copayment/Coinsurance during the Initial Coverage Stage:</b>
	<b>Drug Tier 1:</b> \$0 per prescription at a retail pharmacy for a 30-day supply.	<b>Drug Tier 1:</b> \$0 per prescription at a retail pharmacy for a 30-day supply.
	\$0 per prescription at a mail order pharmacy for a 90-day supply.	\$0 per prescription at a mail order pharmacy for a 100-day supply.
	<b>Drug Tier 2:</b> \$7 per prescription at a retail pharmacy for a 30-day supply.	<b>Drug Tier 2:</b> \$7 per prescription at a retail pharmacy for a 30-day supply.
	\$14 per prescription at a mail order pharmacy for a 90-day supply.	\$17.50 per prescription at a mail order pharmacy for a 100-day supply.
	<b>Drug Tier 3:</b> \$47 per prescription at a retail pharmacy for a 30-day supply.	<b>Drug Tier 3:</b> \$47 per prescription at a retail pharmacy for a 30-day supply.
	\$94 per prescription at a mail order pharmacy for a 90-day supply.	\$117.50 per prescription at a mail order pharmacy for a 100-day supply.
	<b>Drug Tier 4:</b> \$95 per prescription at a retail pharmacy for a 30-day supply.	<b>Drug Tier 4:</b> \$95 per prescription at a retail pharmacy for a 30-day supply.
	\$285 per prescription at a mail order pharmacy for a 90-day supply.	\$285 per prescription at a mail order pharmacy for a 100-day supply.
	<b>Drug Tier 5:</b> 33% of the total cost at a retail pharmacy for a 30-day supply.	<b>Drug Tier 5:</b> 33% of the total cost at a retail pharmacy for a 30-day supply.

Cost	2020 (this year)	2021 (next year)
		<p><b>You pay \$0 for select insulins.</b></p> <p>To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Member Services (Phone numbers for Member Services are printed on the back cover of this booklet).</p>

# Annual Notice of Changes for 2021

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## Section 1 We Are Changing the Plan's Name

On January 1, 2021, our plan name will change from Devoted Health Essentials Greater Tampa Bay (HMO) to Devoted Health Essentials Polk (HMO).

You will receive a new Member ID card in the mail. Devoted Health Essentials Polk (HMO) will begin mailing new 2021 ID cards in early November 2020 and will continue through December 2020.

## Section 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)	Part B Buydown amount: \$125	Part B Buydown amount: \$125
	Your plan offers a Part B Buy-down that reduces your monthly Part B premium.	Your plan offers a Part B Buy-down that reduces your monthly Part B premium.

- 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 6 regarding “Extra Help” from Medicare.

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.



Cost	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount</b>	\$3,400	\$4,900
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$4,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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### Section 2.3 - Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.devoted.com](http://www.devoted.com). You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2021 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 to manage your care.

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## Section 2.4 - Changes to the Pharmacy Network

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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.devoted.com](http://www.devoted.com). You may also call Member Services for updated provider 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.**

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## Section 2.5 - Changes to Benefits and Costs for Medical Services

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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*.

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Ambulance Services</b>	<b>Ground</b> \$250 copay	<b>Ground</b> \$250 copay
	<b>Air</b> \$250 copay	<b>Air</b> 20% coinsurance

Cost	2020 (this year)	2021 (next year)
<p><b>Health and wellness education programs</b></p>	<p><b>SilverSneakers® Membership</b></p>	<p><b>SilverSneakers® Membership</b></p>
<p><b>SilverSneakers® Membership</b></p>	<p>\$0 copay</p>	<p>\$0 copay</p>
<p>SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.</p>	<p><b>Devoted Health Wellness Bucks</b></p> <p>\$150 per year</p>	<p><b>Devoted Health Wellness Bucks</b></p> <p>\$150 per year</p>
<p><b>Devoted Health Wellness Bucks:</b> Devoted Health will reimburse you, up to the limit, for participation or purchase of one or more of the following:</p>		<p>In 2021, additional eligible services will include:</p>
<ol style="list-style-type: none"> <li>1. Purchase of an Apple Watch® which tracks number of steps and heart rate</li> <li>2. Participation in instructional fitness classes such as Yoga, Pilates, Zumba, Tai Chi, Crossfit, aerobics/group fitness classes, strength training, spin classes, personal training (taught by a certified instructor), etc.</li> <li>3. Program fees for weight loss programs such as Jenny Craig, Weight Watchers, or hospital-based weight loss programs.</li> </ol>		<ul style="list-style-type: none"> <li>• Fitness equipment to be used in the home, such as free weights, treadmill, stationary bike, rowing machines, resistance bands, etc.</li> <li>• Memory fitness activities programs that improve your brain’s speed and ability, strengthen memory, and enable learning.</li> <li>• Membership in a qualified health club or fitness facility (when facility does not participate with SilverSneakers®).</li> <li>• Certain OTC items (not otherwise available through the OTC catalog) used in conjunction with a Devoted Health care or disease management program.</li> </ul>

Cost	2020 (this year)	2021 (next year)
<p><b>Hearing services</b></p>	<p><b>Medicare-covered hearing exam:</b> \$20 copay</p> <p><b>Routine hearing exam:</b> \$0 copay</p> <p><b>Hearing aids:</b> \$1,000 per year benefit - \$500 max per ear per year</p>	<p><b>Medicare-covered hearing exam:</b> \$35 copay</p> <p><b>Routine hearing exam:</b> \$0 copay</p> <p><b>Hearing aids:</b> Up to two TruHearing-branded hearing aids every year (one per ear per year). You can choose from TruHearing’s Advanced and Premium hearing aids, which come in various styles and colors.</p> <ul style="list-style-type: none"> <li>• \$599 copay per aid for Advanced models</li> <li>• \$899 copay per aid for Premium models</li> </ul>
<p><b>Inpatient hospital care</b> (includes acute care and rehabilitation hospital care)</p>	<p><b>Days 1 - 5</b> \$150 copay per day</p> <p><b>Day 6+</b> \$0 copay</p>	<p><b>Days 1 - 6</b> \$250 copay per day</p> <p><b>Day 7+</b> \$0 copay</p>
<p><b>Inpatient mental health care</b></p>	<p><b>Days 1 - 5</b> \$150 copay per day</p> <p><b>Day 6+</b> \$0 copay</p>	<p><b>Days 1 - 6</b> \$250 copay per day</p> <p><b>Day 7+</b> \$0 copay</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Medicare Part B prescription drugs</b></p>	<p><b>Chemotherapy Drugs:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance in a provider's office</li> <li>• 20% coinsurance in an outpatient hospital</li> </ul> <p><b>Generic Nebulized Medications</b></p> <ul style="list-style-type: none"> <li>• \$0 copay in a provider's office</li> <li>• \$0 copay in an outpatient hospital</li> </ul> <p><b>Allergy Serum</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance in a provider's office</li> <li>• 20% coinsurance in an outpatient hospital</li> </ul> <p><b>All Other Part B Drugs</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance in a provider's office</li> <li>• 20% coinsurance in an outpatient hospital</li> </ul>	<p><b>Chemotherapy Drugs:</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance in a provider's office</li> <li>• 20% coinsurance in an outpatient hospital</li> </ul> <p><b>Generic Nebulized Medications</b></p> <ul style="list-style-type: none"> <li>• \$0 copay in a provider's office</li> <li>• \$0 copay in an outpatient hospital</li> </ul> <p><b>Allergy Serum</b></p> <ul style="list-style-type: none"> <li>• \$0 copay in a provider's office</li> <li>• \$0 copay in an outpatient hospital</li> </ul> <p><b>All Other Part B Drugs</b></p> <ul style="list-style-type: none"> <li>• 20% coinsurance in a provider's office</li> <li>• 20% coinsurance in an outpatient hospital</li> </ul>
<p><b>Non-emergent medical transportation</b></p>	<p>\$0 copay</p> <p>You are covered for 30 one-way rides per year.</p>	<p>\$0 copay</p> <p><b>Rides to your Primary Care Physician (PCP)</b> Unlimited trips</p> <p><b>Rides to other locations</b> 20 one-way rides per year</p> <p>All trips limited to 30 miles per one-way trip</p>
<p><b>Opioid treatment program services</b></p>	<p><b>Methadone treatment for opioid dependency</b> \$20 copay</p>	<p><b>Methadone treatment for opioid dependency</b> \$35 copay</p>

Cost	2020 (this year)	2021 (next year)
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<p><b>Advanced Imaging (Diagnostic Radiology):</b> Office &amp; Stand Alone Imaging Center: \$0 copay Outpatient Hospital: \$150 copay</p> <p><b>Diagnostic Procedures and Tests:</b> Office: \$0 copay Outpatient Hospital: \$150 copay</p> <p><b>Lab Services:</b> Office &amp; Lab: \$0 copay Outpatient Hospital: \$40 copay</p> <p><b>Medical Supplies:</b> 20% coinsurance</p> <p><b>Radiation Therapy:</b> Office: 20% coinsurance Outpatient Hospital: 20% coinsurance</p> <p><b>X-rays &amp; Ultrasounds:</b> Office: \$0 copay Outpatient Hospital: \$150 copay</p>	<p><b>Advanced Imaging (Diagnostic Radiology):</b> Office &amp; Stand Alone Imaging Center: \$0 copay Outpatient Hospital: \$250 copay</p> <p><b>Diagnostic Procedures and Tests:</b> Office: \$0 copay Outpatient Hospital: \$250 copay</p> <p><b>Lab Services:</b> Office &amp; Lab: \$0 copay Outpatient Hospital: \$40 copay</p> <p><b>Medical Supplies:</b> 20% coinsurance</p> <p><b>Radiation Therapy:</b> Office: 20% coinsurance Outpatient Hospital: 20% coinsurance</p> <p><b>X-rays &amp; Ultrasounds:</b> Office: \$0 copay Outpatient Hospital: \$150 copay</p>
<b>Outpatient hospital observation</b>	\$150 copay per stay	\$250 copay per stay
<b>Outpatient hospital services</b>	\$150 copay	\$250 copay
<b>Outpatient mental health care (individual and group)</b>	<p><b>Individual visits</b> \$20 copay</p> <p><b>Group visits</b> \$20 copay</p>	<p><b>Individual visits</b> \$35 copay</p> <p><b>Group visits</b> \$35 copay</p>
<b>Outpatient substance abuse services</b>	\$20 copay	\$35 copay
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	<p><b>Ambulatory Surgical Center (ASC):</b> \$95 copay</p> <p><b>Outpatient Hospital:</b> \$150 copay</p>	<p><b>Ambulatory Surgical Center (ASC):</b> \$95 copay</p> <p><b>Outpatient Hospital:</b> \$250 copay</p>

<b>Cost</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Partial hospitalization services</b>	\$25 copay	\$55 copay
<b>Personal Emergency Response System (PERS)</b>	\$0 copay  Fall detection services: Not covered	\$0 copay  Fall detection services: \$0 copay
<b>Physician/Practitioner services, including doctor’s office visits</b>	<b>Visits to your Primary Care Provider (PCP):</b> \$0 copay  <b>Visits to a Specialist:</b> \$20 copay	<b>Visits to your Primary Care Provider (PCP):</b> \$0 copay  <b>Visits to a Specialist:</b> \$35 copay
<b>Podiatry services</b>	<b>Medicare Covered Podiatry Visit:</b> \$20 copay  <b>Routine Foot Care Visit:</b> \$20 copay, 6 visits per year	<b>Medicare Covered Podiatry Visit:</b> \$35 copay  <b>Routine Foot Care Visit:</b> \$35 copay, 6 visits per year
<b>Skilled nursing facility (SNF) care</b>	<b>Days 1 - 20</b> \$0 copay  <b>Days 21 - 40</b> \$170 copay per day  <b>Days 41 - 100</b> \$0 copay	<b>Days 1 - 20</b> \$0 copay  <b>Days 21 - 40</b> \$184 copay per day  <b>Days 41 - 100</b> \$0 copay

Cost	2020 (this year)	2021 (next year)
<p><b>Telehealth services</b></p>	<p>Your plan does not include a supplemental benefit for telehealth services, however, certain telehealth services are covered as allowed by Medicare in response to the Public Health Emergency caused by Coronavirus (COVID-19).</p>	<p>Your plan covers telehealth services for the following services: primary care visits, physician specialist visits, mental health visits (individual and group), podiatry visits, psychiatric visits (individual and group), physical therapy, occupational therapy, and speech language pathology services, substance abuse sessions (individual and group), kidney disease education, and diabetes self-management training.</p> <p><b><u>Virtual PCP Visits</u></b></p> <ul style="list-style-type: none"> <li>• You pay a \$0 copay</li> </ul> <p><b><u>Virtual Specialist Visits</u></b></p> <ul style="list-style-type: none"> <li>• You pay a \$35 copay</li> </ul> <p><b><u>Virtual Visits for Occupational, Physical, and Speech Therapy</u></b></p> <ul style="list-style-type: none"> <li>• You pay a \$20 copay</li> </ul>
<p><b>Urgently needed services</b></p>	<p><b>At an urgent care facility:</b> \$25 copay</p>	<p><b>At an urgent care facility:</b> \$50 copay</p>
<p><b>Vision care</b></p>	<p><b>Medicare covered vision exam:</b> \$20 copay</p> <p><b>Eyewear:</b> \$150 per year towards the purchase of eyeglasses or contacts</p>	<p><b>Medicare covered vision exam:</b> \$35 copay</p> <p><b>Eyewear:</b> \$150 per year towards the purchase of eyeglasses or contacts</p>



Cost	2020 (this year)	2021 (next year)
<p><b>Prior Authorization and Referral Changes</b></p>	<p><b>Outpatient mental health services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization is not required for outpatient mental health services.</li> <li>• A referral is not required for outpatient mental health services.</li> </ul> <p><b>Renal dialysis services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization may be required for renal dialysis services.</li> <li>• A referral is not required for renal dialysis services.</li> </ul> <p><b>Outpatient rehabilitation services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization may be required for outpatient physical therapy, occupational therapy, and speech language therapy.</li> <li>• A referral is not required for outpatient physical therapy, occupational therapy, and speech language therapy.</li> </ul>	<p><b>Outpatient mental health services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization <b>may be</b> required for outpatient mental health services.</li> <li>• A referral is not required for outpatient mental health services.</li> </ul> <p><b>Renal dialysis services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization <b>is not</b> required for renal dialysis services.</li> <li>• A referral <b>is</b> required for renal dialysis services.</li> </ul> <p><b>Outpatient rehabilitation services</b></p> <ul style="list-style-type: none"> <li>• Prior authorization <b>is not</b> required for outpatient physical therapy, occupational therapy, and speech language therapy.</li> <li>• A referral <b>may be</b> required for outpatient physical therapy, occupational therapy, and speech language therapy.</li> </ul>

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**Section 2.6 – Changes to Part D Prescription Drug Coverage**

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**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. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

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

If you were approved for an exception for this plan year, you may be required to file for an exception again in the new year. You can start requesting exceptions for the next plan year on December 1 of the current plan year.

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

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

### **Changes to Prescription Drug Costs**

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included 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” and didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.”

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.devoted.com](http://www.devoted.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

**Changes to the Deductible Stage**

<b>Stage</b>	<b>2020 (this year)</b>	<b>2021 (next year)</b>
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you. There is no deductible for Devoted Health Essentials Polk (HMO) for select insulins. You pay \$0 for select insulins.

**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><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></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. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p><b>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.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1: You pay \$0 per prescription</p> <p>Tier 2: You pay \$7 per prescription</p> <p>Tier 3: You pay \$47 per prescription</p> <p>Tier 4: You pay \$95 per prescription</p> <p>Tier 5: You pay 33% of the total cost</p> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1: You pay \$0 per prescription</p> <p>Tier 2: You pay \$7 per prescription</p> <p>Tier 3: You pay \$47 per prescription</p> <p>Tier 4: You pay \$95 per prescription</p> <p>Tier 5: You pay 33% of the total cost</p> <hr/> <p><b>You pay \$0 for select insulins.</b></p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

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*. Devoted Health Essentials Polk (HMO) offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be **\$0**.

## Section 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Devoted Health Essentials Polk (HMO)

**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 Devoted Health Essentials Polk (HMO).

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *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 2.1 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 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Devoted Health offers other Medicare health 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 Devoted Health Essentials Polk (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Devoted Health Essentials Polk (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## Section 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until 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. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

## Section 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Florida, the SHIP is called Florida SHINE (Serving Health Insurance Needs of Elders).

Florida 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 to people with Medicare. Florida 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 Florida SHINE at 1-800-963-5337 (TTY: 1-800-955-8770). You can learn more about Florida SHINE by visiting their website ([www.floridashine.org](http://www.floridashine.org)).

## Section 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“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 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-850-245-4422.

## Section 7 Questions?

### Section 7.1 – Getting Help from Devoted Health Essentials Polk (HMO)

Questions? We’re here to help. Please call Member Services at 1-800-DEVOTED (1-800-338-6833). (TTY only, call 711). We are available for phone calls 8am to 8pm 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday from April 1 to September 30. 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 Devoted Health Essentials Polk (HMO)*. 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.devoted.com](http://www.devoted.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

**Visit our Website**

You can also visit our website at [www.devoted.com](http://www.devoted.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/Drug List).

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## **Section 7.2 – Getting Help from Medicare**

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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](http://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](http://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](http://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.