

[Plans may include the ANOC in the 2014 Member Handbook (Evidence of Coverage) or provide it to members separately.]

[Plans may modify the language in the ANOC, as applicable, to address Medicaid benefits and cost sharing for its dual eligible population.]

[Plans must revise references to “Medicaid” to use the state-specific name for the program throughout the ANOC. If the state-specific name does not include the word “Medicaid,” plans should add “(Medicaid)” after the name at the first use.]

[Where the template uses “medical care,” “medical services,” or “health care services,” plans may revise and/or add references to long-term services and supports and/or home and community-based services as applicable.]

[Plans should refer members to the 2014 Member Handbook using the appropriate chapter number, section, and/or page number. For example, “see Chapter 9, Section A, page 1.” An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

<Plan name> **[insert plan type]** offered by **[insert sponsor name]**

Annual Notice of Changes for 2014

[Optional: insert beneficiary name]

[Optional: insert beneficiary address]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

You are currently enrolled as a member of <plan name>. Next year, there will be some changes to the plan's costs and benefits. This *[Insert as applicable: section or booklet]* tells you about the changes.

- Because you are eligible for both Medicare and Medicaid, you can change your coverage on a monthly basis.

Additional Resources

- You can get this Annual Notice of Changes in *[insert languages that the ANOC is available in]*. Call *[insert Member Service phone and TTY/TDD numbers, and hours of operation]*.

[This disclaimer must be placed in both English and all non-English languages that meet the Medicare and state thresholds for translation. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]

- You can ask for this *[Insert as applicable: section or booklet]* in other formats, such as Braille or audio. Call *[insert Member Service phone and TTY/TDD numbers, and hours of operation]*.

About <plan name>

[Insert State-specific federal contracting statement.]

- This <plan name> plan is offered by *[insert sponsor name]*. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means *[insert sponsor name]*. When it says “the plan” or “our plan,” it means <plan name>.

Think about Your Medicare and Medicaid Coverage for Next Year

[plans may delete the first sentence if it does not apply] Medicare and *[insert Medicaid program name]* allow you to change your Medicare and Medicaid health and drug coverage at any time. It is important to review your coverage now to make sure it will still meet your needs next year.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Important things to do:

- ☐ **Check the changes to our benefits** *[insert if applicable: and costs]* **to see if they affect you.** Do the changes affect the services you use? It is important to review benefit *[insert if applicable: and cost]* changes to make sure they will work for you next year. Look in sections <section number> *[plans may insert reference, as applicable]* and <section number> *[plans may insert reference, as applicable]* for information about benefit *[insert if applicable: and cost]* changes for our plan.
- ☐ **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in section <section number> *[plans may insert reference, as applicable]* for information about changes to our drug coverage.
- ☐ **Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section <section number> *[plans may insert reference, as applicable]* for information about our *Provider and Pharmacy Network Directory*.
- ☐ **Think about your overall costs in the plan.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How do the total costs compare to other coverage options?
- ☐ **Think about whether you are happy with our plan.**

If you decide to stay with <2014 plan name>:

If you want to stay with us, you do not need to do anything. If you do not make a change by December 31, you will automatically stay enrolled in our plan.

If you decide to change plans:

[plans should revise this paragraph as necessary] If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section <section number> *[plans may insert reference, as applicable]* to learn more about your choices.

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If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

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A. We are changing the plan's name

[Plans that are not changing the plan name, delete this section.]

On January 1, 2014, our plan name will change from <2013 plan name> to <2014 plan name>.

[Insert language to inform members whether they will receive new ID cards and how, as well as how the name change will affect any other beneficiary communication.]

B. Changes to benefits *[insert if applicable: and costs]* for next year

Changes to the network providers and pharmacies

[Plans with no changes to network providers and pharmacies, delete this section.]

Our network of providers and pharmacies has changed for next year.

[Insert as applicable: We included a copy of our Provider and Pharmacy Network Directory in the envelope with this [Insert as applicable: 2014 Member Handbook or booklet]. Or: An updated Provider and Pharmacy Network Directory is located on our website at <web address>.] You may also call Member Services at <phone number> for updated provider information or to ask us to mail you a *Provider and Pharmacy Network Directory*.

Changes to benefits *[insert if applicable: and costs]* for medical services

[If there are no changes in benefits or in cost sharing, revise heading to: There are no changes to your benefits or amounts you pay for medical services. Replace the rest of this section with: Our benefits [insert if applicable: and what you pay for these covered medical services] will be exactly the same in 2014 as they are in 2013.]

We are changing our coverage for certain medical services next year. The table below describes these changes.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

[The table must include:

- all new benefits that will be added or 2013 benefits that will end for 2014,
- new limitations or restrictions on benefits for 2014; and
- all changes in cost sharing for 2014 for covered medical services, including any changes to service category out-of-pocket maximums.]

	2013 (this year)	2014 (next year)
[Insert benefit name]	<p>[For benefits that were not covered in 2013, insert: [insert benefit name] is not covered.]</p> <p>[For benefits with a co-payment insert: You pay a \$<2013 co-payment amount> co-pay [insert language as needed to accurately describe the benefit, e.g., “per office visit”].]</p>	<p>[For benefits that will not be covered in 2014, insert: [insert benefit name] is not covered.]</p> <p>[For benefits with a co-payment insert: You pay a \$<2014 co-payment amount> co-pay [insert language as needed to accurately describe the benefit, e.g., “per office visit”].]</p>
[Insert benefit name]	[Insert 2013 cost or coverage, using format described above.]	[Insert 2014 cost or coverage, using format described above.]

Changes to prescription drug coverage

Changes to our Drug List

We sent you a copy of our *List of Covered Drugs* in this envelope. The *List of Covered Drugs* is also called the “Drug List.”

[Plans with no changes to covered drugs, tier assignment, or restrictions may replace the rest of this section with: We have not made any changes to our Drug List for next year. The drugs included on our Drug List will be the same in 2014 as in 2013. However, we are allowed to make changes to the Drug List from time to time throughout the year, with approval from Medicare and/or the state.]

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 including an abridged formulary, add the following language: The Drug List we included in this envelope includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. You can get the complete Drug List by calling Member Services (see the back cover) or visiting our Web site ([insert URL]).]*

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. You can ask for an exception before next year and we will give you an answer before the change takes effect. To learn what you must do to ask for an exception, see Chapter 9 of the *2014 Member Handbook* *[plans may insert reference, as applicable]* or call Member Services at <phone number>.
- **Find a different drug** that we cover. You can call Member Services at <phone number> to ask for a list of covered drugs that treat the same condition.

[Plans may omit this if they do not offer long-term supplies or if they allow current members to request formulary exceptions in advance for the following year:] In some situations, we will cover a **one-time**, temporary supply. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook* *[plans may insert reference, as applicable]*.) When you get 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.

[Plans may include additional information about processes for transitioning current enrollees to formulary drugs when your formulary changes relative to the previous plan year.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

[Include language to explain whether current formulary exceptions will still be covered next year or a new one needs to be submitted.]

Changes to prescription drug costs

[Plans with a single payment stage, delete this section. Other plans should modify the table as appropriate.]

There are two payment stages for your Medicare Part D prescription drug coverage under <2014 plan name>. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 <i>Initial Coverage Stage</i>	Stage 2 <i>Catastrophic Coverage Stage</i>
During this stage, the plan pays part of the costs of your drugs, and you pay your share. You begin in this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2014. You begin this stage when you have paid a certain amount of out-of-pocket costs.

Stage 1: “Initial Coverage Stage”

[Plans with a single coverage stage or with no cost sharing in the Initial Coverage Stage, modify this section as necessary.]

[Plans with co-pays, insert this paragraphs: During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the co-pay. The co-pay depends on what cost-sharing tier the drug is in and where you get it. You will pay a co-pay each time you fill a prescription. If your covered drug costs less than the co-pay, you will pay the lower price.]

[Plans without co-pays, insert this sentence: During the Initial Coverage Stage, you will not pay anything for your prescription drugs.]

[Insert if applicable: We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.]

The table below shows your costs for drugs in each of our < number of tiers> drug tiers. These amounts apply *only* during the time when you are in the Initial Coverage Stage. In addition to the changes in costs described below, there is a change to daily cost sharing that might affect your costs in the Initial Coverage Stage. Starting in 2014, when your doctor first prescribes less than a full month's supply of certain drugs, you may no longer need to pay the copay for a full month. (For more information about daily cost sharing, look at Chapter 6, Section 5.3, in the [insert as applicable: attached OR enclosed] Evidence of Coverage.)

[Plans must list all drug tiers in the table below. Plans without drug tiers may revise the table as appropriate.]

	2013 (this year)	2014 (next year)
Drugs in Tier <Tier number> <i>([Insert short description of tier (e.g., generic drugs)])</i> Cost for a one-month (<i>[insert number of days in a one-month supply]</i> -day) supply of a drug in Tier <Tier number> that is filled at a network pharmacy	<i>[Insert 2013 cost sharing: Your co-pay is \$<XX> per prescription.]</i>	<i>[Insert 2014 cost sharing: Your co-pay is \$<XX> per prescription.]</i>
Drugs in Tier <Tier number> <i>([Insert short description of tier (e.g., generic drugs)])</i> Cost for a one-month (<i>[insert number of days in a one-month supply]</i> -day) supply of a drug in Tier <Tier number> that is filled at a network pharmacy	<i>[Insert 2013 cost sharing: Your co-pay is \$<XX> per prescription.]</i>	<i>[Insert 2014 cost sharing: Your co-pay is \$<XX> per prescription.]</i>

The Initial Coverage Stage ends when your total out-of-pocket costs reach *[insert as applicable: \$<initial coverage limit> or \$<TrOOP amount>]*. At that point the



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year.

Stage 2: “Catastrophic Coverage Stage”

[Plans with a single coverage stage, modify this section as necessary.]

When you reach the out-of-pocket limit for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

*[Plans with an out-of-pocket limit on **all** drug spending, delete the following sentence:]*

- ➔ When you are in the Catastrophic Coverage Stage, you will continue to make co-pays for your Medicaid-covered drugs.

[If the plan provides coverage for excluded drugs as a Medicaid or additional plan-paid benefit, insert a description of cost sharing in the Catastrophic Coverage Stage.]

C. Other changes

[This section is optional. Plans with administrative changes that impact members (e.g., changes in prior authorization requirements, change in contract or PBP number) may insert this section and describe the changes in the table below.]

	2013 (this year)	2014 (next year)
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2013 administrative description]</i>	<i>[Insert 2014 administrative description]</i>
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2013 administrative description]</i>	<i>[Insert 2014 administrative description]</i>

D. Deciding which plan to choose

If you want to stay in <plan name>

We hope to keep you as a member next year.

To stay in our plan you don't need to do anything. If you do not sign up for a different Medicare-Medicaid Plan, or change to a Medicare Advantage Plan/Original Medicare and Medicaid, you will automatically stay enrolled as a member of our plan for 2014.

If you want to change plans

You can end your membership at any time by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

1. You can change to: A different Medicare-Medicaid Plan	Here is what to do: Enroll in the new Medicare-Medicaid Plan by calling <enrollment broker> at <phone number>. You will automatically be dropped from <plan name> when your new plan's coverage begins.
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If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

2. You can change to:

A Medicare-only health plan and
[insert as applicable: another
choice for Medicaid or stay with
the current Medicaid services]

Here is what to do:

Call <enrollment broker> at <phone number> and explain that you are leaving <plan name>.

Then call one of the following to enroll in the new Medicare-only health plan:

- The State Health Insurance Assistance Program (SHIP) at <phone number>.
[Insert as applicable: In <state>, the SHIP is called <name of SHIP>.]
- The <State> ombudsman at <phone number>.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You will automatically be dropped from <plan name> when your new plan's coverage begins.

[Plans should add information about enrolling in a different Medicaid plan.]

3. You can change to:

Original Medicare *with* a separate Medicare prescription drug plan and *[insert as applicable: another choice for Medicaid or stay with the current Medicaid services]*

Here is what to do:

Call <enrollment broker> at <phone number> and explain that you are leaving <plan name>.

Then call one of the following to enroll in the new Medicare prescription drug plan:

- The State Health Insurance Assistance Program (SHIP) at <phone number>. *[Insert as applicable: In <state>, the SHIP is called <name of SHIP>.]*
- The <State> ombudsman at <phone number>.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You will automatically be dropped from <plan name> when your new plan's coverage begins.

[Plans should add information about enrolling in a different Medicaid plan.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

4. You can change to:

Original Medicare *without* a separate Medicare prescription drug plan and [insert as applicable: another choice for Medicaid or stay with the current Medicaid services]

NOTE: 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.

Here is what to do:

Call <enrollment broker> at <phone number> and explain that you are leaving <plan name>.

Then call one of the following to enroll in Original Medicare and tell them you want to opt out of a separate Medicare prescription drug plan:

- The State Health Insurance Assistance Program (SHIP) at <phone number>.
[Insert as applicable: In <state>, the SHIP is called <name of SHIP>.]
- The <State> ombudsman at <phone number>.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You will be dropped from <plan name> when your coverage in Original Medicare begins.

[Plans should add information about enrolling in a difference Medicaid plan.]

E. Getting help

Getting help from <plan name>

Questions? We're here to help. Please call Member Services at <phone number> (TTY only, call <TTY number>.) We are available for phone calls <days and hours of operation>. *[Insert if applicable: Calls to these numbers are free.]*

Read your 2014 *Member Handbook*

The *2014 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs. An up-to-date copy of the *2104 Member Handbook* is always available on our website at <web address>.

Visit our website

You can also visit our website at <web address>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Network Directory*) and our Drug List (*List of Covered Drugs*).

Getting help from the <State-specific name for ombudsman program>

[Organizations offering plans in multiple states: Replace the state-specific name in the heading and the text with "local ombudsman program" Include a list of names, phone numbers, and addresses for all ombudsman offices in your service area.]

The <state-specific name for ombudsman program> can answer your questions and help you understand your choices. The <state-specific name for ombudsman program> is not connected with us or with any insurance company or health plan. The phone number for the <state-specific name for ombudsman program> is <phone number>. The services are free.

Getting help from the state enrollment broker

[Plans should insert information about the enrollment broker.] You can call the state enrollment broker at <phone number>.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Getting help from the State Health Insurance Assistance Program (SHIP)

[Organizations offering plans in multiple states: Replace the state-specific name in the heading and the text with “State Health Insurance Assistance Program (SHIP).” Include a list of names, phone numbers, and addresses for all SHIPs in your service area.]

You can also call the <state-specific SHIP name>. The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. The SHIP has trained counselors in every state, and services are free. The SHIP phone number is <phone number>.

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 (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Compare Drug and Health Plans.”)

Read Medicare & You 2014

You can read *Medicare & You 2014* 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 (<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.

Getting help from Medicaid

[Insert contact information for the state Medicaid agency. Plans may insert similar sections for the QIO or additional resources that might be available.]