

University of Maryland Health Advantage Dual (HMO-SNP) offered by University of Maryland Health Advantage, Inc.

Annual Notice of Changes for 2018

You are currently enrolled as a member of University of Maryland Health Advantage Dual. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2 and 2.5 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 2018 Drug List and look in Section 2.6 for information about changes to our drug coverage.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 and 2.4 for information about our Provider & Pharmacy Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other 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 <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 4.2 to learn more about your choices.

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

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

- If you want to **keep** University of Maryland Health Advantage Dual, you don’t need to do anything. You will stay in University of Maryland Health Advantage Dual.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans at any time. Your new coverage will begin on the first day of the following month. Look in section 4.2, page 14 to learn more about your choices.

Additional Resources

- Please contact our Member Services number at 410-779-9932 or toll free 1-844-386-6762 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm, local time, Monday through Friday from February 15 through September 30.
- This document may be made available in other alternative formats such as Braille and Large Print.
- **Coverage under this Plan qualifies as minimum essential coverage (MEC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About *University of Maryland Health Advantage Dual*

- University of Maryland Health Advantage Dual is an HMO-SNP with a Medicare contract and a Maryland Department of Health Medicaid contract. Enrollment in University of Maryland Health Advantage Dual depends on contract renewal. The plan also has a written agreement with the Maryland Medicaid program to coordinate your Medicaid benefits.
- When this booklet says “we,” “us,” or “our,” it means University of Maryland Health Advantage, Inc. When it says “plan” or “our plan,” it means University of Maryland Health Advantage Dual.

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Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for University of Maryland Health Advantage Dual in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2017 (this year)	2018 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$33.20	\$30.70
Deductible	\$183 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	\$183 (The deductible listed is for the calendar year of 2017 and may change effective January 1, 2018. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Doctor office visits	Primary care visits: 20% coinsurance per visit Specialist visits: 20% coinsurance per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.	Primary care visits: 20% coinsurance per visit Specialist visits: 20% coinsurance per visit If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.

Cost	2017 (this year)	2018 (next year)
<p>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.</p>	<p>Days 1 – 60: \$1,316 deductible</p> <p>Days 61 – 90: \$329 copayment per day.</p> <p>Days 91 – 150: \$658 copayment per lifetime reserve day. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>Days 1 – 60: \$1,316 deductible</p> <p>Days 61 – 90: \$329 copayment per day.</p> <p>Days 91 – 150: \$658 copayment per lifetime reserve day</p> <p>The deductible and copayments listed are for the calendar year of 2017 and may change effective January 1, 2018</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<p>Part D prescription drug coverage (See Section 2.6 for details.)</p>	<p>Deductible: \$0</p> <p><i>Copayment/Coinsurance as applicable</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • For generic drugs (including brand drugs treated as generic), you pay either: \$0, \$1.20, or \$3.30 copay. • For all other drugs, you pay either: \$0, \$3.70, or \$8.25 copay. 	<p>Deductible: \$0</p> <p><i>Copayment/Coinsurance as applicable</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • For generic drugs (including brand drugs treated as generic), you pay either: \$0, \$1.25, or \$3.35 copay. • For all other drugs, you pay either: \$0, \$3.70, or \$8.35 copay.

Cost	2017 (this year)	2018 (next year)
<p>Maximum out-of-pocket amount</p> <p>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.)</p>	<p>\$6,700</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$6,700</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in University of Maryland Health Advantage Dual in 2018

If you do nothing to change your Medicare coverage in 2017, we will automatically enroll you in our University of Maryland Health Advantage Dual. This means starting January 1, 2018, you will be getting your medical and prescription drug coverage through University of Maryland Health Advantage Dual. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you are eligible for Low Income Subsidies, you can change plans at any time.

The information in this document tells you about the differences between your current benefits in University of Maryland Health Advantage Dual and the benefits you will have on January 1, 2018, as a member of University of Maryland Health Advantage Dual.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium	\$33.20	\$30.70
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		

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	2017 (this year)	2018 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	\$6,700	<p style="text-align: center;">\$6,700</p> <p>Once you have paid \$6,700 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.</p>
<p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>		

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider & Pharmacy Directory* is located on our website at www.UMMedicareAdvantage.org. You may also call Member Services for updated provider information or to ask us to mail you a *Provider & Pharmacy Directory*. **Please review the 2018 *Provider & 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, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.

- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 2.4 – Changes to the Pharmacy Network

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 *Provider & Pharmacy Directory* is located on our website at www.UMMedicareAdvantage.org. You may also call Member Services for updated provider information or to ask us to mail you a *Provider & Pharmacy Directory*. **Please review the 2018 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

Section 2.5 – Changes to Benefits and Costs for Medical Services

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2018 Evidence of Coverage*. A copy of the *Evidence of Coverage* was included in this envelope.

Cost	2017 (this year)	2018 (next year)
Dental Services (Preventive and Comprehensive Dental Services)	<p>You pay \$0 copay per visit for preventive dental services.</p> <ul style="list-style-type: none"> ▪ Cleaning once per calendar year. ▪ Fluoride Treatment not covered. ▪ Periodic oral exam once per calendar year. ▪ Comprehensive oral exam once every 3 calendar years. ▪ Dental x-rays not covered. ▪ One (1) set of bitewing x-rays: two (2) or four (4) radiographic images once per calendar year. <p>Comprehensive Services: The Plan pays a maximum amount of \$800 per calendar year for specific restorative, periodontic, and prosthodontic services.</p>	<p>You pay \$0 copay per visit for preventive dental services.</p> <ul style="list-style-type: none"> ▪ Cleaning once every 6 months. ▪ Fluoride Treatment once every 6 months. ▪ Periodic oral exam every 6 months. ▪ Comprehensive oral exam once every 3 calendar years. ▪ Dental x-rays every 12 months. ▪ One (1) set of bitewing x-rays: two (2) or four (4) radiographic images once per calendar year. <p>Comprehensive Services: The Plan pays a maximum amount of \$1,000 per calendar year for specific restorative, periodontic, and prosthodontic services.</p> <p>(See “Dental Services”, Chapter 4, Section 2.1 of the Evidence of Coverage for further details on this benefit)</p>
Health and Wellness education programs (Fitness/Gym Membership)	<p>You pay a \$0 copay per visit to a participating gym.</p>	<p>Fitness/Gym Membership is not covered.</p>

Cost	2017 (this year)	2018 (next year)
<p>Over-the-Counter Products and Drugs</p> <p>A wide selection of drugs, supplies, and health care products that are provided without a prescription through the plan’s Over-the-Counter (OTC) Drug Catalog. Examples of OTCs include, but are not limited to: adhesive or elastic bandages, antihistamines, analgesics, decongestants, anti-inflammatories, antiseptics, sleep-aids, supplements, incontinence supplies, compression hosiery, toothpaste, denture adhesives, denture cleaners, and gum stimulators.</p>	<p>The plan pays a quarterly benefit amount of \$50. Any unused benefit expires at the end of each quarter and cannot be carried over to the next quarter.</p>	<p>The plan pays a quarterly benefit amount of \$60. Any unused benefit expires at the end of each quarter and cannot be carried over to the next quarter.</p>
<p>Routine Hearing Exams and Hearing Aid Services</p> <ul style="list-style-type: none"> • Routine Hearing Exam • Hearing Aid Evaluation and Fitting • Hearing Aids • Ear molds • Hearing aid battery supply • Manufacturer repair warranty. • Replacement coverage for Lost, Stolen or Damaged Hearing Aid 	<p>Routine Hearing Exams and Hearing Aid Services are not covered</p>	<p>There is no coinsurance, copayment, or deductible for a Routine Hearing Exam and Hearing Aid services.</p> <p>(See “Hearing Services”, Chapter 4, Section 2.1 of the Evidence of Coverage for further details on this benefit.)</p>

Cost	2017 (this year)	2018 (next year)
Podiatry Services (Routine Foot Care) Treatment of bunions, calluses, clavus, corns, hyperkeratosis and keratotic lesions, keratoderma, trimming and care of nails, plantar keratosis, tyloma or tyломata and tylosis.	You pay \$0 copay per visit for up to six (6) visits per calendar year.	You pay \$0 copay per visit for up to 12 visits per calendar year.

Section 2.6 – 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 in this envelope. 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 website (www.UMMedicareAdvantage.org).

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 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 **one-time**, 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 Form CMS 10260-ANOC/EOC (Approved 05/2017) OMB Approval 0938-1051 (Expires: May 31, 2020))

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 are currently taking a drug for which you have received a formulary exception, please refer to the letter sent to you which granted the exception to see whether the exception continues beyond the 2017 plan year. If it states your formulary exception will expire in or at the end of 2017, you will need to submit a new exception request for the drug for 2018 if its formulary status has not changed. You may review the 2018 Comprehensive formulary on our website at www.UMMedicareAdvantage.org to see whether the changes impact your drug.

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 sent you 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. Because you receive “Extra Help” and haven’t received this insert by September 30, 2017, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 8.1 of this booklet.

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 in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
Stage 1: Yearly Deductible Stage	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.

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	2017 (this year)	2018 (next year)
<p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>For generic drugs (including brand drugs treated as generic): You pay either \$0, or \$1.20, or \$3.30 per prescription depending on the level of “Extra Help” you receive.</p> <p>For all other drugs: You pay either \$0, or \$3.70, or \$8.25 per prescription depending on the level of “Extra Help” you receive.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>For generic drugs (including brand drugs treated as generic): You pay either \$0, or \$1.25, or \$3.35 per prescription depending on the level of “Extra Help” you receive.</p> <p>For all other drugs: You pay either \$0, or \$3.70, or \$8.35 per prescription depending on the level of “Extra Help” you receive.</p>
<p>Stage 2: Initial Coverage Stage (continued) 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 look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.</p>	<p>Once you have paid \$4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Cost	2017 (this year)	2018 (next year)
Health and Wellness Education Rewards & Incentive (R&I) Program For Enrolled Members	Not Offered	<p>There is no cost to members for this program.</p> <p>Members may qualify for rewards and incentives when they access certain services and return required forms signed by their provider.</p> <p><u>Services eligible</u></p> <p><i>Preventative Care R&I Program</i></p> <ul style="list-style-type: none"> • Wellness visit with PCP – All enrollees • Mammogram completed - Women 50 -74 • Colorectal Screening – All ages 50-75 <p><i>Comprehensive Diabetes Care R&I Program – members with diabetes</i></p> <ul style="list-style-type: none"> • A1C test completion • Diabetic Eye Exam • Nephropathy Screening Test

Cost	2017 (this year)	2018 (next year)
<p>Grace Period for Recertification of State Medicaid Benefits to Remain Eligible for Enrollment in University of Maryland Health Advantage Dual Plan</p> <p>See Chapter 10, Section 5.1, <i>(When we must end your membership in the plan)</i></p>	<p>This plan continues to cover Medicare benefits for a grace period of up to 6 months if you lose Medicaid eligibility. You must regain your Medicaid benefits within the grace period to remain enrolled in the plan.</p>	<p>The plan continues to cover Medicare benefits for a grace period of up to 2 months if you lose Medicaid eligibility. You must regain your Medicaid benefits within the grace period to remain enrolled in the plan.</p>

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in University of Maryland Health Advantage Dual

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, you will automatically stay enrolled as a member of our plan for 2018.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2018 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan at any time,
- -- OR-- You can change to Original Medicare at any time.

Your new coverage will begin on the first day of the following month. 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 2018*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, University of Maryland Health Advantage, Inc. offers other Medicare prescription drug 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 University of Maryland Health Advantage Dual.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from University of Maryland Health Advantage Dual.
- 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.

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 5 Deadline for Changing Plans

Because you are eligible for both Medicare and Medicaid you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In the State of Maryland, the SHIP is called State Health Insurance Assistance Program offered through the Maryland Department on Aging.

The SHIP 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. SHIP 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 the SHIP at 410-767-1100 or toll free at 800-243-3425. For TTY, call 711. You can learn more about the SHIP by visiting their website (<http://aging.maryland.gov/Pages/StateHealthInsuranceProgram.aspx>).

For questions about your Maryland Medical Assistance (Medicaid) benefits, contact Maryland's Medical Assistance (Medicaid) Program at 410-767-5800 or toll free 1-800-456-8900 (TTY users: 711), 8:30 am to 5:00 pm, local time, Monday through Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Maryland Medical Assistance (Medicaid) coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, 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).
- **Help from your state’s pharmaceutical assistance program.** The State of Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **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 Maryland AIDS Drug Assistance Program (MADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 410-767-6535 or toll free 1-800-205-6308 between 8:30 am and 4:30 pm, local time, Monday through Friday, or visit their website at <https://phpa.health.maryland.gov/OIDPCS/CHCS/pages/madap.aspx>.

SECTION 8 Questions?

Section 8.1 – Getting Help from University of Maryland Health Advantage Dual

Questions? We're here to help. Please call Member Services at 410-779-9932 or toll free 1-844-386-6761. (TTY only, call 711.) We are available for phone calls 8 am to 8 pm, local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm, local time, Monday through Friday from February 15 through September 30. Calls to these numbers are free.

Read your 2018 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 2018. For details, look in the 2018 *Evidence of Coverage for University of Maryland Health Advantage Dual*. 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 included in this envelope.

Visit our Website

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

Section 8.2 – 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 (<https://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 <https://www.medicare.gov> and click on "Find health & drug plans.")

Read *Medicare & You 2018*

You can read *Medicare & You 2018* 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 (<https://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 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call the Maryland Medical Assistance Program at 410-767-5800 or toll free 1-800-456-8900 (TTY users: 711), 8:30 am to 5:00 pm, local time, Monday through Friday. TTY users should call 711.

University of Maryland Health Advantage Dual Member Services

Method	Member Services – Contact Information
CALL	410-779-9932 or toll-free 1-844-386-6762 Calls to this number are free. 8 am to 8 pm local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm, local time, Monday through Friday from February 15 through September 30. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8 am to 8 pm local time, seven (7) days a week from October 1 through February 14, and 8 am to 8 pm, local time, Monday through Friday from February 15 through September 30.
FAX	1-844-325-0479
WRITE	University of Maryland Health Advantage Attention: Member Services 1966 Greenspring Drive, Suite 100 Timonium, Maryland 21093
WEBSITE	www.UMMedicareadvantage.org

State Health Insurance Assistance Program (Maryland SHIP)

The SHIP is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

Method	State Health Insurance Assistance Program (Maryland SHIP) - Contact Information
CALL	410-767-1100 or 1-800-243-3425
TTY	1-800-243-3425, ext. 71108 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	State Health Insurance Assistance Program Maryland Department of Aging 301 West Preston Street, Suite 1007 Baltimore, Maryland 21201
WEBSITE	www.aging.maryland.gov/StateHealthInsuranceProgram.html

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