



**Harvard Pilgrim  
Stride<sup>SM</sup> (HMO)  
Medicare Advantage Plan**

**Annual Notice of Changes  
Choice Rx (HMO-POS)**

**New Hampshire**

Y0098\_21091\_M Accepted

## **Stride<sup>SM</sup> Choice Rx (HMO-POS) offered by Harvard Pilgrim Health Care of New England, Inc.**

# **Annual Notice of Changes for 2021**

You are currently enrolled as a member of Stride<sup>SM</sup> Choice Rx (HMO-POS). 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 Sections 1 and 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 1.6 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.

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- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 and 1.4 for information about our *Provider and 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 [www.medicare.gov/plan-compare](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 Stride<sup>SM</sup> Choice Rx (HMO-POS).
- 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 Stride<sup>SM</sup> Choice Rx (HMO-POS).
- 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**

- Please contact our Member Services number at 1-888-609-0692 for additional information. (TTY users should call 711.) Hours are October 1 - March 31, from 8 a.m. to 8 p.m., seven days a week, and from April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.
- This information is available in different formats, including large print.
- **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 Stride<sup>SM</sup> Choice Rx (HMO-POS)**

- Harvard Pilgrim is a HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Harvard Pilgrim Health Care of New England, Inc. When it says “plan” or “our plan,” it means Stride<sup>SM</sup> Choice Rx (HMO-POS).

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Stride<sup>SM</sup> Choice Rx (HMO-POS) 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.harvardpilgrim.org/stridedocuments](http://www.harvardpilgrim.org/stridedocuments). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium</b> Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$54	\$54
<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 1.2 for details.)	<b>In-Network and Out-of-Network</b> \$5,600	<b>In-Network and Out-of-Network</b> \$5,600
<b>Doctor office visits</b>	Primary care visits: \$0 copayment per visit  Specialist visits: \$30 copayment per visit	Primary care visits: \$0 copayment per visit  Specialist visits: \$30 copayment 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.	\$275 copayment per day for days 1 - 6, then \$0 copayment after day 6	\$275 copayment per day for days 1 - 6, then \$0 copayment after day 6

Cost	2020 (this year)	2021 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$270 Tiers 3, 4 and 5</p>	<p>Deductible: \$270 Tiers 3, 4 and 5</p>
	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</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>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copayment</li> <li>• Drug Tier 2: \$10 copayment</li> <li>• Drug Tier 3: \$47 copayment</li> <li>• Drug Tier 4: \$100 copayment</li> <li>• Drug Tier 5: 28% of the total cost</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copayment</li> <li>• Drug Tier 2: \$10 copayment</li> <li>• Drug Tier 3: \$47 copayment</li> <li>• Drug Tier 4: \$100 copayment</li> <li>• Drug Tier 5: 28% of the total cost</li> </ul>

## ***Annual Notice of Changes for 2021***

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$54	\$54

- 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 1.2 – 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> Your costs for covered medical services (such as copays) 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.	<b>In-Network and Out-of-Network</b> \$5,600	<b>In-Network and Out-of-Network</b> \$5,600 Once you have paid \$5,600 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 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at [www.harvardpilgrim.org/strideproviders](http://www.harvardpilgrim.org/strideproviders). 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 and managing your care.

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## Section 1.4 – 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 *Provider and Pharmacy Directory* is located on our website at [www.harvardpilgrim.org/strideproviders](http://www.harvardpilgrim.org/strideproviders). 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 which pharmacies are in our network.**

## Section 1.5 – Changes to Benefits and Costs for Medical Services

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*.

Cost	2020 (this year)	2021 (next year)
<b>Acupuncture</b>	<b>In-Network and Out-of-Network</b> <i>Medicare-Covered</i> <i>Acupuncture:</i> Medicare started covering limited acupuncture services in early 2020.	<b>In-Network and Out-of-Network</b> <i>Medicare-Covered</i> <i>Acupuncture:</i> You pay \$20 copayment for each visit for chronic low back pain.

Cost	2020 (this year)	2021 (next year)
<p><b>Additional telehealth services</b></p>	<p><b>In-Network and Out-of-Network</b>            You pay \$30 copayment for telehealth visits, virtual check-ins, and e-visits for the following types of care:</p> <ul style="list-style-type: none"> <li>• Opioid Treatment Program Services</li> <li>• Outpatient Mental Health Care, including visits with a Psychiatrist; and</li> <li>• Outpatient Substance Abuse Services.</li> </ul>	<p><b>In-Network and Out-of-Network</b>            Additional telehealth services are covered for the following types of care:</p> <ul style="list-style-type: none"> <li>• Diabetes Self-Management Training;</li> <li>• Kidney Disease Education Services;</li> <li>• Opioid Treatment Program Services;</li> <li>• Outpatient Mental Health Care, including visits with a Psychiatrist;</li> <li>• Outpatient Substance Abuse Services; and</li> <li>• Physician/Practitioner Services including office visits with your PCP and Specialists, as well as visits to Retail/Convenience Care Clinics.</li> </ul> <p>You pay the same for telehealth visits as you do for in-person visits. However, you pay \$0 copayment for virtual check-ins and e-visits.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Chiropractic Services</b></p>	<p><b>In-Network and Out-of-Network</b>  Routine Visits Not Covered</p>	<p><b>In-Network and Out-of-Network</b>  <i>Routine Chiropractic Visits:</i></p> <p>Your Wallet Benefit covers routine chiropractic visits that Original Medicare does not. You pay \$0 copayment until your Wallet Benefit is exhausted.</p> <p>Our plan covers routine chiropractic visits that Original Medicare does not. Routine chiropractic visits may be used for more than correcting the alignment of your spine. Examples include freeing up joints to restore full range of motion and relieving muscle tension to prevent headaches and help you sleep more soundly.</p> <p>You pay \$0 copayment for routine chiropractic visits.</p>
<p><b>Diabetes supplies and services</b></p>	<p><b>In-Network and Out-of-Network</b>  You pay 20% of the total cost for Therapeutic Continuous Glucose Monitoring Systems (CGMS), like the Freestyle Libre by Abbott Diabetes Care.</p> <p>Your plan does not cover Additional Telehealth Services for Diabetes Self-Management Training.</p>	<p><b>In-Network and Out-of-Network</b>  You pay \$0 copayment for Therapeutic Continuous Glucose Monitoring Systems (CGMS), like the Freestyle Libre by Abbott Diabetes Care.</p> <p>You pay \$0 copayment - \$50 copayment for Diabetes Self-Management Training by telehealth visit but \$0 copayment for virtual check-ins and e-visits.</p>

Cost	2020 (this year)	2021 (next year)
<b>Hearing services</b>	<p><i>Hearing Aids:</i>  <b>In-Network</b>            An additional \$75 per hearing aid for optional rechargeability (Premium model only).</p> <p><b>Out-of-Network</b>            Not covered</p>	<p><i>Hearing Aids:</i>  <b>In-Network</b>            An additional \$50 per hearing aid for optional rechargeability (Premium model only).</p> <p><b>Out-of-Network</b>            Not covered</p>
<b>Outpatient diagnostic radiology services</b>	<p><b>In-Network and Out-of-Network</b>            You pay \$150 copayment per visit for high-end radiology, such as CT and PET scans, MRAs and MRIs.</p>	<p><b>In-Network and Out-of-Network</b>            You pay \$250 copayment per visit for high-end radiology, such as CT and PET scans, MRAs and MRIs.</p>
<b>Outpatient hospital observation</b>	<p><b>In-Network and Out-of-Network</b>            You pay \$225 copayment for Medicare-covered observation services.</p>	<p><b>In-Network and Out-of-Network</b>            You pay \$250 copayment for Medicare-covered observation services.</p>
<b>Outpatient surgery</b>	<p><b>In-Network and Out-of-Network</b>            You pay \$200 copayment per visit for services provided at hospital outpatient facilities and ambulatory surgical centers.</p>	<p><b>In-Network and Out-of-Network</b>            You pay \$250 copayment per visit for services provided at hospital outpatient facilities and ambulatory surgical centers.</p>
<b>Services to treat kidney disease</b>	<p><b>In-Network and Out-of-Network</b>            You pay \$30 copayment per Medicare-covered session for renal dialysis.</p> <p>Your plan does not cover Additional Telehealth Services for Kidney Disease Education.</p>	<p><b>In-Network and Out-of-Network</b>            You pay 20% of the total cost per Medicare-covered session for renal dialysis.</p> <p>You pay \$0 copayment for virtual Kidney Disease Education, whether by way of telehealth visit, virtual check-in or e-visit.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Skilled nursing facility (SNF) care</b></p>	<p><b>In-Network</b>            You pay \$0 copayment per day for days 1-20, then \$178 copayment per day for days 21-100 for Medicare-covered stays.</p> <p>An inpatient hospital admission is not required prior to each SNF stay.</p> <p><b>Out-of-Network</b>            Not covered</p>	<p><b>In-Network</b>            You pay \$0 copayment per day for days 1-20, then \$184 copayment per day for days 21-100 for Medicare-covered stays.</p> <p>An inpatient hospital admission is not required prior to each SNF stay.</p> <p><b>Out-of-Network</b>            Not covered</p>
<p><b>Transportation services</b></p>	<p><b>In-Network and Out-of-Network</b></p> <p><i>Medical Transportation:</i>            Non-emergency situations only. You pay \$0 copayment per one-way trip.</p>	<p><b>In-Network and Out-of-Network</b></p> <p><i>Non-Emergency Medical Transportation:</i>            You pay \$25 copayment per one-way trip.</p>
<p><b>Urgently needed services</b></p>	<p><b>In-Network and Out-of-Network</b>            You pay \$65 copayment for each Medicare-covered urgent care visit.</p> <p>Your plan does not cover Additional Telehealth Services for urgent care visits.</p>	<p><b>In-Network and Out-of-Network</b>            You pay \$50 copayment for each Medicare-covered urgent care visit.</p> <p>You pay \$50 copayment for telehealth visits to an urgent care center but \$0 copayment for virtual check-ins and e-visits.</p>

Cost	2020 (this year)	2021 (next year)
<b>Wallet Benefit</b>	<p>Your annual reimbursement does not include Chiropractor Visits for routine care or subscription to a Memory Fitness application/program. You pay \$0 copayment until your Wallet Benefit is exhausted.</p> <ul style="list-style-type: none"> <li>• Acupuncture Visits</li> <li>• Alternative Therapies: <ul style="list-style-type: none"> <li>○ holistic medicine practitioner visits</li> <li>○ bodywork</li> <li>○ mind-body therapies</li> </ul> </li> <li>• Eyewear or upgrades not covered by Medicare</li> <li>• Fitness membership or classes, including tai chi and qi gong</li> <li>• Massage therapy</li> <li>• Bathroom safety devices</li> <li>• One fitness tracking device per year (e.g. Fitbit)</li> </ul>	<p>Your annual reimbursement may be used to cover the cost of any of the following items or services:</p> <ul style="list-style-type: none"> <li>• Acupuncture visits (routine) <ul style="list-style-type: none"> <li>○ Alternative therapies (holistic medicine practitioner visits, bodywork, mind-body therapy)</li> </ul> </li> <li>• Massage therapy</li> <li>• Chiropractor visits (routine)</li> <li>• Bathroom safety devices and their installation</li> <li>• Fitness membership or classes, including tai chi and qi gong</li> <li>• Fitness tracking device</li> <li>• Memory fitness subscription</li> <li>• Glasses or contact lenses not covered by Original Medicare, including upgrades</li> </ul> <p>Limitations and exclusions apply. Practitioners must be licensed or certified in the state where they provide services.</p>

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## Section 1.6 – Changes to Part D Prescription Drug Coverage

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<b>Changes to Our Drug List</b>
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Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically, located on our website at [www.harvardpilgrim.org/stridedruglist](http://www.harvardpilgrim.org/stridedruglist). You may also call Member Services to ask us to mail you a Formulary or “Drug List”.

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 a formulary exception this year, you will need to ask us again for a formulary exception if you want to continue taking a non-formulary drug in 2021. 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 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. If you receive “Extra Help” and haven’t received this insert by September 30, 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.harvardpilgrim.org/stridedocuments](http://www.harvardpilgrim.org/stridedocuments). You may also call Member Services to ask us to mail you the *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tiers 3, 4 and 5 drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$270.</p> <p>During this stage, you pay \$0 copayment for drugs on Tier 1, \$10 copayment for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.</p>	<p>The deductible is \$270.</p> <p>During this stage, you pay \$0 copayment for drugs on Tier 1, \$10 copayment for drugs on Tier 2, and the full cost of drugs on Tiers 3, 4 and 5 until you have reached the yearly deductible.</p> <p>There is no deductible for select insulins. You pay a \$35 copayment for a 30-day supply for select insulins.</p>

### 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>Once you pay the yearly deductible, you move to the Initial Coverage Stage. 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>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>You pay a \$35 copayment for a 30-day supply for select insulins.</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.</p> <p>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><b>Tier 1 (Preferred Generic) Drugs:</b> You pay \$0 copayment per prescription.</p> <p><b>Tier 2 (Generic) Drugs:</b> You pay \$10 copayment per prescription.</p> <p><b>Tier 3 (Preferred Brand-Name) Drugs:</b> You pay \$47 copayment per prescription.</p> <p><b>Tier 4 (Non-Preferred Brand-Name) Drugs:</b> You pay \$100 copayment per prescription.</p> <p><b>Tier 5 (Specialty) Drugs:</b> You pay 28% of the total cost.</p>	<p><b>Tier 1 (Preferred Generic) Drugs:</b> You pay \$0 copayment per prescription.</p> <p><b>Tier 2 (Generic) Drugs:</b> You pay \$10 copayment per prescription.</p> <p><b>Tier 3 (Preferred Brand-Name) Drugs:</b> You pay \$47 copayment per prescription.</p> <p><b>Tier 4 (Non-Preferred Brand-Name) Drugs:</b> You pay \$100 copayment per prescription.</p> <p><b>Tier 5 (Specialty) Drugs:</b> You pay 28% of the total cost.</p>

Stage	2020 (this year)	2021 (next year)
	<p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<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.** Stride<sup>SM</sup> Choice Rx (HMO-POS) offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be a \$35 copayment for a 30-day supply.

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

## SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Authorizations	<p><b>In-Network and Out-of-Network</b></p> <p><u>Authorization is not required</u> for Pulmonary or Cardiac Rehabilitation Services, including Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease.</p>	<p><b>In-Network and Out-of-Network</b></p> <p><u>Authorization is required</u> for Pulmonary or Cardiac Rehabilitation Services, including Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease.</p>

Description	2020 (this year)	2021 (next year)
Referrals	<p><b>In-Network and Out-of-Network</b></p> <p>In most situations, your network PCP must give you approval in advance before you can use other providers in the plan’s network. This is called giving you a “referral.”</p>	<p><b>In-Network and Out-of-Network</b></p> <p>You will no longer need a referral to see a network specialist or other provider. As a member of our plan, however, you must still have a network PCP.</p>
Dental services	Visit our website to view a listing of DBP’s participating dentists.	View a listing of DBP’s participating dentists at <a href="http://www.harvardpilgrim.org/stri">www.harvardpilgrim.org/stri</a> deproviders.
Medicare Part B prescription drugs	<p><b>In-Network and Out-of-Network</b></p> <p>Part B drugs are not subject to Step Therapy.</p>	<p><b>In-Network and Out-of-Network</b></p> <p>All categories of Part B drugs are subject to Step Therapy, <u>except</u> the following:</p> <ul style="list-style-type: none"> <li>• Injectable osteoporosis drugs</li> <li>• Oral anti-cancer drugs and anti-nausea drugs</li> </ul> <p>For a complete list of Part B Drugs that may be subject to Step Therapy, visit <a href="http://www.harvardpilgrim.org/stri">www.harvardpilgrim.org/stri</a> desteptherapyb.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Stride<sup>SM</sup> Choice Rx (HMO-POS)

**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 Stride<sup>SM</sup> Choice Rx (HMO-POS).

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## Section 3.2 – If you want to change plans

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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 1.1 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, Harvard Pilgrim Health Care of New England, Inc. 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 Stride<sup>SM</sup> Choice Rx (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Stride<sup>SM</sup> Choice Rx (HMO-POS).
- 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 New Hampshire, the SHIP is called New Hampshire ServiceLink Resource Center.

New Hampshire ServiceLink Resource Center 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. New Hampshire ServiceLink Resource Center 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 New Hampshire ServiceLink Resource Center at 1-866-634-9412. You can learn more about New Hampshire ServiceLink Resource Center by visiting their website ([www.servicelink.nh.gov/medicare/index.htm](http://www.servicelink.nh.gov/medicare/index.htm)).

## 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 NH CARE Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 603-271-4502 or 800-852-3345, ext. 4502.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Stride<sup>SM</sup> Choice Rx (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-888-609-0692. (TTY only, call 711). We are available for phone calls October 1 - March 31, from 8 a.m. to 8 p.m., 7 days a week and April 1 - September 30, from 8 a.m. to 8 p.m., Monday through Friday. 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 Stride<sup>SM</sup> Choice Rx (HMO-POS). 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.harvardpilgrim.org/stridedocuments](http://www.harvardpilgrim.org/stridedocuments). You may also call Member Services to ask us to mail you the *Evidence of Coverage*.

#### **Visit our Website**

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

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](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.