

2021

# Annual Notice of Changes

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## DrExtra

(HMO-POS SNP)

 **DOCTORS**  
HEALTHCARE PLANS, INC.

# Thank you for continuing to trust Doctors HealthCare Plans, Inc. with your health care needs.

We are happy to have you as a Member!

Please read this booklet carefully for important privacy information and to learn about the changes to your health plan for 2021.

Reviewing your coverage now will ensure it meets your needs for next year.

Remember to visit [www.doctorshcp.com/2021Plans/](http://www.doctorshcp.com/2021Plans/) to view or print the following documents pertaining to your selected health care plan:

- » *Evidence of Coverage* – this booklet includes important information and details about your health care and prescription drug coverage
- » *Drug List/Formulary* – this provides a listing of the drugs covered in your plan
- » *Provider Directory* – this directory includes all doctors, pharmacies, and other providers in your network

In addition, you can request printed copies of materials be mailed to you by calling our Member Services Department at the number found below or on the back of your Member ID Card.

LOCAL (786) 460-3427

TOLL-FREE (833) 342-7463, TTY:711

FAX (866) 291-3725

**Member Services is open 7 days a week, 8AM to 8PM.**

We look forward to continuing to serve your health care needs in 2021!

# DrExtra (HMO-POS SNP) OFFERED BY DOCTORS HEALTHCARE PLANS, INC.

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## Annual Notice of Changes for 2021

You are currently enrolled as a member of DrExtra (HMO-POS SNP). 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.**

### WHAT TO DO NOW

#### 1. ASK: Which changes apply to you

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- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1 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.
- 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 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

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- 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 2.2 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

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- If you don't join another plan by December 7, 2020, you will be enrolled in DrExtra (HMO-POS SNP).
- 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

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- If you don't join another plan by December 7, 2020, you will be enrolled in DrExtra (HMO-POS SNP).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

## ADDITIONAL RESOURCES

- This document is available for free in Spanish.
- Please contact our Member Services Department at (786) 460-3427 or Toll Free at (833) 342-7463 for additional information. (TTY/TDD users should call 711). Hours are from 8AM to 8PM, 7 days a week.
- This information is available in different formats, including braille, large print, and audio tapes. Please call our Member Services Department at the number listed above if you need plan information in another format.
- **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 DrExtra (HMO-POS SNP)

- Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Doctors HealthCare Plans, Inc. When it says "plan" or "our plan," it means DrExtra (HMO-POS SNP).
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (786) 460-3427 o (833) 342-7463 (TTY:711).

# SUMMARY OF IMPORTANT COSTS FOR 2021

The table below compares the 2020 costs and 2021 costs for DrExtra (HMO-POS SNP) 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.doctorshcp.com/2021Plans/](http://www.doctorshcp.com/2021Plans/). You may also call our Member Services Department to ask us to mail you an *Evidence of Coverage*.

<b>COST</b>	<b>2020 (THIS YEAR)</b>	<b>2021 (NEXT YEAR)</b>
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. (See Section 1.1 for details).	\$0	\$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$4,500	\$7,500
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits \$0 per visit	Primary care visits: \$0 per visit Specialist visits \$0 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.	\$0 per stay	\$0 per stay
<b>Part D prescription drug coverage</b> (See Section 1.6 for details.)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a retail or mail order pharmacy: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$10 Drug Tier 4: \$40 Drug Tier 5: 33%	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a retail or mail order pharmacy: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$10 Drug Tier 4: \$40 Drug Tier 5: 33%
<b>Coverage Gap</b>	Coverage through the Gap for all drugs in Tiers 1 and 2. Partial Gap coverage for select Tier 3 drugs at the same Initial Coverage Limit copayment (\$10 per 30-day supply) or 25% of the total cost, whichever is lower.	Coverage through the Gap for all drugs in Tiers 1 and 2 only. No Partial Gap coverage for Select Tier 3 drugs. (See 2021 Drug List for information)

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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.)	\$0	No Change

- 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 costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,500	\$7,500  Once you have paid \$7,500 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.

### Section 1.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.doctorshcp.com/2021Providers/](http://www.doctorshcp.com/2021Providers/). You may also call our Member Services Department for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.

- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## Section 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 Directory is located on our website at [www.doctorshcp.com/2021Providers/](http://www.doctorshcp.com/2021Providers/). You may also call our Member Services Department for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see which pharmacies are in our network.**

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## Section 1.5 Changes to Benefits and Costs for Medical Service

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We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2021 *Evidence of Coverage*.

COST	2020 (THIS YEAR)	2021 (NEXT YEAR)
Durable Medical Equipment	You pay 20% coinsurance of the total cost for CPAP machines.	You pay 0% coinsurance of the total cost for CPAP machines.
Acupuncture	Acupuncture is covered. No prior authorization is required.	Acupuncture is covered. Prior authorization is required.
Ambulance (Ground & Air)	You pay a \$75 copayment per trip.	You pay a \$100 copayment per trip.
Part B Drugs	No Step Therapy for Part B drugs.	Step Therapy for the following Part B Drugs: Viscosupplements, Eylea, and Lucentis. (For more information see <a href="http://www.doctorshcp.com/2021Plans/">www.doctorshcp.com/2021Plans/</a> ).
Point of Service (POS)	This benefit allows you to access out-of-network specialists (for office visits only) in Miami-Dade County.	This benefit allows you to access out-of-network specialists (for office visits only) in Miami-Dade County. The following specialties are excluded: Pain Management, Dermatology, Oncology, and Behavioral Health.



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## Section 1.6 Changes to Part D Prescription Drug Coverage

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### CHANGES TO OUR DRUG LIST

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint [coverage decisions, appeals, complaints])* or call our Member Services Department.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call our Member Services Department 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 we approved your request for an exception it is valid until the expiration date. A new formulary exception request will need to be submitted prior to expiration date. To learn how 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.

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, 2020, please call our Member Services Department 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.doctorshcp.com/2021Plans/](http://www.doctorshcp.com/2021Plans/). You may also call our Member Services Department to ask us to mail you an *Evidence of Coverage*.)

## CHANGES TO THE DEDUCTIBLE STAGE

STAGE	2020 (THIS YEAR)	2021 (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 (EOC)*.

STAGE	2020 (THIS YEAR)	2021 (NEXT YEAR)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30 day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply; at a network pharmacy 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>Exceptions</p> <p>Coverage Gap</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Preferred Generic:</b> You pay \$0 per prescription.</p> <p><b>Generic:</b> You pay \$0 per prescription.</p> <p><b>Preferred Brand:</b> You pay \$10 per prescription.</p> <p><b>Non-Preferred Drug:</b> You pay \$40 per prescription.</p> <p><b>Specialty Tier:</b> You pay 33% of the total cost.</p> <p>An approved Non-Formulary Exception, generic drug will take a Tier 2 copayment (\$0).</p> <p>An approved Non-Formulary Exception, Brand drug will take a Tier 4 copayment (\$40).</p> <hr/> <p>Once your total drug costs have reached \$5,000, you will move to the next stage (the Coverage Gap Stage).</p> <p>Coverage through the Gap for all drugs in Tiers 1 and 2. Partial Gap coverage for select Tier 3 drugs at the same Initial Coverage Limit copayment (\$10 per 30-day supply) or 25% of the total cost, whichever is lower.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Preferred Generic:</b> You pay \$0 per prescription.</p> <p><b>Generic:</b> You pay \$0 per prescription.</p> <p><b>Preferred Brand:</b> You pay \$10 per prescription.</p> <p><b>Non- Preferred Drug:</b> You pay \$40 per prescription.</p> <p><b>Specialty Tier:</b> You pay 33% of the total cost.</p> <p>An approved Non-Formulary Exception, whether generic or brand will take a Tier 4 copayment (\$40). If the drug costs less than the copayment, you will pay the lesser of the two.</p> <hr/> <p>Once your total drug costs have reached \$5,000, you will move to the next stage (the Coverage Gap Stage).</p> <p>Coverage through the Gap for all drugs in Tiers 1 and 2 only. No Partial Gap coverage for Select Tier 3 drugs.</p>

## CHANGES TO THE COVERAGE GAP AND CATASTROPHIC COVERAGE STAGES

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 If you want to stay in DrExtra (HMO-POS SNP)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our DrExtra (HMO-POS SNP) plan.

### Section 2.2 If you want to change plans

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

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

- You can join a different Medicare health plan timely,
- OR — You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 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 4), or call Medicare (see Section 6.2).

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.**

#### **Step 2: Change your coverage**

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from DrExtra (HMO-POS SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from DrExtra (HMO-POS SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact our Member Services Department if you need more information on how to do this (phone numbers are in Section 6.1 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/TDD users should call 1-877-486-2048.

## SECTION 3 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 4 Programs That Offer Free Counseling about Medicare

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

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337 or TTY/TDD: 1-800-955-8770. You can learn more about SHINE by visiting their website [www.floridaSHINE.org](http://www.floridaSHINE.org).

## SECTION 5 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.** 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/TDD 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 7AM and 7PM, Monday through Friday. TTY/TDD users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida ADAP Program

HIV/AIDS Section. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-850-245-4422, 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1-800-2437-101 (1-800-AIDS-101) (Creole) 1-888-503-7118 (TTY/TDD) Monday through Friday, 8AM to 4:30PM or visit website at [www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html](http://www.floridahealth.gov/diseases-and-conditions/aids/adap/index.html).

## SECTION 6 Questions?

### Section 6.1 Getting Help from DrExtra (HMO-POS SNP)

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Questions? We're here to help. Please call our Member Services Department at (786) 460-3427 or Toll Free: (833) 342-7463. TTY/TDD only, call 711. We are available for phone calls Monday – Sunday from 8AM to 8PM. 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 DrExtra (HMO-POS SNP). 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.doctorshcp.com/2021Plans/](http://www.doctorshcp.com/2021Plans/). You may also call our Member Services Department to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

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

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### Section 6.2 Getting Help from Medicare

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To get information directly from Medicare:

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

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD 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) and click on "Find health & drug plans").

#### **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/TDD users should call 1-877-486-2048.

# What is included in your Health and Wellness Benefits as a member of Doctors HealthCare Plans?

We can help you make the right decisions from understanding which exercise is right for you, to eating the right foods, to creating a health and wellness routine. **Your plan is here for you!**

## WE OFFER THE FOLLOWING HEALTH AND WELLNESS BENEFITS:

- Chronic Disease Education and Case Management
- Injury and Fall Prevention Assessments
- Mental/Behavioral Health Assessments and Provider Referrals
- Oral Health Education and Benefit
- Tobacco Use Assessment and Smoking Cessation Programs
- Nutrition Education
- Silver&Fit® Healthy Aging and Exercise Program

## What is included in the Silver&Fit® Healthy Aging and Exercise Program?

The program gives you access to fitness center memberships through a broad network of locations. If you do not want to join a fitness center, Silver&Fit® offers a Home Fitness program. The program has NEW virtual offerings that empower you to move more and live healthier at home. Access Facebook Live exercise classes, virtual fitness workouts, fitness tracking, and more! Once enrolled, you may view Healthy Aging educational resources online. You can read The Silver Slate quarterly newsletter on the website, which gives useful information about health and fitness, and you can view health and wellness online classes. Visit [www.silverandfit.com](http://www.silverandfit.com) to get started.

## Here's A Message from Silver&Fit®

### NEW! EXPANDED DIGITAL FITNESS LIBRARY & DAILY ONLINE WORKOUTS

Beginning next year, we will offer a newly expanded library of more than 1,500 digital workout videos exclusively for the Silver&Fit® program. Join us on Facebook Live and YouTube starting October 1<sup>st</sup> for a sneak peek at the various types and levels of workouts that will be available to Silver&Fit® members next year. See below for our daily schedule this fall on Facebook Live and YouTube.\*

	MONDAY Cardio	TUESDAY Yoga	WEDNESDAY Strength/ Bodyweight	THURSDAY Flexibility	FRIDAY Mixed Format
12:00 PM	<b>Beginner:</b> Explore the start to your fitness journey				
1:00 PM	<b>Intermediate:</b> Experience kicking your workout up a notch				
2:00 PM	<b>Advanced:</b> Challenge your skills and fitness				
3:00 PM	<b>International:</b> Enjoy workouts from around the globe				

\* Class schedule subject to change.

For additional information on the Silver&Fit® program, including daily workout class schedules and levels, visit us at:

[www.SilverandFit.com](http://www.SilverandFit.com) | [www.facebook.com/SilverandFit](https://www.facebook.com/SilverandFit) | [www.youtube.com/SilverandFit](https://www.youtube.com/SilverandFit)

# NOTICE OF PRIVACY PRACTICES

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## MEDICAL AND FINANCIAL INFORMATION PRIVACY NOTICE

This notice describes how medical and financial information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice on your health plan website, such as [www.doctorshcp.com](http://www.doctorshcp.com).

## WHAT IS PERSONAL HEALTH INFORMATION?

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

**For Payment** of premiums due to us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

**For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

**For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may use or disclose, as-needed, your protected health information in order to support the business activities of DHCP. These activities include, but are not limited to, quality assessment activities, employee review activities, training, accreditation, licensing, marketing, and conducting or arranging for other cost management.



## TO PROVIDE YOUR INFORMATION ON HEALTH

**Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

**For Plan Sponsors.** We may share health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.

**For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

### **We may use or disclose your health information for the following purpose under limited circumstances:**

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.
- **To Our Corporate Affiliates**, which include financial service providers, such as other insurers, and non-financial companies, such as data processors.
- **To Nonaffiliated Companies** for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations, and to nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
  1. HIV/AIDS
  2. Mental health
  3. Genetic tests
  4. Alcohol and drug abuse
  5. Sexually transmitted diseases and reproductive health information
  6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your ID card.

## WHAT ARE YOUR RIGHTS?

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions.

*Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.*

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice on our website at [www.doctorshcp.com](http://www.doctorshcp.com).

## EXERCISING YOUR RIGHTS

If you have any questions about this notice or want to exercise any of your rights or file complaint, please call us at (833) 500-3427 or write us at:

**Doctors HealthCare Plans, Inc.**  
 Attn: Privacy Officer  
 2020 Ponce de Leon Blvd., PH 1  
 Coral Gables, FL 33134

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. You may email your complaint to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). We will not take any action against you for filing a complaint.

DATE OF LAST REVISION: *August 2018*





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[WWW.DOCTORSHCP.COM](http://WWW.DOCTORSHCP.COM)

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Your Health,  
Our Commitment



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