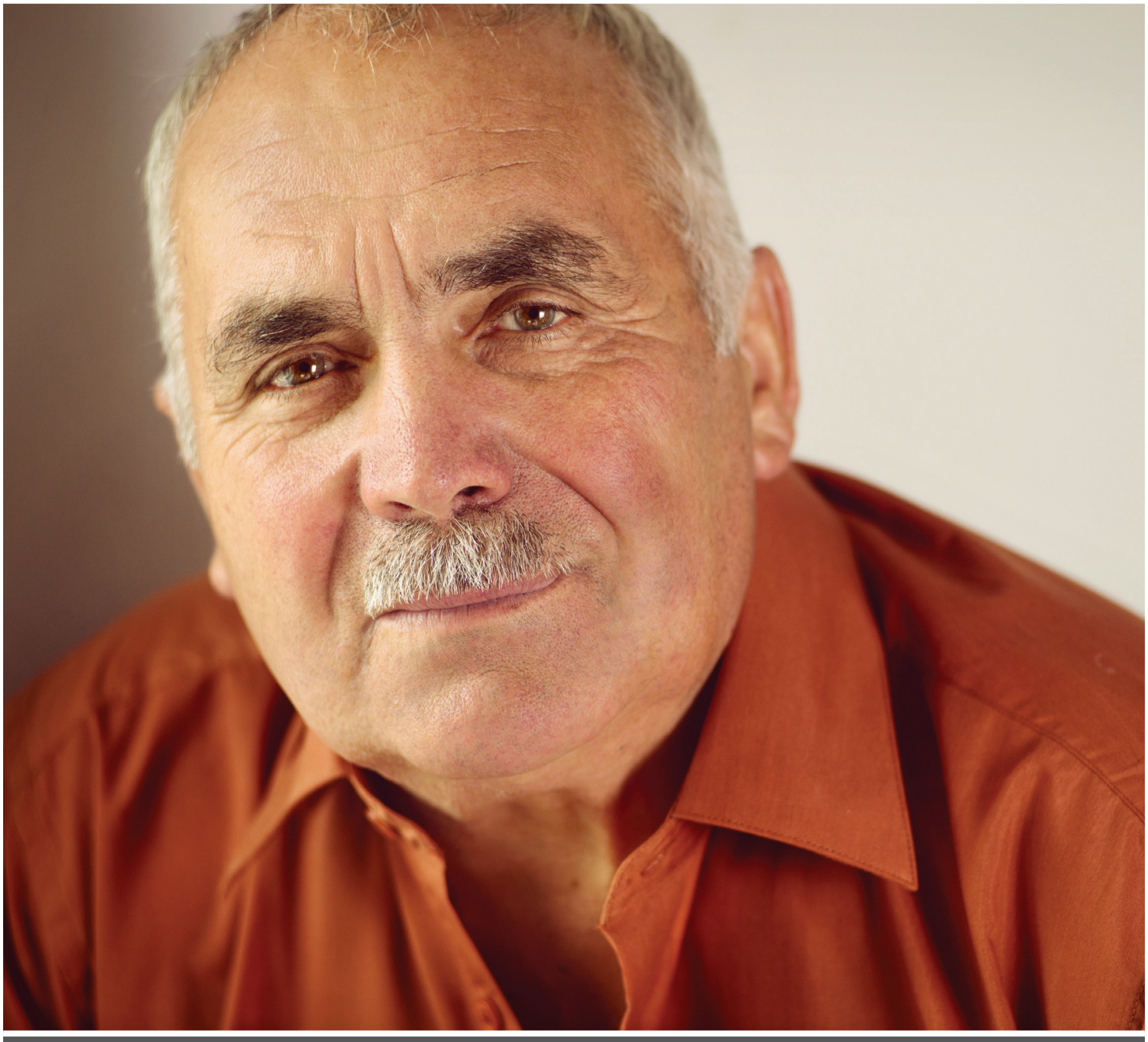
2017 ANNUAL NOTICE OF CHANGES

Health Choice Generations HMO SNP



THE SERVICE AREA FOR HEALTH CHOICE GENERATIONS PLAN 002 INCLUDES THE COUNTIES OF APACHE, COCONINO, GILA, MARICOPA, MOHAVE, NAVAJO, PIMA AND PINAL.

Member Services phone number is 1-800-656-8991, 8 a.m. – 8 p.m., 7 days a week (TTY 711). Health Choice Generations HMO SNP is a Coordinated Care plan with a Medicare contract and a contract with the Arizona Medicaid program. Enrollment in Health Choice Generations HMO SNP depends on contract renewal.

H5587_2017_1|Plan 002| CMS Accepted 8/25/2016

Discrimination is Against the Law

Health Choice Generations HMO SNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Choice Generations HMO SNP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Choice Generations HMO SNP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:

○ Qualified sign language interpreters

○ Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:

○ Qualified interpreters

○ Information written in other languages

If you need these services, contact Yo Hance De Horney.

If you believe that Health Choice Generations HMO SNP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Yo Hance De Horney, Civil Rights Coordinator, 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008, Phone: 1-800-656-8991 ext.4617 (TTY:711), Fax: 480-760-4739, Email: grievance_forms@iasishealthcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Yohance DeHorney, Civil Rights Coordinator, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Insert

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-656-8991 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-656-8991 (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló̜, koj̜ı' hódíílnih 1-800-656-8991 (TTY: 711.)

(Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-656-8991（TTY：711）。

(Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-656-8991 (TTY: 711).

(Arabic): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-656-8991 (رقم هاتف الصم والبكم: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-656-8991 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-656-8991 (TTY: 711) 번으로 전화해 주십시오.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-656-8991 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-656-8991 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-656-8991 (телетайп: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-656-8991（TTY: 711）まで、お電話にてご連絡ください。

Persian: **توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY:711) (1-800-656-8991) تماس بگیرید.

Syriac: ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܡܨܝܬܘܢ ܕܩܒܠܝܬܘܢ ܚܠܡܬܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 1-800-656-8991 (TTY: 711)

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-656-8991 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Thai: เรียน: ถาคณพดภาษาไทยคณสามารถใชบรการชวยเหลอทางภาษาไดฟร โทร 1-800-656-8991 (TTY: 711).

Health Choice Generations (HMO SNP*) offered by* Health Choice Arizona, Inc.

Annual Notice of Changes for 2017

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

Additional Resources

- This information is available for free in other languages.
- Please contact our Member Services number at 1-800-656-8991 for additional information. (TTY users should call 711.) Hours are 7 days a week, 8 a.m. to 8 p.m.
- Member Services also has free language interpreter services available for non-English speakers.
- Esta información está disponible de forma gratuita en otros idiomas. Por favor, comunicase con nuestro Departamento de Servicios al Miembro llamando al 1-800-656-8991 para obtener información adicional (Los usuarios de TTY deben llamar al 1-800-367-8939). Estan disponibles 7 días a la semana, de 8 a.m. a 8 p.m. También ofrecemos servicios de intérprete para aquellas personas que no hablan ingles.
- This document may be available in other formats such as Braille**,** large print or other alternate formats. This document may be available in a non-English language. For additional information call the Member Services number listed above.
- Minimum essential coverage (MEC): 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 on the individual requirement for MEC.

About Health Choice Generations

- Health Choice Generations HMO SNP is a coordinated care plan with a Medicare contract and a contract with the Arizona Medicaid program (AHCCCS).
- When this booklet says "we," "us," or "our," it means Health Choice Arizona, Inc. When it says "plan" or "our plan," it means Health Choice Generations.

H5587_2017_1 CMS Accepted 8/25/2016

Think about Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It's important to review your coverage each fall to make sure it will meet your needs next year.

Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1 for information about benefit and cost changes for our plan.
- ☐ **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.6 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 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? How do the total costs compare to other Medicare coverage options?
- ☐ **Think about whether you are happy with our plan.**

If you decide to stay with Health Choice Generations:

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch at any time. If you enroll in a new plan, your new coverage will begin on the first day of the month after you request the change. Look in Section 2.2 to learn more about your choices.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for Health Choice Generations 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 enclosed *Summary of Benefits* to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$0-$33.20	$0-$35.10
Doctor office visits	Primary care visits: 0% or 20% of the cost per visit Specialist visits: 0% or 20% of the cost per visit	Primary care visits: 0% or 20% of the cost per visit Specialist visits: 0% or 20% of the cost per visit
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**.**	$0 or: $1,288 deductible for days 1 through 60 $322 copay per day for days 61 through 90 $644 copay per day for 60 lifetime reserve days	These amounts are subject to change by Medicare in 2017.

Cost	2016 (this year)	2017 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $0 Copayment during the Initial Coverage Stage: • Generics and drugs treated as generics, per prescription, depending on your "Extra Help" level or institutional status: - $0 copay or - $1.20 copay or - $2.95 copay or - 25% coinsurance • All other drugs, per prescription, depending on your "Extra Help" level or institutional status: - $0 copay or - $3.60 copay or - $7.40 copay or - 25% coinsurance	Deductible: $0 Copayment during the Initial Coverage Stage: • Generics and drugs treated as generics, per prescription, depending on your "Extra Help" level or institutional status: - $0 copay or - $1.20 copay or - $3.30 copay or - 25% coinsurance • All other drugs, per prescription, depending on your "Extra Help" level or institutional status: - $0 copay or - $3.70 copay or - $8.25 copay or - 25% coinsurance
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,400	$6,700

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2016 (this year)	2017 (next year)
Monthly premium You must also continue to pay your Medicare Part B premium unless it is paid for you by AHCCCS (Medicaid).	$0 - $33.20	$0 - $35.10

- 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 ever lose your low income subsidy ("Extra Help"), you must maintain your Part D coverage or you could be subject to a late enrollment penalty if you ever chose to enroll in Part D in the future. If you have a higher income as reported on your last tax return ($85,000 individual return/$170,000 joint return or more), 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.

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	2016 (this year)	2017 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. *Y*our costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,400	$6,700 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.

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 HealthChoiceGenerations.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2017 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 specialist (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.
- When possible we will 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 1.4 – 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 Pharmacy Directory is located on our website at HealthChoiceGenerations.com. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2017 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – 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 *2017 Evidence of Coverage.* You will receive a copy of the *Evidence of Coverage* by December 31, 2016.

Cost	2016 (this year)	2017 (next year)
Vision	$0 deductible, copay, or coinsurance. We provide: • $175 for glasses (lenses and frames) every two years. No contacts. One routine eye exam per year.	$0 deductible, copay, or coinsurance. We provide: • $175 for glasses (lenses and frames) every year. No contacts. • One routine eye exam per year.

Cost	2016 (this year)	2017 (next year)
Dental	$0 deductible, copay, or coinsurance. We provide: • One Oral Exam per year. • One Prophylaxis (Cleaning) per year. • One Dental X-Rays per year. • $1,125 limit per year for comprehensive dental services including: Non routine services, diagnostic services, restorative services, endodontics, periodontics, and extractions. No bridges, dentures or facial restorations.	$0 deductible, copay, or coinsurance. We provide $1,600 per year towards: • Two Oral Exams per year. • Two Prophylaxis (Cleaning) per year. • One Dental X-Rays per year. • Comprehensive dental services including: Non routine services, diagnostic services, restorative services, endodontics, periodontics, and extractions. No bridges, dentures or facial restorations. Exam and cleaning must be performed in the same office visit. X-Rays must be taken during office visit.
OTC	We provide $60 every three months. Free shipping.	We provide $60 every three months. Shipping is free for first order in a quarter only.

Section 1.6 – 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 Web site HealthChoiceGenerations.com

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.
    - 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 coverage of the plan year or coverage. (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.

Your formulary exception will still be covered next year as long as you have a prior authorization still in effect for the exception.

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 get "Extra Help" and haven't received this insert by September 30, 2016, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 6.1 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	2016 (this year)	2017 (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	2016 (this year)	2017 (next year)
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.** The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Generics and drugs treated as generics:** Depending on your "Extra Help" level or institutional status you pay • $0 or • $1.20 or • $2.95 or • 25% coinsurance per prescription. **All other drugs:** Depending on your "Extra Help" level or institutional status you pay • $0 or	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Generics and drugs treated as generics:** Depending on your "Extra Help" level or institutional status you pay • $0 or • $1.20 or • $3.30 or • 25% coinsurance per prescription. **All other drugs:** Depending on your "Extra Help" level or institutional status you pay • $0 or

	• $3.60 or • $7.40 or • 25% coinsurance per prescription.	• $3.70 or • $8.25 or • 25% coinsurance per prescription.
	Once you have paid $4,850 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid $4,950 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

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 your *Summary of Benefits* or 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 Health Choice Generations

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 2017.

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 2017 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *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 and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, 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 http://www.medicare.gov and click "Find health & drug plans." **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 Health Choice Generations.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Health Choice Generations.
- 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 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 users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

Because you are eligible for both Medicare and Medicaid (AHCCCS) 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 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 Arizona, the SHIP is called Arizona SHIP.

Arizona 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. Arizona 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 Arizona SHIP at (602)542-4446 or the Statewide Hotline (800)432-4040. You can learn more about Arizona SHIP by visiting their website www.azdes.gov

SECTION 5 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 a.m. and 7 p.m., 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 Arizona ADAP Assist. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (800)334-1540.

SECTION 6 Questions?

Section 6.1 – Getting Help from Health Choice Generations

Questions? We're here to help. Please call Member Services at (800)656-8991. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2017 *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 2017. For details, look in the 2017 *Evidence of Coverage* for Health Choice Generations. 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* will be sent to you by December 31, 2016.

Visit our Website

You can also visit our website at HealthChoiceGenerations.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).

Section 6.2 – 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 (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 http://www.medicare.gov and click on "Find health & drug plans.")

Read Medicare & You 2017

You can read Medicare & You 2017 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from AHCCCS (Medicaid)

To get information from AHCCCS (Medicaid), you can call Arizona AHCCCS at (602)417-4000. In-state toll free: (800)654-8713 (outside Maricopa County). TTY users should call (602)417-4191.

Arizona State Health Insurance and Assistance Program (Arizona SHIP)

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

Call
1-800-432-4040

Write
Arizona SHIP
1789 W. Jefferson St.
Site Code 950A
Phoenix, AZ 85007

Website
www.des.az.gov

Health Choice Generations HMO SNP Member Services

Call 1-800-656-8991
Calls to this number are free. Member Services hours are 8 a.m. – 8 p.m., 7 days a week. This information is available in a different format, including Spanish and large print. Please call Member Services above if you need plan information in another format or language. 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. Member Services hours are are 8 a.m. – 8 p.m., 7 days a week.

Write
Health Choice Generations HMO SNP
410 N. 44th St., Suite 510,
Phoenix, AZ 85008

Website
www.HealthChoiceGenerations.com

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