



**Virginia Premier CompleteCare (Medicare-Medicaid Plan) offered by
Virginia Premier Health Plan**

Annual Notice of Changes for 2015

You are currently enrolled as a member of Virginia Premier CompleteCare. Next year, there will be some changes to the plan's benefits and costs. This Annual Notice of Changes tells you about the changes.

You can end your membership in Virginia Premier CompleteCare at any time with no penalty.

Additional Resources

- You can get this information for free in other languages. Call 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. For TTY/TDD services, please call 1-800-828-1120 (Text), 1-800-828-1140 (Voice). The call is free.
- You can ask for this Annual Notice of Changes in other formats, such as large print, Braille or audio. Call 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. For TTY/TDD services, please call 1-800-828-1120 (Text), 1-800-828-1140 (Voice).

About Virginia Premier CompleteCare

- Virginia Premier CompleteCare is a health plan that contracts with both Medicare and the Virginia Department of Medical Assistance Services to provide benefits of both programs to enrollees.
- This Virginia Premier CompleteCare plan is offered by Virginia Premier Health Plan. When this *Annual Notice of Changes* says "we," "us," or "our," it means Virginia Premier Health Plan. When it says "the plan" or "our plan," it means Virginia Premier CompleteCare.

If you have questions, please call Virginia Premier CompleteCare at 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. The call is free. **For more information**, visit  www.vapremier.com/completecure.

Disclaimers

Virginia Premier CompleteCare is a health plan that contracts with both Medicare and the Virginia Department of Medical Assistance Services to provide benefits of both programs to enrollees.

Limitations, copays, and restrictions may apply. For more information, call Virginia Premier CompleteCare Member Services or read the Virginia Premier CompleteCare Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have Virginia Premier CompleteCare pay for your services.

Benefits, the *List of Covered Drugs*, pharmacy and provider networks, and/or copayments may change from time to time throughout the year and on January 1 of each year.

Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.

Think about Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you can leave the plan at any time.

If you leave our plan, you will still be in the Medicare and Medicaid programs. You will have a choice about how to get your Medicare benefits (go to page 9 to see your options). You will get your Medicaid benefits through any enrolled Medicaid provider (this is called “fee-for-service”).

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 sections B, “*Changes to benefits and costs for next year*” and C, “*Other changes*” 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 cost-sharing 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 B, “*Changes to benefits and costs for next year*” for information about changes to our drug coverage.
- ☐ **Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section A, “*Changes to network providers and pharmacies*” for information about our *Provider and Pharmacy Directory*.
- ☐ **Think about your overall costs in the plan.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How do the total costs compare to other coverage options?
- ☐ **Think about whether you are happy with our plan.**

If you decide to stay with Virginia Premier CompleteCare:

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 plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section D, “*Deciding which plan to choose*” to learn more about your choices.

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A. Changes to the network providers and pharmacies

We have not made any changes to our network of providers and pharmacies for next year. However, it is important that you know that we may make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your Member Handbook.

B. Changes to benefits and costs for next year

There are no changes to your benefits or amounts you pay for medical services.

Our benefits will be exactly the same in 2015 as they are in 2014.

Changes to prescription drug coverage

Changes to our Drug List

We sent you a copy of our 2015 *List of Covered Drugs* in this envelope. The *List of Covered Drugs* is also called the “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:

- **Find a different drug** that we cover. You can call Member Services at 1-855-338-6467 to ask for a list of covered drugs that treat the same condition. This list can help your provider find a covered drug that might work for you.
- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. You can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber’s supporting statement). To learn what you must do to ask for an exception, see Chapter 9 of the *2015 Member Handbook* or call Member Services at 1-855-338-6467. If you need help asking for an exception, you can contact Member Services or your care manager.

Virginia Premier CompleteCare will send letters to members that are taking drugs that are removed from the Drug List and/or require new authorizations. We will help you

If you have questions, please call Virginia Premier CompleteCare at 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. The call is free. **For more information**, visit www.vapremier.com/completecure.



move to an appropriate alternate medication and/or complete requests for formulary and tiering exceptions to the new formulary.

If you received a formulary exception for a drug that was not on our 2014 Drug List- and you still need the exception- you and/or your provider will need to submit a new formulary exception for 2015. To lower the volume of member calls and authorization requests on January 1, you and/or your providers are encouraged to seek non-formulary exceptions (and other exceptions for drugs that have had utilization management added) prior to the beginning of the next calendar year.

Changes to prescription drug costs

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

Stage 1 <i>Initial Coverage Stage</i>	Stage 2 <i>Catastrophic Coverage Stage</i>
During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the co-pay. You begin in this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2015. You begin this stage when you have paid a certain amount of out-of-pocket costs.

Stage 1: “Initial Coverage Stage”

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

The table below shows your costs for drugs in each of our three drug tiers. These amounts apply *only* during the time when you are in the Initial Coverage Stage.



	2014 (this year)	2015 (next year)
Drugs in Tier 1 (Generic Drugs) Cost for a one-month (30-day) supply of a drug in Tier 1 that is filled at a network pharmacy	Your co-pay is \$1.20-\$2.55 per prescription.	Your co-pay is \$1.20-\$2.65 per prescription.
Drugs in Tier 2 (Brand-Name Drugs) Cost for a one-month (30-day) supply of a drug in Tier 2 that is filled at a network pharmacy	Your co-pay is \$3.60-\$6.35 per prescription.	Your co-pay is \$3.60-\$6.60 per prescription.
Drugs in Tier 3 (Non-Medicare Rx/OTC Drugs) Cost for a one-month (30-day) supply of a drug in Tier 3 that is filled at a network pharmacy	Your co-pay is \$0 per prescription.	Your co-pay is \$0 per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$4,700.00. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year.

Stage 2: “Catastrophic Coverage Stage”

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

If you have questions, please Virginia Premier CompleteCare at 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. The call is free. **For more information**, visit www.vapremier.com/completerecare.



C. Other changes

	2014 (this year)	2015 (next year)
Hearing Services	Authorization is required for all exams.	Prior Authorization is not required for routine hearing exams.

D. Deciding which plan to choose

If you want to stay in Virginia Premier CompleteCare

We hope to keep you as a member next year.

To stay in our plan you don't need to do anything. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2015.

If you want to change plans

You can end your membership at any time without penalty. If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Virginia Premier CompleteCare, you will go back to getting your Medicare and Medicaid services separately.

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

If you have questions, please call Virginia Premier CompleteCare at 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. The call is free. **For more information**, visit www.vapremier.com/completecure.



1. You can change to: A different Medicare-Medicaid Plan	Here is what to do: Enroll in the new Medicare-Medicaid Plan by calling the state enrollment broker at 1-855-889-5243, Monday through Friday, 8:30 am to 6:00 pm. TTY users should call 1-800-817-6608. You will automatically be disenrolled from Virginia Premier CompleteCare when your new Medicare-Medicaid Plan's coverage begins.
2. You can change to: A Medicare health plan (such as a Medicare Advantage Plan)	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. If you need help or more information: • Call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402. You will automatically be disenrolled from Virginia Premier CompleteCare when your new Medicare Advantage Plan's coverage begins. You will get your Medicaid benefits separately through fee-for-service.



3. You can change to: Original Medicare <i>with</i> a separate Medicare prescription drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. If you need help or more information: • Call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402. You will automatically be disenrolled from Virginia Premier CompleteCare when your Original Medicare coverage begins. You will get your Medicaid benefits separately through fee-for-service.
4. You can change to: Original Medicare <i>without</i> a separate Medicare prescription drug plan NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402.	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. If you need help or more information: • Call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402. You will automatically be disenrolled from Virginia Premier CompleteCare when your Original Medicare coverage begins. You will get your Medicaid benefits separately through fee-for-service.

E. Getting help

Getting help from Virginia Premier CompleteCare

Questions? We're here to help. Please call Member Services at 1-855-338-6467 (TTY only, call 1-800-828-1120). We are available for phone calls Monday through Friday, 8:00 a.m. – 8:00 p.m. Calls to these numbers are free.

Read your 2015 Member Handbook

The *2015 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2015 Member Handbook* is always available on our website at www.vapremier.com/completecure. You may also call Member Services at 1-855-338-6467 to ask us to mail you a *2015 Member Handbook*.

Visit our website

You can also visit our website at www.vapremier.com/completecure. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

Getting help from the state enrollment broker

The state enrollment broker can assist you with enrollment/disenrollment questions, plan comparisons and selecting your Medicare-Medicaid Plan. You can call the state enrollment broker at 1-855-889-5243, Monday through Friday, 8:30 am to 6:00 pm. TTY users should call 1-800-817-6608.

Getting help from the Office of the State Long-Term Care Ombudsman

The State Long-Term Care Ombudsman can help you if you are having a problem with Virginia Premier CompleteCare. These offices are not connected with us or with any insurance company or health plan. The phone number for the Office of the State Long-Term Care Ombudsman is 1-800-552-3402. The services are free.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. In Virginia, the SHIP is called the Virginia Insurance Counseling and Assistance Program (VICAP). The phone number for VICAP is 1-800-552-3402.

If you have questions, please Virginia Premier CompleteCare at 1-855-338-6467, Monday through Friday, 8:00 a.m. - 8:00 p.m. The call is free. **For more information**, visit www.vapremier.com/completecure.



Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

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

Visit the Medicare Website

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

Read *Medicare & You 2015*

You can read *Medicare & You 2015* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Getting help from Medicaid

If you have questions about the help you get from Medicaid, you can contact the Department of Medical Assistance Services (DMAS):

- Call 804-786-6145 from 8:00 am to 5:00 pm. TTY users should call 1-800-343-0634.
- Visit the DMAS website at <http://www.dmas.virginia.gov>.

