

MoDOT/MSHP Medical and Life Insurance Plan, a Direct Contract Prescription Drug Plan (PDP), offered by the Missouri Highways and Transportation Commission

Annual Notice of Changes for 2017

You are currently enrolled as a member of MoDOT/MSHP Medical and Life Insurance Plan. 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.**

Additional Resources

- Please contact our Member Services number at *1-844-513-6006* for additional information. (TTY users should call *711*.)

Contact MoDOT Employee Benefits at 1-877-863-9406 for information about the availability of large print materials. Hours are Monday through Friday 7:30 am until 4:00 pm CST.

About *MoDOT/MSHP Medical and Life Insurance Plan*

- *The Prescription Drug Plan offered by MoDOT/MSHP Medical and Life Insurance Plan is a stand-alone prescription drug plan with a Medicare contract.*
- When this booklet says “we,” “us,” or “our,” it means *MoDOT/MSHP Medical and Life Insurance Plan*. When it says “plan” or “our plan,” it means *MoDOT/MSHP Medical and Life Insurance Plan*.

Think about Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now 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.** 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 for information about changes to our drug coverage.
 - 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.**
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If you decide to continue your coverage with *MoDOT/MSHP Medical and Life Insurance Plan*:

If you want to continue your coverage with us next year, it's easy - you do not need to do a thing.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2017. Look in Section 3.2 to learn more about your choices.

If you cancel your coverage with our plan, you will not be eligible to reenroll at a later date.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for MoDOT/MSHP Medical and Life Insurance Plan 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 *Evidence of Coverage* 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 2.1 for details.	\$123	\$132
Part D prescription drug coverage (See Section 2.3 for details.)	Deductible: \$100 Tier 1: Generics You pay \$5 minimum or 30% of the total cost. Tier 2: Single Source Brand You pay \$5 minimum or 30% of the total cost. Tier 3: Multi-Source Brand You pay \$5 minimum or 30% of the total cost.	Deductible: \$100 Tier 1: Generics You pay \$5 minimum or 30% of the total cost. Tier 2: Single Source Brand You pay \$5 minimum or 30% of the total cost. Tier 3: Multi-Source Brand You pay \$5 minimum or 30% of the total cost.

Annual Notice of Changes for 2017
Table of Contents

Think about Your Medicare Coverage for Next Year	1
Summary of Important Costs for 2017	3
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in MoDOT/MSHP Medical and Life Insurance Plan in 2017	5
SECTION 2 Changes to Benefits and Costs for Next Year	5
Section 2.1 – Changes to the Monthly Premium	5
Section 2.2 – Changes to the Pharmacy Network.....	6
Section 2.3 – Changes to Part D Prescription Drug Coverage	6
SECTION 3 Deciding Which Plan to Choose.....	9
Section 3.1 – If You Want to Stay in MoDOT/MSHP Medical and Life Insurance Plan	9
Section 3.2 – If You Want to Change Plans	9
SECTION 4 Deadline for Changing Plans.....	11
SECTION 5 Programs That Offer Free Counseling about Medicare	11
SECTION 6 Programs That Help Pay for Prescription Drugs	11
SECTION 7 Questions?.....	12
Section 7.1 – Getting Help from MoDOT/MSHP Medical and Life Insurance Plan	12
Section 7.2 – Getting Help from Medicare.....	13

SECTION 1 Unless You Choose another Plan, You Will Be Automatically Enrolled in MoDOT/MSHP Medical and Life Insurance Plan in 2017

If you do nothing to change your Medicare coverage by December 7, 2016, you will remain enrolled in the MoDOT/MSHP Medical and Life Insurance Plan. This means starting January 1, 2017, you will continue your prescription drug coverage through MoDOT/MSHP Medical and Life Insurance Plan. Or you can change to a different Medicare prescription drug plan. You can also switch to a Medicare health plan. If you want to change, you must do so between October 15 and December 7.

If you enroll in another prescription drug plan you will also lose your Medicare A & B supplement through the MoDOT/MSHP Medical and Life Insurance Plan.

The information in this document tells you about the differences between your current benefits in MoDOT/MSHP Medical and Life Insurance Plan and the benefits you will have on January 1, 2017 as a member of MoDOT/MSHP Medical and Life Insurance Plan.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – 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 Medicaid.)	<i>\$123</i>	<i>\$132</i>

- Your monthly plan premium will be more if you are required to pay a late enrollment penalty.
- 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.

Section 2.2 – 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 have been no changes to our Pharmacy Network. A link to the Pharmacy Directory is located on our website at www.modot.org/newsandinfo/benefits.htm. 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 2.3 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” An abridged 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 <http://www.modot.org/newsandinfo/benefits.htm>.

The drugs included on our Drug List will remain relatively the same in 2017 as in 2016. However, we are allowed to make changes to the Drug List from time to time throughout the year, with approval from Medicare or if a drug has been withdrawn from the market by either the FDA or a product manufacturer.

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 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services at 1-844-513-6006.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary 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 3, 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 IF you received a formulary exception in 2016 you will be required to obtain another exception in 2017. Formulary exceptions are provided annually and will expire one year following the original date the exception was granted.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included 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 receive this insert with this packet please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 7.1 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 4, 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 4, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2016 (this year)	2017 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$100</p> <p>During this stage, you pay \$0 cost-sharing for drugs on the Essential Health Benefits Drug List and the full cost of drugs on tier 1, tier 2 and tier 3 of the MoDOT/MSHP Medical and Life Insurance Plan Formulary until you have reached the yearly deductible.</p>	<p>The deductible is \$100</p> <p>During this stage, you pay \$0 cost-sharing for drugs on the Essential Health Benefits Drug List and the full cost of drugs on tier 1, tier 2 and tier 3 of the MoDOT/MSHP Medical and Life Insurance Plan Formulary until you have reached the yearly deductible.</p>

To learn how copayments and coinsurance work, look at Chapter 4, 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)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</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</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1: Generics You pay \$5 minimum or 30% of the total cost.</p> <p>Tier 2: Single Source Brand You pay \$5 minimum or 30% of the total cost.</p> <p>Tier 3: Multi-Source Brand You pay \$5 minimum or</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p>Tier 1: Generics You pay \$5 minimum or 30% of the total cost.</p> <p>Tier 2: Single Source Brand You pay \$5 minimum or 30% of the total cost.</p> <p>Tier 3: Multi-Source Brand You pay \$5 minimum or</p>

long-term supply; at a network pharmacy that offers preferred cost-sharing; or for mail-order prescriptions, look in Chapter 4, Section 5 of your *Evidence of Coverage*.

50% of the total cost.

Once your total drug costs have reached \$3,310.00 you will move to the next stage (the Coverage Gap Stage). *OR* you have paid \$4,850.00 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

50% of the total cost.

Once your total drug costs have reached \$3,700.00 you will move to the next stage (the Coverage Gap Stage). *OR* you have paid \$4,950.00 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 Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in MoDOT/MSHP Medical and Life Insurance Plan

To stay in our plan you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically continue as a member of our plan for 2017.

Section 3.2 – 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 prescription drug plan,
- -- *OR*-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,

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 7.2).

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 prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from MoDOT/MSHP Medical and Life Insurance Plan.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from MoDOT/MSHP Medical and Life Insurance Plan.
 - You will automatically be disenrolled from MoDOT/MSHP Medical and Life Insurance Plan if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep MoDOT/MSHP Medical and Life Insurance Plan for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from MoDOT/MSHP Medical and Life Insurance Plan. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from MoDOT/MSHP Medical and Life Insurance Plan. To ask to be disenrolled, you must send us a Medical Enrollment Change Form.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a Medical Enrollment Change Form to disenroll. Contact Employee Benefits if you need more information on how to do this; call 1-877-863-9406.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2017.

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, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Missouri, the SHIP is called CLAIM.

CLAIM 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. **CLAIM** 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 **CLAIM** at 1-800-390-3330 (toll free) or 1-573-817-8320 (local). You can learn more about **CLAIM** by visiting their website www.missouricclaim.org or emailing them at claim@primaris.org. If contacting **CLAIM** by email be sure to never include any personal health information (PHI) or sensitive personal information, such as a social security number.

SECTION 6 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 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).
- **Help from your state’s pharmaceutical assistance program.** Missouri has a program called Missouri State Pharmacy Assistance Programs that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Missouri AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-533-2437.

SECTION 7 Questions?

Section 7.1 – Getting Help from MoDOT/MSHP Medical and Life Insurance Plan

Questions? We’re here to help. Please call Employee Benefits at 1-877-863-9406

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 the MoDOT/MSHP Medical and Life Insurance Plan. The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is included in this envelope.

Visit our Website

You can also visit our website at <http://www.modot.org/newsandinfo/benefits.htm> . As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug 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 “Review and Compare Your Coverage Options.”)

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.