

# ***CCHP Senior Select Program (HMO SNP) offered by Chinese Community Health Plan***

## **Annual Notice of Changes for 2020**

You are currently enrolled as a member of *CCHP Senior Select Program (HMO SNP)*. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

---

### **What to do now**

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

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.1 and 2.5 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 2020 Drug List and look in Section 2.6 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 <https://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 2.3 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

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep CCHP Senior Select Program (HMO SNP)**, you don’t need to do anything. You will stay in *CCHP Senior Select Program (HMO SNP)*.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 3.2, page 12 to learn more about your choices.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in *CCHP Senior Select Program (HMO SNP)*.
- If you join another plan between **October 15** and **December 7, 2019**, your new coverage will start on **January 1, 2020**.

### **Additional Resources**

- This document is available for free in *Chinese and Spanish*.
- Please contact our Member Services number at 1-888-775-7888 for additional information. (TTY users should call 1-877-681-8898.) Hours are *7 days a week from 8:00 a.m. to 8:00 p.m.*
- *Plans Esta información está disponible en otros idiomas sin costo alguno. Por favor llame a nuestro número de Servicios para Miembros al 1-888-775-7888 para más información. (Los usuarios de TTY deben llamar al 1-877-681-8898). Nuestro horario es*

*de 8:00 a.m. a 8:00 p.m., siete días a la semana. Servicio para Miembros también provee servicios de intérpretes gratis para las personas que no hablan inglés.*

- 此文件有其它的語言版本免費提供。了解詳情請致電：1-888-775-7888 與會員服務中心聯絡。(聽力殘障人士請電 TTY1-877-681-8898)，每週七天，上午 8 時至晚上 8 時。會員服務中心也有提供免費其它語言的口譯服務。
- This document may be available in other formats, such as Braille, large print, or alternate formats. You may call member services at 1-888-775-7888 for more information. TTY users should call 1-877-681-8898.
- **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 <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.
- CCHP's pharmacy network offers limited access to pharmacies with preferred cost sharing in San Francisco County. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-888-775-7888 or consult the online pharmacy directory at [www.CCHPHealthPlan.com/medicare](http://www.CCHPHealthPlan.com/medicare).

### **About CCHP Senior Select Program (HMO SNP)**

- CCHP Senior Select Program (HMO SNP) is an HMO plan with a Medicare contract. The plan also has a written agreement with the *California Medi-Cal (Medicaid)* program to coordinate your Medi-Cal (Medicaid) benefits.
- When this booklet says “we,” “us,” or “our,” it means *Chinese Community Health Plan*. When it says “plan” or “our plan,” it means *CCHP Senior Select Program (HMO SNP)*.

**Summary of Important Costs for 2020**

The table below compares the 2019 costs and 2020 costs for CCHP Senior Select Program (HMO 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.CCHPHealthPlan.com/medicare](http://www.CCHPHealthPlan.com/medicare). You may also call Member Services to ask us to mail you an Evidence of Coverage. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2019 (this year)	2020 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	<p>\$0-\$32.40</p> <p><i>Your monthly premium will depend on your level of “Extra Help” for your prescription drug</i></p>	<p>\$0-\$24.50</p> <p><i>Your monthly premium will depend on your level of “Extra Help” for your prescription drug</i></p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p>
<p><b>Inpatient hospital stays</b></p> <p>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.</p>	<p>\$0 per stay</p>	<p>\$0 per stay</p>

Cost	2019 (this year)	2020 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 2.6 for details.)</p>	<p>Deductible: \$415</p> <p><i>Coinsurance</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>All drugs: 25% per prescription</li> </ul>	<p>Deductible: \$435</p> <p><i>Coinsurance</i> during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>All drugs: 25% per prescription</li> </ul>
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 2.2 for details.)</p>	<p>\$3,400</p>	<p>\$3,400</p>

**Annual Notice of Changes for 2020  
Table of Contents**

**Summary of Important Costs for 2020 ..... 1**

**SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in CCHP Senior Select Program (HMO SNP) in 2020 ..... 4**

**SECTION 2 Changes to Benefits and Costs for Next Year ..... 4**

Section 2.1 – Changes to the Monthly Premium ..... 4

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount..... 4

Section 2.3 – Changes to the Provider Network ..... 5

Section 2.4 – Changes to the Pharmacy Network..... 6

Section 2.5 – Changes to Benefits and Costs for Medical Services ..... 6

Section 2.6 – Changes to Part D Prescription Drug Coverage ..... 8

**SECTION 3 Deciding Which Plan to Choose..... 12**

Section 3.1 – If you want to stay in *CCHP Senior Select Program (HMO SNP)* ..... 12

Section 3.2 – If you want to change plans ..... 12

**SECTION 4 Changing Plans ..... 13**

**SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid ..... 13**

**SECTION 6 Programs That Help Pay for Prescription Drugs ..... 14**

**SECTION 7 Questions?..... 14**

Section 7.1 – Getting Help from *CCHP Senior Select Program (HMO SNP)* ..... 14

Section 7.2 – Getting Help from Medicare ..... 15

Section 7.3 – Getting Help from Medicaid ..... 15

## **SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in CCHP Senior Select Program (HMO SNP) in 2020**

**If you do nothing to change your Medicare coverage in 2019, we will automatically enroll you in our CCHP Senior Select Program (HMO SNP).** This means starting January 1, 2020, you will be getting your medical and prescription drug coverage through *CCHP Senior Select Program (HMO SNP)*. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you want to change, you can do so between now and December 7. The change will take effect on January 1, 2020.

The information in this document tells you about the differences between your current benefits in *CCHP Senior Select Program (HMO SNP)* and the benefits you will have on January 1, 2020, as a member of *CCHP Senior Select Program (HMO SNP)*.

## **SECTION 2 Changes to Benefits and Costs for Next Year**

### **Section 2.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2019 (this year)</b>	<b>2020 (next year)</b>
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0-\$32.40 <i>Your monthly premium will depend on your level of “Extra Help” for your prescription drug</i>	\$0 - \$24.50 <i>Your monthly premium will depend on your level of “Extra Help” for your prescription drug</i>

### **Section 2.2 – 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 services for the rest of the year.

Cost	2019 (this year)	2020 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p style="text-align: center;">\$3,400</p> <p style="text-align: center;"><i>Once you have paid \$3,400 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</i></p>	<p style="text-align: center;">\$3,400</p> <p style="text-align: center;"><i>Once you have paid \$3,400 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</i></p>

---

### Section 2.3 – 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.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 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 and managing your care.

## Section 2.4 – 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. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network.**

## Section 2.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* 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 *2020 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b><i>Annual Physical Exam</i></b>	<i>Annual Physical Exam</i> is <u>not</u> covered.	<i>Annual Physical Exam</i> is covered.

Cost	2019 (this year)	2020 (next year)
<p><b>Hearing aids</b></p>	<p><i>Hearing aids is <u>not</u> covered.</i></p>	<p><i>Hearing aids is covered. (\$1,000 allowance/year)</i></p> <p>The \$1,000 annual benefit allowance may be applied towards the purchase price of up to two Entry Level hearing aids each year.</p> <p>Limited to selected types and model by NationsHearing</p>
<p><b>Home-Based Palliative Care</b></p> <p><i>Palliative care focuses primarily on anticipating, preventing, diagnosing, and treating symptoms experienced by patients with a serious or life-threatening illness and helping patients and their families make medically important decisions. The focus is on providing relief from the symptoms and stress of a serious illness.</i></p>	<p><i>Home-Based Palliative Care is <u>not</u> covered.</i></p>	<p><i>Home-Based Palliative Care is covered without copay.</i></p>
<p><b>Acupuncture</b></p>	<p><i>Acupuncture is limited to 18 visits per year.</i></p>	<p><i>Unlimited Acupuncture Visits</i></p>
<p><b>Nutrition/Dietary Health Education</b></p>	<p><i>Nutrition/Dietary Health Education is covered in both Individual and Group sessions.</i></p>	<p><i>Nutrition/Dietary Health Education is covered in Group sessions.</i></p>

---

## Section 2.6 – 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 provided electronically at [www.CCHPHealthPlan.com/medicare](http://www.CCHPHealthPlan.com/medicare).

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

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

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

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.

Starting in 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

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 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. Because you receive “Extra Help” and didn’t 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 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	2019 (this year)	2020 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is <i>either \$0 or \$85 or \$415, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</i></p>	<p>The deductible is <i>either \$0, \$89, or \$435, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</i></p>

**Changes to Your Cost-sharing in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2019 (this year)	2020 (next year)
<p><b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: <b>All Drugs:</b> You pay 25% of the total cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: <b>All Drugs:</b> You pay 25% of the total cost.</p>
<p><b>Stage 2: Initial Coverage Stage (continued)</b> 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, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. 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.</p>	<p>Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either 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 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in CCHP Senior Select Program (HMO 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, you will automatically stay enrolled as a member of our plan for 2020.

### 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 2020 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.

If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, *Chinese Community Health Plan* offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *CCHP Senior Select Program (HMO SNP)*.
- To change to **Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *CCHP Senior Select Program (HMO SNP)*.
- To change to **Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
- – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 7. The change will take effect on January 1, 2020.

### 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.

If you enrolled in a Medicare Advantage plan for January 1, 2020, 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, 2020. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *California*, the SHIP is called *Health Insurance Counseling and Advocacy Program (HICAP)*.

*Health Insurance Counseling and Advocacy Program (HICAP)* 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. *Health Insurance Counseling and Advocacy Program (HICAP)* 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 *Health Insurance Counseling and Advocacy Program (HICAP)* at 1-800-434-0222. You can learn more about *Health Insurance Counseling and Advocacy Program (HICAP)* by visiting their website ([www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap)).



For questions about your Medi-Cal (*Medicaid*) benefits, contact *California Department of Health Care Services*, 1-916-445-4171. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal (*Medicaid*) coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the *AIDS Drug Assistance Program (ADAP)*. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call *San Francisco County: 1-415-554-9172*.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from CCHP Senior Select Program (HMO SNP)

Questions? We’re here to help. Please call Member Services at 1-888-775-7888. (TTY only, call 1-877-681-8898.) We are available for phone calls *7 days a week from 8:00 a.m. to 8:00 p.m.* Calls to these numbers are free.

#### **Read your 2020 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 2020. For details, look in the *2020 Evidence of Coverage for CCHP Senior Select Program (HMO 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.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare). 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 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 (<https://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 <https://www.medicare.gov> and click on “Find health & drug plans.”)

### **Read *Medicare & You 2020***

You can read *Medicare & You 2020* 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 (<https://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 7.3 – Getting Help from Medi-Cal (Medicaid)**

---

To get information from *Medi-Cal (Medicaid)* you can call *California Department of Health Care Services* at 1-916-445-4171. TTY users should call 1-916-445-0553.

## Discrimination is Against the Law

---

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- 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 CCHP Member Services.

If you believe that CCHP 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 us in person, by phone, by mail, or by fax at:

CCHP Member Services  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, TTY 1-877-681-8898  
Fax 1-415-397-2129

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>.

---

華人保健計劃 ( CCHP ) 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃 ( CCHP ) 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃 ( CCHP ) :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
  - 合格的手語翻譯員
  - 以其他格式提供的書面資訊 ( 大號字體、音訊、無障礙電子格式、其他格式 )
- 向母語非英語的人員免費提供各種語言服務，如：
  - 合格的翻譯員
  - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃 ( CCHP )

如果您認為華人保健計劃 ( CCHP ) 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, 聽力殘障人仕電話 1-877-681-8898  
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

---

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, TTY 1-877-681-889  
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

---

## Multi-language Interpreter Services

**English:** ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

**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1-888-775-7888 (TTY: 1-877-681-8898)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

### Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-888-1 (رقم هاتف الصم والبكم: 1-877-681-8898).

**Hindi:** ध्यान दः यद आप हद बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

**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。1-888-775-7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

**Armenian:** Ուշադրութեամբ հարկ է խոստովանել, որ անհատները, որոնք օգտագործում են հայերեն, կարող են օգտվել անվճար լեզվաօգնություններից: Չանգահարեք 1-888-775-7888 (TTY (հեռախոսիչ)՝ 1-877-681-8898):

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

**Cambodian:** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-775 7888 (TTY: 1-877-681-8898)។

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

### Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.