



Solis SPF 005 (HMO)

Offered by Solis Health Plans

Annual Notice of Changes for 2020

Next Year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

**If you have any questions please call us,
844.447.6547**



Solis SPF 005 (HMO) offered by Solis Health Plans

Annual Notice of Changes for 2020

You are currently enrolled as a member of Solis SPF 005. Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

- *You have from October 15 until December 7 to make changes to your Medicare coverage for next year.*
-

What to do now

1. ASK: Which changes apply to you

- ☐ 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 1.1 and 1.5 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 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <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 1.3 for information about our Provider Directory.
- ☐ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

2. *COMPARE*: Learn about other plan choices

- ☐ 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 4.2 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* Solis SPF 005, you don’t need to do anything. You will stay in Solis SPF 005.
- 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 2.2, page 22 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 Solis SPF 005.
- If you join another plan by *December 7, 2019*, your new coverage will start on *January 1, 2020*.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-844-447-6547 for additional information. TTY users should call 711. Hours are October 1st to March 31st from 8:00 a.m. to 8:00 p.m., 7 days a week and April 1st to September 30th from 8:00 a.m. to 8:00 p.m. Monday to Friday.
- To request a document in an alternative format, such as large print, Braille or audio tape please contact Member Services at 1-844-447-6547
- *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.

About Solis SPF 005

- Solis Health Plans, Inc. is a Medicare- contracted plan to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Solis SPF 005 depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Solis Health Plans. When it says "plan" or "our plan," it means Solis SPF 005 (HMO).

Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Solis SPF 005 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.solishealthplans.com. You can also review the Evidence of Coverage at www.solishealthplans.com to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Monthly plan premium*</i> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
<i>Maximum out-of-pocket amount</i> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3400	\$3400
<i>Doctor office visits</i>	Primary care visits: \$0 per visit \$35 copay: Primary care services at an outpatient hospital facility	Primary care visits: \$0 per visit

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Doctor office visits Specialists</i>	<p>\$0 copay Specialist visits In Network Non-Hospital Facility per visit</p> <p>\$50 copay Hospital Facility Authorization is not required for initial evaluation.</p>	\$5 copay per Specialist visit
<i>Inpatient hospital stays</i> 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>\$175 copay per day, days 1-7</p> <p>\$0 copay, days 8-90</p>	<p>\$75 copay, days 1-7 Per Admission or Per Stay</p> <p>\$0 copay, days 8-90</p>
<i>Part D prescription drug coverage</i> (See Section 1.6 for details.)	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$40 • Drug Tier 4: \$85 • Drug Tier 5: 33% 	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$0 • Drug Tier 3: \$25 • Drug Tier 4: \$85 • Drug Tier 5: 33% • Drug Tier 6: \$0

Annual Notice of Changes for 2020

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SECTION 1 Changes to Benefits and Costs for Next Year**Section 1.1 – Changes to the Monthly Premium**

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Monthly premium</i> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

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. (See Section 1.2 for details.)

Cost	2019 (this year)	2020 (next year)
<p><i>Maximum out-of-pocket amount</i></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.</p>	\$3400	<p>\$3400</p> <p>Once you have paid \$3400 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.</p>

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.solishealthplans.com (Find a Provider). 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 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 www.solishealthplans.com.* 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 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Medical Benefits Chart (what is covered and what you pay), in your 2020 Evidence of Coverage.

Cost	2019 (this year)	2020 (next year)
<i>Inpatient Hospital-Acute</i>	\$175 copay per day, days 1-7 \$0 copay, days 8-90	\$75 copay, days 1-7 Per Admission or Per Stay \$0 copay, days 8-90
<i>Inpatient Hospital Psychiatric</i>	\$175 copay per day, days 1-7 \$0 copay, days 8-90	\$75 copay, days 1-7 Per Admission or Per Stay \$0 copay, days 8-90

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Skilled Nursing Facility (SNF)</i>	\$0 copay, days 1-20 \$50 copay per day, for days 21-100	\$0 copay days 1-20 \$160 copay days 21-100
<i>Cardiac and Pulmonary Rehabilitation Services</i>	\$25 copay	\$10 copay
<i>Emergency Care / Post-Stabilization Care</i>	\$75 copay	\$100 copay Copayment waived if admitted to hospital
<i>Worldwide Emergency / Urgent Coverage</i>	\$10 copay	\$0 copay Urgent Coverage \$50 copay Worldwide Emergency Coverage Benefit Limit: \$50,000 Copayment waived if admitted to hospital
<i>Urgently Needed Services</i>	\$10 copay	\$20 copay
<i>Primary Care Physician Services</i>	\$0 copay In Network Non-Hospital Facility \$35 copay Hospital Facility	\$0 copay

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Occupational Therapy Services</i>	\$25.00 copay	\$10 copay - In Network Non-Hospital Facility \$40 copay - Hospital Facility
<i>Physician Specialist Services</i>	\$0 copay In Network Non-Hospital Facility \$50 copay Hospital Facility	\$5 copay Referral or authorization requirements may apply, contact the plan for details
<i>Mental Health Specialty Services</i>	\$35 copay Individual Sessions \$35 copay Group Sessions	\$30 copay Medicare-covered Individual Sessions \$20 copay Medicare-covered Group Sessions
<i>Podiatry Services</i>	\$35 copay Referral and/or prior authorization required after your first 10 treatments/visits.	\$10 copay Unlimited Medicare & Routine Footcare Covered Authorization required after initial evaluation and first 10 treatments / visits

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Other Health Care Professional Services</i>	\$0 copay In Network Non-Hospital Facility \$50 copay Hospital Facility	\$5 copay
<i>Physical Therapy and Speech-language Pathology Services</i>	\$0 copay	\$10 copay In Network Non-Hospital Facility \$40 copay Hospital Facility Subsequent visit Referral or authorization requirements may apply, contact the plan for details
<i>Opioid Treatment Services</i>	Not covered	\$0 copay Referral or authorization requirements may apply, contact the plan for details
<i>Outpatient Diagnostic Procedures, Tests and Lab Services</i>	\$0 copay In Network Non-Hospital Facility \$250 Hospital Facility	\$0 copay In Network Non-Hospital Facility \$90 Hospital Facility

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Outpatient Diagnostic and Therapeutic Radiological Services</i>	<p>X-Ray Services:</p> <p>\$0 copay In Network Non-Hospital Facility</p> <p>\$250 Hospital Facility Diagnostic Radiological Service (e.g., CT, MRI etc.)</p> <p>\$0 copay In Network Non-Hospital Facility</p> <p>\$250 Hospital Facility</p>	<p>\$0 copay Medicare-covered Diagnostic Radiological Services</p> <p>\$0 copay Medicare-covered X-Ray Services</p> <p>\$0 copay In Network Non-Hospital Facility</p> <p>\$90 Hospital Facility</p> <p>20% Coinsurance - Therapeutic Radiological Services</p>
<i>Outpatient Hospital Services</i>	<p>\$250 copay per visit Hospital Visit</p> <p>\$250 copay per visit Observation</p> <p>\$50 copay per visit Freestanding Ambulatory Surgical Center Visit</p>	<p>\$75 copay Medicare-covered Outpatient Hospital Services</p> <p>\$75 copay Medicare-covered Observation Services</p>
<i>Ambulatory Surgical Center (ASC) Services</i>	\$50 copay	\$40 copay

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Outpatient Substance Abuse Services</i>	<p>\$60 copay Medicare-covered Individual Sessions</p> <p>\$60 copay Medicare-covered Group Sessions</p>	<p>\$40 copay Medicare-covered Individual Sessions</p> <p>\$40 copay Medicare-covered Group Sessions</p>
<i>Outpatient Blood Services</i>	\$100 copay	\$50 copay
<i>Ambulance Services</i>	<p>\$100 copay Medicare-covered Ground Ambulance Services; Medicare-covered Air Ambulance Services</p> <p>Copayment waived if admitted to hospital</p>	<p>Medicare-covered Air Ambulance Services: 20% Coinsurance Copayment not waived if admitted to hospital</p> <p>\$200 copay Medicare-covered Ground Ambulance Services</p> <p>Copayment waived if admitted to hospital</p>

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Transportation Services</i>	\$0 copay 12 one-way trips to or from Plan-Approved Location.	\$0 copay 24 One-way trips to Plan Approved Health-Related Locations Referral or authorization requirements may apply, contact the plan for details
<i>Durable Medical Equipment (DME)</i>	20% Coinsurance	0% coinsurance (exceptions apply please see below) The plan has preferred vendors / manufacturers for Durable Medical Equipment (DME) 20% coinsurance Prosthetics (braces, artificial limbs, etc.) 20% coinsurance for Medicare-covered ventilators, bone growth stimulators, portable oxygen concentrators, bariatric equipment, specialty beds, custom wheelchairs, seat lifts, and specialty brand items

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts</i>	<p>\$0 copay Monitoring Supplies</p> <p>\$0 copay Diabetes Self-Management Training</p> <p>Therapeutic Shoes or Inserts: 20% coinsurance</p>	<p>\$0 copay Diabetic Supplies</p> <p>20% Coinsurance Medicare-covered Diabetic Therapeutic Shoes or Inserts</p> <p>Diabetic Supplies and Services from specified manufacturers</p> <p>Referral or authorization requirements may apply, contact the plan for detail</p>
<i>Over the Counter (OTC)</i>	Benefit Coverage Amount: \$25	<p><i>\$45 per month</i> for plan approved over the counter and health-related products</p> <p>Additional 2020 Benefit: Nicotine Replacement Therapy (NRT)</p>

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Eligible Supplemental Benefits</i>	<p>60 Visits</p> <p>Nutritional / Dietary Benefit</p> <p>Additional Sessions of Smoking and Tobacco Cessation Counseling</p>	<p>12 Visits</p> <p>Nutritional / Dietary Benefit</p> <p>Additional Sessions of Smoking and Tobacco Cessation Counseling</p> <p>Referral or Authorization requirements may apply, contact the plan for details</p>
<i>Fitness Benefit</i>	<p>Fitness Provider: Silver Sneakers</p>	<p>Unlimited</p> <p>Fitness Provider: Silver and Fit</p> <p>Referral or Authorization requirements may apply, contact the plan for details</p>
<i>Therapeutic Massage</i>	<p>Not covered</p>	<p>6 sessions per year</p> <p>Referral or Authorization requirements may apply, contact the plan for detail</p>

Cost	2019 (this year)	2020 (next year)
<i>Preventive Dental Services (Oral Exams, Prophylaxis (cleaning), Fluoride Treatment, Dental X-Rays)</i>	<p>\$0 copay Oral Exams 2 every year</p> <p>Prophylaxis (Cleaning) 2 every year</p> <p>Fluoride Treatment 2 every year</p> <p>Dental X-Rays 2 dental services every year</p>	<p>\$0 copay Oral Exams 2 every year</p> <p>\$0 copay Prophylaxis (Cleaning) 2 every year</p> <p>\$0 copay Fluoride Treatment 1 every year</p> <p>\$0 copay Dental X-Rays 2 every year</p> <p>Referral or authorization requirements may apply, contact the plan for details</p>

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Comprehensive Dental Services</i>	<p>\$0 copay Non-routine Services 1 visit every two years</p> <p>\$0 copay Endodontics 1 visit every two years</p> <p>\$0 copay Prosthodontics, Other Oral / Maxillofacial Surgery, Other Services 1 visit every two years</p> <p>Plan Benefit Coverage: \$1,500</p>	<p>\$0 copay Diagnostic Services 1 visits every year</p> <p>\$0 copay Restorative Services 2 visits every year</p> <p>\$0 copay Endodontics 1 visit every 2 years</p> <p>\$0 copay Periodontics 1 every 2 years</p> <p>\$0 copay Extractions 2 every year</p> <p>\$0 copay Prosthodontics, Other Oral / Maxillofacial Surgery 1 visits every 2 years</p> <p>Maximum Plan Benefit Coverage amount: \$1,500 every year</p>

<i>Cost</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Eye Exams</i>	No additional coverage to the Medicare Covered Services	<p>\$0 copay 1 Routine Eye Exam a year</p> <p>Referral or authorization requirements may apply, contact the plan for details</p>
<i>Eyewear</i>	\$100 coverage limit for Contact lenses; Eyeglasses (lenses and frames); Eyeglass lenses; Eyeglass frames; Upgrades	Eyewear: up to \$200 for contact lenses, eyeglasses (lenses and frames), eyeglass lenses or eyeglass frames every year
<i>Hearing Aids</i>	\$500 per ear for all types of hearing aids	<p>\$0 copay Unlimited Routine Hearing Exams</p> <p>\$0 copay per visit Medicare-covered hearing services</p> <p>Hearing aid: \$750 allowance per ear (\$1500 combined)</p> <p>Referral or authorization requirements may apply, contact the plan for details</p>

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 provided electronically.

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

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

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

Current formulary exceptions are good for one year or for the duration of therapy. If your exception request is expiring before end of plan year, we encourage you ask for an exception before next year. If you have any questions, you may call member services.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. We 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 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 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 at Chapter 6, Sections 6 and 7, in the Evidence of Coverage, which is located on our website at www.solishealthplans.com. You can also review the Evidence of Coverage on our website at www.solishealthplans.com to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Changes to the Deductible Stage

<i>Stage</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<i>Stage 1: Yearly Deductible Stage</i>	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.

<i>Stage</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<p><i>Stage 2: Initial Coverage Stage</i></p> <p>During this stage, the plan pays its share of the cost of your drugs and <i>you pay your share of the cost.</i></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><i>Preferred Generic:</i> You pay \$0 per prescription</p> <p><i>Generic:</i> You pay \$0 per prescription</p> <p><i>Preferred Brand:</i> You pay \$40 per prescription.</p> <p><i>Non-Preferred Brand:</i> You pay \$85 per prescription</p> <p><i>Specialty Tier:</i> You pay 33% of the total cost</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><i>Preferred Generic:</i> You pay \$0 per prescription</p> <p><i>Generic:</i> You pay \$0 per prescription</p> <p><i>Preferred Brand:</i> You pay \$25 per prescription.</p> <p><i>Non-Preferred Brand:</i> You pay \$85 per prescription</p> <p><i>Specialty Tier:</i> You pay 33% of the total cost</p> <p><i>Supplemental Brand and Generic Drugs:</i> You pay \$0 per prescription</p>

<i>Stage</i>	<i>2019 (this year)</i>	<i>2020 (next year)</i>
<p><i>Stage 2: Initial Coverage Stage (continued)</i></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 mail-order prescriptions, look in Chapter 6, Section 5 of your Evidence of Coverage.</p>	Once your total drug costs have reached \$5,000, you will move to the next stage (the Coverage Gap Stage)	Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap 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 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 Solis SPF 005

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

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 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2020, call your State Health Insurance Assistance Program (SHIP) (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 <https://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 Solis SPF 005.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Solis SPF 005.
- 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

If you want to change to a different plan or to Original Medicare for next year, you can do it from *October 15 until December 7*. The change will take effect on January 1, 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. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

If you enrolled in a Medicare Advantage plan for January 1, 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 2.2 of the Evidence of Coverage.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Florida, the SHIP is called SHINE (Florida SHIP SMP Department of Elder Affairs).

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

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- *“Extra Help” from Medicare.* People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 day 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 Florida ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Florida HIV/AIDS Hotline at 1-800-352-2437 (English)/1-800-545-7432 (Spanish)/ 1-800-243-7101 (Creole)/1-888-503-7118 (TTY).

SECTION 6 Questions?

Section 6.1 – Getting Help from Solis SPF 005

Questions? We're here to help. Member Services number at 1-844-447-6547 TTY only call 711. We are available for phone calls October 1st to March 31st from 8:00 a.m. to 8:00 p.m., 7 days a week and April 1st to September 30th from 8:00 a.m. to 8:00 p.m. Monday to Friday. 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 Solis SPF 005. 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.solishealthplans.com. You can also review the Evidence of Coverage at www.solishealthplans.com. 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.solishealthplans.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 (<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 the 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.

Discrimination is Against the Law

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

SOLIS Health Plans, Inc:

- 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 Milagros Yzquierdo.

If you believe that SOLIS Health Plans, Inc 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 Milagros Yzquierdo, VP of Compliance, PO Box 524173 Miami, FL 33152, 844-447-6547, 711, 305-675-0139, myzquierdo@solishealthplans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Milagros Yzquierdo 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, D.C. 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 Interpreter Services

(English) ATTENTION: If you speak Spanish, language assistance services free of charge, are available to you.
Call 1-844-447-6547 (TTY: 711).

(Spanish) ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-447-6547 (TTY: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-447-6547 (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 1-844-447-6547 (TTY: 711).

(Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, ratis. Ligue para 1-844-447-6547 (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 1-844-447-6547 (TTY: 711)。

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-447-6547 (ATS: 711).

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-447-6547 (TTY: 711).

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-447-6547 (телетайп: 711).

(Arabic) ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-447-6547 (رق هاتف الصم والبكم: 711)

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-447-6547 (TTY: 711).

(German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-447-6547 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-447-6547 (TTY: 711) 번으로 전화해 주십시오.

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-447-6547 (TTY: 711).

(Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-447-6547 (TTY: 711).

(Thai) เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-447-6547 (TTY: 711).