

Alianza Activa (HMO-POS) offered by Triple-S Advantage, Inc.

Annual Notice of Changes for 2020

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

- **You have from October 1 until December 31 to make changes to your Medicare coverage for next year.**
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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 1.5 and 1.6 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 and Pharmacy 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 2.2 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** Alianza Activa, you don’t need to do anything. You will stay in Alianza Activa.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 1 and December 31.

4. **ENROLL:** To change plans, join a plan between **October 1** and **December 31, 2019**.

- If you don’t join another plan by **December 31, 2019**, you will stay in Alianza Activa.
- If you join another plan by **December 31, 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 1-888-620-1919 for additional information. (TTY users should call 1-866-620-2520.) Hours are Monday through Sunday from 8:00 a.m. to 8:00 p.m.

- This document is also available in alternate formats such as Braille, large print and audio. Please contact Members Services if you need plan information on other format or language.
- **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 Alianza Activa

- Triple-S Advantage, Inc. is a health maintenance organization (HMO) with a Medicare contract. Enrollment in Triple-S Advantage, Inc. depends on contract renewal. Triple-S Advantage is an independent licensee of BlueCross BlueShield Association.
- When this booklet says “we,” “us,” or “our,” it means Triple-S Advantage, Inc. When it says “plan” or “our plan,” it means Alianza Activa.

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Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Alianza Activa 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.sssadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$100	\$100
Maximum out-of-pocket amount 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.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$0 copay. Specialist visits: \$0 copay per physician specialist.	Primary care visits: \$0 copay. Specialist visits: \$0 copay per physician specialist visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0 copay per admission.	\$0 copay per admission.

Part D prescription drug coverage

(See Section 1.6 for details.)

Deductible: \$0

Copayment or coinsurance during the Initial Coverage Stage:

- **Drug Tier 1:**
 - Standard Retail Cost-Sharing Pharmacies- \$2 copay
 - Preferred Retail Cost-Sharing Pharmacies- \$0 copay

- **Drug Tier 2:**
 - Standard Retail Cost-Sharing Pharmacies- \$2 copay
 - Preferred Retail Cost-Sharing Pharmacies- \$0 copay

- **Drug Tier 3:**
 - Standard Retail Cost-Sharing Pharmacies- \$8 copay
 - Preferred Retail Cost-Sharing Pharmacies- \$4 copay

- **Drug Tier 4:**
 - Standard Retail Cost-Sharing Pharmacies- \$16 copay
 - Preferred Retail

Deductible: \$0

Copayment or coinsurance during the Initial Coverage Stage:

- **Drug Tier 1:**
 - Standard Retail Cost-Sharing Pharmacies- \$2 copay
 - Preferred Retail Cost-Sharing Pharmacies- \$0 copay

- **Drug Tier 2:**
 - Standard Retail Cost-Sharing Pharmacies- \$2 copay
 - Preferred Retail Cost-Sharing Pharmacies- \$0 copay

- **Drug Tier 3:**
 - Standard Retail Cost-Sharing Pharmacies- \$8 copay
 - Preferred Retail Cost-Sharing Pharmacies- \$4 copay

- **Drug Tier 4:**
 - Standard Retail Cost-Sharing Pharmacies- \$16 copay
 - Preferred Retail

Cost	2019 (this year)	2020 (next year)
	<p>Cost-Sharing Pharmacies- \$8 copay</p> <ul style="list-style-type: none"> • Drug Tier 5: <ul style="list-style-type: none"> – Standard Retail Cost-Sharing Pharmacies- 30% coinsurance – Preferred Retail Cost-Sharing Pharmacies- 30% coinsurance • Drug Tier 6: <ul style="list-style-type: none"> – Standard Retail Cost-Sharing Pharmacies- \$2 copay – Preferred Retail Cost-Sharing Pharmacies- \$0 copay 	<p>Cost-Sharing Pharmacies- \$8 copay</p> <ul style="list-style-type: none"> • Drug Tier 5: <ul style="list-style-type: none"> – Standard Retail Cost-Sharing Pharmacies- 30% coinsurance – Preferred Retail Cost-Sharing Pharmacies- 30% coinsurance • Drug Tier 6: <ul style="list-style-type: none"> – Standard Retail Cost-Sharing Pharmacies- \$2 copay – Preferred Retail Cost-Sharing Pharmacies- \$0 copay

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$100	\$100
Part B Premium Reduction	\$25	\$50

- 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.

Cost	2019 (this year)	2020 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$3,400</p>	<p>\$3,400</p> <p>Once you have paid \$3,400 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 and Pharmacy Directory is located on our website at www.sssadvantage.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2020 Provider and Pharmacy 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. 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 Provider and Pharmacy Directory is located on our website at www.sssadvantage.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2020 Provider and 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>Fitness</i>	Fitness benefit is <u>not</u> covered.	You pay \$0 copay. Up to \$25 maximum benefit limit.
<i>Nutritional/Dietary Benefit</i>	Nutritional/Dietary Benefit is <u>not</u> covered.	You pay \$0 copay. Up to four (4) visits to a nutritionist for services not covered by Medicare.
<i>Opioid Treatment Program Services</i>	Opioid Treatment services are <u>not</u> covered.	You pay a \$0 copay.
<i>Outpatient Substance Abuse</i>	You pay a \$5 copay per session.	You pay a \$0 copay per session.

Cost	2019 (this year)	2020 (next year)
<i>Over-the-Counter Drugs and Items (OTC)</i>	Over-the counter drugs and Items are <u>not</u> covered.	Up to a maximum benefit limit of \$75 every three (3) months. A written order <u>is not</u> required for the pharmacy to electronically process your medication and / or item through the pharmacy's payment system.
<i>Part B Drugs</i>	You pay 0% of the total cost for Part B Chemotherapy drugs. You pay 10% of the total cost for other Part B drugs.	You pay 0% of the total cost for respiratory therapy drugs. You pay 0% of the total cost for Part B Chemotherapy drugs. You pay 10% of the total cost for other Part B drugs.
<i>Point of Services</i>	You pay 20% of the total cost for out of network service in Puerto Rico. You pay 35% of the total cost for out of network service in United States.	You pay 20% of the total cost for out of network service in Puerto Rico and United States.
<i>Transportation</i>	Up to ten (10) one-way trips for medical appointments.	Up to twelve (12) one-way trips for medical appointments.

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.
 - 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 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.

If we decide to allow coverage under an approved exception or authorization to continue into the subsequent plan year for a renewing enrollee, we will send a written notice to the enrollee 60 days prior to the date coverage ends.

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 different 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.**

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.sssadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-sharing in the Initial Coverage Stage

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

	2019 (this year)	2020 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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>Your cost for a one-month supply at a network pharmacy:</p> <p>Drug Tier 1- Preferred Generics:</p> <p><i>Standard cost-sharing:</i> You pay \$2 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay</p> <p>Drug Tier 2- Generics:</p> <p><i>Standard cost-sharing:</i> You pay \$2 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay</p> <p>Drug Tier 3- Preferred Brand:</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Drug Tier 1- Preferred Generics:</p> <p><i>Standard cost-sharing:</i> You pay \$2 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay</p> <p>Drug Tier 2- Generics:</p> <p><i>Standard cost-sharing:</i> You pay \$2 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay</p> <p>Drug Tier 3- Preferred Brand:</p>

2019 (this year)	2020 (next year)
<p><i>Standard cost-sharing:</i> You pay \$8 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$4 copay</p>	<p><i>Standard cost-sharing:</i> You pay \$8 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$4 copay</p>
<p><i>Drug Tier 4- Non-Preferred Drugs:</i></p> <p><i>Standard cost-sharing:</i> You pay \$16 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$8 copay</p>	<p><i>Drug Tier 4- Non-Preferred Brand:</i></p> <p><i>Standard cost-sharing:</i> You pay \$16 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$8 copay</p>
<p><i>Drug Tier 5- Specialty:</i></p> <p><i>Standard cost-sharing:</i> You pay 30% of the total cost</p> <p><i>Preferred cost-sharing:</i> You pay 30% of the total cost</p>	<p><i>Drug Tier 5- Specialty:</i></p> <p><i>Standard cost-sharing:</i> You pay 30% of the total cost</p> <p><i>Preferred cost-sharing:</i> You pay 30% of the total cost</p>
<p><i>Drug Tier 6- Select Care Drugs:</i></p> <p><i>Standard cost-sharing:</i> You pay \$2 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay</p>	<p><i>Drug Tier 6- Select Care Drugs:</i></p> <p><i>Standard cost-sharing:</i> You pay \$2 copay</p> <p><i>Preferred cost-sharing:</i> You pay \$0 copay</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 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 Alianza Activa

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 31, 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 (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.**

As a reminder, Triple-S Advantage, Inc. 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 Alianza Activa.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Alianza Activa.
- 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 1 until December 31**. 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 Puerto Rico, the SHIP is called Oficina del Procurador de Personas de Edad Avanzada.

Oficina del Procurador de Personas de Edad Avanzada 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. Oficina del Procurador de Personas de Edad Avanzada 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 Oficina del Procurador de Personas de Edad Avanzada at San Juan at 1-877-725-4300, in Ponce at 1-800-981-7735, or in Mayagüez at 1-800-981-0056. You can learn more about Oficina del Procurador de Personas de Edad Avanzada by visiting their website (www.oppea.pr.gov/).

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 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 *Puerto Rico's Health Department Ryan White Part B Program*. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (787) 765-2929 Ext.5106 and 5137.

SECTION 6 Questions?

Section 6.1 – Getting Help from Alianza Activa

Questions? We're here to help. Please call Member Services at 1-888-620-1919. (TTY only, call 1-866-620-2520). We are available for phone calls Monday through Sunday 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 Alianza Activa. 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.sssadvantage.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.sssadvantage.com. As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy 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.

Notifications of enhancements to your plan coverage

Dear Member:

We appreciate the opportunity you give us to take care of your health. At Triple-S Advantage we are committed to achieving a higher level of satisfaction for all our members, for this reason we are pleased to announce enhancements in your Alianza Activa plan coverage for the year 2020 in the following benefits:

- ✓ **Comprehensive Dental Service** - Removable dentures are included including removable bases (Valplast®), fixed bridges (on all teeth), root canal (on all teeth), crowns (on all teeth). The maximum limit is increased to \$2,500 per year for comprehensive dental services.
- ✓ **Hearing Services** – The maximum limit increases to \$2,500 every two years for hearing aids.
- ✓ **Vision Services** – The maximum limit increases to \$1,000 each year for prescription eyeglasses or contact lenses.
- ✓ **Over the Counter Drugs and Items (OTC)** – The maximum limit increases to \$175 every three months. Without prescription!
- ✓ **In-Home Support Services** – This benefit provides support for activities of daily living after discharge from hospitalization under conditions of heart failure (CHF), chronic obstructive pulmonary disease (COPD), acute stroke and chemotherapy oncology patients.

The In-Home Support Service provides you up to 48 hours a year for support in daily activities such as:

- Help for bathing and dressing,
- Transferring or assistance for mobility at home,
- Light housekeeping (cleaning, laundry, cleaning dishes),
- Meal preparation and
- Help with medication reminders.

Beginning January 1, 2020, you will be able to enjoy this and other excellent benefits in your Alianza plan coverage. For additional information, contact our Member Services Department at 1-888-620-1919. (TTY users should call 1-866-620-2520). We attend from Monday to Sunday from 8:00 a.m. at 8:00 p.m.

Triple-S Advantage, Inc. is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Triple-S Advantage, Inc. is dependent upon contract renewal. Triple-S Advantage, Inc. is an independent licensee of BlueCross BlueShield Association.

Triple-S Advantage, Inc. complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex. Triple-S Advantage, Inc. 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。 Triple-S Advantage, Inc. cumple con las leyes federales aplicables de derechos civiles y no discrimina por razón de raza, color, origen de nacionalidad, edad, discapacidad, o sexo. Triple-S Advantage, Inc.

ATENCIÓN: si usted habla español, servicios de asistencia lingüística están disponibles libre de cargos para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520). 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 1-888-620-1919 (TTY: 1-866-620-2520)。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-620-1919 (TTY: 1-866-620-2520).

 **TRIPLE-S ADVANTAGE** 
Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-620-1919 (TTY: 1-866-620-2520).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-620-1919 (TTY: 1-866-620-2520).

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1-888-620-1919 (TTY: 1-866-620-2520)。

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-620-1919 (TTY: 1-866-620-2520).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-620-1919 (TTY: 1-866-620-2520).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-620-1919 (TTY: 1-866-620-2520).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-620-1919 (TTY: 1-866-620-2520) 번으로 전화해 주십시오.

Arabic: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا :ملحوظة 1-888-620-1919 (والبكم الصم هاتف رقم) 1-866-620-2520.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-620-1919 (TTY: 1-866-620-2520) पर कॉल करें।

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-620-1919 (TTY: 1-866-620-2520).

Português: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-620-1919 (TTY: 1-866-620-2520).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-620-1919 (TTY: 1-866-620-2520).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-620-1919 (TTY: 1-866-620-2520).

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。1-888-620-1919 (TTY: 1-866-620-2520)まで、お電話にてご連絡ください。

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-620-1919 (телетайп: 1-866-620-2520).

Catalan: ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-888-620-1919 (TTY o teletip: 1-866-620-2520).

**NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND
ACCESSIBILITY REQUIREMENTS AND NONDISCRIMINATION STATEMENT:
DISCRIMINATION IS AGAINST THE LAW**

Triple-S Advantage, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Triple-S Advantage, Inc. does not exclude people or treat them differently because of race, color national origin, age, disability, or sex.

Triple-S Advantage, 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 Spanish, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, contact a Service Representative.

If you believe that Triple-S Advantage, 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:

Service Representative

P.O Box 11320, San Juan, PR

00922-1320

Telephone: 1-888-620-1919, TTY: 1-866-620-2520

Fax. 787-993.3261, e-mail: TSACompliance@sssadvantage.com

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, a Service Representative is available to help you.

You can also file a civil rights complaint with the US Department of Health and Human Services, Office of Civil Rights electronically through the Office of 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>.

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ATENCIÓN: si usted habla español, servicios de asistencia lingüística están disponibles libre de cargo para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520).