

# PLATINO ADVANCE (HMO-SNP)

## ANNUAL NOTICE OF CHANGES



## **Platino Advance (HMO-SNP) offered by Triple-S Advantage, Inc.**

# **Annual Notice of Changes for 2020**

You are currently enrolled as a member of Platino Advance. 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 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 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** Platino Advance, you don’t need to do anything. You will stay in Platino Advance.
- 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 21 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 Platino Advance.
- 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 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 am to 8:00 pm.
- 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 Platino Advance**

- Triple-S Advantage, Inc. is a Health Maintenance Organization (HMO) with a contract with Medicare, and with the Puerto Rico Medicaid Program. Enrollment in Triple-S Advantage, Inc. depends on contract renewal. Triple-S Advantage, Inc. is an independent licensee of BlueCross BlueShield Association. The plan also has a written agreement with the Puerto Rico's Medicaid program to coordinate your Medicaid benefits. This plan is available to anyone who has both State Medical Assistance and Medicare.
- When this booklet says "we," "us," or "our," it means Triple-S Advantage, Inc. When it says "plan" or "our plan," it means Platino Advance.
- This information is not a complete description of benefits. Call: 1-888-620-1919 (TTY 1-866-620-2520) for more information.

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Platino Advance 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](http://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)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits:  <b>Coverage code 100:</b> \$0 copay per visit <b>Coverage code 110:</b> \$1 copay per visit <b>Coverage code 120:</b> \$1.50 copay per visit <b>Coverage code 130:</b> \$2 copay per visit	Primary care visits: \$0 per visit  Specialist visits: \$0 copay per visit
<b>Inpatient hospital stays</b> 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.	<b>Coverage code 100:</b> \$0 copay per admission <b>Coverage code 110:</b> \$4 copay per admission <b>Coverage code 120:</b> \$5 copay per admission <b>Coverage code 130:</b> \$8 copay per admission	\$0 copay per admission

**Part D prescription drug coverage**

(See Section 1.6 for details.)

Deductible: \$0  
 Copayment during the  
 Initial Coverage Stage:

- **Drug Tier 1:**
  - Standard Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code 110:** \$1 copay  
**Coverage code 120:** \$2 copay  
**Coverage code 130:** \$3 copay
  - Preferred Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code 110:** \$1 copay  
**Coverage code 120:** \$2 copay  
**Coverage code 130:** \$3 copay

- **Drug Tier 2:**
  - Standard Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code 110:** \$1 copay  
**Coverage code 120:** \$2 copay  
**Coverage code 130:** \$3 copay
  - Preferred Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code**

Deductible: \$0  
 Copayment during the  
 Initial Coverage Stage:

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

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

**110:** \$1 copay  
**Coverage code**

**120:** \$2 copay  
**Coverage code**

**130:** \$3 copay

– **Drug Tier 3:**

- Standard Retail Cost-Sharing Pharmacies-

**Coverage code**

**100:** \$0 copay

**Coverage code**

**110:** \$3 copay

**Coverage code**

**120:** \$4 copay

**Coverage code**

**130:** \$6 copay

- Preferred Retail Cost-Sharing Pharmacies-

**Coverage code**

**100:** \$0 copay

**Coverage code**

**110:** \$3 copay

**Coverage code**

**120:** \$4 copay

**Coverage code**

**130:** \$6 copay

– **Drug Tier 4:**

- Standard Retail Cost-Sharing Pharmacies-

**Coverage code**

**100:** \$0 copay

**Coverage code**

**110:** \$3 copay

**Coverage code**

**120:** \$4 copay

**Coverage code**

**130:** \$6 copay

- Preferred Retail Cost-Sharing Pharmacies-

**Coverage code**

**100:** \$0 copay

– **Drug Tier 3:**

- Standard Retail Cost-Sharing Pharmacies- \$0 copay

- Preferred Retail Cost-Sharing Pharmacies- \$0 copay

– **Drug Tier 4:**

- Standard Retail Cost-Sharing Pharmacies- \$0 copay

- Preferred Retail Cost-Sharing Pharmacies- \$0 copay

**Coverage code****110:** \$3 copay**Coverage code****120:** \$4 copay**Coverage code****130:** \$6 copay– **Drug Tier 5:****Generic**

- Standard Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code 110:** \$1 copay  
**Coverage code 120:** \$2 copay  
**Coverage code 130:** \$3 copay
- Preferred Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code 110:** \$1 copay  
**Coverage code 120:** \$2 copay  
**Coverage code 130:** \$3 copay

**Brand**

- Standard Retail Cost-Sharing Pharmacies-  
**Coverage code 100:** \$0 copay  
**Coverage code 110:** \$3 copay  
**Coverage code 120:** \$4 copay  
**Coverage code 130:** \$6 copay

– **Drug Tier 5:**

- Standard Retail Cost-Sharing Pharmacies- \$0 copay
- Preferred Retail Cost-Sharing Pharmacies- \$0 copay

Cost	2019 (this year)	2020 (next year)
	<ul style="list-style-type: none"> <li>• Preferred Retail Cost-Sharing Pharmacies- <b>Coverage code 100:</b> \$0 copay <b>Coverage code 110:</b> \$3 copay <b>Coverage code 120:</b> \$4 copay <b>Coverage code 130:</b> \$6 copay</li> </ul> <p>– <b>Drug Tier 6:</b></p> <ul style="list-style-type: none"> <li>• Standard Retail Cost-Sharing Pharmacies- <b>Coverage code 100,110,120 and 130:</b> \$0 copay</li> <li>• Preferred Retail Cost-Sharing Pharmacies- <b>Coverage code 100,110,120 and 130:</b> \$0 copay</li> </ul>	<p>– <b>Drug Tier 6:</b></p> <ul style="list-style-type: none"> <li>• Standard Retail Cost-Sharing Pharmacies- \$0 copay</li> <li>• Preferred Retail Cost-Sharing Pharmacies- \$0 copay</li> </ul>
<p><b>Maximum out-of-pocket amount</b></p>	<p>\$3,400</p>	<p>\$3,400</p>
<p>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.)</p>		



## 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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0 monthly premium	\$0 monthly premium
<b>Part B Premium Reduction</b>	\$80 per month	\$100 per month

### 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)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> 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.	\$3,400	\$3,400  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.

---

## 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.sssadvantage.com](http://www.sssadvantage.com). 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. 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.sssadvantage.com](http://www.sssadvantage.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

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.sssadvantage.com](http://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)
<b>Dental services</b> <i>Comprehensive Dental Services</i>	<b>You pay:</b> <b>Coverage code 100:</b> \$0 copay <b>Coverage code 110:</b> \$1 copay <b>Coverage code 120:</b> \$1.50 copay <b>Coverage code 130:</b> \$2 copay  Benefit limit: Up to \$600 every year for comprehensive dental services. Periodontics and prosthodontics services are <u>not</u> covered.	<b>You pay \$0 copay</b>  Benefit limit: Up to \$600 every year for comprehensive dental services, including periodontics and prosthodontics services.
<b>Hearing services</b> <i>Medicare-covered and routine hearing exam</i>	<b>You pay:</b> <b>Coverage code 100:</b> \$0 copay <b>Coverage code 110:</b> \$1 copay <b>Coverage code 120:</b> \$1.50 copay <b>Coverage code 130:</b> \$2 copay	<b>You pay \$0 copay</b>

Cost	2019 (this year)	2020 (next year)
<b>Inpatient hospital care</b>	<p><b>You pay:</b>  <b>Coverage code 100:</b> \$0 copay per admission  <b>Coverage code 110:</b> \$4 copay per admission  <b>Coverage code 120:</b> \$5 copay per admission  <b>Coverage code 130:</b> \$8 copay per admission</p>	You pay \$0 copay per admission
<b>Inpatient mental health care</b>	<p><b>You pay:</b>  <b>Coverage code 100:</b> \$0 copay per admission  <b>Coverage code 110:</b> \$4 copay per admission  <b>Coverage code 120:</b> \$5 copay per admission  <b>Coverage code 130:</b> \$8 copay per admission</p>	You pay \$0 copay per admission
<b>Opioid Treatment Program Services</b>	<p><b>Coverage code 100, 110, 120 and 130:</b> Opioid Treatment program services are <u>not</u> covered.</p>	You pay a \$0 copay.
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>	<p>Diagnostic procedures, X-rays, tests and lab services, you pay:  <b>Coverage code 100:</b> \$0 copay for each diagnostic procedures, X-rays, tests and lab services in the provider network.  <b>Coverage code 110:</b> .50¢ copay for each diagnostic procedures, X-rays, tests and lab services in the provider network.  <b>Coverage code 120:</b> \$1 copay for each diagnostic procedures, X-rays, tests and lab services in the provider network.</p>	<p>You pay \$0 copay for each diagnostic procedure, X-rays, tests and lab services.</p> <p>You pay \$0 copay for each Therapeutic Radiology and Diagnostic Radiological services.</p>

Cost	2019 (this year)	2020 (next year)
	<p><b>Coverage code 130:</b> \$1.50 copay for each diagnostic procedures, X-rays, tests and lab services in the provider network.</p> <p><b>Coverage code 100, 110, 120 and 130:</b> \$0 copay for tests and lab services rendered in the Preferred provider network.</p> <p>Therapeutic Radiology and Diagnostic Radiological services, you pay:</p> <p><b>Coverage code 100:</b> - \$0 copay for each Therapeutic Radiology and Diagnostic Radiological services.</p> <p><b>Coverage code 110:</b> - \$1 copay for each Therapeutic Radiology and Diagnostic Radiological services.</p> <p><b>Coverage code 120:</b> - \$1.50 copay for each Therapeutic Radiology and Diagnostic Radiological services.</p> <p><b>Coverage code 130:</b> - \$2 copay for each Therapeutic Radiology and Diagnostic Radiological services.</p> <p><b>Coverage code 100, 110, 120 and 130:</b> \$0 copay for services rendered in SALUS facility. Other Providers are available in our network.</p>	

Cost	2019 (this year)	2020 (next year)
<b>Outpatient hospital services</b>	<b>You pay:</b> <b>Coverage code 100:</b> \$0 copay <b>Coverage code 110:</b> \$1 copay <b>Coverage code 120:</b> \$1.50 copay <b>Coverage code 130:</b> \$2 copay	You pay \$0 copay
<b>Outpatient mental health care</b>	<b>You pay:</b> <b>Coverage code 100:</b> \$0 copay per session <b>Coverage code 110:</b> \$1 copay per session <b>Coverage code 120:</b> \$1.50 copay per session <b>Coverage code 130:</b> \$2 copay per session	You pay \$0 copay per session
<b>Outpatient rehabilitation services</b> <i>Occupational, physical and speech therapy</i>	<b>You pay;</b> <b>Coverage code 100:</b> \$0 copay per each service <b>Coverage code 110:</b> \$1 copay per each service <b>Coverage code 120:</b> \$1.50 copay per each service <b>Coverage code 130:</b> \$2 copay per each service	You pay \$0 copay per each service
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	<b>You pay:</b> <b>Coverage code 100:</b> \$0 copay <b>Coverage code 110:</b> \$1 copay <b>Coverage code 120:</b> \$1.50 copay <b>Coverage code 130:</b> \$2 copay	You pay \$0 copay

Cost	2019 (this year)	2020 (next year)
<p><b>Physician/Practitioner services, including doctor's office visits</b> <i>Specialist visits and surgery and procedures performed at physician's office</i></p>	<p><b>You pay:</b>  <b>Coverage code 100:</b> \$0 copay per specialist visit  <b>Coverage code 110:</b> \$1 copay per specialist visit  <b>Coverage code 120:</b> \$1.50 copay per specialist visit  <b>Coverage code 130:</b> \$2 copay per specialist visit</p> <p><b>You pay:</b>  <b>Coverage code 100:</b> \$0 copay for surgery and procedures in a physician office.  <b>Coverage code 110:</b> \$1 copay for surgery and procedures in a physician office.  <b>Coverage code 120:</b> \$1.50 copay for surgery and procedures in a physician office.  <b>Coverage code 130:</b> \$2 copay for surgery and procedures in a physician office.</p>	<p>You pay \$0 copay per specialist visit.</p> <p>You pay \$0 copay for surgery and procedures in a physician office.</p>
<p><b>Vision care</b> <i>Routine eye exam and Eyewear</i></p>	<p><b>Coverage code 100, 110, 120 and 130:</b> Routine eye exam and Eyewear are <u>not</u> covered.</p>	<p>You pay \$0 copay per routine vision exam.</p> <p>(1) One routine eye exam per year.</p> <p>You pay \$0 copay for prescription eyewear and contact lenses.</p> <p>Up to \$100 per year for prescription eyeglasses (frames and lenses) or contact lenses.</p>

Cost	2019 (this year)	2020 (next year)
<b>Nutritional/Dietary Benefit</b>	<b>Coverage code 100, 110, 120 and 130:</b> 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.

## 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 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.

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 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

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)
<b>Stage 1: Yearly Deductible Stage</b>	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*.

Stage	2019 (this year)	2020 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a 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 filled at a network pharmacy with standard cost-sharing:</p> <p><b>Drug Tier 1 - Preferred Generics:</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$1 copay per prescription  <b>Coverage code 120:</b> \$2 copay per prescription  <b>Coverage code 130:</b> \$3 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$1 copay per prescription  <b>Coverage code 120:</b> \$2 copay per prescription  <b>Coverage code 130:</b> \$3 copay per prescription</p> <p><b>Drug Tier 2 - Generics:</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$1 copay per prescription  <b>Coverage code 120:</b> \$2 copay per prescription  <b>Coverage code 130:</b> \$3 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$1 copay per prescription  <b>Coverage code 120:</b> \$2 copay per prescription</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <p><b>Drug Tier 1 - Preferred Generics:</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p> <p><b>Drug Tier 2 - Generics:</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p>

Stage	2019 (this year)	2020 (next year)
	<p><b>Coverage code 130:</b> \$3 copay per prescription</p> <p><b>Drug Tier 3 - Preferred Brand:</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$3 copay per prescription  <b>Coverage code 120:</b> \$4 copay per prescription  <b>Coverage code 130:</b> \$6 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$3 copay per prescription  <b>Coverage code 120:</b> \$4 copay per prescription  <b>Coverage code 130:</b> \$6 copay per prescription</p> <p><b>Drug Tier 4 - Non-Preferred Drugs:</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$3 copay per prescription  <b>Coverage code 120:</b> \$4 copay per prescription  <b>Coverage code 130:</b> \$6 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$3 copay per prescription  <b>Coverage code 120:</b> \$4 copay per prescription</p>	<p><b>Drug Tier 3 - Preferred Brand:</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p> <p><b>Drug Tier 4 - Non-Preferred Brand:</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p>

Stage	2019 (this year)	2020 (next year)
	<p><b>Coverage code 130:</b> \$6 copay per prescription</p> <p><b>Drug Tier 5 - Specialty: Generic</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$1 copay per prescription  <b>Coverage code 120:</b> \$2 copay per prescription  <b>Coverage code 130:</b> \$3 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$1 copay per prescription  <b>Coverage code 120:</b> \$2 copay per prescription  <b>Coverage code 130:</b> \$3 copay per prescription</p> <p><b>Brand</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$3 copay per prescription  <b>Coverage code 120:</b> \$4 copay per prescription  <b>Coverage code 130:</b> \$6 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100:</b> \$0 copay per prescription  <b>Coverage code 110:</b> \$3 copay per prescription  <b>Coverage code 120:</b> \$4 copay per prescription  <b>Coverage code 130:</b> \$6 copay per prescription</p>	<p><b>Drug Tier 5 - Specialty: Generic</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p> <p><b>Brand</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p>

Stage	2019 (this year)	2020 (next year)
	<p><b>Drug Tier 6 – Select Care Drugs:</b>  <i>Standard cost-sharing:</i> You pay <b>Coverage code 100,110,120 and 130:</b> \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay <b>Coverage code 100,110,120 and 130:</b> \$0 copay per prescription</p> <hr/> <p>Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Drug Tier 6 – Select Care Drugs:</b>  <i>Standard cost-sharing:</i> You pay \$0 copay per prescription  <i>Preferred cost-sharing:</i> You pay \$0 copay per prescription</p> <hr/> <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 2 Administrative Changes**

Cost	2019 (this year)	2020 (next year)
<p><b>Referral requirement change</b></p>	<p>Referral is required for specialist visits and all services provided out of the Preferred Provider Network.</p> <p>Referral is not required for the condition ASES classifies as special coverage, once the diagnosis has been established for:</p>	<p>Referral is required for specialist visits and all services provided out of the Preferred Provider Network.</p> <p>Referral is not required for the condition ASES classifies as special coverage, once the diagnosis has been established for:</p>

Cost	2019 (this year)	2020 (next year)
	<p>HIV/AIDS, Tuberculosis, Leprosy, Lupus, Cystic Fibrosis, Cancer, Hemophilia, ESRD (Levels 3, 4 and 5), Parkinson, Multiple Sclerosis, Scleroderma and Pulmonary Hypertension.</p> <p>When a member is referred to a specialist by a PCP and the specialist prescribes a medication, no countersignature of the prescription will be required from the PCP.</p> <p>Referral is not required for visits and all services provided related to pathological laboratories. The following specialties do not require referral for the initial visit and services in the initial visit, in the Provider Network: Cardiologist, Gastroenterologist, Endocrinologist, Ophthalmologist, Pneumologist, Rheumatologist and Nephrologist.</p> <p>Referral is not required for certain specialist including visits and all services provided by the specialist, such as Urologist and Gynecologist. For other specialties, referral is not</p>	<p>HIV/AIDS, Tuberculosis, Leprosy, Systemic Lupus Erythematosus (SLE), Cystic Fibrosis, Cancer, Hemophilia, ESRD (Levels 3, 4 and 5), Multiple Sclerosis, Scleroderma, Pulmonary Hypertension, Aplastic Anemia, Rheumatoid Arthritis, Autism, Skin cancer, Skin cancer: carcinoma IN SITU, Skin cancer: Invasive Melanoma or squamous cells with evidence of metastasis, Phenylketonuria, adults with Hepatitis C as emergency/urgency treatments in post transplanted patients.</p> <p>When a member is referred to a specialist by a PCP and the specialist prescribes a medication, no countersignature of the prescription will be required from the PCP.</p> <p>Referral is not required for visits and all services provided related to pathological laboratories. The following specialties do not require referral for the initial visit and services in the initial</p>

Cost	2019 (this year)	2020 (next year)
	<p>required in the Preferred Provider Network.</p>	<p>visit, in the Provider Network: Cardiologist, Gastroenterologist, Endocrinologist, Ophthalmologist, Pneumologist, and Rheumatologist.</p> <p>Referral is not required for certain specialist including visits and all services provided by the specialist, such as Nephrologist, Urologist and Gynecologist. For other specialties, referral is not required in the Preferred Provider Network.</p>

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in Platino Advance**

**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, 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 Platino Advance.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Platino Advance.
- 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 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 1-877-725-4300, in Ponce at 1-800-981-7735, or in Mayagüez at 1-800-981-0056 from Monday to Friday, 8:00 am – 4:00 pm. You can learn more about Oficina del Procurador de Personas de Edad Avanzada by visiting their website ([www.oppea.pr.gov/](http://www.oppea.pr.gov/)).

For questions about your Medicaid benefits, contact Medicaid Office of the Puerto Rico Health Department (Puerto Rico's Medicaid Program) 787-641-4224 or 787-765-2929 ext. 6700. Ask how joining another plan or returning to Original Medicare affects how you get your 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 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 7 Questions?**

### **Section 7.1 – Getting Help from Platino Advance**

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 am to 8:00 pm. 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 Platino Advance. 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](http://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](http://www.sssadvantage.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 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 Medicaid**

---

To get information from Medicaid you can call Medicaid Office of the Puerto Rico Health Department (Puerto Rico's Medicaid Program) at 787-641-4224 or 787-765-2929 ext. 6700. TTY users should call 787-625-6955.

 **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: 1-866-620-2520: والبكم الصم هاتف رقم) 1-888-620-1919 برقم اتصل

**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](mailto: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>.

**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).

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)。

**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).