



Annual Notice of Changes for 2021

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Annual Notice of Changes for 2021

Introduction

You are currently enrolled as a member of First Choice VIP Care Plus. **Next year, there will be some changes to the plan's benefits, coverage, rules and costs.** This document tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.



If you have questions, please call First Choice VIP Care Plus at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information,** visit **www.firstchoicevipcareplus.com**.

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A. Disclaimers

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the First Choice VIP Care Plus *Member Handbook*.

B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you leave our plan, you will still be in the Medicare and Healthy Connections Medicaid programs as long as you are eligible.

- If you leave our plan, you can choose to enroll in a different Medicare-Medicaid Plan, or you can go back to getting your Medicare and Healthy Connections Medicaid services separately.
- If you do not want to enroll in a different Medicare-Medicaid Plan, you will have a choice about how to get your Medicare benefits (go to page 15 to see your options).



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B1. Additional resources

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios al Miembro de First Choice VIP Care Plus al **1-888-978-0862 (TTY 711)**, los siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. The call is free.
- You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in this requested language or format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling Member Services. The calls are free.

B2. Information about First Choice VIP Care Plus

- First Choice VIP Care Plus is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- Coverage under First Choice VIP Care Plus is qualifying health coverage called “minimum essential coverage”. It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- First Choice VIP Care Plus is offered by Select Health of South Carolina. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Select Health of South Carolina. When it says “the plan” or “our plan,” it means First Choice VIP Care Plus.



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B3. Important things to do :

- Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in section D for information about benefit and cost changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with First Choice VIP Care Plus:

If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F, "F1. Getting help from First Choice VIP Care Plus" on page 14 to learn more about your choices.



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C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website listed at the bottom of the page. You may also call Member Services at the number at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.



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D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2020 (this year)	2021 (next year)
Acupuncture	Acupuncture is not covered.	<p>The plan will pay for up to 12 visits in 90 days if you have chronic low back pain, defined as:</p> <ul style="list-style-type: none"> lasting 12 weeks or longer; not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease); and not associated with surgery. <p>The plan will pay for an additional 8 sessions if you show improvement. You may not get more than 20 acupuncture treatments each year.</p> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p> <p>Prior authorization is required for the Medicare-covered acupuncture benefit.</p>
Durable Medical Equipment (DME)	You pay a \$3.40 copay for DME covered only by Healthy Connections Medicaid.	You pay a \$0 copay for all DME
Fitness Benefit	Fitness benefit is not covered.	SilverSneakers® is a free fitness benefit, which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.



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	2020 (this year)	2021 (next year)
Hearing Services	Routine hearing services are not covered.	<ul style="list-style-type: none"> • \$0 for up to 1 routine hearing exam every year • \$0 for up to 3 fittings for a hearing aid every three years • \$0 for 48 batteries per aid for non-rechargeable models every three years • \$1,500 allowance for hearing aids every 3 years
Home Delivered Meals	Meal benefit is not covered.	<p>The COVID-19 Meal Benefit allows for a maximum of 28 meals (28 meals is two weeks' worth of meals at 2 meals/day for 14 days) to any qualified member who is ordered to in home-isolation / quarantine or has tested positive to COVID-19 and in need of food services. This meal benefit only applies to affected enrollees during a public health emergency for COVID-19.</p> <p>Referral is required.</p>
Opioid Treatment Program Services	<p>Referral is required.</p> <p>Prior authorization is not required.</p>	<p>Referral is not required.</p> <p>Prior authorization is required.</p>
Outpatient Substance Abuse Services	Authorization is not required.	<p>Not all Outpatient Substance Abuse services will require an authorization. Have your provider call the Plan to confirm if an authorization is required.</p> <p>Prior authorization is required.</p>



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	2020 (this year)	2021 (next year)
Over-the-Counter (OTC) Items	OTC Items are not covered.	Up to \$100 per quarter may be spent for specific over-the-counter items. Monies not spent in a quarter do not roll over into the next quarter.
Personal Care Services	You pay a \$3.40 copay for Personal Care Services	You pay a \$0 copay for Personal Care Services
Prosthetic Devices & Medical Supplies	You pay a \$3.40 copay for prosthetic devices covered only by Healthy Connections Medicaid.	You pay a \$0 copay for all prosthetic devices and medical supplies
Telehealth Services	Telehealth services are not covered.	<p>During the COVID-19 pandemic emergency declaration period, the Plan will cover additional telehealth services for affected enrollees.</p> <p>MDLive offers all members 24/7 access throughout the year to a participating doctor via telephone, desktop, or mobile device. Members have the ability to immediately have a medical, counseling, or psychiatry consultation with a physician. Members can also schedule a telemedicine appointment for a later time.</p>



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D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website listed at the bottom of the page. You may also call Member Services at the number at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”

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, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the number at the bottom of the page, to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section D, page 12 of the *Member Handbook*.)
 - When you get 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 you were able to use a drug in 2020 that is not on our list of drugs, you may be able to keep using it in 2021. You will need a current prescription.
 - **Maintenance drugs** are ones that you take on a regular basis. They are for things like chronic and long-term health issues.
 - **Non-maintenance drugs** are ones that you take for a short time. They are things like antibiotics.
- If you were taking a maintenance drug in 2020, you may be able to keep using it in 2021. If you were using a non-maintenance drug in 2020 and want to keep using it in 2021, you will need a **coverage determination request**. We will let you know if you will need to file a new coverage determination request for any drugs that you take.



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Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2021. Read below for more information about your prescription drug coverage.

The table below shows your costs for drugs in each of our three drug tiers.

	2020 (this year)	2021 (next year)
<p>Drugs in Tier 1</p> <p>(Medicare Part D generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2</p> <p>(Medicare Part D brand and some generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3</p> <p>(Healthy Connections Prime-covered drugs and over-the-counter drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>



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E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2021.

E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. Tell them you want to leave First Choice VIP Care Plus and join a different Medicare-Medicaid Plan. If you are not sure what plan you want to join, they can tell you about other plans in your area.</p> <p>Your coverage with First Choice VIP Care Plus will end on the last day of the month that we get your request.</p>
<p>2. You can change to:</p> <p>A Medicare health plan such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ■ Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. <p>You will automatically be disenrolled from First Choice VIP Care Plus when your new plan's coverage begins.</p>



If you have questions, please call First Choice VIP Care Plus at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. The call is free. For more information, visit www.firstchoicevipcareplus.com.

<p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ■ Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. <p>You will automatically be disenrolled from First Choice VIP Care Plus when your Original Medicare coverage begins.</p>
<p>4. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program at 1-800-868-9095. TTY users should call 711</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ■ Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. <p>You will automatically be disenrolled from First Choice VIP Care Plus when your Original Medicare coverage begins.</p>



If you have questions, please call First Choice VIP Care Plus at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. The call is free. For more information, visit www.firstchoicevipcareplus.com.

F. How to get help

F1. Getting help from First Choice VIP Care Plus

Questions? We're here to help. Please call Member Services at the number at the bottom of the page. We are available for phone calls seven days a week, 8 a.m. to 8 p.m.

Your 2021 Member Handbook

The *2021 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2021 Member Handbook* will be available by October 15. An up-to-date copy of the *2021 Member Handbook* is always available on our website listed at the bottom of the page. You may also call Member Services at the number at the bottom of the page to ask us to mail you a *2021 Member Handbook*.

Our website

You can also visit our website listed at the bottom of the page. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from the state enrollment broker, South Carolina Healthy Connections Choices

The enrollment broker helps people choose between the different Medicare-Medicaid Plans, enroll, change plans, or disenroll. The enrollment broker is called South Carolina Healthy Connections Choices, and it is not connected with any insurance company or health plan. You can call South Carolina Healthy Connections Choices at **1-877-552-4642**, Monday through Friday, from 8 a.m. to 6 p.m. TTY users should call **1-877-552-4670**.

F3. Getting help from the Healthy Connections Prime Advocate

The Healthy Connections Prime Advocate is an ombudsman program that helps people enrolled in Healthy Connections Prime with service or billing problems. The Healthy Connections Prime Advocate can help you if you are having a problem with First Choice VIP Care Plus. The ombudsman's services are free.

- The Healthy Connections Prime Advocate is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The Healthy Connections Prime Advocate makes sure you have information related to your rights and protections and how you can get your concerns resolved.



If you have questions, please call First Choice VIP Care Plus at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit **www.firstchoicevipcareplus.com**.

- The Healthy Connections Prime Advocate is not connected with us or with any insurance company or health plan. The phone number for the Healthy Connections Prime Advocate is **1-844-477-4632**. TTY users should call 711.

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. I-CARE counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. I-CARE is not connected with any insurance company or health plan. The I-CARE phone number is **1-800-868-9095**. TTY users should call **711**

F5. Getting help from Medicare

To get information directly from Medicare, 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**.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find health & drug plans.")

Medicare & You 2021

You can read the *Medicare & You 2021* 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 (www.medicare.gov) or by calling **1 800 MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

F6. Getting help from Healthy Connections Medicaid

The phone number for Healthy Connections Medicaid is **1-888-549-0820**. This call is free. TTY users should call **1-888-842-3620**.



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