



PART D TRANSITION POLICY

As a new or existing member of HealthSun Health Plans we want to make sure that the transition into the new benefit year is as safe and seamless as possible. You may currently be taking Part-D approved medications that are not in our formulary or that are on our formulary but may require prior authorization, step therapy trial or other Medicare approved utilization management rules. In cases like this you will need to speak with your physician about appropriate alternative therapies that may be available. If there are no appropriate alternatives available, you or your doctor can request a formulary exception. If the formulary exception is approved, you will be able to obtain the medication for a specified period of time.

If you are identified as a transition member you will be eligible to receive a transition fill and will be sent a letter with instructions on how to proceed with the Exception Process. The following scenarios may apply to the Transition Process:

- New enrollees to HealthSun Health Plans at the start of a contract year
- New enrollees to HealthSun Health Plans who switch from another plan after the start of a contract year
- Newly Medicare eligible enrollees from other coverage
- In some cases, current enrollees affected by negative formulary changes across contract years
- Enrollees residing in Long Term Care (LTC) facilities
- Enrollees who request an exception but there is a failure to issue a timely decision on the request by the end of the transition period
- Enrollees who remain in the same plan for the new plan year and are on a drug that was the result of an exception that was granted in the previous plan year
- Current enrollee experiencing a level of care change
- Current enrollees entering the LTC setting from other care settings; and

- Current enrollees in a LTC setting requiring an emergency supply of a non-formulary drug

Transition process requirements will be applicable to non-formulary drugs, meaning:

- Part D covered drugs that are not on the applicable HSHP formulary, and
- Drugs previously approved for coverage under an exception once the exception expires, and
- Part D drugs that are on the applicable HSHP formulary but require prior authorization or step therapy, or that have an approved QL lower than the beneficiaries' current dose, under HSHP's utilization management rules.

Medical review of non-formulary drug requests and when appropriate, the processes for switching new Part D plan enrollees to a therapeutically appropriate formulary alternative failing an affirmative medical necessity determination. The procedure for switching to a formulary alternative is contained in the denial notification letter that is provided to the member.

The pharmacy claims adjudication system will have systems capabilities that allow pharmacies to provide a temporary supply of non-formulary Part D covered drugs (including Part D covered drugs that are on the formulary but require prior authorization or step therapy under HSHP's utilization management rules) in order to accommodate the immediate needs of an enrollee, as well as to allow the enrollee sufficient time to work with the prescriber on an appropriate switch to a therapeutically equivalent formulary medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons.

FOR MORE INFORMATION:

For more information about your HealthSun Health Plans prescription drug coverage, please review your 2016 Evidence of Coverage. If you have questions about HealthSun Health Plans, please call Member Service at (305) 234-9292 or Toll Free (877) 207-4900, seven days a week from 8:00am to 8:00pm, Eastern Standard Time. TTY users should call (877) 206-0500.

If you have general questions about Medicare prescription drug coverage, please call Medicare a 1(800) MEDICARE 1(800)633-4227 24 hours a day/7 days a week. TTY/TDD users should call 1(877)486-2048. Or, visit www.medicare.gov.



Notice of Non-Discrimination

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

HealthSun:

- 1) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - a) Qualified sign language interpreters.
 - b) Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - c) Provides free language services to people whose primary language is not English, such as:
 - i) Qualified interpreters
 - ii) Information written in other languages

If you need these services, contact Eduardo Muneton Civil Rights Coordinator in the Compliance Department at 877-207-4900 ext. 466, or by email at Eduardo.Muneton@HealthSun.com.

If you believe that HealthSun 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:

Eduardo Muneton Civil Rights Coordinator in the Compliance Department,
3250 Mary Street, Suite 400,
Coconut Grove, Florida 33133,
Phone Number: 305-234-9292 ext.466, TTY: 877-206-0500,
Email: Eduardo.Muneton@healthsun.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Eduardo Muneton, Civil Rights Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-336-2069 (TTY: 1-877-206-0500).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069 (TTY: 1-877-206-0500).

繁體中文 (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 1-877-336-2069 (1-877-206-0500)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-336-2069 (TTY: 1-877-206-0500).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-877-336-2069 (TTY: 1-877-206-0500) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-336-2069 (TTY: 1-877-206-0500).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-336-2069 (телетайп:1-877-206-0500).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-336-2069 (TTY: 1-877-206-0500).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-336-2069 (ATS: 1-877-206-0500).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-336-2069 (TTY: 1-877-206-0500).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-336-2069 (TTY: 1-877-206-0500).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-336-2069 (TTY: 1-877-206-0500).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-81-877-336-2069 (TTY: 1-877-206-0500).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-336-2069 (TTY: 1-877-206-0500).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-336-2069 (TTY: 1-877-206-0500).

Diné Bizzad (Navajo): Díí baa akó nínizín: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 1-877-336-2069 (TTY: 1-877-206-0500).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-336-2069 (رقم هاتف الصم والبكم: 1-877-206-0500).

H5431_2017_MULTILANGUAGE Accepted