

PARTNERSHIP

A Program of Care Wisconsin

December 2008

Dear Member:

This is the time of year when we like to thank you for your membership and let you know of new plan changes for the upcoming year. Beginning January 1, 2009, there will be some changes to the Family Care Partnership Program (Partnership).

Our Partnership Program is a Medicaid Plan and, for members who qualify, a Medicare Advantage Special Needs Plan. This mailing gives you the details about your coverage from January 1-December 31, 2009, and explains how to get the health care and prescription drugs you need. This is an important legal document. Please keep it in a safe place.

For assistance in understanding this document in a language other than English, at no cost, please call (608) 240-0035 or 1-800-963-0035.

- Reciba asistencia gratuita para traducir esta, por favor llame
(608) 240-0035 or 1-800-963-0035.
- Peb muaj kev pab pub dawb rau nej nrog txhais cov ntawv no, thov hu
(608) 240-0035 or 1-800-963-0035.
- Пожалуйста, позвоните нам, если вам будет нужна бесплатная помощь в переводе
(608) 240-0035 or 1-800-963-0035.
- ຕ້ອງການຊ່ວຍເຫຼືອແປສິ່ງນີ້, ຈະແປໃຫ້ຟຣີ, ກະລຸນາໂທ
(608) 240-0035 or 1-800-963-0035.

If you have special needs, this document may be available in other formats.

How to contact Care Wisconsin Partnership Customer Service

If you have any questions or concerns, or need assistance in understanding this document, please call Customer Service or visit our Plan Web site at www.carewisconsinhealthplan.org. We will be happy to help you.

Customer Service Hours:

Monday through Friday, 8 a.m. to 4:30 p.m., Central Time

CALL 1-800-963-0035. Calls to this number are free.

TTY Users Call: Wisconsin Relay 711.

Important Information

How Your Plan Will Change For 2009

This is just a brief summary of the changes in your plan for 2009. **Make sure to read the next few pages for answers to important questions you may be asking.** If you have any questions, call Customer Service.

There are no premiums to receive Medicaid coverage through our Partnership Plan. Starting January 1, 2009, if you qualify for Medicare, the monthly Medicare Part D premium for the Partnership Program will decrease from \$28.40 to \$27.00 but, since you are eligible for low income premium assistance each month, the monthly Medicare Part D premium you pay to Care Wisconsin Health Plan will be \$0.

Apart from a few changes in the drug formulary, there will be **no** changes in benefits from 2008 to 2009.

With this notice, you also received a 2009 Evidence of Coverage (EOC)/Member Handbook and a new formulary that will be effective January 1, 2009. Both Wisconsin Medicaid and Medicare have reviewed and approved the benefits described and covered drugs listed in the formulary. Please see Sections 2 and 12 of the EOC/Member Handbook for more information about the benefits and drug coverage.

This is Your Annual Notice of Change

Why am I receiving this information?

We are sending this Annual Notice of Change (ANOC) so you can review the 2009 coverage offered through this plan. As a member of our Plan and a participant in the Wisconsin Medicaid Program, you may change to a different plan at any time. **If you want to stay in our Plan, you don't need to do anything. You will still be a member of our Plan for the coming year.**

What if my drugs are not on the formulary or are in a more expensive cost-sharing tier?

We have changed our formulary. We have added, removed, or placed additional limitations on some of the drugs we cover. Please review the formulary to see if we still cover the drugs that you currently take. If you have questions or need any help in determining what has changed please contact Customer Service. The enclosed formulary can also be found on our Web site.

If a drug we currently cover for you is not on our new formulary or has moved to a more expensive tier, you will need to talk with your doctor about appropriate alternative therapies available on our new formulary. If there are no appropriate alternative therapies on our formulary or your drug has moved to a more expensive tier, you or

your doctor can request a formulary or tiering exception by December 1, 2008. If approved, we will begin covering your drug starting on January 1, 2009.

What do I need to know if I qualify for extra help (the low-income subsidy or LIS) from Medicare to pay for my prescription drugs?

Our Partnership Program is a Medicaid Plan and, for members who qualify, a Medicare Advantage Special Needs Plan. As a member of our Plan you qualify for additional help. Apart from the copayment for your drugs, you will not need to pay any premium, deductibles or be subject to gaps in coverage. Members who do not qualify for Medicare Part D do not pay any copayments or deductibles to receive prescription drug coverage through our Partnership Program.

For members who have Medicare:

If you pay this much this year (2008)	You will pay this much next year (2009)
\$1.05 for generics and brands that are treated as generics \$3.10 for brand name drugs	\$1.10 for generics and brands that are treated as generics \$3.20 for brand name drugs
\$2.25 for generics and brands that are treated as generics \$5.60 for brand name drugs	\$2.40 for generics and brands that are treated as generics \$6.00 for brand name drugs

Where can I get more information?

The Evidence of Coverage (EOC)/Member Handbook has more information on our Plan's coverage, including information on how to make changes to your membership in Section 8.

Please call Customer Service if you have any questions. You can also get information about the Medicare program and other Medicare plans available by visiting 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.

For more information about Wisconsin Medicaid, please call 1-800-362-3002. TTY users should call 1-888-701-1251.

We look forward to serving you now and in the future.

Sincerely,

Partnership Customer Service