

PARTNERSHIP

A Program of Care Wisconsin

October 2009

Dear Member:

Here are three documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2010**. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2010.
 - Please take a moment *very soon* to look through this summary and see how the changes might affect you.
 - If you decide to stay with the Wisconsin Family Care Partnership Program (Partnership) for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of Partnership.
 - If you decide to leave Partnership, you can switch to a different Medicaid Plan or, if you are enrolled in Medicare, a different Medicare Advantage Plan or to Original Medicare. The Annual Notice of Changes tells you more.
2. We're including a copy of next year's **Summary of Benefits**. The Summary of Benefits gives you some features of our plan. It does not list every service we cover or list every limitation or exclusion. The Evidence of Coverage (EOC/Member Handbook) will be sent to you in December. The EOC/Member Handbook will give you a detailed description of your benefits and costs for 2010.
3. We're also including a copy of Partnership's **List of Covered Drugs (Formulary)**, effective in January 2010.

If you have questions, we're here to help. Please call Customer Service at 1-800-963-0035 (TTY only, call WI Relay 711). Hours are Monday-Friday, 8 a.m. to 4:30 p.m., CT, and calls to these numbers are free. You can also contact your Team or visit our Web site, www.carewisconsinhealthplan.org.

We value your membership and hope to continue to serve you next year.

Sincerely,

Partnership Customer Service

Annual Notice of Changes for 2010

This booklet tells you how your benefits and costs as a member of the Wisconsin Family Care Partnership Program (Partnership) will change next year from your current benefits. The changes take effect on January 1, 2010.

To decide what's best for you, compare this information we're sending with the benefits and costs of other Medicare Advantage plans in your area, as well as the benefits and costs of Original Medicare.

Partnership Customer Service:

- For help or information, please call Customer Service or go to our plan Web site at www.carewisconsinhealthplan.org.
- Call: 1-800-963-0035. TTY users call WI Relay 711. (Calls to these numbers are free.)

Hours of Operation: Monday-Friday, 8 a.m. to 4:30 p.m., CT.

This plan is offered by Care Wisconsin Health Plan, referred throughout the Annual Notice of Changes as “we,” “us,” or “our.” Partnership is referred to as “plan” or “our plan.”

We contract with the Centers for Medicare and Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS) to offer this Medicare Advantage Special Needs Plan that is fully integrated with the Wisconsin Medicaid Family Care Partnership Program.

This information may be available in a different format. Please contact your Team if you need plan information in another format or language at no cost.

- 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 ntauv 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 remain enrolled in Partnership for 2010, there will be some changes to your benefits and what you pay.

You are currently enrolled as a member of Partnership. We are pleased to be providing your health and long-term care coverage, including your drug coverage. We're sending you this Annual Notice of Changes to tell you how your benefits and costs as a member of Partnership will change next year from your current benefits. The changes take effect on January 1, 2010. Medicaid and Medicare have approved these changes.

What should you do if you have Medicare?

We want you to know what's ahead for next year, so **please read this document very soon to see how the changes in benefits and costs will affect you if you stay enrolled in Partnership for 2010.**

To decide what's best for you, compare this information we're sending with the benefits and costs of other Medicare Advantage plans in your area as well as the benefits and costs of Original Medicare.

You can find information about plans available in your area by visiting the Medicare Web site (www.medicare.gov). The Medicare Web site includes information about plans' benefits and costs, as well as information about how Medicare rates the plans in different categories (for example, detecting and preventing illness, ratings from patients, and customer service). If you have access to the Web, you may use the Web tools on www.medicare.gov by selecting either "Compare Health Plans and Medigap Policies in Your Area" or "Compare Medicare Prescription Drug Plans." You can also call us directly at 1-800-963-0035 to obtain a copy of the plan ratings for this plan. TTY users call WI Relay 711.

We hope to keep you as a member of Partnership. But if you want to make a change, you can change plans at any time.

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Section 1. Important things to know

This Annual Notice of Changes is only a summary (see your Evidence of Coverage (EOC)/Member Handbook for the details)

This Annual Notice of Changes gives you a summary of the changes in your benefits and what you will pay for these services in 2010.

- The Summary of Benefits gives you some features of our plan. It does not list every service we cover or list every limitation or exclusion. The Evidence of Coverage (EOC/Member Handbook) will be sent to you in December. The EOC/Member Handbook for Partnership will give you a detailed description of your benefits and costs for 2010.
- If you have questions or need more information, you can always call Customer Service at 1-800-963-0035 (TTY only, call WI Relay 711). Hours are Monday-Friday, 8 a.m. to 4:30 p.m., CT, and calls to these numbers are free.

If you have Medicare Part D, you are currently getting help to pay for your Medicare Part D drugs

A separate insert, called the “Evidence of Coverage (EOC)/Member Handbook Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider),” will be mailed to you with your EOC/Member Handbook in December. The LIS Rider tells you about your drug coverage.

Section 2. No monthly premium

	2009 (this year)	2010 (next year)
Monthly premium	\$0	\$0

Section 3. Medical services: Changes to your benefits and what you pay

Our benefits and what you pay for these covered services will be exactly the same in 2010 as it is in 2009.

Section 4. Covered drugs: Changes to your benefits and what you pay

Partnership has a “List of Covered Drugs (Formulary)” – or “Drug List” for short. It tells which drugs are covered by the plan. The EOC/Member Handbook you will receive in December explains about Medicare Part D drugs.

The drugs included on our Drug List and the amount you will pay for covered drugs may have changed in 2010 from 2009. However, we are allowed to make changes to the plan's Drug List from time to time throughout the year, with approval from Medicare.

Changes to your benefits

Partnership has a "List of Covered Drugs (Formulary)" – or "Drug List" for short. It tells which drugs are covered by the plan. The Evidence of Coverage (EOC)/Member Handbook you will receive in December explains about drugs covered in Partnership.

We may make changes to the plan's Drug List from time to time throughout the year. In addition, there are a number of changes to the Drug List that will take effect on January 1, 2010. Changes to the plan's Drug List have been approved by Medicare.

- **We have added some new drugs to the list and removed others.** We have added some new drugs that became available. We have replaced some brand-name drugs with new generic drugs. We have replaced some expensive drugs with less costly drugs that have been shown to work just as well or better. We have removed a few drugs due to safety concerns or because medical research has shown they are not effective.
- **We have added some new restrictions to certain drugs and reduced the restrictions on others.** Restrictions can include a requirement to get plan approval in advance or to try a different drug first to see how well it works. Restrictions can also include limits on quantity of the drug.

Please check to see if any of these changes to drug coverage affect the drugs you use.

- You can look for your drugs on the Drug List we sent with this Annual Notice of Changes.
- The Drug List we sent includes many of the drugs that we cover, but it does not include all of our covered drugs. If you can't find some of your drugs on this Drug List, you may find them on a complete Drug List, which includes all the drugs we cover. You can get the complete Drug List by calling Customer Service or visiting our Web site (www.carewisconsinhealthplan.org).

Changes to what you pay

If you have Medicaid-only and you do not have Medicare, you will continue to pay nothing for your drugs in 2010.

If you have Medicare Part D, the chart below summarizes changes to what you will pay as your share of the cost of covered prescription drugs. These changes affect Medicare Part D prescription drugs only.

- Every drug on the plan's Drug List is in one of *two* tiers. Medicare allows us to **change what you pay for a drug in each tier** only once a year. The Medicare Part D changes shown below will take effect on January 1, 2010, and stay the same for the entire plan year.

	2009 (this year)	2010 (next year)
Drugs in Tier 1 Generic Drugs For a one-month (30-day) supply of a drug in tier 1 that is filled at a network pharmacy	For Medicare Part D copayments: You pay \$1.10 or \$2.40 per prescription.	For Medicare Part D copayments: You pay \$1.10 or \$2.50 per prescription.
Drugs in Tier 2 Brand Drugs For a one-month (30-day) supply of a drug in tier 2 that is filled at a network pharmacy	For Medicare Part D copayments: You pay \$3.20 or \$6.00 per prescription.	For Medicare Part D copayments: You pay \$3.30 or \$6.30 per prescription.

What if changes for 2010 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2010? What if a new restriction has been added to the coverage for this drug? If you are in any of these situations, here's what you can do:

- In some situations, the plan will cover a **one-time, temporary supply** of your drug when your current supply runs out. This temporary supply will be for a maximum of 30 days, or less if your prescription is written for fewer days. Your EOC/Member Handbook will explain when you can get a temporary supply and how to ask for one.

Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor to find a covered drug that might work for you.
- **You and your doctor can ask the plan to make an exception for you** and cover the drug. You can ask for an exception in advance for next year and we will give you an answer to your request before the change takes effect. To learn what you must do to ask for an exception, please talk with your Team.

Section 5. What about changes to the plan's network of providers?

Will your doctors and other providers still be in the plan's network next year?

There are a few changes to the network of providers for 2010. In addition, it's possible for the network of plan providers to change at any time during the year.

- **Please talk to your Team if one of your doctors or other providers decides to leave Partnership in 2010.**
- For the most up-to-date information on the network of providers, check our Web site at www.carewisconsinhealthplan.org or call Customer Service (see phone numbers on the front cover).

Section 6. Do you want to stay in the plan or make a change?

Do you want to stay with Partnership?

If you want to keep your membership in Partnership for 2010, it's easy. You don't need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member.**

Do you want to make a change?

To make changes in your Medicaid Family Care Partnership plan enrollment, contact your county's Aging and Disability Resource Center (ADRC). Your ADRC contact information is listed in Section 7, "Do you need some help? Would you like more information?" of this Annual Notice of Changes. If you live in Dane County, contact your Team about changing your Partnership enrollment.

For members enrolled in Medicare, if you decide to leave Partnership, you can switch to a different Medicare Advantage plan or to Original Medicare (either with or without a separate Medicare prescription drug plan).

If you want to change to a different Medicare plan, there are many choices.

When can you change?

Because you are eligible for Medicaid you can change plans at any time.

How do you make a change?

The EOC/Member Handbook you will receive in December tells what you need to do to make a change from Partnership to another plan. You can also call your Team for help to make a change.

Things to check on before you make a change:

Are you a member of an employer or retiree group? If you are, please check with the benefits administrator of your employer or retiree group before you switch to another way of getting medical care.

Section 7. Do you need some help? Would you like more information?

We have information and answers for you

To learn more, read the information we sent in the same package with this Annual Notice of Changes. This includes a copy of the Summary of Benefits and the List of Covered Drugs (Formulary). The Evidence of Coverage (EOC)/Member Handbook you will receive in December includes a detailed description of your benefits and costs for 2010.

If you have any questions, we are here to help. Please call us at Partnership Customer Service. We are available for phone calls Monday-Friday, 8 a.m. to 4:30 p.m., CT. Calls to these numbers are free: 1-800-963-0035 (TTY only, call WI Relay 711).

You can get help and information from Medicaid and your county's Aging and Disability Resource Center

To get information directly from Medicaid:

- **Call Wisconsin Medicaid** at 1-800-362-3002. TTY users should call 1-800-362-3002. Or visit www.dhs.wi.gov/medicaid on the Web.

To get information from your county's Aging and Disability Resource Center (ADRC), Monday-Friday, 8 a.m. to 4:30 p.m., CT, call:

- **Columbia County ADRC** at (608) 742-9233 or 1-888-742-9233. TTY users should call (608) 742-9229.
- **Dodge County ADRC** at (920) 386-3580 or 1-800-924-6407. TTY users should call (920) 386-3883.
- **Jefferson County ADRC** at (920) 674-8734 or 1-866-740-2372. TTY users should call (920) 674-5011.
- **Sauk County ADRC** at (608) 355-3289 or 1-800-482-3710. TTY users should call (608) 355-3289.

You can get help and information from Medicare

Here are three ways to get information directly from Medicare:

- **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 Web site** (www.medicare.gov).
- **Read Medicare & You 2010 Handbook.** Every year in October, 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 Web site (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227).