

# **Your Medicare Health Benefits and Services and Prescription Drug Coverage as a Member of Community Care**

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:

## **INTERPRETER SERVICES**

- Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-866-992-6600 (TTY 1-866-288-9909).
- Если вам не всё понятно в этом документе, позвоните по телефону 1-866-992-6600 (TTY 1-866-288-9909).
- Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-866-992-6600 (TTY 1-866-288-9909).
- ເພື່ອຊ່ວຍໃນການແປ ຫລືເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທລະສັບຫາ 1-866-992-6600 (TTY 1-866-288-9909)

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

H5207ANOC2009 and H2034ANOC09  
CMS Approved: 9/15/08

## How to contact our Community Care Customer Service

If you have any questions, concerns, or need assistance in understanding this document, please call Customer Service or visit our Plan website at [www.communitycareinc.org](http://www.communitycareinc.org). We will be happy to help you.

### Customer Service Hours:

You can call 24 hours a day, 7 days a week

**CALL** 1-866-992-6000. This number is also on the cover of this booklet for easy reference. Calls to this number are free.

**TTY** 1-866-288-9909. This number is also on the cover of this booklet for easy reference. TTY users should call 1-866-288-9909 from 8:00 a.m. – 8:00 p.m. Central, 7 days a week. After these hours, if you are deaf or hard of hearing and using a TTY machine, then dial the Wisconsin Relay System's toll free TTY access number: 711, or if no answer: 1-800-947-3529. A Wisconsin Relay CA will answer your call. Provide the area code and phone number of your Team and they will connect you with someone who can help you. There is always a doctor on call to help you.

**FAX** 1-414-383-9324-

**WRITE** 1555 South Layton Boulevard  
Milwaukee, WI 53215 **VISIT** 1555 South Layton Boulevard  
1555 South Layton Boulevard

**WEBSITE** [www.communitycareinc.org](http://www.communitycareinc.org)

## 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 actually decrease from what it has been in

2008. Since you are eligible for low income premium assistance each month, you will not have to pay a monthly Medicare Part D premium to Community Care.

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 or Summary of Benefits 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 Section 2 of the Summary of Benefits 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 website.

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. 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 co-payment for your Medicare Part D 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 co-payments or deductibles to receive prescription drug coverage through our Partnership Program.

<b>Medicare Part D Drug Co-Payments</b>	
<b>If you pay this much this year (2008)</b>	<b>You will pay this much next year (2009)</b>
\$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 Summary of Benefits, which is also enclosed, has more information on our Plan's coverage, including information on how to make changes to your membership.

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](http://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.