

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 Community Care's Family Care Partnership Program (HMO)(Community Care) for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of Community Care.
 - If you decide to leave Community Care, 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 the Community Care plan's **List of Covered Drugs (Formulary)**, effective in January 2010.

If you have questions, we're here to help. Please call Customer Service at 1-866-992-6600 (TTY only, call 1-866-288-9909.) You can call 24 hours a day, 7 days a week and calls to these numbers are free. You can also contact your Team or visit our website. www.communitycareinc.org.

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

Community Care Family Care Partnership Program (HMO) Annual Notice of Changes for 2010

This booklet tells you how your benefits and costs as a member of Community Care's Family Care Partnership Program (HMO)(Community Care) 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.

Community Care Customer Service:

For help or information, please call Customer Service or go to our plan website at www.commmunitycareinc.org

Call 1-866-288-9909. 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 Communication Assistant (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. (Calls to these numbers are free.)

Hours of Operation: You can call 24 hours a day, 7 days a week.

This plan is offered by Community Care Health Plan, Inc., referred throughout the *Annual Notice of Changes* as "we," "us," or "our." Community Care's Partnership Program (HMO) is referred to as "plan" or "our plan."

Community Care contracts 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.

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 remain enrolled in Community Care for 2010, there will be some changes to your benefits and what you pay.

You are currently enrolled as a member of Community Care's Family Care Partnership Program (HMO). Community Care is a Health plan with a Medicare contract. 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 Community Care's Family Care Partnership Program (HMO) 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 Community Care's Family Care Partnership Program (HMO) **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 website (<http://www.medicare.gov>). The Medicare website 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 <http://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 1-866-992-6600 to obtain a copy of the plan ratings for this plan. TTY users call 1-866-288-9909.

We hope to keep you as a member of Community Care's Family Care Partnership Program (HMO). 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 Community Care 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 1-866-992-6600. (TTY only, call 1-866-288-9909. We are available for phone calls 24 hours a day, 7 days a week and calls to these numbers are free.

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

Community Care 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 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

The *Evidence of Coverage (EOC)/Member Handbook* you will receive in December explains about drugs covered in Partnership.

However, if you have Medicare there are some changes in what you will pay for these covered drugs. (Note that if you are Medicaid only and you do not have Medicare, you will continue to pay nothing for your drugs in 2010.) In addition, we are allowed to make changes to the plan’s Drug List from time to time throughout the year, with approval from Medicare.

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*. If you can’t find some of your drugs on this Drug List, you can call your Team for help finding your drugs.

H2034ANOC09 and H5207ANOC09

WI DHS Approved: 9/9/2009

CMS Approved: 9/17/2009

Changes to what you pay

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

- 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 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)
<p>Drugs in Tier 1</p> <p>Generic Drugs</p> <p>For a one-month (30 day) supply of a drug in tier 1 that is filled at a network pharmacy</p>	<p>For copayments: You pay \$1.10 or \$2.40 per prescription.</p>	<p>For copayments: You pay \$1.10 or \$2.50 per prescription.</p>
<p>Drugs in Tier 2</p> <p>Brand Drugs</p> <p>For a one-month (30 day) supply of a drug in tier 2 that is filled at a network pharmacy</p>	<p>For copayments: You pay \$3.20 or \$6.00 per prescription.</p>	<p>For copayments: You pay \$3.30 or \$6.30 per prescription.</p>

**What if changes for 2010 affect drugs you are taking now?
(Depends on previous findings.)**

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 ask your Team 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. 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 Community Care in 2010.
- For the most up-to-date information on the network of providers, check our website www.communitycareinc.org, call Customer Service (see phone numbers on the front cover) or talk to your Team.

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

Do you want to stay with Community Care's Family Care Partnership Program (HMO)?

If you want to keep your membership in Community Care 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.

For members enrolled in Medicare, if you decide to leave Community Care, 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 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 Community Care 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 Community Care or talk to your Team. We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free: 1-866-992-6600 (TTY only, call 1-866-288-9909).

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. You can call 24 hours a day, 7 days a week. Or visit www.dhs.wi.gov/medicaid on the Web.

To get information from your county's ADRC:

Calumet County ADRC	920-849-1451
Kenosha County ADRC	262-605-6646
Milwaukee County ARC	414-289-6874
Milwaukee County DRC	414-289-6660
Racine County ADRC	262-638-6800
Outagamie County ADRC	920-832-5178
Ozaukee County ADRC	262-284-8120
Washington County ADRC	262-335-4497
Waukesha County ADRC	262-548-7848
Waupaca County ADRC	715-258-6400

Please note that Milwaukee County has an Aging Resource Center (ARC) and a Disability Resource Center (DRC).

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 website** (<http://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 website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227).

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