



## **L.A. Care Health Plan Medicare Advantage HMO Annual Notice of Changes for 2010**

This booklet tells you how your benefits and costs as a member of L.A. Care Health Plan Medicare Advantage 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.

### **L.A. Care Health Plan Medicare Advantage Member Services:**

For help or information, please call Member Services or go to our Plan website at [www.lacare.org](http://www.lacare.org).

1-888-839-9909 (Calls to these numbers are free.)

TTY/TDD users call: 1-866-522-2731

Hours of Operation: 24 hours a day, 7 days a week (including holidays)

This Plan is offered by L.A. Care Health Plan, referred throughout the Annual Notice of Changes as "we," "us," or "our." L.A. Care Health Plan Medicare Advantage is referred to as "Plan" or "our Plan." L.A. Care Health Plan is a Medicare Advantage organization with a Medicare contract.

This information is available in a different format, including Spanish, large print, audio and Braille. Please call Member Services at the number listed above if you need Plan information in another format or language.

Esta información está disponible en diferente formato, incluyendo Español, letra grande, audio y Braille. Por favor hable a Servicio al Miembro al numero anotado arriba si necesita información del Plan en otro formato o idioma.

**If you remain enrolled in L.A. Care Health Plan Medicare Advantage for 2010, there will be some changes to your benefits and what you pay.**

You are currently enrolled as a member of L.A. Care Health Plan Medicare Advantage. We are pleased to be providing your Medicare health care coverage, including your prescription drug coverage. We also want to let you know that we have changed our Plan name from L.A. Care Health Plan Medicare Advantage Special Needs Plan to L.A. Care Health Plan Medicare Advantage for the upcoming year. This notice describes changes in benefits from L.A. Care Health Plan Medicare Advantage Special Needs Plan to L.A. Care Health Plan Medicare Advantage next year.

We're sending you this Annual Notice of Changes to tell you how your benefits and costs as a member of L.A. Care Health Plan Medicare Advantage will change next year from your current benefits. The changes take effect on January 1, 2010. Medicare has approved these changes.

**What should you do?**

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 L.A. Care Health Plan Medicare Advantage 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 1-888-839-9909 to obtain a copy of the Plan ratings for this Plan. TTY users call 1-866-522-2731.

We hope to keep you as a member of L.A. Care Health Plan Medicare Advantage. But if you want to make a change for 2010, see "When can you change?" in Section 6 for time periods when you can make a change.

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## Section 1

### Important things to know

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#### **Your Plan name is changing for the upcoming year**

We want to let you know that we have changed our Plan name from L.A. Care Health Plan Medicare Advantage Special Needs Plan to L.A. Care Health Plan Medicare Advantage for the upcoming year. Our phone numbers and address will remain the same. This notice describes changes in benefits from L.A. Care Health Plan Medicare Advantage Special Needs Plan to L.A. Care Health Plan Medicare Advantage next year.

#### **This Annual Notice of Changes is only a summary (see your Evidence of Coverage 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.
- To get the details, you can look in the 2010 Evidence of Coverage for L.A. Care Health Plan Medicare Advantage. The Evidence of Coverage is the legal, detailed description of your benefits and costs for 2010. It explains your rights and the rules you need to follow to get your covered services and prescription drugs. (We have included a copy of the Evidence of Coverage in the same envelope with this Annual Notice of Changes. If you do not have this copy, call Member Services).
- If you have questions or need more information, you can always call Member Services at 1-888-839-9909 (TTY only, call 1-866-522-2731). Our hours are 24 hours a day, 7 days a week (including holidays) and calls to these numbers are free.

#### **There are programs to help people with limited resources pay for their prescription drugs**

You might qualify to get help in paying for your drugs. There is one basic kind of help:

- **“Extra Help” from Medicare.** This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. See Section III of the new Medicare & You 2010 Handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

#### **What if you are currently getting help to pay for your drugs?**

If you already get help paying for your drugs, **some of the information in this Annual Notice of Changes is not correct for you.** We have mailed a separate document, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider) that tells you about your drug coverage. If you don’t receive this document, please call Member Services and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Phone numbers for Member Services are on the front cover.

## Section 2

### Changes to your monthly premium

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

*Exception:* If you are required to pay a late enrollment penalty (because you did not join a Medicare drug plan when you first became eligible), your monthly premium for 2010 will be \$0 *plus* the amount of your late enrollment penalty. For more information about this penalty, see Chapter 6 of your Evidence of Coverage.

## Section 3

### Medical services: Changes to your benefits and what you pay

#### Changes to your benefits

As shown below, L.A. Care Health Plan Medicare Advantage is adding new benefits and changing our covered benefits for next year. For details, see Chapters 3 and 4 in your Evidence of Coverage.

	2009 (this year)	2010 (next year)
Dental Services (Routine and Comprehensive)	Not covered.	\$0 for the following routine services: <ul style="list-style-type: none"> <li>• 1 oral exam every 6 months</li> <li>• 1 cleaning every 6 months</li> <li>• 1 fluoride treatment every 6 months</li> <li>• 1 x-ray every 3 years</li> </ul> Comprehensive services are also available.
Worldwide Emergency Services Coverage	Not covered.	\$10,000 annual limit for emergencies outside the U.S.
Routine Transportation	\$0 for 48 one-way trips per year.	\$0 for 28 one-way trips per year.
Routine Podiatry Services	\$0 for 12 visits per year.	\$0 for 6 visits per year.
Vision Services	\$75 eyewear allowance every 2 years.	\$100 eyewear allowance every year.

### Changes to what you pay

The chart below summarizes changes to what you will pay as your share of the cost of covered medical services. For details, see Chapter 4, Medical benefits chart (what is covered and what you pay), in your Evidence of Coverage.

	2009 (this year)	2010 (next year)
Annual out-of-pocket maximum (amount you pay) for Medicare-covered services in our network	No limit.	\$3,400 limit.

## Section 4

### Part D prescription drugs: Changes to your benefits and what you pay

#### Changes to your benefits

L.A. Care Health Plan Medicare Advantage has a “List of Covered Drugs (Formulary)” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the Plan. (Chapter 5, Section 1.1 of your Evidence of Coverage explains about Part D drugs.)

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 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 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 Member Services for help finding your drugs.

**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 Part D prescription drugs only.

- Medicare allows us to **change what you pay for a drug** only once a year. The changes shown below will take effect on January 1, 2010, and stay the same for the entire Plan year. Every drug on the Plan’s Drug List is in one of *two* cost-sharing tiers. Medicare allows us to **change what you pay for a drug in each cost-sharing 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.
- Besides the changes to copayment you see below, there is another change that could affect what you pay for your drugs next year. **We have moved some of the drugs on the Drug List to a different cost-sharing tier.** Some drugs will be in a lower cost-sharing tier, others will be in a higher cost-sharing tier. To see if any of your drugs have been moved to a different cost-sharing tier, look them up on the Drug List.

	2009 (this year)	2010 (next year)
<b>Drugs in Cost-Sharing Tier 1</b>  Generic Drugs For a one-month (30-day) supply of a drug in cost-sharing Tier 1 that is filled at a network pharmacy.	You pay \$0 per prescription.	You pay \$0 per prescription up to Initial Coverage Limit (\$2,830).  You typically pay \$1.10 per prescription during the coverage GAP (between \$2,830 and \$4,550).*
<b>Drugs in Cost-Sharing Tier 2</b>  Brand Name Drugs For a one-month (30-day) supply of a drug in cost-sharing Tier 2 that is filled at a network pharmacy.	You typically pay \$3.20 per prescription.*	You typically pay \$3.30 per prescription.*

\*Copayments could vary depending on low-income subsidy level.

### 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 it has been moved to a higher cost-sharing tier? 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. Chapter 5, Section 6.2 explains 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 Member Services 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. To learn what you must do to ask for an exception, see the Evidence of Coverage that was included in the mailing with this Annual Notice of Changes. Look for Chapter 9 (What to do if you have a problem or complaint).

## Section 5

### What about changes to the Plan's network of providers?

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#### 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 check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for L.A. Care Health Plan Medicare Advantage in 2010.
- For the most up-to-date information on the network of providers, check our website ([www.lacare.org](http://www.lacare.org)) or call Member Services (see phone numbers on the front cover).

## Section 6

### Do you want to stay in the Plan or make a change?

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#### Do you want to stay with L.A. Care Health Plan Medicare Advantage?

If you want to keep your membership in L.A. Care Health Plan Medicare Advantage 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?

If you decide to leave L.A. Care Health Plan Medicare Advantage, 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?*

- During the **yearly enrollment period (called the “annual coordinated election period”)** from **November 15 through December 31, 2009**, you can change to any other Medicare Advantage plan or to Original Medicare (either with or without a separate Medicare prescription drug plan). Your new coverage will begin on January 1, 2010.
- You also have **another, more limited enrollment period from January 1 through March 31, 2010**. During this period (called the “open enrollment period”), you could switch to a different Medicare Advantage Plan with Part D prescription drug coverage or switch to Original Medicare plus a Medicare Prescription Drug Plan. For more information about your choices during the January 1 through March 31 open enrollment period, please see Chapter 10, Section 2.2 of the Evidence of Coverage.
- If you are in a Special Needs Plan (SNP), your enrollment period may be different based on the type of SNP in which you are enrolled. Contact Member Services for more information.

#### *Are these the only times of the year to choose a different plan?*

For most people, yes. Certain individuals, such as those with Medi-Cal, those who get Extra Help paying for their drugs, or those who move out of the geographic service area, can make changes at other times. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

### *How do you make a change?*

See Chapter 10 of the enclosed Evidence of Coverage document. It tells what you need to do to make a change from L.A. Care Health Plan Medicare Advantage to another plan.

### *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?**

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#### **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 Evidence of Coverage and of the List of Covered Drugs (Formulary).

If you have any questions, we are here to help. Please call us at L.A. Care Health Plan Medicare Advantage Member Services. We are available for phone calls 24 hours a day, 7 days a week (including holidays). Calls to these numbers are free: 1-888-839-9909 (TTY only, call 1-866-522-2731).

#### **You can get help and information from your State Health Insurance Assistance Program**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In California, the State Health Insurance Assistance Program is called the Health Insurance Counseling and Advocacy Program (HICAP).

HICAP is independent (not connected with any insurance company or health plan). HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-800-824-0780 (TTY/TDD: 213-251-7920).

#### **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).





**L.A. Care**  
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For a **Healthy Life**

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