



October 2011

Dear Medicare Choice (HMO SNP) Member,

Here are two documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2011**. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2011.
  - 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 us for 2011 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of Medicare Choice).
  - If you decide to leave Medicare Choice, you can switch to a different Medicare Advantage Plan or to Original Medicare from November 15 through December 31 of 2010. The Annual Notice of Changes tells you more..
2. We're also including a copy of the Medicare Choice plan's **List of Covered Drugs (Formulary)**, effective January 1, 2011.

If you have questions, we're here to help. Please call Member Services at 303-602-2111 (TTY/TDD only, call 720-956-2370). Hours are 7 days a week from 8 a.m. to 8 p.m. and calls to these numbers are free. You can also visit our website, (<http://DenverHealth.MedicarePlanRx.net>).

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

Sincerely,

Denver Health Medicare Choice (HMO SNP)

*Medicare Approved HMO*

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## Annual Notice of Changes for 2011

This booklet tells you how your benefits and costs as a member of Medicare Choice HMO SNP will change next year from your current benefits. The changes take effect on January 1, 2011.

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.

### **Medicare Choice (HMO SNP) Member Services:**

For help or information, please call Member Services or go to our plan website at <http://DenverHealth.MedicarePlanRx.net>

Or phone 303-602-2111 (Calls to these numbers are free within Metro Denver.)

TTY/TDD users call: 720-956-2370.

#### Hours of Operation:

Hours are 8 a.m. to 8 p.m. seven days a week from November 15 – March 1

From March 2 – November 14 hours are from 8 a.m. to 8 p.m. Monday – Friday.

This plan is offered by Denver Health Medical Plan, referred throughout the Annual Notice of Changes as “we,” “us,” or “our.” Medicare Choice is referred to as “plan” or “our plan.”

*Medicare-approved HMO.*

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

*Este documento puede estar disponible en formatos o idiomas adicionales. Para obtener más información, por favor llame a nuestro departamento de Servicios al Afiliado al teléfono indicado anteriormente.*

**If you remain enrolled in Medicare Choice (HMO SNP) for 2011, there will be some changes to your benefits and what you pay.**

You are currently enrolled as a member of Medicare Choice. We are pleased to be providing your Medicare health care coverage, including your prescription drug coverage. In addition, we are able to manage your Medicaid health benefits so that your medical cost-sharing will remain at \$0. This notice describes changes in benefits next year.

Each year, Medicare health plans may decide to adjust their offerings to reflect annual changes in medical costs and payment rates. Plan adjustments can include changing premiums and cost-sharing amounts and adding or subtracting benefits. We're sending you this Annual Notice of Changes to tell you how your benefits and costs as a member of Medicare Choice will change next year from your current benefits.

The changes take effect on January 1, 2011. 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 Medicare Choice for 2011.**

With this Annual Notice of Changes, we are notifying you of all plan changes for the coming year, including any changes to the monthly plan premium. You will also get information from Medicare about other plan options in your area. 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 members, and customer service).

If you have access to the web, you may use the web tools on <http://www.medicare.gov> by clicking on the "Health and Drug Plans" button and then choosing either "Find & Compare Drug Plans" or "Find & Compare Health Plans."

You can also call us directly at 303-602-2111 seven days a week from 8 a.m. to 8 p.m. to obtain a copy of the plan ratings for this plan.

TTY/TDD users call 720-956-2370.

We hope to keep you as a member of Medicare Choice. But if you want to make a change for 2011, 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**

### **This *Annual Notice of Changes* is only a summary**

This *Annual Notice of Changes* gives you a summary of the changes in your benefits and what you will pay for these services in 2011. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.

- If you have questions or need more information, you can always call Member Services at 303-602-2111 (only, call 720-956-2370). Hours are 7 days a week from 8 a.m. to 8 p.m. and calls to these numbers are free within Metro Denver.

### **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 are two basic kinds 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 2011 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.
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program.

### **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.** In a separate mailing, we are sending you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider), which tells you about your drug coverage. If you don’t have this insert, 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 Part D premium**

	2010 (this year)	2011 (next year)
<b>Monthly premium</b>	<b>\$0</b>	<b>\$0</b>
	<b>(You must continue to pay your Medicare Part B premium.)</b>	<b>(You must continue to pay your Medicare Part B premium.)</b>

*Exceptions:*

- If you are required to pay a late enrollment penalty (because you went at least 63 days without Part D or other “creditable” prescription drug coverage anytime after the end of your Part D initial enrollment period), your monthly premium for 2011 will be \$32.80 *plus* the amount of your late enrollment penalty. For more information about this penalty, see Chapter 6 of your *Evidence of Coverage*.
- Most people will pay the standard monthly Part D premium. However, starting January 1, 2011, some people will pay a higher premium because of their yearly income (over \$85,000 for singles--2010, \$170,000 for married couples--2010). For more information about Part D premiums based on income, you can visit [medicare.gov](http://medicare.gov) on the web or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You may also call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

**Section 3. Medical services: Changes to your benefits and “out-of-pocket” costs****Changes to your benefits**

As shown below, Medicare Choice is changing our covered benefits for next year.

	2010 (this year)	2011 (next year)
<b>Dental, preventative and comprehensive</b>	1,625 annual benefit	\$900 annual benefit

### Changes to your “out-of-pocket” costs

The chart below summarizes changes to your “out-of-pocket” costs, the amounts you will pay as your share of the cost of covered medical services, usually at the time services are received.

	2010 (this year)	2011 (next year)
<p><b>Out-of-pocket maximum for medical services</b></p> <p>The out-of-pocket maximum is the maximum amount that you pay during the calendar year for covered Part A (Hospital Insurance) and Part B (Medical Insurance) services.</p> <p>(The amount you pay for your plan premium does not count toward your out-of-pocket maximum.)</p>	Not covered	<p>\$6,700</p> <p>This is the maximum amount you pay for covered Part A and Part B services.</p>
<p><b>Medicare-covered preventive services</b></p>	\$0 copay	<p>Our plan covers all Medicare-covered preventive services at <u>no cost</u> to you.</p>

### Section 4. Part D prescription drugs: Changes to your benefits and “out-of-pocket” costs

#### Changes to your benefits

Medicare Choice has a “List of Covered Drugs (Formulary)” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan.

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, 2011. 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 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 the quantity of the drug that the plan will cover for you.

**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 your "out-of-pocket" costs

The chart below summarizes changes to the plan's Drug Payment Stages. These changes affect Part D prescription drugs only.

	2010 (this year)	2011 (next year)
<b><u>Yearly Deductible Stage</u></b>	\$0	\$0
During the Yearly Deductible Stage, you must pay the full cost of your drugs until you reach the plan's deductible amount. Once you meet your deductible, you move on to the Initial Coverage Stage.	This is how much you must pay for your Part D drugs before the plan will pay its share	This is how much you must pay for your Part D drugs before the plan will pay its share
<b><u>Initial Coverage Stage</u></b>		
During the Initial Coverage Stage, the plan pays its share of the cost of your covered drugs, and you pay your share.	\$4,550	\
You stay in this stage until the total cost of your Part D drugs reaches the limit for the Initial Coverage Stage. Once you reach this limit, you move on to the Catastrophic Coverage Stage.	When the total costs for your Part D drugs reach this amount, you move on to the Catastrophic Coverage Stage.	When the total costs for your Part D drugs reach this amount, you move on to the Catastrophic Coverage Stage.

**Catastrophic Coverage Stage**

During the Catastrophic Coverage Stage, the plan will pay most of the cost for your Part D drugs

You pay \$0.

You pay \$0.

You will stay in this stage until the end of the calendar year

The chart below summarizes changes to what you will pay as your share of the cost of covered prescription drugs when you are in the Initial Coverage Stage. These changes affect Part D prescription drugs only.

- Every drug on the plan's Drug List is one of four cost-sharing tiers. 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, 2011, and stay the same for the entire plan year
- The costs in the chart are for prescriptions filled at network, retail pharmacies. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There may be restrictions for prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

	2010 (this year)	2011 (next year)
<b>Drugs in Cost-Sharing Tier 1</b>		
Generic Drugs		
For a one-month (31-day) supply of a drug in cost-sharing tier 1 that is filled at a network pharmacy	You pay 25% of the total cost.	You pay 25% of the total cost.
<b>Drugs in Cost-Sharing Tier 2</b>		
<b>Preferred Brand Drugs</b>		
For a one-month (31-day) supply of a drug in cost-sharing tier 2 that is filled at a network pharmacy	You pay 25% of the total cost.	You pay 25% of the total cost.

<b>Drugs in Cost-Sharing Tier 3 Non-Preferred Brand Drugs</b>		
For a one-month (31-day) supply of a drug in cost-sharing tier 3 that is filled at a network pharmacy	You pay 25% of the total cost.	You pay 25% of the total cost.
<b>Drugs in Cost-Sharing Tier 4 Specialty Drugs</b>		
For a one-month (31-day) supply of a drug in cost-sharing tier 4 that is filled at a network pharmacy	You pay 25% of the total cost.	You pay 25% of the total cost.

### What if changes for 2011 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2011? 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:

- **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. 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.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

### 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 2011. 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 Medicare Choice in 2011.
- For the most up-to-date information on the network of providers, check our website (<http://:DenverHealth.MedicarePlanRx.net>) 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?**

### **Do you want to stay with Medicare Choice?**

If you want to keep your membership in Medicare Choice for 2011, it's easy. You don't need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member if you do not sign up for a different plan or Original Medicare.**

### **Do you want to make a change?**

If you decide to leave Medicare Choice, you can switch to a different Medicare Advantage plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch 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. As a reminder, Denver Health Medical Plan offers another Medicare Advantage Prescription Drug Plan in addition to the plan you are now enrolled in. This other plan may differ in coverage, monthly premium, and cost sharing amounts.

### *When can you change to a different plan?*

- During the **yearly enrollment period (called the “annual coordinated election period”) from November 15 through December 31, 2010**, you can change to any other Medicare Advantage plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan). Your new coverage will begin on January 1, 2011.
- You also have **another, more limited enrollment period from January 1 through February 14, 2011**. During this period (called the “Medicare Advantage Annual Disenrollment Period”), you could switch from Medicare Choice to Original Medicare. If you choose to switch to Original Medicare during this period, you can also enroll in a separate Medicare prescription drug plan at the same time.
- **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 Medicaid, 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.**

*Things to check on before you make a change*

- **Are you a member of an employer or retiree group plan?** If you are, please check with the benefits administrator of your employer or retiree group *before you change your plan*. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.
- **Are you getting help with paying for your drugs from a State Pharmaceutical Assistance Program (SPAP)?** If you are, please check with this program before switching to another plan.

## **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 your Summary of Benefits and the List of Covered Drugs (Formulary).

If you have any questions, we are here to help. Please call us at Medicare Choice Member Services. We are available for phone calls 7 days a week from 8 a.m. to 8 p.m. November 15 – March 1. From March 2 – November 14, we are available Monday – Friday from 8 a.m. to 8 p.m. Calls to these numbers are free within Metro Denver: 303-602-2111 . (TTY/TDD only, call 720-956-2370.

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

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Colorado, the SHIP is called Centura Senior Health Insurance Assistance Program.

Centura Senior Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Centura Senior Health Insurance Assistance 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 Centura Senior Health Insurance Assistance Program at 303-899-5151 within Metro Denver or toll free at 1-800-544-9181. TTY/TDD users should dial 711.

## **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 2011 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), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

