

WHP Platinum Rx (HMO)**Annual Notice of Changes for 2010**

This booklet tells you how your benefits and costs as a member of Welborn Health Plans 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.

Welborn Health Plans Customer Services:

For help or information, please call Customer Services or go to our plan website at www.welbornhealthplans.com.

Local Phone Number: 812-426-6600

Toll Free: 1-800-521-0265

TTY : 1-800-743-3333 or use the online service at www.sprintip.com

FAX: 1-716-541-6311

Calls to these numbers are free:

Phone: 1-800-521-0265

TTY: 1-800-743-3333

Hours of Operation:

Customer Service Hours: 7 days a week, 8 a.m. – 8 p.m. (CST)

This plan is offered by Welborn Health Plans, referred throughout the Annual Notice of Changes as “we,” “us,” or “our.” WHP Platinum Rx (HMO) is referred to as “plan” or “our plan.”

A Coordinated Care plan with a Medicare Advantage contract.

This information may be available in a different format, including large print. Please call Customer Services at the number listed above if you need plan information in another format or language.

WHP Platinum Rx (HMO)

Annual Notice of Changes

Dear Valued 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 WHP Platinum Rx (HMO) for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of WHP Platinum Rx (HMO).
 - If you decide to leave WHP Platinum Rx (HMO), you can switch to a different Medicare Advantage Plan or to Original Medicare from November 15 through December 31 each year. The *Annual Notice of Changes* tells you more.
2. We're including a copy of next year's **Evidence of Coverage**. It's the legal, detailed description of your benefits and costs for 2010 if you stay enrolled as a member of WHP Platinum Rx (HMO). It also explains your rights and rules you need to follow when using your coverage for medical care and prescription drugs. Please look through this document so you know what's in it, and then keep it handy for reference.
3. We're also including a copy of the WHP Platinum Rx (HMO) plan's **List of Covered Drugs (Formulary)**, effective in January 2010.

If you have questions, we're here to help. Please call Customer Services at 1-800-521-0265 (TTY only, call 1-800-743-3333). Hours are 7 days a week, 8 a.m. – 8 p.m. and calls to these numbers are free. You can also visit our website, (www.welbornhealthplans.com).

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

Sincerely,

Your Friends at Welborn Health Plans

If you remain enrolled in WHP Platinum Rx (HMO) for 2010, there will be some changes to your benefits and what you pay.

You are currently enrolled as a member of Welborn Health Plans. We are pleased to be providing your Medicare health care coverage, including your prescription drug coverage. We're sending you this *Annual Notice of Changes* to tell you how your benefits and costs as a member of WHP Platinum Rx (HMO) 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 WHP Platinum Rx (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 1-800-521-0265 or 812-426-6600 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-743-3333 or use the online service at www.sprintip.com

We hope to keep you as a member of Welborn Health Plans. 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

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 WHP Platinum Rx (HMO). 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 booklet with this *Annual Notice of Changes*. If you do not have this copy, call Customer Services.
- If you have questions or need more information, you can always call Customer Services at 812-426-6600 or Toll free 1-800-521-0265 TTY users call 1-800-743-3333 or use the online service at www.sprintip.com. Hours are 8 a.m. – 8 p.m., 7 days a week.

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 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.
- **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 (the name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*).

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 included a separate insert, 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 have this insert, please call Customer Services and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Phone numbers for Customer Services are on the front cover.

Section 2. Changes to your monthly premium

	2009 (this year)	2010 (next year)
Monthly premium	\$69	\$95

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 \$95 *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, Welborn Health Plans is changing your covered benefits for next year. For details, see Chapters 3 and 4 in your *Evidence of Coverage*.

	2009 (this year)	2010 (next year)
Silver & Fit Affinity Home Fitness Program	Not Covered	\$0 copay for Choice of 2 in-home fitness kits

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)
Out-of-pocket maximum for medical services	In-Network \$3,350 out-of-pocket limit.	In-Network \$3,000 out-of-pocket limit.
This maximum applies to what you pay as your share of the cost for your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) services.		

Inpatient Hospital Care	In-Network \$250 copay for each Medicare-covered hospital stay	In-Network \$400 copay for each Medicare-covered hospital stay
Inpatient Mental Health Care	In-Network \$250 copay for each Medicare-covered hospital stay	In-Network \$400 copay for each Medicare-covered hospital stay
Doctor Office Visits	In-Network \$10 copay for each primary care doctor visit for Medicare covered benefits	In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits.
Specialist Visits	In-Network \$0 to \$20 copay for each specialist visit for Medicare covered benefits.	In-Network \$0 to \$25 copay for each specialist visit for Medicare covered benefits.
Chiropractic Services	In-Network \$20 copay for Medicare-covered visits	In-Network \$25 copay for Medicare-covered visit.
Podiatry Services	In-Network \$20 copay for each Medicare-covered visit	In-Network \$25 copay for each Medicare-covered visit
Outpatient Mental Health Care	In-Network \$20 copay for each Medicare-covered individual or group therapy visit	In-Network \$25 copay for each Medicare-covered individual or group therapy visit.
Outpatient Substance Abuse Care	In-Network \$20 copay for Medicare-covered individual or group visits.	In-Network \$25 copay for Medicare-covered individual or group visits

Outpatient Services/Surgery Hospital	In-Network \$160 copay for each Medicare-covered ambulatory surgical center visit	In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit
Outpatient Services/Surgery Ambulatory Surgical Center	In-Network \$160 copay for each Medicare-covered outpatient hospital facility visit	In-Network \$100 copay for each Medicare-covered outpatient hospital facility visit
Ambulance Services	In-Network \$75 copay for Medicare-covered ambulance benefits	In-Network \$50 copay for Medicare-covered ambulance benefits
Emergency Care	If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit	If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit
Urgently Needed Care	\$30 copay for Medicare-covered urgently needed care visits	\$35 copay for Medicare-covered urgently needed care visits
Urgently Needed Care (cont)	If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.	If you are admitted to the hospital within 12-hour(s) for the same condition, \$0 for the urgent-care visit
Outpatient Rehabilitation Services Occupational Therapy visits	In-Network \$20 copay for Medicare-covered Occupational Therapy visits	In-Network \$25 copay for Medicare-covered Occupational Therapy visits
Outpatient Rehabilitation Services Physical, Speech, and Language Therapy visits	In-Network \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits	In-Network \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits

Lab Services	In-Network \$15 copay for Medicare-covered lab services	In-Network \$0 copay for Medicare-covered lab services
Diagnostic Procedures and Tests	In-Network 20% of the cost for Medicare-covered diagnostic procedures and tests	In-Network \$0 copay for Medicare-covered diagnostic procedures and tests
Medicare-covered X-rays	In-Network 20% of the cost for Medicare-covered X-rays	In-Network \$35 copay for Medicare-covered X-rays
Medicare-covered Diagnostic Radiology Services	In-Network 20% of the cost for Medicare-covered diagnostic radiology services	In-Network \$55 copay for Medicare-covered diagnostic radiology services
Medicare-covered Therapeutic Radiology Services	In-Network 20% of the cost for Medicare-covered therapeutic radiology services	In-Network \$55 copay for Medicare-covered therapeutic radiology services
Preventive Services – Bone Mass Measurement	In-Network \$20 copay for Medicare-covered bone mass measurement	In-Network \$0 copay for Medicare-covered bone mass measurement

Section 4. Part D prescription drugs: Changes to your benefits and what you pay

Changes to your benefits

Our Plan 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.)

The drugs included on our Drug List will be exactly the same in 2010 as it is in 2009. However, there are some changes in what you will pay for these covered drugs. 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.

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.

- Every drug on the plan's Drug List is in one of four 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.

	2009 (this year)	2010 (next year)
<p>Drugs in Cost-Sharing Tier One Generics Drugs</p> <p>For a one-month (30 day) supply of a drug in cost-sharing tier one that is filled at a network pharmacy</p>	<p>For copayments: You pay \$8 per prescription.</p>	<p>For copayments: You pay \$4 per prescription.</p>
<p>Drugs in Cost-Sharing Tier One Long Term Care Pharmacy Generic</p> <p>For a one-month (31 day) supply of a drug in cost-sharing tier one that is filled at a network pharmacy</p>	<p>For copayments: You pay \$8 per prescription.</p>	<p>For copayments: You pay \$4 per prescription.</p>
<p>Drugs in Cost-Sharing Tier One Mail Order Generic</p> <p>For a one-month (90 day) supply of a drug in cost-sharing tier one that is filled at a network pharmacy</p>	<p>For copayments: You pay \$16 per prescription.</p>	<p>For copayments: You pay \$4 per prescription.</p>

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 check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for Welborn Health Plans in 2010.
- For the most up-to-date information on the network of providers, check our website (www.welbornhealthplans.com) or call Customer 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 WHP Platinum Rx (HMO)?

If you want to keep your membership in WHP Platinum Rx (HMO) 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 our plan, 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. As a reminder, Welborn Health Plans offers other Medicare Advantage plans in addition to the plan you are now enrolled in. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

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 Customer 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. 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 our plan 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.
- **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 prescription drug plan. The phone number for your State Pharmaceutical Assistance Program is listed in Chapter 2, Section 7 of the *Evidence of Coverage*.

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 *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 Welborn Health Plans Customer Services. We are available for phone calls 7 days a week, 8 a.m. – 8 p.m. Calls to these numbers are free: 1-800-521-0265, TTY users call 1-800-743-3333 or use the online service at www.sprintip.com

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 Indiana, the State Health Insurance Assistance Program is called SHIP.

SHIP is independent (not connected with any insurance company or health plan). SHIP 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 SHIP at 1-800-452-4800

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).