

WHP Silver (HMO)**Annual Notice of Changes for 2010**

This booklet tells you how your benefits and costs as a member of WHP Silver (HMO) 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 users may call via Indiana Relay: 1-800-743-3333

FAX: 1-716-541-6311

Calls to these numbers are free:

Phone: 1-800-521-0265

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

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 Silver (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 Silver (HMO)

Annual Notice of Changes

Dear Valued Member,

Here are two 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 Silver (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 Silver (HMO)
 - If you decide to leave WHP Silver (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 Silver (HMO). It also explains your rights and rules you need to follow when using your coverage for medical care. Please look through this document so you know what's in it, and then keep it handy for reference.

If you have questions, we're here to help. Please call Customer Service at **812-426-6600** or Toll Free **1-800-521-0265 (TTY only, call 1-800-743-3333)**. Hours are 7 days a week, from 8 a.m. to 8 p.m. and calls to these 800 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 Silver (HMO) for 2010, there will be some changes to your benefits and what you pay.

You are currently enrolled as a member of WHP Silver (HMO) we are pleased to be providing your Medicare health care coverage.

We're sending you this *Annual Notice of Changes* to tell you how your benefits and costs as a member of our plan 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 Silver (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 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-743-3333.

We hope to keep you as a member of our plan. But if you want to make a change for 2010, see "*When can you change*" in Section 3.3 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 Silver (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. (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 Service.
- If you have questions or need more information, you can always call Customer Service 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.

Section 2. Changes to your monthly premium

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

Section 3. Medical services: Changes to your benefits and what you pay

Changes to your benefits

As shown below, WHP Silver (HMO) is adding a new benefit 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 Exercise Kit Walking Kit

<p>Stress Management Kit Pilates for Seniors Kit Yoga for Seniors Kit</p>

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)
<p>Out-of-pocket maximum for medical services</p> <p>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.</p>	\$4,000	\$3,400
<p><i>Inpatient Hospital Care</i></p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1-10: \$100 copay per day</p> <p>Days 11-90: \$0 copay per day</p> <p>\$0 copay for days beyond 90</p>	<p>In-Network For Medicare-covered hospital stays:</p> <p>Days 1 - 5: \$150 copay per day</p> <p>Days 6 - 10: \$80 copay per day</p> <p>\$0 copay for days beyond 90</p>

Inpatient Mental Health Care	<p>In-Network For hospital stays:</p> <p>Days 1 - 10: \$100 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the Hospital.</p>	<p>In-Network For hospital stays:</p> <p>Days 1 - 5: \$150 copay per day</p> <p>Days 6 - 10: \$80 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>
Doctor Office Visits	<p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 to \$25 copay for each specialist visit for Medicare-covered benefits.</p> <p>\$50 copay for each in-area, network urgent care Medicare-covered visit.</p>	<p>In-Network \$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 to \$35 copay for each specialist visit for Medicare-covered benefits.</p> <p>\$50 copay for each in-area, network urgent care Medicare-covered visit.</p>
Chiropractic Services	<p>In-Network \$25 copay for Medicare-covered visits.</p>	<p>In-Network \$35 copay for each Medicare-covered visit.</p>
Podiatry Services	<p>In-Network \$25 copay for each Medicare covered visit.</p>	<p>In-Network \$35 copay for each Medicare covered visit.</p>
Outpatient Mental Health Care	<p>In-Network \$25 copay for each Medicare covered individual or group therapy visit.</p>	<p>In-Network \$35 copay for each Medicare covered individual or group therapy visit.</p>

Outpatient Substance Abuse Care	In-Network \$25 copay for Medicare-covered individual or group visits.	In-Network \$35 copay for Medicare-covered individual or group visits.
Emergency Care	In-Network \$50 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage. In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit	General \$50 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage. In and Out-of-Network If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit
Urgently Needed Care	General \$50 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24-hour(s) for the same condition, \$0 for the urgent-care visit.	General \$50 copay for Medicare-covered urgently needed care visits. 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, Physical Therapy, Speech and Language Therapy)	In-Network \$25 copay for Medicare-covered Occupational Therapy visits. \$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	In-Network \$50 copay for Medicare-covered Occupational Therapy visits. \$35 to \$50 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self management training)	In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.	In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 to \$10 copay or 0% to 20% of the cost for Diabetes supplies.
Hearing Services	In-Network Hearing aids not covered. \$25 copay for Medicare-covered diagnostic hearing exams \$25 copay for up to 1 routine hearing test(s) every year \$50 limit for routine hearing tests every year.	In-Network Hearing aids not covered. \$35 copay for Medicare-covered diagnostic hearing exams \$35 copay for up to 1 routine hearing test(s) every year \$50 limit for routine hearing tests every year.

Section 3.1. 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 our plan in 2010.
- For the most up-to-date information on the network of providers, check our website www.welbornhealthplans.com or call Customer Service (see phone numbers on the front cover).

Section 3.2. What if I don't have drug coverage that is at least as good as Medicare's standard prescription drug coverage?**How do I know if I have drug coverage that is at least as good as Medicare's standard coverage?**

Our plan does not include Medicare prescription drug coverage. If you haven't had other creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. ("Creditable" coverage means the coverage is at least as good as Medicare's standard prescription drug coverage.) You will pay the penalty if you go without creditable coverage for a continuous period of 63 days or more. The longer you wait to enroll in a Medicare drug plan, the higher the penalty may be.

If you currently have other prescription drug coverage through your (or your spouse's) employer or retiree group, your employer or retiree group should send you a notice by November 15 that tells if your prescription drug coverage is "creditable." If you received a notice this year that you no longer have creditable coverage, consider adding Medicare prescription drug coverage.

What are my options for getting Medicare prescription drug coverage?

If you would like to get Medicare prescription drug coverage, you have many plan options. You can get Medicare prescription drug coverage by joining another Medicare Advantage plan that includes this coverage. Our organization offers the following plans that include Medicare drug coverage:

WHP Silver Rx (HMO)
WHP Platinum Rx (HMO)
WHP Platinum Select RX (HMOPOS)

For help or information, please call Customer Service or go to our plan website at www.welbornhealthplans.com. Customer Service 1-800-521-0265 (Calls to these numbers are free.)

To find other plans available in your area, visit the Medicare website (<http://www.medicare.gov>) and under "Search Tools" select either "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you join another Medicare Advantage plan or a Medicare drug plan, you will be disenrolled from our plan when your enrollment in the new plan begins.

Section 3.3. Do you want to stay in the plan or make a change?

Do you want to stay with WHP Silver (HMO)?

If you want to keep your membership in our plan 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 WHP Silver (HMO), 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 without Part D prescription drug coverage or switch to Original Medicare. (You cannot enroll in a separate prescription drug plan during the Medicare Advantage Open Enrollment Period.) For more information about your choices during the January 1 through March 31 open enrollment period, please see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

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

For most people, yes. Certain individuals, such as those with Medicaid, or those who move out of the geographic service area, can make changes at other times. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

How do you make a change?

See Chapter 8 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.

Section 3.4. 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*.

If you have any questions, we are here to help. Please call us at WHP Silver (HMO) Customer Service. 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 only, call 1-800-743-3333).

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).