

Liberty Health Advantage HMO – Dual Power NYC

Annual Notice of Changes for 2010

This booklet tells you how your benefits and costs as a member of Liberty Health Advantage 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.

Liberty Health Advantage HMO Member Services:

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

1-866-542-4269

TTY/TDD users call: 1-800-662-1220

Calls to these numbers are free.

Hours of Operation:

Monday – Friday 8:00AM thru 6:00PM

This plan is offered by Liberty Health Advantage HMO, referred throughout the *Annual Notice of Changes* as “we,” “us,” or “our.” Dual Power NYC is referred to as “plan” or “our plan.”

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.

Esta información está disponible en un formato diferente, entre ellos español, y en letras grandes. Por favor llame a Servicios para Miembros al número indicado más arriba, si usted necesita la información del plan en otro formato o idioma.

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If you remain enrolled in Liberty Health Advantage HMO - Dual Power NYC for 2010, there will be some changes to your benefits and what you pay.

You are currently enrolled as a member of Liberty Health Advantage HMO – Dual Power NYC. 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 Liberty Health Advantage 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 Liberty Health Advantage 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 Liberty Health Advantage HMO at 1-866-542-4269 to obtain a copy of the plan ratings for this plan. TTY/TDD users call 1-800-662-1220.

We hope to keep you as a member of Liberty Health Advantage HMO. 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 Liberty Health Advantage 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 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 1-866-542-4269 (TTY/TDD only, call 1-800-662-1220). Hours are Monday – Friday, 8:00AM thru 6:00PM 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 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 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	\$ 27.70	\$ 33.30

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 \$33.30 *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, Liberty Health Advantage HMO is 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)
Chiropractic Services	\$0 copay for Medicare-Covered visits (manual manipulation of the spine) Routine visits Not Covered	\$0 copay for Medicare-Covered visits (manual manipulation of the spine) \$0 copay for up to 4 routine visits per year, maximum \$60 per visit.
Respite Care	Maximum 25 hours per quarter of nursing care at home based on medical necessity.	\$0 copay, 1 visit for 4 hours, maximum 28 hours per year, maximum \$23 per hour.
Solution for Caregiver	When medically necessary, 4 visits per month for 4 hours, \$10 per hour maximum, maximum \$160 per year.	Not Covered

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)
Podiatry Services	1 routine visit every 3 months, \$10 maximum per visit	1 routine visit every 3 months, \$30 maximum per visit
Immunizations – Hepatitis B for patients at risk	\$0 copay	\$0 copay, limit 1 per year, maximum \$30 per immunization
Acupuncture Services	\$0 copay, up to 4 visits every year	\$0 copay, up to 4 visits every year, maximum \$60 per visit.

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

Changes to your benefits

Liberty Health Advantage HMO 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 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 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. Your Part D coverage includes two (2) stages of coverage. Coverage of a drug and the copayment or coinsurance you pay for the drug depends on which Stage of Coverage you are in. 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 *OR* coinsurance 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)
Initial Coverage	Copay for generic drugs (including brand drugs treated as a generic) purchased at an in-network pharmacy – \$0, \$1.10 or \$2.40 depending on your income and institutional status	Copay for generic drugs (including brand drugs treated as a generic) purchased at an in-network pharmacy – \$0, \$1.10 or \$2.50 depending on your income and institutional status
	Copay for other drugs purchased at an in-network pharmacy – \$0, \$3.20 or \$6.00 depending on your income and institutional status	Copay for other drugs purchased at an in-network pharmacy – \$0, \$3.30 or \$6.30 depending on your income and institutional status
	Copay for generic drugs	Copay for generic drugs

	(including brand drugs treated as a generic) purchased at an out-of-network pharmacy –	(including brand drugs treated as a generic) purchased at an out-of-network pharmacy –
	\$0, \$1.10 or \$2.40 depending on your income and institutional status	\$0, \$1.10 or \$2.50 depending on your income and institutional status
	Copay for other drugs purchased at an out-of-network pharmacy –	Copay for other drugs purchased at an out-of-network pharmacy –
	\$0, \$3.20 or \$6.00 depending on your income and institutional status	\$0, \$3.30 or \$6.30 depending on your income and institutional status
Catastrophic Coverage	\$0 copay after your yearly out-of-pocket drug costs reach \$4,350.	\$0 copay after your yearly out-of-pocket drug costs reach \$4,550.

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? 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. 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?

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 Liberty Health Advantage HMO in 2010.
- For the most up-to-date information on the network of providers, check our website (www.lhany.com) 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 Liberty Health Advantage HMO?

If you want to keep your membership in Liberty Health Advantage 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 Liberty Health Advantage 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, Liberty Health Advantage HMO offers other plans, including Dual Power Nassau and Preferred Choice 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 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. 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 Liberty Health Advantage HMO 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 Liberty Health Advantage HMO Member Services. We are available for phone calls Monday – Friday, 8:00AM – 6:00PM. Calls to these numbers are free: 1-866-542-4269 (TTY/TDD only, call 1-800-662-1220).

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 New York State, the State Health Insurance Assistance Program is called Health Insurance Information Counseling Assistance Program (HIICAP).

Health Insurance Information Counseling Assistance Program (HIICAP) is independent (not connected with any insurance company or health plan). HIICAP 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 Health Insurance Information Counseling Assistance Program (HIICAP) at 1(800) 701-0501.

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).