



Your Medicare Health Benefits and Services and Prescription Drug Coverage as a Member of Liberty Health Advantage Dual Power - NYC

This mailing gives you the details about your Medicare health and prescription drug coverage from January 1 – December 31, 2009, and explains how to get the health care and prescription drugs you need. This is an important legal document. Please keep it in a safe place.

Liberty Health Advantage Member Services:

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

1-866-542-4269 (Calls to these numbers are free)
TTY/TDD users call: 1-800-662-1220

Hours of Operation:

Monday – Friday 8:00AM thru 6:00PM

This Plan is offered by Liberty Health Advantage, referred throughout this document as “we”, “us” or “our.” Dual Power - NYC is referred to as “Plan” or “our Plan.” Our organization contracts with the Federal government.

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.

Important Information

How Your Plan Will Change For 2009

This is the time of year when we like to thank you for your membership and let you know of new plan changes for the upcoming year. Beginning January 1, 2009, there will be some changes to our Plan.

You are enrolled in Liberty Health Advantage Dual Power - NYC in 2008 and your plan coverage and costs are changing. All changes will be effective January 1, 2009.

This is just a brief summary of the changes in your plan for 2009. **Make sure to read the next few pages for answers to important questions you may be asking.** If you have any questions, call Member Services. Note: If you are receiving help from your state Medicaid agency or State Pharmaceutical Assistance Program (SPAP), such as a reduced co-payment, these reductions are not reflected in this packet. Please call your state or SPAP at the number listed in Section 8 if you have questions.

	2008 Dual Power - NYC	2009 Dual Power - NYC
Monthly Premium This monthly premium amount does not include any late enrollment penalty you may be responsible for paying.	\$ 24.10	\$27.70
Emergency Care Out of Network	Not covered outside the U.S. except under limited circumstances	\$20,000 limit for emergency services outside the U.S. every year.
Pap Smears and Pelvic Exams	\$0 copay for Medicare-covered pap smears and pelvic exams	\$0 copay for Medicare-covered pap smears and pelvic exams AND - one additional pap smear and pelvic exam every year
Part B Prescription Drug Coverage	0% co-insurance for Part B-covered drugs including chemotherapy drugs	0% to 20% co-insurance for Part B-covered drugs including chemotherapy drugs.
Health/Wellness Education	Covers: <ul style="list-style-type: none"> - Written health education materials, including newsletters - Nutritional training - Nutritional benefit - Smoking cessation 	Covers: <ul style="list-style-type: none"> - Written health education materials, including newsletters - Nutritional training - Additional smoking cessation

	2008 Dual Power - NYC	2009 Dual Power - NYC
	<ul style="list-style-type: none"> - Alternative medicine program - Health club membership/fitness classes - Other wellness benefits 	<ul style="list-style-type: none"> - Health club membership/fitness classes
Acupuncture	\$0 copay for up to 2 visits every year	\$0 copay for up to 4 visits every year
OTC Benefit	Maximum 40 items per quarter through our mail order network. Maximum benefit is \$120 per quarter.	\$45 per quarter benefit
Solution for Caregiver	2 visits per month by home health aid for 4 hour as authorized by PCP	4 visits per month for 4 hours, \$10 per hour maximum, \$160 per year maximum, when indicated as medically necessary by PCP or Medical Director
Massage Therapy	Up to 4 visits, ½ hour duration as ordered by PCP	No benefit in 2009
Respite Care	Maximum 22 hours per month based on medical necessity	Maximum 25 hours per quarter based on medical necessity, \$23 per hour maximum

With this notice, you also received a 2009 Summary of Benefits and a new formulary that will be effective January 1, 2009. Medicare has reviewed and approved the benefits described and covered drugs listed in the formulary.

We also offer other plans in your area that may have different premiums, co-payments, or coinsurance amounts. To learn more about what other plans we have available in your area, call Member Services. The following is a list of our other available plans:

- Dual Power Nassau
- Preferred Choice
- Secure Choice

This is Your Annual Notice of Change

Why am I receiving this information?

We are sending this Annual Notice of Change (ANOC) so you can review the 2009 coverage offered through this plan. Each year from November 15 through December 31, you may make a change to your Medicare plan and Medicare prescription drug coverage, with your new plan beginning on January 1. Certain individuals, such as those with Medicaid, those who get extra help, or who move, can make changes at other times. **If you want to stay in our Plan, you don't need to do anything. You will still be a member of our Plan for the coming year.**

Note: If you are a member of a State Pharmaceutical Assistance Program (SPAP) or an employer group, you may be required to belong to a specific plan in order to continue to get the additional benefits you may be receiving. Please check with your SPAP or employer before switching to another prescription drug program. The phone number for your SPAP can be found in Section 8 of the Evidence of Coverage.

What if my drugs are not on the formulary or are in a more expensive cost-sharing tier?

We have changed our formulary. The new formulary may be different from the one you are using. We have added, removed, or placed more limitations on some of the drugs we cover. Please review the formulary to see if we still cover the drugs that you currently take. The enclosed formulary can also be found on our website or you may call Member Services if you need any help locating a certain drug.

If a drug we currently cover for you is not on our new formulary, you will need to talk with your doctor about taking an alternative drug that is available on our new formulary. If you wish to continue coverage of your current drug, you or your doctor can request a formulary exception. If a drug we currently cover for you is on our new formulary but has been moved to a higher non-preferred cost-sharing tier, you can talk with your doctor about taking an alternative drug that is available in a lower cost-sharing tier. If you wish to pay the lower preferred cost-sharing amount for your current drug, you or your doctor can request a tiering exception. If you or your doctor would like to request an exception, the request should be made by December 30, 2008. If a formulary exception request is approved, we will continue covering your current drug on January 1. If a tiering exception request is approved, we will cover your current drug at the preferred cost-sharing amount on January 1.

As a member in our plan, you may currently be taking drugs that are not on our formulary or are on our formulary but your ability to get them is limited. In instances like these, you need to talk with your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking with your doctor to determine your course of action, you may be eligible to receive an initial 30 days transition supply of the drug anytime during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or for situations where your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day transition supply, we may not continue to pay for these drugs under the transition policy. You are reminded to discuss with your doctor appropriate alternative therapies on our formulary and if there are none, you or your doctor can request a formulary exception.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current Members with a change in their level of care

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three month effective date into the Part D program are as follows:

- i. For example if a beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital.
- ii. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary
- iii. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits
- iv. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

All of these situations would warrant a temporary one-time fill exception.

If you have any questions about our transition policy or need help asking for a formulary exception, call Customer Services at 1-800-546-5677, 24 hours a day, seven days a week, TTY/TDD users should call 1-866-706-4757.

What do I need to know if I qualify for extra help (the low-income subsidy, or LIS) from Medicare to pay for my prescription drugs?

If you continue to qualify for the same amount of extra help next year, the table below tells you how your prescription costs will change. You will also receive an **“Evidence of Coverage Rider for those who Receive Extra Help Paying for their Prescription Drugs”** before October 31, 2008, that has more specific information on your premiums and cost-sharing in 2009. Read this

important information carefully. If you don't know what level of extra help you qualify for, you can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you pay this much this year (2008)	You will pay this much next year (2009)
\$0 deductible	\$0 deductible
\$56 deductible	\$60 deductible
\$1.05 for generics and brands that are treated as generics \$3.10 for brand name drugs	\$1.10 for generics and brands that are treated as generics \$3.20 for brand name drugs
\$2.25 for generics and brands that are treated as generics \$5.60 for brand name drugs	\$ 2.40 for generics and brands that are treated as generics \$6.00 for brand name drugs
15% coinsurance for all drugs	15% coinsurance for all drugs

If you qualify for extra help, you pay \$0 or a reduced monthly Part D premium. If you continue to qualify for the same amount of extra help in 2009, the table below tells how much you will pay for a monthly premium. (This doesn't include any Medicare Part B premium you may have to pay.) If you don't know your level of extra help, call Member Services.

Your level of extra help	Monthly Premium for Dual Power - NYC
100%	\$ 0.00
75%	\$ 6.93
50%	\$ 13.85
25%	\$ 20.78

Where can I get more information?

Please call Member Services if you have any questions. You can also get information about the Medicare program and other Medicare plans available by visiting www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.