

**2007 MODEL ANNUAL NOTICE OF CHANGE  
MA-only [No Part D Benefits Offered]**

**[NOTE: This document must also be sent to all new members who enroll in a plan  
between October 31<sup>st</sup> and December 31<sup>st</sup>.]**

Dear *[member name]* - or - *[Member]*:

*[Note: The organization may modify this introductory paragraph to tailor to its needs, as long as the paragraph is kept brief.]* This is the time of year when we like to thank you for your membership and inform you of new plan changes for the upcoming year. Beginning January 1, 2007, there will be some changes to *[insert plan name]*. The following changes are described in this letter.

- **How will my monthly premium change for <year>?**
- **How will my benefits and costs change for <year>?**
- **Are there other benefits I can get? *[insert if applicable]***
- **What if I don't have drug coverage that is at least as good as Medicare?**
- **When can I change from one Medicare health plan to another?**

**How will my monthly premium change for <year>?**

Starting January 1, <year>, the monthly premium that you pay to *[insert plan name]* will *[<increase/decrease> from \$<xx.xx> to \$<xx.xx>] [stay the same at \$<xx.xx>].*

**How will my benefits and costs change for <year>?**

*[Clearly describe all other benefit changes, including changes in cost sharing and any new benefits that will be offered by the plan in the coming year or that will be covered by Medicare. Also describe any benefits offered in the current year that will no longer be offered by the plan in the upcoming year, which includes any drug coverage that will no longer be offered. When describing benefit changes, do so by comparing the current year benefit with the upcoming year benefit. For consistency, list the benefit changes in the order of the Summary of Benefits. ]*

We have enclosed a summary of your benefits, premiums, and cost sharing that will be effective January 1, <year>. Medicare has reviewed and approved the changes in benefits, premiums, and other costs included in this letter and on the enclosed Summary of Benefits. We will send you an *[insert: "Evidence of Coverage" or whichever name you use as the name for the EOC] [insert either "by [date]" if you are sending earlier than January 31, <year> or "by January 31, <year>"]*. All changes begin January 1, <year>, and will be in effect through December 31, <year>. Rest assured that you will be a member of *[insert plan name]* for the coming year if you do nothing to change your Medicare coverage.

*[If the organization lists more than one plan [without drug coverage] offering on the enclosed SB, the organization must identify the specific plan in which the member will be enrolled. In addition, if the organization lists only one plan in the SB but offers multiple plans in the service area, the ANOC must notify beneficiaries that additional plans are available and include specific information on how beneficiaries can obtain more information. This information may be clearer to beneficiaries in a table format]*

### **Are there other benefits I can get?**

*[Include this section if the plan offers optional supplemental benefits.]  
[Clearly describe any optional supplemental benefits and the premiums for those benefits. A description of the process that the member must follow to elect optional supplemental benefits must also be included.]*

### **What if I don't have drug coverage that is at least as good as Medicare?**

*[Name of plan], the plan you are enrolled in, does not include Medicare prescription drug coverage. [PFFS plans not offering prescription drug coverage use the following: "If you are interested in getting Medicare prescription drug coverage, you can join a Medicare Prescription Drug Plan." [If organization offers a Medicare Prescription Drug Plan, may use "the following plans offered by our organization (list plan & member services contact) or"]. Call 1-800-MEDICARE (1-800-633-4227) to find other plans available to you where you live.*

To join a plan that offers Medicare prescription drug coverage, contact the Member Services Department provided above. If you join another Medicare Health Plan or Medicare Prescription Drug Plan *[PFFS plans not offering prescription drug coverage, do not include phrase "Medicare Prescription Drug Plan"]*, you will be disenrolled from *[name of plan]* when your enrollment in the new plan begins.

If you haven't had other drug coverage that was at least as good as Medicare's standard prescription drug coverage (called "creditable prescription drug coverage"), you may have to pay a penalty when you sign up for Medicare prescription drug coverage. The longer you wait to enroll in a Medicare drug plan, the higher the penalty may be.

### **When can I change from one Medicare health plan to another?**

There are several types of Medicare health plans that people with Medicare can choose from. These include coordinated care plans such as *[insert name of plan]* and the Original Medicare Plan.

There are limits on when and how often you can change the way you get your Medicare coverage. Switching from one plan (like *[name of plan]*) to one of the other plans we offer, or to a plan offered by another organization, counts towards making a change. If you have Medicare and Medicaid coverage from *[include Medicaid State Agency]*, you

can change to another plan at any time. If you live in a long-term care facility like a nursing home you may also change to another plan at any time.

1. **From November 15, 2006 through December 31, 2006**, anyone with Medicare will have an opportunity to switch from one way of getting Medicare to another.
2. **From January 1, 2007 until March 31, 2007**, anyone with Medicare (including a member of [*Plan Name*]) has another chance to make a change in the way they get Medicare. However, during the period between January 1 and March 31 you are limited in the type of plan you can join. You can't add or drop Medicare prescription drug coverage during this time. For example, if you don't have Medicare prescription drug coverage when you make this change, you can only choose to join another plan that doesn't offer Medicare prescription drug coverage, or you can choose to return to the Original Medicare Plan without prescription drug coverage.
3. Generally, you can't make any other changes during the year unless you meet special exceptions, such as if you have Medicare and Medicaid coverage. Later in the year, from November 15 through December 31, anyone with Medicare can switch their way of getting Medicare to another way for the following year.

### **Where can I get more information?**

Please call our Member Services Department [insert days and hours of operation], at [*insert phone number*] if you have any questions. TTY/TDD users should call [*insert TTY/TDD phone number*].

You can contact us if you need additional information, including:

- How we control the use of services and costs;
- The number of appeals and grievances filed by our members;
- A summary description of how we pay our doctors; or
- A description of our financial condition, including a summary of our most recent audit statement.

You can also get information about the Medicare Program and Medicare health plans by visiting [www.medicare.gov](http://www.medicare.gov) on the web or by calling 1-800- MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Medicare customer service representatives are available, 24 hours a day, seven days a week, to answer questions about Medicare.

We look forward to serving you now and in the future.

Sincerely,  
Plan Representative