

DRAFT

*** Note-For CY 2006 CMS has developed three model ANOC's**

MODEL ANNUAL NOTICE OF CHANGE MA-only

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, 2006, there will be some changes to *[insert plan name]*. The following changes are described in this letter.

- **The new Medicare Prescription Drug Coverage**
- **How will my monthly premiums change?**
- **How will my benefits and costs change?**
- **Are there other benefits I can get? *[insert if applicable]***
- **What changes affect when I join or leave Medicare health plans?**

The new Medicare Prescription Drug Coverage

Beginning January 1, 2006, new Medicare prescription drug coverage will be available to all people with Medicare. *[Name of plan]*, the plan you are enrolled in, does **not** include this prescription drug coverage. If you are interested in enrolling in this new Medicare prescription drug coverage, you can get it through the following plans offered by our organization:

[List name of plans & member services contact]

To join one of these plans that are offering the new Medicare Prescription Drug coverage, contact the Member Services provided above. If you enroll in another Medicare Health Plan or Medicare prescription drug plan, you will be disenrolled from *[name of plan]* when your enrollment in the new plan begins.

If you do not enroll in a plan that offers Medicare prescription drug coverage or a Medicare Prescription Drug plan by May 15, 2006, you may have to pay a higher premium.

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How will my monthly premiums change?

Starting January 1, 2006, the monthly premium that you pay to [insert plan name] will [increase/decrease] from \$ ____ to \$ ____ OR stay the same at \$ ____.

How will my benefits and costs change?

[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, this includes any drug coverage that will no longer be covered. When describing benefit changes, do so by comparing the current year benefit with the upcoming year benefit.]

We have enclosed a summary of your benefits, premiums and copays that will be effective January 1, 2006. 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]" or "at a later date"]. All changes begin January 1, 2006, and will be in effect through December 31, 2006. 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 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.]

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.]

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What changes affect when I can join or leave Medicare health plans?

Starting in 2006, there are some limits to when and how often you can change the way you get Medicare and what choices you can make when you make the change. Switching from one MA plan (like [name of plan]) to one of the other MA plans we offer, counts towards making a change.

1. **From November 15, 2005 through May 15, 2006**, anyone with Medicare has opportunities to switch from one way of getting Medicare to another.
2. **From January 1, 2006 until June 30, 2006**, anyone with Medicare (including members of [Plan Name]) has an additional opportunity to make a change in the way they get Medicare.

During this time, you are limited in the type of plan you may join. When making your one change, you may only choose to join a Medicare managed care plan or Medicare Private Fee-for-Service plan that does not offer the Medicare Prescription Drug coverage, or to choose Original Medicare.

3. Generally, you may not make any other changes during the year unless you meet certain special exceptions, such as if you move or if you have Medicaid coverage. Later in the year, **from November 15 through December 31**, anyone with Medicare can switch from one way of getting Medicare to another 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 users should call [insert TTY phone number].

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

- Information about how we control the use of services and costs;

[Cost plans do not need to include the remaining three bullets]

- Information on the number of appeals and grievances filed by our members;
- A summary description of how we pay our doctors;
- A description of our financial condition, including a summary of our most recently audited statement.

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You can also get information about the Medicare program and Medicare health plans from www.medicare.gov on the web or by calling 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Medicare customer service representatives are available, 24 hours a day, including weekends, to answer questions about Medicare.

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

Sincerely,

Plan Representative

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MODEL ANNUAL NOTICE OF CHANGE

For full-benefit dual eligible enrollees of MA-only plans for whom the plan will facilitate their enrollment into an MA-PD plan offered by their parent organization effective 1/1/2006

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, 2006, there will be some changes to [insert plan name]. The following changes are described in this letter.

- **How you get your prescription drug coverage is changing - Important!**
- **How will my monthly premiums change?**
- **How will my benefits and costs change?**
- **Are there other benefits I can get? *[insert if applicable]***
- **What changes affect when I join or leave Medicare health plans?**

How you get your prescription drug coverage is changing

Starting January 1, 2006, Medicare will help pay for your drugs. This means Medicaid will stop paying for your prescription drugs after December 31, 2005. [Insert MA-only name] will not be offering Medicare drug coverage next year. To make sure that you don't lose a day of prescription drug coverage, we are going to enroll you in [insert MA-PD plan name]. We will start paying for your prescription drugs on January 1, 2006. If you don't want [insert MA-PD plan name], then you need to call us at 1-XXX-XXX-XXXX by December 31, 2005. Medicaid will still pay for your other medical costs. You will pay a small co-payment [insert amount only if plan is able to give exact \$ amount] for each prescription.

How will my monthly premiums change?

Starting January 1, 2006, the monthly premium that you pay to [insert MA-PD name] will [increase/decrease] from \$_____ to \$_____ OR stay the same at \$_____. [

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How will my benefits and costs change?

[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, this includes any drug coverage that will no longer be covered. When describing benefit changes, do so by comparing the current year benefit with the upcoming year benefit.]

We have enclosed a summary of your benefits, premiums and co-payments that will be effective January 1, 2006. 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]" or "at a later date"]. All changes begin January 1, 2006, and will be in effect through December 31, 2006. 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 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.]

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 can I join or leave my Medicare health plan?

Because you have Medicare and Medicaid, you can change to another health plan at any time. Other people with Medicare can choose to leave their Medicare health plans from November 15 through December 31 of every year and in certain other cases, such as if they move or enter a nursing home.

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Can I keep my Medicaid drug coverage?

No. Federal law will not let Medicaid continue the drug coverage you currently get. Some state Medicaid programs may cover those prescriptions that won't be covered by Medicare prescription drug coverage. However, this coverage alone won't be at least as good as Medicare prescription drug coverage. For complete coverage, you still need Medicare prescription drug coverage.

What if I don't want Medicare prescription drug coverage?

If you don't want to join [insert MA-PD plan], and you don't want us to enroll you in a Medicare prescription drug plan, you must call [insert member service phone number] and tell us. If you 1) decide not to enroll, and 2) don't have other drug coverage that is at least as good as Medicare prescription drug coverage, you may have to pay more for Medicare prescription drug coverage after May 15, 2006. You can change your mind and enroll in a Medicare prescription drug plan at any time, but you may have to pay a higher premium for your drug coverage.

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 users should call [insert TTY phone number].

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

- Information about how we control the use of services and costs;

[Cost plans do not need to include the remaining three bullets]

- Information on the number of appeals and grievances filed by our members;
- A summary description of how we pay our doctors;
- A description of our financial condition, including a summary of our most recently audited statement.

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

Sincerely,

Plan Representative

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MODEL ANNUAL NOTICE OF CHANGE MA-PD

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, 2006, there will be some changes to [insert plan name]. These following changes are described in this letter:

- **The new Medicare prescription drug coverage**
- How will my monthly premiums change?
- **How will my “other” benefits and costs change?**
- **Are there other benefits I can get? [insert if applicable]**
- **What changes affect when I can join or leave Medicare health plans?**
- **If I have Medicaid drug coverage, can I keep it?**

The new Medicare Prescription Drug Benefit

Beginning January 1, 2006, new Medicare prescription drug coverage will be available to all people with Medicare. We are pleased to announce that [Name of Plan] will include Medicare prescription drug coverage beginning January 1, 2006. Because you are a member of [Name of Plan], you automatically have Medicare prescription drug coverage from [Name of Plan]. The following describes how our prescription drug benefit will change beginning in January.

[Clearly describe how your new Medicare Part D coverage changes from your prior year drug coverage, including changes in cost sharing, annual drug cap, and drug coverage. Also describe any drug coverage offered in the current year that will no longer be offered by the plan in the upcoming year. If you offered a Medicare-approved drug discount card, also explain that this card will no longer be available. When describing changes, do so by comparing the current year benefit with the upcoming year benefit.]

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How will my monthly premiums change?

Starting January 1, 2006, the monthly premium that you pay to [insert plan name] will [increase/decrease] from \$____ to \$____ OR stay the same at \$____. [MA-PD Plans include the following sentence.] This monthly premium includes your Medicare Prescription Drug coverage (see “The New Medicare Prescription Drug Coverage” above). If you have a limited income and resources, and you qualify for extra help with your Medicare prescription drug costs, your total monthly premium **may decrease by as much as** [insert regional **benchmark premium** amount].

How will my “other” benefits and costs change?

In addition to the Medicare Prescription Drug coverage that will be a part of your plan, the following changes will occur in your coverage. *[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. If you offered a Medicare-approved drug discount card, also explain that this card will no longer be available. When describing benefit changes, do so by comparing the current year benefit with the upcoming year benefit.]*

We have enclosed a summary of your benefits, premiums and co-payments that will be effective January 1, 2006. 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]” or “at a later date”]*. All changes begin January 1, 2006, and will be in effect through December 31, 2006. 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.

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Are there other benefits I can get?

[Include this section if the plan offers optional supplemental benefits.]

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1. **From November 15, 2005 through May 15, 2006**, anyone with Medicare will have opportunities to switch from one way of getting Medicare to another.
2. **From January 1, 2006 until June 30, 2006**, anyone with Medicare (including members of [Plan Name]) has an additional opportunity to to make a change in the way they get Medicare.

During this time, you are limited in the type of plan you may join. When making your one change, you may only choose to join a Medicare managed care plan or Medicare Private Fee-for-Service plan that offers the Medicare Prescription Drug coverage, or to choose Original Medicare and join a Prescription Drug Plan.

3. Generally, you may not make any other changes during the year unless you meet certain special exceptions, such as if you move out of the plan's service area or if you have Medicaid coverage. Later in the year, **from November 15 through December 31**, anyone with Medicare can switch from one way of getting Medicare to another for the following year.

Note: If you enroll in another Medicare plan, including a Medicare prescription drug plan, you will be disenrolled from our plan when your enrollment in the new plan begins.

If I have Medicaid drug coverage, can I keep it?

No. Federal law will not let Medicaid continue the drug coverage you currently get. Some state Medicaid programs may cover those prescriptions that won't be covered by Medicare prescription drug coverage. However, this coverage alone won't be at least as good as Medicare prescription drug coverage. For complete coverage, you still need Medicare prescription drug coverage.

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- Information about how we control the use of services and costs; [Cost plans do not need to include the remaining three bullets]
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Sincerely,

Plan Representative