

## For CY 2006 CMS has developed three model ANOCs

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

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.

- **New Medicare prescription drug coverage**
- **How will my monthly premium change?**
- **How will my 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?**

#### **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 getting this new Medicare prescription drug coverage, you can join one of the following plans offered by our organization:

[List name of plans & member services contact]

[PFFS plans not offering prescription drug coverage, use the following: “If you are interested in getting this new 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 one of these plans that are offering the new Medicare prescription drug coverage, contact the Member Services 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 do not join a plan that offers Medicare prescription drug coverage or a Medicare Prescription Drug Plan by May 15, 2006, you may have to pay a penalty if you decide to join later. This means your monthly premium will be higher.

### **How will my monthly premium 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, 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.]*

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 [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.]*

The Medicare-approved drug discount card sponsored by this company can be used until May 15, 2006. After May 15th, you will be automatically disenrolled from your drug card.

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

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

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

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

However, you are limited in the type of plan you can join. You can't join or leave a plan offering Medicare prescription drug coverage. 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. If you have Medicare prescription drug coverage, you can't use this chance to drop it.

3. Generally, you can't make any other changes during the year unless you meet 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 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 users should call [insert TTY phone number].

You can contact us if you need additional information, including

- how we control the use of services and costs;

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

- 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 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 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

**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:

- **New Medicare prescription drug coverage**
- How will my monthly premium 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?**

**New Medicare prescription drug coverage**

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 this coverage. Because you are a member of [Name of Plan], you will automatically get Medicare prescription drug coverage from [Name of Plan] unless you choose to join another plan or return to the Original Medicare Plan [alternative language: “if you do nothing to change your Medicare coverage”]. The following describes how our prescription drug coverage 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.]*

**How will my monthly premium 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 “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 plan 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 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.

*[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.]*

The Medicare-approved drug discount card sponsored by this company can be used until December 31, 2005. After December 31st, you will be automatically disenrolled from your drug card.

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

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

Starting in 2006, there are limits on 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 plan (like *[name of plan]*) to one of the other plans that we offer, counts towards making a change.

1. **From November 15, 2005 through May 15, 2006**, anyone with Medicare will have two chances 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 another chance to make a change in the way they get Medicare.

However, you are limited in the type of plan you can join. You can't join or leave Medicare prescription drug coverage. For example, if you have Medicare prescription drug coverage, you can **only** choose to join another plan that offers Medicare prescription drug coverage, or choose to return to the Original Medicare Plan and join a Medicare Prescription Drug Plan. If you don't have Medicare prescription drug coverage, you can't use this chance to get it.

**3.** Generally, you can't make any other changes during the year unless you meet 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 join 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 as good as Medicare prescription drug coverage. For complete coverage, you will need Medicare prescription 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

- how we control the use of services and costs;

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

- 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 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 1-800MEDICARE (1-800-633-4227). TTY 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

## 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 premium change?**
- **How will my benefits and costs change?**
- **Are there other benefits I can get? *[insert if applicable]***
- **When can I join or leave my Medicare health plan?**
- **Can I keep my Medicaid drug coverage?**
- **What if I don't want Medicare prescription drug coverage?**

### **How you get your prescription drug coverage is changing – Important!**

Starting January 1, 2006, Medicare will help pay for your drugs instead of Medicaid. Medicaid will still pay for your other health care costs not covered by Medicare, and may pay for some drugs that Medicare won't cover. [r. 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], you need to call us at 1-XXX-XXX-XXXX by December 31, 2005. You will pay a small copayment [insert amount only if plan is able to give exact \$ amount] for each prescription.

### **How will my monthly premium 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 \$\_\_\_\_.

### **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 c-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.]*

The Medicare-approved drug discount card sponsored by this company can be used until December 31, 2005. After December 31st, you will be automatically disenrolled from your drug card.

### **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.]*

### **When can I join or leave my Medicare health plan?**

Since you have both Medicare and Medicaid, you can change to another plan at any time.

### **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 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 [\_\_\_\_\_]'s (insert name of company) [insert MA-PD plan], you must call [insert member service phone number] and tell us. If you decide not to join now and you don't have other drug coverage that is at least as good as Medicare prescription drug coverage, if you decide to join a plan offering Medicare prescription drug coverage after May 15, 2006 you may have to pay a higher premium for that Medicare prescription drug coverage. You can change your mind and join a Medicare Prescription Drug Plan at any time, but you may have to pay penalty 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

- how we control the use of services and costs;

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

- 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.

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 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