

Dear Member,

Here are two documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2010**. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2010.
 - ✓ Please take a moment very soon to look through this summary and see how the changes might affect you.
 - ✓ If you decide to stay with Partners Charter (HMO) for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of Partners Charter.
 - ✓ If you decide to leave Partners Charter, you can switch to a different Medicare Advantage Plan or to Original Medicare from November 15 through December 31 each year. The Annual Notice of Changes tells you more.

2. We're including a copy of next year's **Evidence of Coverage**. It's the legal, detailed description of your benefits and costs for 2010 if you stay enrolled as a member of Partners Charter. It also explains your rights and rules you need to follow when using your coverage for medical care. Please look through this document so you know what's in it, then keep it handy for reference.

If you have questions, we're here to help. Please call Member Services at 1-866-789-PSHP (7747) (TTY only, call 1-866-264-4141). Hours are 8am - 8pm, 7 days a week November 15 - March 31; and 8am – 5pm Monday – Friday, April 1 - November 14 and calls to these numbers are free. You can also visit our website, (www.OurPSHP.com).

We value your membership and hope to continue to serve you next year.

Best,

Puget Sound Health Partners

Partners Charter Annual Notice of Changes for 2010

This booklet tells you how your benefits and costs as a member of Partners Charter 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.

Partners Charter Member Services:

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

Local Numbers:

King County: 206-957-0469

Lewis County: 360-740-3703

Pierce County: 253-779-8830

Snohomish County: 425-212-2009

Thurston County: 360-292-1173

Toll Free Number:

1-866-789-PSHP (7747)

Calls to this numbers are free

TTY/TTD users call:

1-866-264-4141

Calls to this numbers are free

Hours of Operation:

8am - 8pm, 7 days a week, November 15 - March 31,

8am - 5pm, Monday – Friday, April 1 - November 14

This plan is offered by Puget Sound Health Partners, referred throughout the Annual Notice of Changes as "we," "us," or "our." Partners Charter is referred to as "plan" or "our plan."

Puget Sound Health Partners is a Medicare approved HMO.

This information may be available in a different format, including languages and audio tapes. Please call Member Services at the number listed above if you need plan information in another format or language.

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If you remain enrolled in Partners Charter for 2010, there will be some changes to your benefits and what you pay.

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, 2010, there will be some changes to our Plan.

You are enrolled in Partners Charter in 2009 and your plan coverage and costs are changing. All changes will be effective January 1, 2010.

This is just a brief summary of the changes in your plan for 2010. **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.

We're sending you this Annual Notice of Changes to tell you how your benefits and costs as a member of Puget Sound Health Partners 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 Partners Charter 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 1-866-789-PSHP (7747) to obtain a copy of the plan ratings for this plan. TTY users call 1-866-264-4141.

We hope to keep you as a member of Partners Charter. 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 Partners Charter. 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. (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 1-866-789-PSHP (7747) (TTY only, call 1-866-264-4141). Hours are 8am – 8pm, 7 days a week November 15 – March 31; 8am – 5pm Monday – Friday, April 1 - November 14 and calls to these numbers are free.

Section 2. Changes to your monthly premium

Partners Charter		
	2009 Benefit (This Year)	2010 Benefit (Next Year)
Monthly Premium	\$0	\$39

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 \$89 (\$99 in King County) 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, Partners Charter is adding new benefits OR ending benefits next year. For details, see Chapters 3 and 4 in your Evidence of Coverage.

Partners Charter		
	2009 Benefit (This Year)	2010 Benefit (Next Year)
Chiropractic/Acupuncture	Up to 20 combined visits	Reduced to Medicare covered

	\$25 Co-payment	Chiropractic. Added Chiropractic/Acupuncture as an Optional Supplemental
Fitness Benefits	No benefit	Addition of Silver & Fit Program including free memberships at participating gyms and fitness centers

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.

Partners Charter		
	2009 Benefit (This Year)	2010 Benefit (Next Year)
Out of Pocket Max	\$2,750	\$2,250
Inpatient Hospital Care	\$250 Co-payment days 1-10; \$0 Co-payment days 11-90	\$200 Co-payment days 1-5; \$0 Co-payment for additional days
Inpatient Mental Health Care	\$250 Co-payment days 1-10; \$0 Co-payment days 11-90	\$200 Co-payment days 1-5; \$0 Co-payment days 6-90
Skilled Nursing Facility	\$150 Co-payment per day	\$0 Co-payment days 1-10; \$100 Co-payment days 11-33; \$0 Co-payment days 34-100
Outpatient Surgery	\$200 Co-payment	\$150 Co-payment
MRI/CT/Nuclear Med/PET Scans	\$100 Co-payment	\$130 Co-payment
Renal Dialysis	\$30 Co-payment	20% coinsurance
Part B Drugs	10% coinsurance	20% coinsurance
Chemotherapy Drugs	10% coinsurance	20% coinsurance
Annual Physical Exam	\$10 Co-payment	\$0 Co-payment

Routine Vision	No benefit for routine vision hardware	\$100 hardware allowance every 24 months; anywhere the member receives their vision hardware
Optional Supplemental Dental Benefits	Dental Health Services Smart Smile & Super Smart Smile plans	\$37 monthly premium in addition to your monthly premium. Washington Dental Services plan
Optional Supplemental Chiropractic & Acupuncture Benefits	None	\$3 monthly premium in addition to your monthly premium. Provided up to 20 combined visits for routine chiropractic and/or acupuncture services from a network provider for a \$15 Co-payment

Section 4. 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 Partners Charter in 2010.
- For the most up-to-date information on the network of providers, check our website (www.OurPSHP.com) or call Member Services (see phone numbers on the back cover).

Section 5. What if I don't have drug coverage that is at least as good as Medicare's standard prescription drug coverage?

How do I know if I have drug coverage that is at least as good as Medicare's standard coverage?

Our plan does not include Medicare prescription drug coverage. If you haven't had other creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. ("Creditable" coverage means the coverage is at least as good as Medicare's standard prescription drug coverage.) You will pay the penalty if you go without creditable coverage for a continuous period of 63

days or more. The longer you wait to enroll in a Medicare drug plan, the higher the penalty may be.

If you currently have other prescription drug coverage through your (or your spouse's) employer or retiree group, your employer or retiree group should send you a notice by November 15 that tells if your prescription drug coverage is "creditable." If you received a notice this year that you no longer have creditable coverage, consider adding Medicare prescription drug coverage.

What are my options for getting Medicare prescription drug coverage?

If you would like to get Medicare prescription drug coverage, you have many plan options. You can get Medicare prescription drug coverage by joining another Medicare Advantage plan that includes this coverage. Our organization offers the following plans that include Medicare drug coverage:

Plan	Premium
Partners Sound Plus Rx (HMO)	\$0
Partners Charter Plus Rx (HMO)	\$70
Partners Charter (HMO)	\$150 or \$160 for King County
Partners Summit Plus Rx (HMO-POS)	\$180

To find other plans available in your area, visit www.medicare.gov and under "Search Tools" select either "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you join another Medicare Advantage plan or a Medicare drug plan, you will be disenrolled from our plan when your enrollment in the new plan begins.

Section 6. Do you want to stay in the plan or make a change?

Do you want to stay with Partners Charter?

If you want to keep your membership in Partners Charter 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 Partners Charter, 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, Puget Sound Health Partners offers other Medicare Advantage plans 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 without Part D prescription drug coverage or switch to Original Medicare (You cannot enroll in a separate prescription drug plan during the Medicare Advantage Open Enrollment Period). For more information about your choices during the January 1 through March 31 open enrollment period, please see Chapter 8, Section 2.2 of the Evidence of Coverage.

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 8 of the enclosed Evidence of Coverage document. It tells what you need to do to make a change from Partners Charter 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.

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.

If you have any questions, we are here to help. Please call us at Partners Charter Member Services. We are available for phone calls 7 days a week, 8am to 8pm November 15 - December 31; and Monday through Friday, 8am to 5pm January 1 - November 14. Calls to these numbers are free: 1-866-789-PSHP (7747) (TTY only, call 1-866-264-4141).

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 Washington, the State Health Insurance Assistance Program is called Statewide Health Insurance Benefit Advisors (SHIBA).

SHIBA is independent (not connected with any insurance company or health plan). SHIBA 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 SHIBA at 1-800-562-6900, TTY/TTD 360-586-0241.

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).