

Dear Member,

Here are three 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 Summit Plus Rx (HMO-POS) for 2010 – you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of Partners Summit Plus Rx.
 - ✓ If you decide to leave Partners Summit Plus Rx, 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 Summit Plus Rx. It also explains your rights and rules you need to follow when using your coverage for medical care and prescription drugs. Please look through this document so you know what's in it, then keep it handy for reference.

3. We're also including a copy of the Partners Summit Plus Rx plan's **List of Covered Drugs (Formulary)**, effective in January 2010.

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; 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 Summit Plus Rx Annual Notice of Changes for 2010

This booklet tells you how your benefits and costs as a member of Partners Summit Plus Rx 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 Summit Plus Rx 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 Summit Plus Rx 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 Summit Plus Rx 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 Summit Plus Rx 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 Summit Plus Rx 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 Summit Plus Rx. 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 Summit Plus Rx. 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 and prescription drugs. (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 between November 15 – March 31, 8am – 5pm Monday – Friday, April 1 and November 14 and calls to these numbers are free.

There are programs to help people with limited resources pay for their prescription drugs

You might qualify to get help in paying for your drugs. There is one basic kind of help:

- **“Extra Help” from Medicare.** This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. See Section III of the new Medicare & You 2010 Handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

What if you are currently getting help to pay for your drugs?

If you are already get help paying for your drugs, **some of the information in this Annual Notice of Changes is not correct for you.** We will be sending, in a separate mailing, an insert called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider), that tells you about your drug coverage. If you don’t receive your insert before October 31, please call Member Services and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Phone numbers for Member Services are on the back cover.

Section 2. Changes to your monthly premium

| Partners Summit Plus Rx | | |
|--------------------------------|---------------------------------|---------------------------------|
| | 2009 Benefit (This Year) | 2010 Benefit (Next Year) |
| Monthly Premium | \$169 | \$180 |

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 \$180 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 Summit Plus Rx is adding new benefits OR ending benefits next year. For details, see Chapters 3 and 4 in your Evidence of Coverage.

| Partners Summit Plus Rx | | |
|--------------------------------|---|---|
| | 2009 Benefit (This Year) | 2010 Benefit (Next Year) |
| Chiropractic/Acupuncture | Up to 20 combined visits \$15 Co-payment | Reduce to Medicare covered 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 Summit Plus Rx | | |
|--------------------------------|---|--|
| | 2009 Benefit (This Year) | 2010 Benefit (Next Year) |
| Out of Pocket Maximum | \$1,000 for all covered benefits | \$1,000 for in-network services only |
| Inpatient Hospital Care | \$100 Co-payment per day for days 1-4; \$0 Co-payment for | \$100 Co-payment per day for days 1-5; \$0 Co-payment for additional |

| | additional days | days |
|---|---|---|
| Skilled Nursing Facility | \$0 days 1-10; \$50 days 11-100 | \$0 days 1-10; \$100 days 11-21; \$0 days 22-100 |
| Primary Care Office Visits | \$0 Co-payment | \$5 Co-payment |
| Podiatry Services | \$0 Co-payment for diabetic foot care. \$15 Co-payment for other Medicare covered podiatry services | \$5 Co-payment for diabetic foot care. \$15 Co-payment for other Medicare covered podiatry services |
| Outpatient Surgery | \$0 Co-payment | \$50 Co-payment |
| Ambulance | \$50 Co-payment | \$100 Co-payment |
| Durable Medical Equipment | 10% coinsurance | 20% coinsurance |
| Prosthetic Devices | 10% coinsurance | 20% coinsurance |
| MRI/CT/Nuclear Med/PET Scans | \$0 Co-payment | \$130 Co-payment |
| Renal Dialysis | \$15 Co-payment | 20% coinsurance |
| Part B Drugs | 10% coinsurance | 20% coinsurance |
| Chemotherapy Drugs | 10% coinsurance | 20% coinsurance |
| Routine Vision | \$100 hardware allowance every 24 months through a network provider | \$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 |
| Out of Network Benefits | \$50 Co-payment for out-of-network doctor office visits, podiatry services, outpatient | \$50 Co-payment for out-of-network doctor office visits, podiatry services, outpatient |

| | | |
|--|---|---|
| | mental health care, outpatient substance abuse care, outpatient rehabilitation, other health care professional services and cardiac rehabilitation services \$0-100 Co-payment for out-of- network diagnostic radiological services | mental health care, outpatient substance abuse care, outpatient rehabilitation, other health care professional services and cardiac rehabilitation services |
|--|---|---|

Section 4. Part D prescription drugs: Changes to your benefits and what you pay

Changes to your benefits

Partners Summit Plus Rx has a “List of Covered Drugs (Formulary)” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan. (Chapter 5, Section 1.1 of your Evidence of Coverage explains about Part D drugs.)

We may make changes to the plan’s Drug List from time to time throughout the year. In addition, there are a number of changes to the Drug List that will take effect on January 1, 2010. Changes to the plan’s Drug List have been approved by Medicare.

- **We have added some new drugs to the list and removed others.** We have added some new drugs that became available. We have replaced some brand-name drugs with new generic drugs. We have removed a few drugs due to safety concerns or because medical research has shown they are not effective.
- **We have added some new restrictions to certain drugs, and reduced the restrictions on others.** Restrictions can include a requirement to get plan approval in advance or limit quantities of the drug.

Please check to see if any of these changes to drug coverage affect the drugs you use.

- You can look for your drugs on the Drug List we sent with this Annual Notice of Changes. If you can’t find some of your drugs on this Drug List, you can call Member Services for help finding your drugs.

Changes to what you pay

The chart below summarizes changes to what you will pay as your share of the cost of covered prescription drugs. These changes affect Part D prescription drugs only.

- Every drug on the plan's Drug List is in one of four cost-sharing tiers. Medicare allows us to **change what you pay for a drug in each cost-sharing tier** only once a year. The names of the types of Drugs in Tier III and Tier IV have changed. The changes are described in the table and will take effect on January 1, 2010, and stay the same for the entire plan year.

| | 2009 (this year) | 2010 (next year) |
|---|------------------|------------------|
| Deductible | \$0 Deductible | \$0 Deductible |
| Initial Coverage Limit | \$2,700 | \$2,830 |
| Drugs in Cost-Sharing Tier I - Preferred Generics For a one-month (30 day) supply of a drug in cost-sharing Tier I that is filled at a network pharmacy | \$5 Co-payment | \$5 Co-payment |
| Drugs in Cost-Sharing Tier II - Preferred Brand For a one-month (30 day) supply of a drug in cost-sharing Tier II that is filled at a network pharmacy | \$25 Co-payment | \$29 Co-payment |
| Drugs in Cost-Sharing Tier III - Specialty Drugs For a one-month (30 day) supply of a drug in cost-sharing Tier III that is filled at a network pharmacy | 10% coinsurance | 20% coinsurance |

| | | |
|---|---|--|
| Drugs in Cost-Sharing Tier IV Non-Preferred Brand For a one-month (30 day) supply of a drug in cost-sharing Tier IV that is filled at a network pharmacy | \$50 Co-payment | \$59 Co-payment |
| Coverage Gap | \$5 Co-payment for Tier I – Generics | \$5 Co-payment for Tier I - Generics |
| Catastrophic Coverage | After your yearly out-of-pocket drug costs reach \$4,350 you pay the greater of a \$2.40 Co-payment for generic (including brand drugs treated as generic) and a \$6 Co-payment for all other drugs or 5% coinsurance | After your yearly out-of-pocket drug costs reach \$4,550 you pay the greater of a \$2.50 Co-payment for generic (including brand drugs treated as generic) and a \$6.30 Co-payment for all other drugs or 5% coinsurance |

What if changes for 2010 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2010? What if it has been moved to a higher cost-sharing tier? What if a new restriction has been added to the coverage for this drug? If you are in any of these situations, here's what you can do:

- In some situations, the plan will cover a **one-time, temporary supply** of your drug when your current supply runs out. This temporary supply will be for a maximum of 30 days, or less if your prescription is written for fewer days. Chapter 5, Section 6.2 explains when you can get a temporary supply and how to ask for one.

Meanwhile, you and your doctor will need to decide what to do before your temporary supply of the drug runs out.

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. You can call Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor to find a covered drug that might work for you.
- **You and your doctor can ask the plan to make an exception for you** and cover the drug. To learn what you must do to ask for an exception, see the

Evidence of Coverage that was included in the mailing with this Annual Notice of Changes. Look for Chapter 9 (What to do if you have a problem or complaint).

If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

Section 5. 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 Summit Plus Rx 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 6. Do you want to stay in the plan or make a change?

Do you want to stay with Partners Summit Plus Rx?

If you want to keep your membership in Partners Summit Plus Rx 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 Summit Plus Rx, 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 with Part D prescription drug coverage or switch to Original Medicare plus a Medicare Prescription Drug Plan. For more information about your choices during the January 1 through March 31 open enrollment period, please see Chapter 10, Section 2.2 of the Evidence of Coverage.
- If you are in a Special Needs Plan (SNP), your enrollment period may be different based on the type of SNP in which you are enrolled. Contact Member Services for more information.

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 10 of the enclosed Evidence of Coverage document. It tells what you need to do to make a change from Partners Summit Plus Rx 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 and of the List of Covered Drugs (Formulary).

If you have any questions, we are here to help. Please call us at Partners Summit Plus Rx 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).