

Senior Whole Health HMO SNP
Annual Notice of Changes for 2012

This booklet tells you how your Medicare and MassHealth benefits and costs will change next year if you stay in *Senior Whole Health*. These changes will take effect on January 1, 2012 if you stay in this plan.

To decide what's best for you, compare this information with the benefits and costs of other Medicare health plans in your area, as well as the benefits and costs of Original Medicare.

This plan, *Senior Whole Health*, is offered by *Senior Whole Health, LLC*. (When this *Annual Notice of Changes* says "we," "us," or "our," it means *Senior Whole Health, LLC*. When it says "plan" or "our plan," it means *Senior Whole Health*.)

Senior Whole Health is a health plan with a Medicare contract and a contract with the Commonwealth of Massachusetts/EOHHS. Enrollment is voluntary.

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Section 1. Important things to know

You are currently enrolled in *Senior Whole Health*, which is a specialized Medicare Advantage Plan (Special Needs Plan)

You are currently enrolled as a member of *Senior Whole Health*. This plan is a specialized Medicare Advantage Plan (a Medicare “Special Needs Plan”), which means its benefits are designed for people with special health care needs. *Senior Whole Health* is designed specifically for people who have Medicare and MassHealth (Medicaid) Standard level of coverage.

Because you get assistance from MassHealth, you will pay less for some of your Medicare health care services. MassHealth may also provide other benefits to you by covering health care services that are not usually covered under Medicare. You will also receive Extra Help from Medicare to pay for the costs of your Medicare prescription drugs. Senior Whole Health will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to.

Senior Whole Health is run by a private company. Like all Medicare Advantage Plans, this Medicare Advantage Special Needs Plan is approved by Medicare. The plan also has a contract with the Commonwealth of Massachusetts’s MassHealth program to coordinate your MassHealth benefits. We are pleased to be providing your Medicare and MassHealth Standard health care coverage.

If you stay enrolled in *Senior Whole Health* for 2012, there will be some changes to your benefits and to what you pay

Each year, Medicare health plans may decide to change the premiums, cost-sharing amounts, and benefits they offer. These changes may include increasing or decreasing premiums, increasing or decreasing cost-sharing amounts, and adding or subtracting benefits.

We’re sending you this *Annual Notice of Changes* to tell you how your Medicare and MassHealth benefits and costs as a member of *Senior Whole Health* will change next year from your current benefits. The changes will take effect on January 1, 2012. Medicare has approved these changes.

This *Annual Notice of Changes* is only a summary

This *Annual Notice of Changes* gives you a summary of the changes in your Medicare and MassHealth benefits and what you will pay for these services in 2012. This notice is a brief summary, not a comprehensive description of benefits. For more information, contact the plan or look in your *Summary of Benefits*.

- To see a summary of all Medicare and MassHealth benefits and costs for 2012, you can look in the 2012 *Summary of Benefits for Senior Whole Health*. (We have included a

copy of the *Summary of Benefits* in the same envelope with this *Annual Notice of Changes*. If you do not have this copy, please call Member Services.)

- To get the details, you can look in the 2012 *Evidence of Coverage* for *Senior Whole Health*. The *Evidence of Coverage* is the legal, detailed description of your Medicare and MassHealth benefits and costs for 2012. It explains your rights and the rules you need to follow to get your covered services and prescription drugs. (We will send you a copy of the *Evidence of Coverage* by December 31, 2011.)
- If you have questions or need more information, you can always call Member Services at 1-888-794-7268 (TTY only, call 711). Hours are weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th, and calls to these numbers are free.

What should you do?

We want you to know what's ahead for next year, so **please read the rest of this document very soon to see how the changes in Medicare and MassHealth benefits and costs will affect you if you stay enrolled in *Senior Whole Health* for 2012**. If you make a change, your new coverage will start on January 1, 2012.

To decide what's best for you, compare this information about the 2012 benefits and costs for *Senior Whole Health* to what your benefits and costs would be if you switched to a different Medicare health plan or to Original Medicare.

If you have access to the Internet, you can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website at <http://www.medicare.gov>. The Plan Finder helps you compare your choices by giving you information about plans' benefits and costs and showing you how Medicare rates the plans. For example, these ratings let you compare how well plans are doing in different categories that include detecting and preventing illness, member satisfaction, and customer service. (To view the information about plans, go to <http://www.medicare.gov>. Click on the "Health & Drug Plans" button on the left and then choose "Compare Drug and Health Plans.") If you want us to mail you a copy of the ratings for *Senior Whole Health* that are shown on the Medicare website, please call us at 1-888-794-7268. We are open weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. TTY users call 711.

To get information about Original Medicare and about Medicare plans available in your area, you can also call Medicare or your State Health Insurance Assistance Program. For numbers to call, see Section 7 of this *Annual Notice of Changes*.

We value your membership in *Senior Whole Health* and hope to keep you as a member. But if you want to make a change for 2012, see "*When can you change to a different plan?*" in Section 6 for time periods when you can make a change.

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

Because you get assistance from MassHealth, you get **“Extra Help” from Medicare** to pay for your prescription drugs. The Extra Help 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. To learn more about the Extra Help program, 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. You can also look in Section III of the *Medicare & You 2012 Handbook* or call your State Health Insurance Assistance Program (the name and phone numbers for this organization are on the back cover of this booklet).

How can you get information about your drug costs under the Extra Help program?

You receive Extra Help from Medicare to pay for your prescription drugs. Because you have Extra Help, we will send you a separate insert with your Evidence of Coverage, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider), which tells you about your drug coverage. If you don’t have this insert, 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 of this booklet.

Section 2. Changes to your monthly premium

	2011 (this year)	2012 (next year)
Monthly premium	\$0	\$0

Section 3. Medical services: Changes to your benefits and cost sharing (“out-of-pocket” costs)

Changes to your benefits

As shown below, *Senior Whole Health* is changing our covered benefits for next year. For details, see your *Summary of Benefits*.

	2011 (this year)	2012 (next year)
Eyeglasses frames	Coverage for up to \$90 towards the cost of eye frames every 24 months with a network provider.	Coverage for up to \$145 towards the cost of eye frames every 24 months with a network provider.

Changes to your cost sharing (“out-of-pocket” costs)

The amounts you pay “out-of-pocket” for covered services, usually at the time services are received, will be exactly the same in 2012 as they are in 2011.

You do not have “out-of-pocket” costs for covered services. You pay nothing for medical services covered by *Senior Whole Health*.

Section 4. Part D prescription drugs: Changes to your benefits and “out-of-pocket” costs

Changes to the *List of Covered Drugs (Formulary)*

Senior Whole Health has a “*List of Covered Drugs (Formulary)*” – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan.

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, 2012. 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 replaced some expensive drugs with less costly drugs that have been shown to work just as well or better. 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 to try a different drug first to see how well it works. Restrictions can also include limits on the quantity of the drug that the plan will cover for you.
 - If there is a restriction for your drug, it usually means that you or your provider will have to take extra steps in order for us to cover the drug. If there is a restriction on the drug you want to take, you should contact Member Services to learn what you or your provider would need to do to get coverage for 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*.
- The Drug List we sent includes many of the drugs that we cover, but it does not include all of our covered drugs. If you can't find some of your drugs on this Drug List, you may find them on a complete Drug List, which includes all the drugs we cover. You can get the complete Drug List by calling Member Services or visiting our website (www.seniorwholehealth.com).

Changes to your "out-of-pocket" costs

You do not have "out-of-pocket" costs for covered prescription drugs. You pay nothing for prescription drugs covered by *Senior Whole Health*.

Medicare allows us to **change what you pay for a drug** only once a year. The changes shown below will take effect on January 1, 2012, and stay the same for the entire plan year.

What if changes for 2012 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2012? 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:

- **You and your doctor can ask the plan to make an exception for you** and cover the drug. You can ask for an exception in advance for next year and we will give you an answer to your request before the change takes effect. To learn what you must do to ask for an exception, contact Member Services (phone numbers are on the back cover of this booklet).

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 changes to the network of providers for 2012. 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 *Senior Whole Health* in 2012.
- For the most up-to-date information on the network of providers, check our website (www.seniorwholehealth.com) or call Member Services (see phone numbers on the back cover of this booklet).

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

Do you want to stay with *Senior Whole Health*?

If you want to keep your membership in *Senior Whole Health* for 2012, it's easy. You don't need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member if you do not sign up for a different plan or Original Medicare.**

Do you want to make a change?

If you decide to leave *Senior Whole Health*, you can switch to a different Medicare health plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan). If you switch to a different plan or to Original Medicare, you will continue to receive MassHealth standard benefits, as long as you continue to meet all eligibility requirements.

If you want to change to a different plan, there are many choices. If you have access to the Internet, you can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on the "Health & Drug Plans" button on the left. Then choose "Compare Drug and Health Plans.") You can also get information about plans from Medicare or from your State Health Insurance Assistance Program. (For numbers to call, see Section 7 of this *Annual Notice of Changes*.)

When can you change to a different plan?

You can change your Medicare coverage **at any time**. You can change to another Medicare health plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. Your new coverage will start on the first day of the month after you request the change.

How do you make a change?

Usually, to end your membership in our plan, you simply enroll in another Medicare plan. However, if you want to switch from our plan to Original Medicare but you have not selected a separate Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to be disenrolled:

- You can make a request in writing to us. (Contact Member Services if you need more information on how to do this.)
- --or--You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

The table below explains how you should end your membership in our plan.

If you would like to switch from our plan to:	This is what you should do:
<ul style="list-style-type: none"> • Another Medicare health plan. 	<ul style="list-style-type: none"> • Enroll in the new Medicare health plan. <p>You will automatically be disenrolled from <i>Senior Whole Health</i> when your new plan's coverage begins.</p>
<ul style="list-style-type: none"> • Original Medicare <i>with</i> a separate Medicare prescription drug plan. 	<ul style="list-style-type: none"> • Enroll in the new Medicare prescription drug plan. <p>You will automatically be disenrolled from <i>Senior Whole Health</i> when your new plan's coverage begins.</p>
<ul style="list-style-type: none"> • Original Medicare <i>without</i> a separate Medicare prescription drug plan. 	<ul style="list-style-type: none"> • Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone

If you would like to switch from our plan to:	This is what you should do:
<ul style="list-style-type: none"> ○ If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment. 	<p>numbers are on the back cover of this booklet).</p> <ul style="list-style-type: none"> ● You can also contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048. ● You will be disenrolled from <i>Senior Whole Health</i> when your coverage in Original Medicare begins.

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 *Summary of Benefits* and a copy of the *List of Covered Drugs (Formulary)*.

If you have any questions, we are here to help. Please call our Member Services at 1-888-794-7268 (TTY only, call 711). We are available for phone calls weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Calls to these numbers are free.

You can get help and information from your State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In *Massachusetts*, the SHIP is called Serving Health Information Needs of Elders (SHINE).

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE 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 SHINE at 1-800-243-4636 or TTY 1-800-872-0166.

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 2012 Handbook***. Every year in the fall, 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), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You can get help and information from MassHealth

You may call MassHealth Customer Service at 1-800-841-2900, or TTY: 1-800-497-4648.

Senior Whole Health Member Services

CALL	1-888-794-7268 Calls to this number are free. We are open weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. We are open weekdays, Monday through Friday, from 8 A.M. to 8 P.M., and also on Saturdays and Sundays from October 15th to February 15th.
WRITE	Senior Whole Health (HMO SNP) 58 Charles Street Cambridge, MA 02141
WEBSITE	www.seniorwholehealth.com

Serving Health Information Needs of Elders (*Massachusetts's SHIP*)

Serving Health Information Needs of Elders is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

CALL	1-800-243-4636
TTY	1-800-872-0166 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	SHINE Counselors are available at most councils on aging, senior centers and Aging Services Access Points, hospitals and libraries. Counselors are also available for homebound clients.
WEBSITE	www.medicareoutreach.org/