

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



## CENTER FOR DRUG AND HEALTH PLAN CHOICE

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DATE: <insert date>

Dear <member's name>,

**Please read this notice carefully and keep it for your records.**

MD Medicare Choice (MDMC) will no longer offer the Medicare Advantage plan you are currently enrolled in after September 30, 2008. This means that you will no longer receive Medicare benefits under MDMC beginning on October 1, 2008. Because your membership in MDMC is ending unexpectedly, Medicare has asked Humana Inc. (Humana) to ensure that you continue to have health care and prescription drug coverage and that you understand your options for new coverage. **No matter what happens, you are still in the Medicare program.**

If you take no action, you will continue getting your health care from Humana (CarePlus, AdvantageCare, Humana Gold Plus, or Humana Gold Choice) after October 1, 2008. If you do not wish to remain in Humana, you can change. There are other plans available for you to join. **You have until January 31, 2009 to select another plan or Original Medicare with a prescription drug plan.** You can elect to join one of these plans by calling that plan or by calling 1-800-MEDICARE (1-800-633-4227). If you choose another plan or Original Medicare, your coverage will be effective the first day of the month after the change.

As a member of Humana, you can continue to go to your MDMC Primary Care Provider or choose other MDMC providers that are not in Humana's network for the in network cost sharing you had under MDMC until December 31, 2008. After December 31, 2008, your costs will be higher if your provider is not a member of Humana's network. If you are being treated for a serious acute spell of illness (i.e. one that requires hospitalization, institutionalization, rehabilitation or home health care) or under the following course of treatment: chemotherapy, radiation therapy, end stage renal disease dialysis or organ transplantation can continue their course of treatment until it is completed or December 31, 2008, whichever ever comes first. For specific plan and benefit information, please contact Humana's member services at 1-800-758-4086 (TTY/TDD 1-800-833-3301 ). **You may use this letter as proof of coverage under Humana until you receive your new membership card**

Humana will continue to provide you with the MDMC plan drugs you are currently taking or will help you change to an appropriate drug that is on Humana's formulary. You can check to see if the prescription drugs you currently take are on Humana's by

calling 1-800-758-4086. TTY/TDD users may call 1-800-833-3301. If you take drugs that are not on Humana's formulary, those drugs will still be covered until the plan can help you change to another appropriate drug. This will give you time to decide whether to stay with Humana.

Humana, in partnership with CMS and SHINE, will conduct informational presentations in Brevard, Duval, Orange, Polk and Marion counties to tell you more about your coverage and assist you in this transition. Please check your local newspapers or call Humana's member service at 1-800-758-4086 (TTY/TTD 1-800-833-3301 for times and locations).

**Beginning October 1, 2008, you will be receiving your health care services from Humana under one of the following plans: CarePlus, AdvantageCare, Humana Gold Plus, or Humana Gold Choice. If you want to stay with Humana, take no action. If you want to join another plan or Original Medicare with a prescription drug plan, you must do so by January 31, 2009. Your options are explained in detail in the enclosed information. You are still in the Medicare program no matter what you decide. If you enroll in Original Medicare without choosing a stand alone prescription drug plan, you will lose your drug benefits.**

### **How Can I Find Out More?**

(1) Call Humana's member services at 1-800-758-4086 (TTY/TDD 1-800-833-3301) if you have questions about the Humana Medicare plan that you are now enrolled in. You can speak to someone at this number 8 am – 8 pm Monday through Sunday through October 8, 2008; after October 8, 8 am – 8 pm Monday through Saturday.

(2) Call 1-800-MEDICARE (1-800-633-4227) if you have questions about your other options if you think you may want to join another plan. (TTY users should call 1-877-486-2048). 1-800-MEDICARE is run by the Federal Government and can give you complete and unbiased information 24 hours a day to help you decide which plan is right for you.

- (3) You should also read the information enclosed with this letter to learn more about:
- What health care choices you may have, including Medicare prescription drug coverage, and
  - Other sources of information, such as your state State's Health Insurance Program (SHIP).

**Finally, remember that for all items and services provided while you were covered by MDMC you are only responsible for your Medicare copays. A provider cannot charge you the amount that MDMC should pay. If you receive an additional bill from a provider, DO NOT pay more than your Medicare copay.**

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## **Section 1:**

### **Where Can I Get More Information and Help with My Health Care and Prescription Drug Coverage Decisions?**

- **Call Humana’s member services at 1-800-758-4086 (TTY/TDD 1-800-833-3301).**
- **Visit [www.medicare.gov](http://www.medicare.gov) on the web**  
This is Medicare’s official consumer website. Here are some of the tools you can use to get quick answers to your questions:
  - Medicare Options Compare – Look at and compare the health plan options in your area.
  - Medicare Prescription Drug Plan Finder – Look at and compare stand-alone prescription drug plans that work with the Original Medicare Plan.
- **Call 1-800-MEDICARE (1-800-633-4227)**  
**TTY users should call 1-877-486-2048.**  
This toll-free help line is available 24 hours a day, seven days a week, to answer your questions about Medicare. You can speak to a Customer Service Representative in English or Spanish. You can also get information about ways to help with your prescription drug and other health care costs.
- **Get a copy of the “Medicare & You” handbook or other Medicare publications**  
  
The “Medicare & You” handbook provides information about your health care choices. The handbook is mailed to people with Medicare each October. The handbook is available in English, Spanish, Braille, large print (English and Spanish), or on audiotape (English and Spanish). Other helpful publications include “Choosing A Medigap Policy: A Guide To Health Insurance For People With Medicare” (CMS Pub. No. 02110), “Your Guide to Private Fee-for-Service Plans” (CMS Pub. No. 10144), and “Your Guide to Medicare Prescription Drug Coverage” (CMS Pub. No. 11109). You can read or print out these publications at [www.medicare.gov](http://www.medicare.gov) on the web. Or, you can call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy. TTY users should call 1-877-486-2048.
- **Call SHINE (Serving Health Insurance Needs of Elders) at 1-800-96-ELDER (1-800-963-5337). TDD users can call 1-800-955-8770.**

Volunteer health insurance counselors are available to answer your questions, discuss your needs, and give you information about your options.

**Call Florida's Office of the Insurance Commissioner at 850-413-3140 or visit [www.floir.com/index.htm](http://www.floir.com/index.htm)**

Call if you have questions about the Medigap policies available in your area.

- **Call Florida's Medical Assistance Office – the Agency for HealthCare Administration -- at 305-499-2100 (toll free 1-800-953-0555). For Spanish, call 305-499-2111.**

Call to see if Florida has a program for people with limited income and resources that pays Medicare premiums and, in some cases, Medicare deductibles and coinsurance. It is very important that you call if you think you qualify even if you aren't sure.

**Visit [www.medicare.gov](http://www.medicare.gov) or you can contact 1-800-MEDICARE (1-800-633-4227) to receive information about all your health care choices. TTY users should call 1-877-486-2048. 1-800-MEDICARE will not pressure you or sell you a plan. 1-800-MEDICARE is there to provide unbiased information to help you make the right decision. Please use 1-800-MEDICARE so Medicare can make sure you get accurate information. This will help Medicare to ensure you are receiving accurate information.**

## **Section 2:**

### **What are my health care and prescription drug coverage choices?**

<b>Health Care Options</b>	<b>See Page(s)</b>
<b>Option 1:</b> Beginning October 1, 2008, you will receive your health benefit from Humana Insurance Company's Medicare Plan, unless you choose one of the other options below.	<b>5</b>
<b>Option 2:</b> You can join another Medicare Advantage Plan that provides Medicare coverage (both health care and prescription drug coverage).	<b>6</b>
<b>Option 3:</b> You can change to the Original Medicare Plan and join a Medicare Prescription Drug Plan.	<b>6</b>
<b>Option 4:</b> You can change to the Original Medicare Plan, buy a Medigap Policy, and join a Medicare Prescription Drug Plan.	<b>7</b>
<b>Option 5:</b> You can change to the Original Medicare Plan and use other health care and prescription drug coverage, such as an employer or union group health care plan, VA benefits, or TRICARE for Life if you have such additional coverage.	<b>9</b>

#### ***Option 1: You will continue receiving health care benefits from Humana after October 1, 2008, if you take no action***

If you would like to remain a member of Humana's Medicare Plan no further action is required. If you have questions about your benefits or how this new plan works for you, you can call Humana at 1-800-758-4086(TTY/TDD1-800-833-3301), 8 am – 8 pm Monday through Sunday through October 8, 2008; after October 8, 8 am – 8 pm Monday through Saturday.

#### ***Option 2: You can join another Medicare Advantage Plan that provides Medicare coverage (both health care and prescription drug).***

There are other plans, like Humana, which are Medicare Advantage Plans. Medicare Advantage Plans are offered by private companies and can be Health Maintenance Organization (HMO) plans. Most, but not all, Medicare Advantage Plans include prescription drug coverage. If you would like to join another health plan, you have until January 31, 2009 to make a decision. If you decide to join another health plan your coverage will start on the first of the month after you request enrollment as long as the plan you want to join gets your application by the last day of the previous month. You may enroll in another plan by calling the plan you are interested in or by calling 1-800-Medicare (1-800-663-4227).

***Option 3: You can change to the Original Medicare Plan and join a Medicare Prescription Drug plan.***

This is the Original Medicare Plan that is available nationwide. You can go to any doctor or specialist that accepts Medicare and is accepting new Medicare patients, and to any hospital or other facility. You don't need a referral. The Federal Government manages the Original Medicare Plan.

If you decide you want Original Medicare Plan coverage, you must disenroll from Humana by January 31, 2009. You may disenroll by calling Humana's member services department at 1-800-758-4086 (TTY/TDD1-800-833-3301), 8 am – 8 pm Monday through Sunday through October 8, 2008; after October 8, 8 am – 8 pm Monday through Saturday .

**If You Want Prescription Drug Coverage**

If you change to the Original Medicare Plan and want to get prescription drug coverage, you must join a Medicare Prescription Drug Plan. Medicare prescription drug coverage is available to everyone with Medicare. Private companies provide this coverage. Like other insurance, if you decide not to join when you are first eligible, you may pay a penalty if you choose to join later.

If you want a Medicare drug plan, you should compare those available and join one that meets your needs. If you would like to join a Medicare prescription drug plan, you have until January 31, 2009 to make a decision. Find out which plans cover the prescriptions you take and what pharmacies you can use to fill your prescriptions. For help comparing the costs and coverage of each plan, call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web for step-by-step help with your Medicare prescription drug coverage options. TTY users should call 1-877-486-2048. You can also call SHINE at 1-800-963-5337. TDD users can call 1-800-955-8770.

If you join a Medicare drug plan, your coverage may start as early as November 1, 2008, as long as the plan you want to join gets your request to join before the start date you choose.

If you don't join a Medicare Prescription Drug Plan, and you don't have other drug coverage that is at least as good as Medicare's, you may have to pay a penalty if you join later. This means you pay a higher premium for as long as you have Medicare prescription drug coverage.

***Option 4: You can change to the Original Medicare Plan, buy a Medigap Policy, and join a Medicare Prescription Drug Plan.***

### Understanding Medigap

A Medigap policy is a health insurance policy sold by private insurance companies. Costs that you must pay like coinsurance, co-payments, and deductibles are called "gaps" in Original Medicare Plan coverage. You might want to consider buying a Medigap policy to help cover these gaps. Some Medigap policies also cover other benefits that aren't covered by Medicare like emergency health care while traveling outside the United States. Since January 1, 2006, you can't buy new Medigap policies covering prescription drugs because private companies approved by Medicare now offer Medicare prescription drug coverage.

Coverage under a Medigap policy is different from the coverage you have under MDMC. Since Medigap policies only help pay health care costs if you are in the Original Medicare Plan, you don't need to have a Medigap policy if you are in a Medicare Advantage Plan.

In Florida, as in most States, there are 12 standardized Medigap policies available. They are called Medigap Plans A through L. Each plan has a different set of benefits. Plans K and L are new policies that have higher out-of-pocket costs for certain benefits than Plans A-J. However, Plans K and L limit those out-of-pocket costs. Plans K and L will generally cost less than Plans A-J because they have higher out-of-pocket costs and provide fewer benefits.

It is important that you read this entire section to find out if you have Medigap rights and to understand your choices. If, after reading this section, you still have questions about your Medigap rights, call SHINE at 1-800-963-5337

### Applying for a Medigap Policy

If you change to the Original Medicare Plan, you may want to buy a Medigap policy. If you want to buy a Medigap policy, follow these basic steps:

1. Contact a private insurance company that sells Medigap policies and ask for an application.
2. **To protect your rights to buy a Medigap policy, you must apply for a Medigap policy no later than December 2, 2008.**

The sooner you apply for a Medigap policy, the sooner your Medigap coverage will start and the smaller the gap will be between the end of your MDMC coverage and the start of your Medigap coverage.

3. **Make a copy of the cover letter that came with this mailing and send that letter in with your Medigap application.** It will prove that you have special rights to buy a Medigap policy. Remember, you will have coverage under the Original Medicare Plan even if you don't buy a Medigap policy.

### Your Rights to Buy a Medigap Policy

Usually private insurance companies don't have to sell you a Medigap policy unless you are within the 6-month period that starts when you are age 65 or older **and** enrolled in Medicare Part B. **However**, when you lose your health coverage, you may have special rights called Medigap protections or guaranteed issue rights. If you buy a Medigap policy when you have guaranteed issue rights, the insurance company must sell you a policy, must cover pre-existing conditions, and can't charge you more because of any past or present health problems. **Because you are losing coverage under MDMC you may have a right to buy a Medigap policy.**

- **If you are age 65 or older**, you have the right to buy Medigap Plan A, B, C, F, K or L from any company selling these policies in Florida. You can apply for a Medigap policy any time after the date of this letter. To protect your rights, **you must apply for a Medigap policy by {December 2, 2008}.**
- **In the following situations you may also have the right to buy other Medigap plans** in addition to Plan A, B, C, F, K or L:
  - you are age 65 or older and first got Medicare Part B in the last 6 months;
  - you dropped a Medigap policy within the past 12 (in some cases 24) months to join a Medicare Advantage Plan for the first time; or



- you joined a Medicare Advantage Plan during the last 12 (in some cases 24) months when you were first eligible for Medicare Part A at age 65.

If you think any of these situations apply to you, or if you are not sure, you should call SHINE at 1-800-963-5337 as soon as possible because **you must apply for a Medigap policy in a limited time period.**

- **If you are under age 65**, you may not be able to buy a Medigap policy until you turn age 65. There is no federal law that says insurance companies must sell Medigap policies to people under age 65. However, some states require insurance companies to sell you a policy at certain times, even if you are under age 65. If an insurance company voluntarily sells Medigap Plan A, B, C, F, K or L to anyone with Medicare who is under age 65 in Florida, it must sell these plans to anyone whose Medicare Advantage plan will no longer provide Medicare services. Call SHINE at 1-800-963-5337 for more information about whether any Medigap policies are offered to people with Medicare under age 65 in Florida. It is best to apply for a Medigap policy **before** your coverage under as soon as possible. To protect your rights, **you must apply by December 2, 2008.**

**To find out more about your Medigap rights and to get help making a decision, call the SHINE program at 1-800-963-5337.**

***Option 5: You can change to the Original Medicare Plan and use other health care and prescription drug coverage, such as an employer or union group health care plan, VA benefits, or TRICARE for Life.***

You may already have health care and prescription drug coverage such as an employer or union group health care plan, veteran's benefits, or military retiree benefits. You should call your insurer or benefits administrator to see if you might need additional coverage and how much it costs.

### **Section 3:**

## **What if I Currently Have Permanent Kidney Failure?**

Different rules may apply to people with Medicare who have permanent kidney failure (also called End-Stage Renal Disease or ESRD).

If you have permanent kidney failure, you have a one-time right to join a new Medicare Advantage Plan. Available Medicare Advantage Plans are shown in Section 1. Save this

letter as proof of your right to join a new Medicare Advantage Plan. If you change directly to the Original Medicare Plan after leaving MDMC, you will still have a one-time right to join a Medicare Advantage Plan at a later date as long as you are in an enrollment period.

If you join a new Medicare Advantage Plan and later choose to leave that plan, you generally won't be able to join another Medicare Advantage Plan unless it is a Medicare Advantage special needs plan that enrolls individuals with ESRD. You will get your Medicare coverage from the Original Medicare Plan. The only way you may get another chance to join a new Medicare Advantage Plan is if the new plan you join later leaves the Medicare Program or stops providing care in your area.