

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



CENTER FOR MEDICARE

April 30, 2010

IMPORTANT NOTICE: Your Health Plan Coverage Is Changing

<Member Name>
<Address>
<City, State, Zip>

Dear <member name>,

Western Health Advantage will no longer offer the Medicare Advantage Plan you are enrolled in after May 31, 2010. Because your membership in Western Health Advantage is ending, you will automatically be enrolled in the Original Medicare Plan and a new Medicare Prescription Drug Plan to make sure you continue to have the same level of Medicare coverage. Your new Medicare Prescription Drug Plan will contact you directly with information regarding your drug benefit.

Your new Medicare Coverage and Prescription Drug Plan coverage starts June 1.

The Centers for Medicare & Medicaid Services (CMS) has approved the transfer of your prescription drug coverage enrollment to Humana starting June 1, 2010. Medicare approved this transfer because the combined benefits in Original Medicare and Humana are similar to the benefits you've been getting in Western Health Advantage. **Unless you act before May 31, 2010, you will have Original Medicare coverage and Humana prescription drug coverage starting June 1, 2010.**

Until May 31, 2010, you can continue to go to your Western Health Advantage Primary Care Provider or any other Western Health Advantage providers and you will be charged the same in-network cost sharing you currently have under Western Health Advantage. After June 1, 2010, your costs may be higher in **Original Medicare**. If you are being treated by Western Health Advantage providers for a serious acute spell of illness or if you are getting chemotherapy, radiation therapy, end stage renal disease dialysis or organ transplantation, you can continue the course of treatment with your current providers at your current cost sharing until it is completed or until May 31, 2010, whichever comes first. Please talk with your current providers about continued treatment under Original Medicare that you may need after May 31, 2010.

For all items and services provided while you were covered by Western Health Advantage, you are only responsible for your Western Health Advantage copays. A provider can't charge you the amount that Western Health Advantage should pay. If you get an additional bill from a provider, DO NOT pay more than your Western Health Advantage copay.

Material ID #: H0532_2010_014
CMS Approval Date: 04/10

Here's what to do next.

If you do nothing, you'll be a member of Original Medicare and Humana Prescription Drug Plan starting June 1, 2010, and continuing for the remainder of 2010. Your new Medicare Prescription Drug Plan will send you a list of your benefits and costs under your new plan.

You can use this letter as proof of coverage under Original Medicare and your new Medicare Prescription Drug Plan until you get your new membership card.

What if you don't want to be in Original Medicare or Humana?

If you don't want to be in Original Medicare or Humana, you have the right to choose a new Medicare health or drug plan **anytime between now and July 31, 2010**. Your new coverage can start as early as the month after you join.

Here are your options for Medicare coverage:

Option 1: If you do nothing, you'll get health care coverage from Original Medicare and prescription drug benefits from Humana starting June 1, 2010. Humana will send you a letter soon with information about your coverage. You can also call Humana at 1-800-706-0872 with any questions.

Option 2: You can join another Medicare Advantage Plan or other Medicare health plan, including a plan that offers prescription drug coverage. If you decide not to join a new Medicare health or drug plan before July 31, 2010, you'll still have Original Medicare coverage, but your next chance to join a Medicare Advantage Plan or Medicare Prescription Drug Plan won't be until November 15, 2010. You may also have to pay a late enrollment penalty if you decide to go without Medicare drug coverage now and add Medicare drug coverage later.

Option 3: You can stay in Original Medicare: If you stay in Original Medicare, you may select a **different** Medicare Prescription Drug Plan. You may also want to buy a Medigap policy.

Medicare Prescription Drug Plan – Original Medicare doesn't cover the cost of most prescription drugs. You may join a different Medicare Prescription Drug Plan to continue your drug coverage if you stay in Original Medicare. Remember, if you don't have a Medicare Prescription Drug Plan or other drug coverage as good as Medicare's, you may pay a late enrollment penalty to join a Medicare Prescription Drug Plan later.

Medigap (Medicare Supplement Insurance) Policy – You can buy a Medigap policy to help pay health care costs that Original Medicare doesn't cover. If you're age 65 or older, you have a special right to buy a Medigap policy because your coverage with Western Health Advantage is ending. You will have the special right to buy a Medigap policy for 63 days after your coverage with Western Health Advantage ends. If you're under age 65, you may not be able to buy a Medigap policy until you turn age 65.

Medigap policies no longer offer prescription drug coverage, so you must also join a Medicare Prescription Drug plan if you want Medicare drug coverage.

Other information you need to know:

- **If you have End-Stage Renal Disease (ESRD)**, you have a one-time right to join a new Medicare Advantage Plan at a later date. Keep this letter as your proof that you have this right.
- **If you have an employer or union group health plan, VA benefits, or TRICARE for Life**, call your insurer or benefits administrator to find out how joining a new plan or returning to Original Medicare will affect your coverage. You may be able to use other health care and prescription drug coverage with Original Medicare.
- **If you get help from the Medicaid program**, contact the California Department of Care Services to learn how joining a new plan or returning to Original Medicare affects your Medicaid coverage. In Placer County, call 530-889-7610. In Sacramento County, call 916-874-2072. In Yolo County, call 530-661-2750.

Get help and more information about your options.

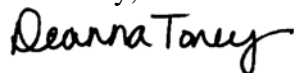
There are several resources ready to help if you would like more information about the alternative Medicare and drug coverage options available to you.

- **For help comparing available Medicare plans** and joining a plan that works for you, visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Someone is available 24 hours, 7 days a week. You can also call the Health Insurance Counseling and Advocacy Program (HICAP) for free personalized health insurance counseling at 1-800-434-0222.
- **For people with limited income and resources**, call California's Department of Health Care Services at **916-552-9200**. You may be able to get help paying Medicare premiums, deductibles and coinsurance.
- **For questions about the Medigap policies available in your area**, call the California Department of Insurance at 1-800-927-4357 or visit www.insurance.ca.gov. You can also call HICAP at 1-800-434-0222.

If Western Health Advantage can assist you with this transition, please contact our Member Services Department at 916-563-2250 or 1-888-563-2250 toll free, Monday through Friday from 8:00 a.m. to 5:00 p.m. TTY/TDD users call 1-888-877-5378.

Thank you for giving Western Health Advantage the opportunity to serve you. We wish you good health in 2010 and beyond.

Sincerely,



Deanna Toney
Member Services Manager