ASURIS NORTHWEST HEALTH
201 High Street SE
PO Box 12625
Salem, Oregon 97309

«NAME»
«ADDRESS1»
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October 2008

Important Information

How Your Plan Will Change For 2009

We appreciate your membership and want to make sure you have information about changes occurring to your Asuris Medicare Script Enhanced coverage effective January 1, 2009. We encourage you to contact us if you have any questions – we are here to help you understand your coverage.

This is just a brief summary of the changes in your plan for 2009. **Make sure to read the next few pages for answers to important questions you may be asking.** If you have any questions, call Customer Service. Note: If you are receiving help from your state Medicaid agency or State Pharmaceutical Assistance Program (SPAP), such as a reduced co-payment, these reductions are not reflected in this packet. Please call your state Medicaid agency or SPAP at the number listed in Section 8 of the enclosed Evidence of Coverage if you have questions.

	2008 Asuris Medicare Script Enhanced	**2009** Asuris Medicare Script Enhanced
Monthly Premium This monthly premium amount does not include any late enrollment penalty you may be responsible for paying (see Section 2 in the EOC for more information).	$78.00	$81.00

	2008 Asuris Medicare Script Enhanced	**2009** Asuris Medicare Script Enhanced
Benefit changes		
Initial Coverage Limit	$2,510	$2,700
Coverage Gap	$4,050	$4,350
Catastrophic Coverage	$2.25 or 5% whichever is greater for generic and multi-source brand drugs. $5.60 or 5% whichever is greater for all other brand drugs	$2.40 or 5% whichever is greater for generic and multi-source brand drugs. $6.00 or 5% whichever is greater for all other brand drugs
Tier 1 copays for generic drugs	$5 copay for a one-month (30-day) supply at retail pharmacy $15 copay for a three-month (90-day) supply from mail-order pharmacy	$4 copay for a one-month (30-day) supply at retail pharmacy $12 copay for a three-month (90-day) supply from mail-order pharmacy
Tier 2 copay change for mail-order	$75 copay for a 1 to 90-day supply at a mail-order pharmacy	$25 copay for a 1 to 30-day supply at a mail-order pharmacy $50 copay for a 31 to 60-day supply at a mail-order pharmacy $75 copay for a 61 to 90-day supply at a mail-order pharmacy
Tier 3 copay change for mail-order	$150 copay for a 1 to 90-day supply at a mail-order pharmacy	$50 copay for a 1 to 30-day supply at a mail-order pharmacy $100 copay for a 31 to 60-day supply at a mail-order pharmacy $150 copay for a 61 to 90-day supply at a mail-order pharmacy
Tier 4	Tier 4 is Specialty Medications	Tier 4 will be Miscellaneous Injectables
Tier 5	Tier 5 is Miscellaneous Injectables	Tier 5 will be Specialty Medications
Type of pharmacy name change	Preferred Pharmacy	Will be called a 90-day supply retail pharmacy. See your pharmacy directory for more information.

With this notice, you also received a 2009 Evidence of Coverage and a new formulary that will be effective January 1, 2009. Medicare has reviewed and approved the covered drugs listed in the formulary. Please see Section 10 of your Evidence of Coverage for more information about the drug coverage described in the table above.

We also offer other plans in your area that may have different premiums, co-payments, or coinsurance amounts. To learn more about what other plans we have available in your area, call Customer Service. We also offer Asuris Medicare Script.

This is Your Annual Notice of Change

Why am I receiving this information?

We are sending this Annual Notice of Change (ANOC) so you can review the 2009 coverage offered through this plan. Each year from November 15 through December 31, you may make a change to your Medicare plan and Medicare prescription drug coverage, with your new plan beginning on January 1. Certain individuals, such as those with Medicaid, those who get extra help, or who move, can make changes at other times. **If you want to stay in our Plan, you don't need to do anything. You will still be a member of our Plan for the coming year.**

Note: If you are a member of an employer group, you may be required to belong to a specific plan in order to continue to get the additional benefits you may be receiving. Please check with your employer before switching to another prescription drug program.

What if my drugs are not on the formulary or are in a more expensive cost-sharing tier?

We have changed our formulary. The new formulary may be different from the one you are using. We have added, removed, or placed more limitations on some of the drugs we cover. Please review the formulary to see if we still cover the drugs that you currently take. To get a complete listing of all the drugs we cover, you may visit our Web site or call Customer Service.

If a drug we currently cover for you is not on our new formulary, you will need to talk with your doctor about taking an alternative drug that is available on our new formulary. If you wish to continue coverage of your current drug, you or your doctor can request a formulary exception. If a drug we currently cover for you is on our new formulary but has been moved to a higher non-preferred cost-sharing tier, you can talk with your doctor about taking an alternative drug that is available in a lower cost-sharing tier. If you wish to pay the lower preferred cost-sharing amount for your current drug, you or your doctor can request a tiering exception. If you or your doctor would like to request an exception, the request should be made by December 1, 2008. If a formulary exception request is approved, we will continue covering your current drug on January 1. If a tiering exception request is approved, we will cover your current drug at the preferred cost-sharing amount on January 1.

Where can I get more information?

The Evidence of Coverage enclosed with this letter has more information on our Plan's coverage, including information in Section 6 on how to make changes to your membership.

Please call Customer Service if you have any questions. You can also get information about the Medicare program and other Medicare plans available by visiting 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.

Sincerely,

Sue Johnson, Manager
Medicare Customer Service

Enclosure: Asuris Medicare Script Evidence of Coverage
Asuris Medicare Script Abridged Formulary