



<Date>  
<Group/Union Name>

<Group Administrator>

<Address>

<City, State Zip>

## **Important information about your Personal Choice 65<sup>SM</sup> PPO plan— Effective January 2015 —**

Dear Group Administrator:

We are writing to provide you with information about your 2015 Personal Choice 65 PPO plan renewal rates. It is important to review your renewal to identify the year-over-year premium change, as well as any benefit changes associated with your plan.

If you do nothing, your 2014 plan will default to the enclosed 2015 renewal plan. If this plan does not meet your needs, additional options have been provided for your consideration. They can be found within your enclosed Group Medicare Options Guide.

### **Important Deadline**

**The renewal rates for your current Personal Choice 65 HMO benefits program will become effective January 1, 2015.** In accordance with guidelines from the Centers for Medicare & Medicaid Services (CMS), your members will receive their 2015 *Annual Notice of Changes/Evidence of Coverage* information by November 1, 2014 to coincide with the Group Medicare open enrollment period, beginning November 15. In the event you decide to change your current retiree plan offering, an updated *Annual Notice of Changes/Evidence of Coverage* will be mailed prior to December 31, 2014.

### **Medicare Part D Changes in 2015**



Changes are made annually to deductibles, tiered medications, formulary access, cost-sharing in the initial coverage period, the coverage gap, and the catastrophic coverage phase.

### What You Need to Do

- **If you choose to renew your current plan**, no further action is necessary. Your plan will automatically renew. Please refer to your *Summary of Benefits* for updated plan details.
- **If you wish to select a different plan for 2015**, follow the applicable steps below:
  - *If you work with a broker*, contact him or her directly. Your broker will make any plan changes directly with Independence Blue Cross through our remote broker portal.
  - *If you do not work with a broker*, review the enclosed Group Medicare Options Guide, complete your Plan Change Form, and fax it to 215-238-2315.

**IMPORTANT: Please submit your plan changes by October 15, 2014.** As a reminder, if you change to a different Medicare Advantage plan following our mailing of the *Annual Notice of Changes/Evidence of Coverage*, your members will receive an additional, updated 2015 *Annual Notice of Changes/Evidence of Coverage*.

### Creditable Coverage Information

It is important to refer to the enclosed Rate Renewal Sheet for information pertaining to “creditable” and “non-creditable” prescription drug coverage that may be applicable to your group members.

According to CMS guidelines, groups must notify members about their creditable coverage status prior to October 15, 2014. You may use the appropriate model letter on the CMS website at [www.cms.hhs.gov/creditablecoverage](http://www.cms.hhs.gov/creditablecoverage) to meet your notification requirements. An employer or union that provides prescription drug coverage to retirees through a Part D plan is exempt from the disclosure requirement.

### Employer Group Contract

**Please be aware that the Open Enrollment period will begin on November 15 and end on December 1. Enclosed is an amendment to your Employer Group contract, which reflects the open enrollment date. Please attach this to your contract.**



**Additional Resources**

If you have any questions about the options available for 2015, the procedures for changing benefits, or if you wish to request information about additional programs, contact your broker, Independence Blue Cross Group Medicare Account Executive, or the Member Help Team at 1-844-646-1460.

We appreciate your business and look forward to continuing to serve you.

Sincerely,

Richard Roccato

Government Markets

Enclosures

Account Executive \_\_\_\_\_

Date \_\_\_\_\_