



<Date>

<Group/Union Name>
<Group Administrator>
<Address>
<City, State Zip>

Important information regarding
AmeriHealth Medicare Advantage plans
— **Effective January 2013** —

Dear Group Administrator:

We are writing to provide you with important information about your 2013 renewal rates. In addition, we've enclosed information about other plan options for you to consider that may meet your group's needs. For detailed information, please review the enclosed Rate Renewal Sheet and Plan Change Form.

IMPORTANT DEADLINE

The renewal rates for your current Medicare Advantage benefit program will become effective January 1, 2013. In accordance with guidelines from the Centers for Medicare and Medicaid Services (CMS), your members will receive their 2013 *Annual Notification of Change/Evidence of Coverage* information by the end of September.

WHAT'S CHANGING IN 2013

- **Employer Group Waiver Plan:** For health plans that offer their retirees unlimited prescription drug benefits, new rules from CMS make the option of an Employer Group Waiver Plan with a wraparound supplemental plan (EGWP/wrap) attractive as a way to achieve significant plan savings. EGWP/wrap is an official Medicare Part D program containing a wraparound provision that ensures retirees will receive benefits at least equal to those of the plan that the employer currently offers. If you offer an unlimited prescription drug plan from AmeriHealth to your retirees, it will be an EGWP/wrap plan for 2013.
- **Medicare Part D:** There will be changes in 2013 to the deductible and cost sharing in the initial coverage period, the coverage gap, and the catastrophic coverage phase.
- **Urgent and Emergency Coverage:** Effective January 1, 2013, emergency care and urgently needed care are now covered worldwide for all members enrolled in our Medicare Advantage plans.



COVERAGE OPTIONS FOR 2013 THAT MAY REDUCE MONTHLY PREMIUM

To ensure that your coverage for 2013 meets your needs, we have enclosed information about alternate plan options for your consideration. The enclosed Plan Change Form gives you an overview of these options.

WHAT YOU NEED TO DO

1. **If you choose to renew your coverage and keep your current plan**, no further action is necessary. Your members will receive the *Annual Notification of Change/Evidence of Coverage* by the end of September.
2. **If you want to select a different plan for 2013**, follow the applicable steps below:
 - a. *If you work with a broker*, contact him or her directly. Your broker will be able to make any plan changes directly with AmeriHealth through our remote broker portal.
 - b. *If you do not work with a broker*, review the Plan Change Form, select your plan option, and fax it to us at 215-761-0335.

IMPORTANT: Please submit your plan changes by September 28. If you change to a different Medicare Advantage plan, your members will receive an additional, updated 2013 *Annual Notification of Change/Evidence of Coverage*. New applications are required for product changes.

NEW PRIOR AUTHORIZATION REQUIREMENTS

Effective for dates of service on or after January 1, 2013, prior authorization is required for AmeriHealth 65[®] NJ HMO members for cardiac radiology services, which include:

- stress echocardiography
- resting transthoracic echocardiography
- transesophageal echocardiography

Your members can view the list of services requiring prior authorization for their plans online at our member website, www.amerihealthmedicare.com. Members can simply log on and select *My Benefits* to view the list of services that require prior authorization. Please note that these lists are subject to change. Members that have questions or do not have access to the Internet and would like to request a paper copy can contact Customer Service at 1-800-645-3965 (TTY/TDD: 1-888-857-4816), 7 days a week, 8 a.m.-8 p.m. On July 1, the prior authorization list will be updated to include the changes listed in this letter.



We will continue to look at ways we can improve and streamline the prior authorization process. If you have any questions regarding the new prior authorization process, please contact your AmeriHealth New Jersey account executive.

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 before October 15, 2012. You may use the appropriate model letter on the CMS website at 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.

ADDITIONAL RESOURCES

If you have any questions about the options available for 2013, the procedures for changing benefits, or if you wish to request information about additional Medicare programs, please contact your broker, AmeriHealth Account Executive, or Medicare Telemarketing Representative at 1-800-898-3492 (TTY/TDD: 1-877-219-5457).

This letter is not intended to provide legal or tax advice. You may wish to consult with your attorney or tax adviser to determine how the statutes and regulations regarding Medicare Part D affect you and group members.

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

Sincerely,

A handwritten signature in black ink that reads "Robert J. Smith".

Robert J. Smith
Government Markets

Enclosures

Account Executive _____

Date _____

AH5056 (8/12)