

<Date>

<Group/Union Name>

<Group Administrator>

<Address>

<City, State Zip>

Important information about your Select Option[®] PDP Plan — Effective January 2014 —

Dear Group Administrator:

We are writing to provide you with information about your 2014 Select Option prescription drug plan (PDP) renewal rates. We also have enclosed details on your current plan.

Important Deadline

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

Medicare Part D Changes in 2014

- CMS required changes are made annually to deductibles, cost-sharing in the initial coverage period, the coverage gap, and the catastrophic coverage phase.
- Part D excluded drugs will no longer be covered effective January 1, 2014.

Coverage Options for 2015

We will consolidate the number of available plan options for 2015. As a result, your current plan design may not be available after 2014. At that time, you may be required to change your current benefit offering based on plan availability.

Reminder: Select Option PDP is for retirees only. Retirees may live outside of our five-county Pennsylvania service area and be covered by Select Option PDP.

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Select Option PDP is a PDP plan with a Medicare contract. Enrollment in Select Option PDP depends on contract renewal.

SO6243 (9/13)

What You Need to Do

- **If you choose to renew your coverage and keep your current plan for 2014**, no further action is necessary. You automatically will be renewed in your current plan. Your members will receive the *Annual Notice of Changes/Evidence of Coverage* by October 15.
- **If you want to select a different plan for 2014**, 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 (IBC) through our remote broker portal.
 - *If you do not work with a broker*, please contact your Medicare Account Executive.

IMPORTANT: Please submit your plan changes by November 15. As a reminder, if you change to a different Medicare Advantage plan, your members will receive an additional, updated 2014 *Annual Notice of Changes/Evidence of Coverage*. New applications are required for product changes.

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, 2013. 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 2014, the procedures for changing benefits, or if you wish to request information about additional programs, contact your broker, IBC Group Medicare Account Executive, or Customer Service at 1-888-678-7009 (TTY/TDD: 1-888-457-3002).

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

Sincerely,



Richard Roccato
Vice President Operations & Support — Government Markets

Account Executive _____

Date _____

P0 Box 7799
Philadelphia, PA 19101-7799

<Date>

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

Important information about your Keystone 65 HMO POS Plan — Effective January 2014 —

Dear Group Administrator:

We are writing to provide you with information about your 2014 Keystone 65 HMO POS plan renewal rates. We also have enclosed details on your current plan, as well as alternative plans for your renewal consideration. You may find the alternative plan options meet your retirees' needs while lowering your overall premium.

Important Deadline

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

Medicare Part D Changes in 2014

- CMS-required changes are made annually to deductibles, cost-sharing in the initial coverage period, the coverage gap, and the catastrophic coverage phase.
- Part D excluded drugs will no longer be covered effective January 1, 2014.

Coverage Options for 2014

The enclosed Medicare Group Options guide provides alternative plan options for your consideration. If you wish to make a plan change for 2014, you may only choose from the enclosed list of options. Additionally, we will further consolidate the number of available plan options for 2015. As a result, your current plan design may not be available after 2014. At that time, you may be required to change your current benefit offering based on plan availability.

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Keystone 65 HMO is an HMO plan with a Medicare contract. Enrollment in Keystone 65 HMO depends on contract renewal.

Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

What You Need to Do

- **If you choose to renew your coverage and keep your current plan for 2014**, no further action is necessary. You automatically will be renewed. Your current plan, however, is annually subject to benefit updates in order for the plan to meet CMS cost share requirements. Please refer to your *Summary of Benefits* for updated plan details.
- **If you want to select a different plan for 2014**, 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 (IBC) through our remote broker portal.
 - *If you do not work with a broker*, review the enclosed Plan Change Form, select your plan option, and fax it to us at 215-238-2315.

IMPORTANT: Please submit your plan changes by November 15. As a reminder, if you change to a different Medicare Advantage plan, your members will receive an additional, updated 2014 *Annual Notice of Changes/Evidence of Coverage*. New applications are required for product changes.

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, 2013. 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 2014, the procedures for changing benefits, or if you wish to request information about additional programs, contact your broker, IBC Group Medicare Account Executive, or Customer Service at 1-800-645-3965 (TTY/TDD: 1-888-857-4816).

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

Sincerely,



Richard Roccato
Vice President Operations & Support — Government Markets

Enclosures

Account Executive _____

Date _____

P0 Box 7799
Philadelphia, PA 19101-7799

<Date>

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

Important information about your Keystone 65 HMO Plan — Effective January 2014 —

Dear Group Administrator:

We are writing to provide you with information about your 2014 Keystone 65 HMO plan renewal rates. We also have enclosed details on your current plan, as well as alternative plans for your renewal consideration. You may find the alternative plan options meet your retirees' needs while lowering your overall premium.

Important Deadline

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

Medicare Part D Changes in 2014

- CMS required changes are made annually to deductibles, cost-sharing in the initial coverage period, the coverage gap, and the catastrophic coverage phase.
- Part D excluded drugs will no longer be covered effective January 1, 2014.

Coverage Options for 2014

The enclosed Medicare Group Options guide provides alternative plan options for your consideration. If you wish to make a plan change for 2014, you may only choose from the enclosed list of options. Additionally, we will further consolidate the number of available plan options for 2015. As a result, your current plan design may not be available after 2014. At that time, you may be required to change your current benefit offering based on plan availability.

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Keystone 65 HMO is an HMO plan with a Medicare contract. Enrollment in Keystone 65 HMO depends on contract renewal.

Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.



What You Need to Do

- **If you choose to renew your coverage and keep your current plan for 2014**, no further action is necessary. You automatically will be renewed. Your current plan, however, is annually subject to benefit updates in order for the plan to meet CMS cost-share requirements. Please refer to your *Summary of Benefits* for updated plan details.
- **If you want to select a different plan for 2014**, 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 (IBC) through our remote broker portal.
 - *If you do not work with a broker*, review the enclosed Plan Change Form, select your plan option, and fax it to us at 215-238-2315.

IMPORTANT: Please submit your plan changes by November 15. As a reminder, if you change to a different Medicare Advantage plan, your members will receive an additional, updated 2014 *Annual Notice of Changes/Evidence of Coverage*. New applications are required for product changes.

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.

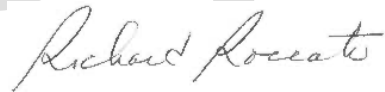
According to CMS guidelines, groups must notify members about their creditable coverage status before October 15, 2013. You may use the appropriate model letter on the CMS website at www.cms.hhs.gov/creditablecoverage to meet your notification requirements. An employer or union that provides prescription 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 2014, the procedures for changing benefits, or if you wish to request information about additional programs, contact your broker, IBC Group Medicare Account Executive, or Customer Service at 1-800-645-3965 (TTY/TDD: 1-888-857-4816).

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

Sincerely,



Richard Roccato
Vice President Operations & Support — Government Markets

Enclosures

Account Executive _____

Date _____

P0 Box 7799
Philadelphia, PA 19101-7799

<Date>

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

Important information about your Personal Choice 65SM Plan — Effective January 2014 —

Dear Group Administrator:

We are writing to provide you with information about your 2014 Personal Choice 65SM PPO plan renewal rates. We also have enclosed details on your current plan, as well as alternative plans for your renewal consideration. You may find the alternative plan options meet your retirees' needs while lowering your overall premium.

Important Deadline

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

Medicare Part D Changes in 2014

- CMS required changes are made annually to deductibles, cost-sharing in the initial coverage period, the coverage gap, and the catastrophic coverage phase.
- Part D excluded drugs will no longer be covered effective January 1, 2014.

Coverage Options for 2014

The enclosed Medicare Group Options guide provides alternative plan options for your consideration. If you wish to make a plan change for 2014, you may only choose from the enclosed list of options. Additionally, we will further consolidate the number of available plan options for 2015. As a result, your current plan design may not be available after 2014. At that time, you may be required to change your current benefit offering based on plan availability.

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Personal Choice 65 PPO is a PPO plan with a Medicare contract. Enrollment in Personal Choice 65 PPO depends on contract renewal.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.



What You Need to Do

- **If you choose to renew your coverage and keep your current plan for 2014**, no further action is necessary. You automatically will be renewed in your current plan. Your members will receive the *Annual Notice of Changes/Evidence of Coverage* by October 15.
- **If you want to select a different plan for 2014**, 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 (IBC) through our remote broker portal.
 - *If you do not work with a broker*, review the enclosed Plan Change Form, select your plan option, and fax it to us at 215-238-2315.

IMPORTANT: Please submit your plan changes by November 15. As a reminder, if you change to a different Medicare Advantage plan, your members will receive an additional, updated 2014 *Annual Notice of Changes/Evidence of Coverage*. New applications are required for product changes.

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, 2013. 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 2014, the procedures for changing benefits, or if you wish to request information about additional programs, contact your broker, IBC Group Medicare Account Executive, or Customer Service at 1-888-718-3333 (TTY/TDD: 1-888-857-4816).

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

Sincerely,



Richard Roccato
Vice President of Sales and Marketing – Medicare

Enclosures

Account Executive _____

Date _____