



<Date>

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

Important information about your AmeriHealth 65[®] HMO Plan — Effective January 2014 —

Dear Group Administrator:

We are writing to provide you with information about your 2014 AmeriHealth 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 AmeriHealth 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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AmeriHealth HMO, Inc., is an HMO plan with a Medicare contract. Enrollment in AmeriHealth HMO, Inc., depends on contract renewal.

AH6239 (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 will automatically 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 AmeriHealth 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, AmeriHealth Group Medicare Account Executive, or Customer Service at 1-866-569-5190 (TTY/TDD: 1-888-857-4816).

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

Sincerely,



Richard Roccato
Government Markets

Enclosures

Account Executive _____

Date _____

<Date>

<Group/Union Name>

<Group Administrator>

<Address>

<City, State Zip>

Important information about your AmeriHealth 65[®] HMO POS Plan — Effective January 2014 —

Dear Group Administrator:

We are writing to provide you with information about your 2014 AmeriHealth 65 Preferred 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 AmeriHealth 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.

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 will automatically 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 AmeriHealth 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.

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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.

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Account Executive _____

Date _____