

Medicare-Eligible Letter
Revised 0108

Address to the Retiree, not any dependent

Our records indicate that either you or a covered dependent is eligible for Medicare. Since your coverage in the State Retiree Health Benefits Program is no longer based on current employment, Medicare should be the primary payer of claims for any Medicare-eligible covered family members. As such, all Medicare-eligible covered family members must either be moved to a Medicare-coordinating plan in order to remain in the state program, or you may request termination of coverage.

In order to make a Medicare-coordinating plan election (or terminate coverage), you must submit the enclosed enrollment form to **(insert name and address of Benefits Administrator)** no later than **(insert date so that keying can be completed prior to the batch run date of the 23rd)**. If a plan selection or request for termination is not made by that date, the Medicare-eligible participant will be moved to the Advantage 65 with Dental/Vision plan effective **(insert effective date)**. If you request termination of coverage, it will result in the termination of all covered dependents. However, you may terminate a dependent's coverage and maintain your own coverage as the eligible Enrollee.

Following are the Medicare-coordinating plan selections that are available to participants in the Commonwealth of Virginia Retiree Health Benefits Program.

Plan	Description	2008 Monthly Premium
Advantage 65	This is a Medicare supplement plan that is administered by Anthem Blue Cross and Blue Shield. It includes enrollment in the program's enhanced Medicare Part D outpatient prescription drug coverage which is administered by Medco (contingent upon approval by Medicare).	\$277
Advantage 65 + Dental/Vision*	This plan adds routine dental and vision benefits to the Advantage 65 plan described above. Dental and vision benefits are administered by Anthem Blue Cross and Blue Shield. Your Medicare-eligible family member will default to this plan if no election is submitted.	\$308
Advantage 65 – Medical Only*	This plan includes the same Medicare supplemental benefits as those provided under the Advantage 65 plan but does not include enrollment in the state program's Medicare Part D plan. If you select this coverage, be sure to consider enrolling in Part D coverage outside of the state program.	\$126
Advantage 65 – Medical Only + Dental/Vision*	This plan adds routine dental and vision benefits to the Advantage 65 – Medical Only plan described above. Dental and vision benefits are administered by Anthem Blue Cross and Blue Shield.	\$157

*If you elect medical-only coverage, you may not enroll in the state program's Medicare Part D coverage at any time in the future. If you elect routine dental and vision coverage, dental coverage is basic only and does not include prosthetic or complex restorative services.

Unless you terminate coverage, the move to Medicare-coordinating coverage will take place regardless of whether Medicare Part A and B enrollment has occurred. However, if Medicare coverage is not in effect at the time of the plan change, there will be a gap in your coverage. Please contact the Social Security Administration at 1-800-772-1213 immediately if Medicare enrollment has not been completed. The state program's Advantage 65 plans will only coordinate with the Original Medicare Plan. Enrollment in a Medicare Advantage Plan (outside of the state program) will generally exclude secondary medical benefits under any Advantage 65 plan. Also, enrollment in a non-state-program-sponsored Medicare Part D plan or other Medicare prescription drug coverage will result in disenrollment from the state program's Medicare Part D plan.

If the Medicare-eligible family member (you or a dependent) does enroll (or default) into an Advantage 65 plan, he or she will receive a new ID card from Anthem Blue Cross and Blue Shield. If he or she elects or defaults to a plan that includes the state program's Medicare Part D coverage, Medco will also issue an ID card for prescription drug coverage (pending approval by Medicare).

If you are enrolling in a plan that includes prescription drug coverage and your Medicare Claim Number is anything other than your own Social Security Number followed by an A, you must notify your Benefits Administrator by submitting the enclosed enrollment form (see page 3, Part B). Your Medicare Claim Number can be found on your red, white and blue Medicare card, or you may contact 1-800-MEDICARE.

If the effective date of your Medicare eligibility is prior to the date of your move to an Advantage 65 plan and primary claim payments have been paid by the state program in error, you will be contacted by SSDC Disability Services regarding reprocessing of your claims. SSDC is a company that contracts with the State Retiree Health Benefits Program to identify Medicare-eligible participants and correct coordination of benefits errors. You may be asked to sign an authorization form allowing SSDC to act on your behalf to coordinate these recoveries. SSDC will work directly with hospitals, doctors and Medicare to facilitate submission of claims to Medicare for appropriate primary coverage payments. SSDC may also assist with Medicare Part B enrollment if the Medicare-eligible family member has failed to enroll during the initial enrollment period.

Thank you for your attention to this important benefits information.

Enclosure: Enrollment Form