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Email Connection

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Medicare Renewal 2009

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Your clients will soon be receiving renewal information as well as alternate options to ensure that their coverage for 2009 meets their needs. These options are designed to provide groups with alternatives that can help to control costs and minimize the impact of rate increases.

Please note that the renewal rates are awaiting final approval from the Centers for Medicare & Medicaid Services (CMS). If there are any changes to these premium rates upon CMS's approval, we will contact you about the change.

To help you assist your clients in the decision-making process, we've attached samples of our group communication materials.

AmeriHealth 65[®]

[Group administrator letter \(creditable coverage\)](#)

[Group administrator letter \(non-creditable coverage\)](#)

[Group administrator letter \(Medicare Advantage only/Discount Drug\)](#)

[Group administrator letter \(Part D\)](#)

[Plan change form 1](#)

[Plan change form 2](#)

[Rx plan change form](#)

[Sample rate sheet](#)

[Rx sample rate sheet](#)

To view specific group rates and letters, please visit [ROAM](#).

Important points

We ask that you work closely with your clients to identify a plan that will fit their needs and budget. While you and your customers review available options, please note the following key points:

- To assist customers in the decision-making process, we are including additional options with their renewal packet this year.
- Currently, many groups offer a non-creditable prescription plan, that is, a plan whose benefits are less than those of the Medicare Standard Part D Prescription Drug Plan. Please consult with them to choose a Part D plan that will both control costs and minimize any late fees charged to members who did not enroll in a Medicare Part D plan when they became eligible.

Next steps

If a group wishes to keep its current coverage, the customer does not need to take any further action. If a group decides to change plans, we need to receive the request to change benefits by, Friday, September 26. This will allow us to provide groups' retirees with accurate benefits information and to comply with CMS's October 31 member notification deadline. Please fax any Plan Change Request forms to the Medicare Marketing Unit (215-761-0335). If we do not receive a request for a benefits change by September 26, the group will retain its current program for the 2009 plan year.

We realize that your clients have other options and we appreciate them selecting AmeriHealth

HMO, Inc. as their health insurance company. As a health care insurer, we understand the importance of Medicare coverage to your clients and are committed to providing the best health care coverage for the lowest possible cost.

Please call your AmeriHealth Broker Representative if you have any questions about the Medicare options available for 2009.

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