

First Name, Last name

Address line 1

Address line 2

City, State, Zip

**Important: Capital BlueCross is continuing to offer your health coverage for next year. Some plan details may have changed. Unless you take action by December 15, 2014, you will be automatically enrolled to continue this coverage next year. Read this letter to learn more and to review your options**

ENCLOSED WITH THIS PACKET IS A NOTICE THAT THE CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) REQUIRES ALL ISSUERS PROVIDE TO INDIVIDUALS PRIOR TO THE RENEWAL OF THEIR CURRENT HEALTHCARE PLAN.



«NAME»  
«ADDR1»  
«ADDR2»  
«CITY» «STATE» «ZIP»

November 2014

Re: Your Capital BlueCross 2015 Renewal Notification

Dear «NAME»:

Capital BlueCross appreciates the opportunity to serve your health and wellness needs and is pleased to be your health benefits provider.

As you know, the Affordable Care Act (ACA) has brought extensive changes to the health care industry. Centers for Medicaid and Medicare Services (CMS) is requiring all health insurance issuers to send a renewal notice to customers with plans renewing on or after January 1, 2015.

Attached you will find your renewal document for 2015. Please read the document carefully. If you would like to keep your current plan, you do not need to take any action. You will be automatically reenrolled in your current plan, however, there may be a few minor changes to your plan details. These are outlined on the attached renewal notice under the section titled, "Changes we are making to your current health plan."

If you have had any changes in your household income or size, you will need to update your account information on the Federally Facilitated Marketplace at [healthcare.gov](http://healthcare.gov). Any changes to your subsidy amount will apply to your premium beginning on January 1, 2015.

If you would like to explore plan options beyond your current program for 2015, you can learn more about those options by shopping on our website, [choosecapitalblue.com](http://choosecapitalblue.com), calling our sales team at 1.800.451.1181, stopping by our Capital Blue store (at The Promenade Shops at Saucon Valley, Monday through Saturday, 10 a.m. to 7 p.m., for in-person assistance), or contacting a qualified health insurance agent or producer to learn more about or purchase our products.

Thank you again for choosing Capital BlueCross. We appreciate your business and look forward to continuing to serve you with excellence.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacey L. Warner". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Stacey L. Warner  
Vice President Sales Operations and Individual Products

#### Enclosures

\*If you have a pediatric dental plan through Capital BlueCross, you do not need to complete the attestation form as we have your evidence of coverage in our files.

**Important: We're Continuing to Offer Your Health Coverage.**

Dear Policyholder,

Your health insurance coverage is coming up for renewal. **On January 1, 2015 you will be automatically re-enrolled and can keep your current coverage.**

In 2014, you saved \$0 each month because of a tax credit. However, you might be able to get a bigger tax credit or better plan for your budget by visiting the Marketplace during Open Enrollment. The 2015 Open Enrollment period is from November 15, 2014 to February 15, 2015.

Last Year You Saved Each Month	Your Potential Savings This Year
\$0	Go to: <a href="http://Healthcare.gov">Healthcare.gov</a>

Below are changes we'll be making to your plan and options to consider to possibly lower your costs or choose a new plan.

**Changes we're making to your current health plan**

- Premium – Your new premium starts in January. You'll pay \$[Dollar amount7] each month. This amount is based on any premium tax credit you received for the 2014 plan year, which lowers your monthly premium from \$[Dollar amount8]. **Check to see if you have other options or can get a bigger tax credit at/HealthCare.gov**
- [Benefit change Snippet]

If you qualify for lower out-of-pocket costs, make sure you enroll in a plan in the Silver category through the Marketplace to get these savings (except for members of federally recognized Indian tribes and Alaska Natives).

**If you didn't receive a tax credit in 2014**

Tax credits and other cost savings are available to most people who have a Marketplace plan. To find out if you qualify, go to [HealthCare.gov](http://HealthCare.gov).

**If you go back to update your Marketplace application and want to keep this plan, make sure you choose [Plan name and Plan ID19] again.**

**What if I want to change plans?**

- The 2015 Open Enrollment period is from November 15, 2014 to February 15, 2015. If you want a new plan with coverage that starts on January 1, 2015, the deadline to enroll is December 15, 2014.
- You may be able to choose a new health plan from Capital BlueCross or another insurance company through the Marketplace. You or your family may also qualify for Medicaid or the Children's Health Insurance Program (CHIP).

- You can choose to buy a new health plan outside the Marketplace—directly from an insurance company or with the help of an agent or broker. But remember: If you qualify for lower costs, you can get those savings **only** if you enroll through the Marketplace.

**What else should I look at before deciding to keep or change my plan?**

Call or visit the plan’s website to make sure your doctor and other health care providers will be in the plan network next year. Also check to make sure any prescription medications you take will be covered.

**Questions?**

- Call Capital BlueCross at 1-800-730-7219 between 8 a.m. and 6 p.m.
- Visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325)26] to learn more about the Health Insurance Marketplace.

**Getting Help in Other Languages**

Para obtener asistencia en Español, llame al 1-800-730-7219.

TO BE USED WITH FORM:  
[KHPC-Ind-HMO-NarrowNetwk-AGRMT-v0115]  
[KHPC-Ind-HMO-BroadNet-13-cnty-AGRMT-v0115]  
[KHPC-Ind-HMO-BroadNet-21-cnty-AGRMT-v0115]  
KHPC-Ind-Rx-Rider-v0115

**KEYSTONE HEALTH PLAN CENTRAL**

**EXECUTION PAGE ADDENDUM**

**Addendum Effective Date: [mm/dd/yyyy]**

[This Execution Page Addendum replaces any Execution Page Addendum previously issued under this Contract.]

THIS IS IMPORTANT TO YOU – Please keep this Addendum with your Keystone Health Plan Central [KHPC-Ind-HMO-NarrowNetwk-AGRMT-v0115], or [KHPC-Ind-HMO-BroadNet-13-cnty-AGRMT-v0115] or [KHPC-Ind-HMO-BroadNet-21-cnty-AGRMT-v0115] and KHPC-Ind-Rx-Rider-v0115.

Subscriber: [John Doe]

[ADDRESS]

Subscriber ID Number: You will receive your 2015 Member ID card in mid December with your new Subscriber Id number.

Coverage Effective Date: [mm-dd-yyyy]

Dependents:

Coverage Effective Date:

[List Names of Covered Dependents]

[Effective Date for Each Covered Dependent]

Monthly Premium Amount: [\$xxxx.xx]

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the Subscriber and Keystone Health Plan Central shall be bound by the terms of the [KHPC-Ind-HMO-NarrowNetwk-AGRMT-v0115], or [KHPC-Ind-HMO-BroadNet-13-cnty-AGRMT-v0115] or [KHPC-Ind-HMO-BroadNet-21-cnty-AGRMT-v0115] and KHPC-Ind-Rx-Rider-v0115 as of the date designated above as the Addendum Effective Date.

You may obtain the Policy and/or Summary of Benefits (SBC) for this coverage via the Member link on Capital's website at [capbluecross.com](http://capbluecross.com) or by contacting Customer Service at 1-800-730-7219 to request a copy be mailed to you free of charge. The Policy is a document that explains your plan coverage, terms and conditions; highlights the benefits covered under your plan; and provides the schedule of cost-sharing, benefits, limitations and exclusions for the plan. The SBC is a PPACA mandated document that outlines benefits and levels of coverage of your plan.

TO BE USED WITH FORM:  
[KHPC-Ind-HMO-NarrowNetw-AGRMT-v0115]  
[KHPC-Ind-HMO-BroadNet-13-cnty-AGRMT-v0115]  
[KHPC-Ind-HMO-BroadNet-21-cnty-AGRMT-v0115]  
KHPC-Ind-Rx-Rider-v0115

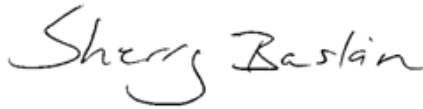
IN WITNESS WHEREOF, this Addendum has been duly executed by Keystone Health Plan Central on the date set forth below.

**Keystone Health Plan Central**



By: Gary D. St. Hilaire  
As: President and Chief Executive Officer,  
Keystone Health Plan Central

**Keystone Health Plan Central**



By: Sherry Baskin  
As: Corporate Secretary,  
Keystone Health Plan Central

[Print Date:]

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[Subscriber Name and Document Label]

[Internal Control #]

[ADDRESS]

**CAPITAL ADVANTAGE ASSURANCE COMPANY**

**EXECUTION PAGE ADDENDUM**

**Addendum Effective Date: [mm/dd/yyyy]**

**[This Execution Page Addendum replaces any Execution Page Addendum previously issued under this contract.]**

THIS IS IMPORTANT TO YOU – Please keep this addendum with your Capital Advantage Assurance Company Individual Pediatric Vision Subscriber Policy (CAAC-Ind-PediatricVS-Policy-v0115).

Subscriber: [John Doe]

[ADDRESS]

Subscriber ID Number: You will receive your 2015 Member ID card in mid December with your new Subscriber Id number.

Coverage Effective Date: [mm-dd-yyyy]

Dependents:  
[List Names of Covered Dependents]

Coverage Effective Date:  
[Effective Date for Each Covered Dependent]

Monthly Premium Amount: Your monthly premium amount is included with the medical coverage premium amount listed on Form KHPC-Ind-HMO-Ex-v0115

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the Subscriber and Capital Advantage Assurance Company shall be bound by the terms of the Capital Advantage Assurance Company Individual Pediatric Vision Subscriber Policy (CAAC-Ind-PediatricVS-Policy-v0115 as of the date designated above as the Addendum Effective Date.

You may obtain the Policy for this coverage via the Member link on Capital's website at capbluecross.com or by contacting Customer Services at 1-800-730-7219 to request a copy be mailed to you free of charge. The Policy explains your plan coverage, terms and conditions as well as provides a schedule of covered benefits, limitations and exclusions for your plan.

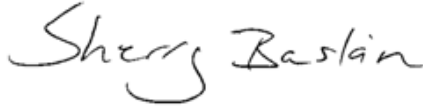
IN WITNESS WHEREOF, this Addendum has been duly executed by Capital Advantage Assurance Company on the date set forth below.

**Capital Advantage Assurance Company**



By: Gary D. St. Hilaire  
As: President and Chief Executive Officer,  
Capital Advantage Assurance Company

**Capital Advantage Assurance Company**



By: Sherry Baskin  
As: Corporate Secretary,  
Capital Advantage Assurance Company

[Print Date:]

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[Subscriber Name and Document Label]

[Internal Control #]

[ADDRESS]

[TO BE USED WITH FORM(S)  
[BCD15P-C-IPED -HIX]  
[BCD15P-C-IFAM]  
[BCD15D-C-IPED]  
[BCD15D-C-IFAM]

**CAPITAL ADVANTAGE ASSURANCE COMPANY**

**EXECUTION PAGE ADDENDUM**

**Addendum Effective Date: [mm/dd/yyyy]**

**[This Execution Page Addendum replaces any Execution Page Addendum previously issued under this contract.]**

THIS IS IMPORTANT TO YOU – Please keep this addendum with your Capital Advantage Assurance Company Individual Dental Policy ([BCD15P-C-IPED -HIX] or [BCD15P-C-IFAM] or [BCD15D-C-IPED] or [BCD15D-C-IFAM]).

Subscriber: [John Doe]

[ADDRESS]

Subscriber ID Number: You will receive your 2015 Member ID card in mid December with your new Subscriber Id number.

Coverage Effective Date: [mm-dd-yyyy]

Dependents:  
[List Names of Covered Dependents]

Coverage Effective Date:  
[Effective Date for Each Covered Dependent]

Monthly Premium Amount: [\$xxxx.xx]

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the Subscriber and Capital Advantage Assurance Company shall be bound by the terms of the Capital Advantage Assurance Company Individual Dental Policy ([BCD15P-C-IPED -HIX] or [BCD15P-C-IFAM] or [BCD15D-C-IPED] or [BCD15D-C-IFAM]) as of the date designated above as the Addendum Effective Date.

You may obtain the Policy for this coverage via the Member link on Capital's website at [capbluecross.com](http://capbluecross.com) or by contacting Customer Service at 1-800-730-7219 to request a copy be mailed to you free of charge. The Policy is a document that explains your plan coverage, terms and conditions; highlights the benefits covered under your plan; and provides the schedule of cost-sharing, benefits, limitations and exclusions for the dental plan.

[TO BE USED WITH FORM(S)  
[BCD15P-C-IPED -HIX]  
[BCD15P-C-IFAM]  
[BCD15D-C-IPED]  
[BCD15D-C-IFAM]

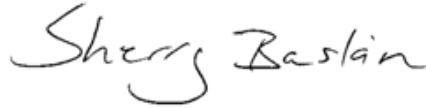
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**Capital Advantage Assurance Company**



By: Gary D. St. Hilaire  
As: President and Chief Executive Officer,  
Capital Advantage Assurance Company

**Capital Advantage Assurance Company**



By: Sherry Baskin  
As: Corporate Secretary,  
Capital Advantage Assurance Company

[Print Date:]

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[Subscriber Name and Document Label]

[Internal Control #]

[ADDRESS]

**CAPITAL ADVANTAGE ASSURANCE COMPANY**

**EXECUTION PAGE ADDENDUM**

**Addendum Effective Date: [mm/dd/yyyy]**

**[This Execution Page Addendum replaces any Execution Page Addendum previously issued under this contract.]**

THIS IS IMPORTANT TO YOU – Please keep this addendum with your Capital Advantage Assurance Company Individual Pediatric Vision Subscriber Policy (CAAC-Ind-VS-Policy-v0115).

Subscriber: [John Doe]

[ADDRESS]

Subscriber ID Number: You will receive your 2015 Member ID card in mid December with your new Subscriber Id number.

Coverage Effective Date: [mm-dd-yyyy]

Dependents:  
[List Names of Covered Dependents]

Coverage Effective Date:  
[Effective Date for Each Covered Dependent]

Monthly Premium Amount:

In consideration of the mutual covenants and promises stated herein and other good and valuable consideration, the Subscriber and Capital Advantage Assurance Company shall be bound by the terms of the Capital Advantage Assurance Company Individual Vision Subscriber Policy (CAAC-Ind-VS-Policy-v0115) as of the date designated above as the Addendum Effective Date.

You may obtain the Policy for this coverage via the Member link on Capital's website at [capbluecross.com](http://capbluecross.com) or by contacting Customer Services at 1-800-730-7219 to request a copy be mailed to you free of charge. The Policy explains your plan coverage, terms and conditions as well as provides a schedule of covered benefits, limitations and exclusions for your plan.

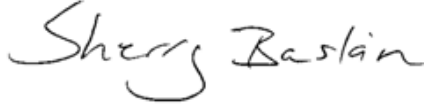
IN WITNESS WHEREOF, this Addendum has been duly executed by Capital Advantage Assurance Company on the date set forth below.

**Capital Advantage Assurance Company**



By: Gary D. St. Hilaire  
As: President and Chief Executive Officer,  
Capital Advantage Assurance Company

**Capital Advantage Assurance Company**



By: Sherry Baskin  
As: Corporate Secretary,  
Capital Advantage Assurance Company

[Print Date:]

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[Subscriber Name and Document Label]

[Internal Control #]

[ADDRESS]

## **Important Notice from Capital BlueCross About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capital BlueCross and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Capital BlueCross has determined that the prescription drug coverage offered by the Healthy Benefits plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Capital BlueCross coverage will not be affected. You can keep your Capital BlueCross coverage and this plan will coordinate coverage with the Medicare drug plan. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Capital BlueCross coverage, be aware that you and your dependents may be able to get this coverage back during an open enrollment period under the Capital BlueCross benefit plan.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Capital BlueCross changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: November, 2014

Name of Entity/Sender: Capital BlueCross

Contact: Customer Service Department

Address: 2500 Elmerton Avenue, Harrisburg, PA 17177-9799

Phone Number: 1.800.730.7219

