



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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DIRECTOR

James Monroe Building
101 N. 14th Street
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To: Extended Coverage Participants Eligible for Medicare

From: Charles Reed, Associate Director
State and Local Health Benefits Programs

Date: November 19, 2003

Re: --Your State Health Benefits Program Medicare Plan Monthly Rates Effective
January 1, 2004
--General Information

Premium Rates for 2004: Medicare-eligible retiree group participants, including those in Extended Coverage, will experience premium increases effective January 1, 2004. Extended Coverage rates for 18 or 36-month participants are indicated below.

Plan*	Current (2003) Single Premium	Your New 2004 Premium
Advantage 65	\$241	\$249
Advantage 65 + Dental/Vision	\$268	\$276
Medicare Complementary (Option I)	\$205	\$220
Medicare Supplemental (Option II)	\$279	\$308
Option II + Dental/Vision	\$307	\$336

*All State Retiree Health Benefits Program Medicare-coordinating plans are administered by Anthem Blue Cross and Blue Shield.

No Copayment, Coinsurance or Benefit Changes: All copayment and coinsurance levels will remain unchanged for 2004, and there will be no change to your plan benefits.

Making Allowable Plan Changes: If you wish to maintain your current plan and membership level, you do not need to take any action. Your new monthly premium will be billed in the usual manner.

If you wish to make an allowable change in your coverage per plan provisions, your completed enrollment form must be received between December 1 and December 31, 2003, to ensure a January 1, 2004, effective date. A form is enclosed for your use. Completed forms should be sent to:

Program Manager
State Retiree Health Benefits
101 N. 14th Street, 13th Floor
Richmond, VA 23219

Requests for allowable changes received after December 31 will generally be effective the first of the month after receipt of the form. Allowable changes (not associated with a qualifying mid-year event) include:

- **Removing dependents** (Dependents may not be added without the occurrence of a consistent qualifying mid-year event or, for non-Medicare Enrollees, at open enrollment.)
- **Adding Dental/Vision to Advantage 65 or Option II** (This is allowed one time only—if you have previously discontinued Dental/Vision coverage under either plan, you may not add it again to either plan.)
- **Removing Dental/Vision from Advantage 65 or Option II** (Once this coverage is removed, you will not have another opportunity to add it in the future.)
- **Moving between Option I and Option II** (Current participants may move between those plans or to Advantage 65, but once Option I or II participants elect Advantage 65 coverage, they may not move back to Option I or II again in the future.)

ID Cards: If you make no change to your current program coverage, you may continue to use your current identification card. If you need a replacement card, please contact Anthem Member Services at 1-800-552-2682 (outside of Richmond) or 355-8506 (in Richmond). If you do make an allowable plan change, you will receive an updated card within approximately two weeks after your enrollment form is received.

Member Handbook Updates: A “Notification of Changes” to your Member Handbook is enclosed. This describes recent eligibility and administrative updates that affect your plan. Please review these changes carefully and keep them with your handbook. Participants in Advantage 65 + Dental/Vision and Option II + Dental/Vision will receive an additional Notification to update their Dental/Vision handbook. Complete new handbooks will not be issued at this time.

Newsletter: Please take a moment to read the enclosed *Open Forum* newsletter, which contains items of interest directed at Medicare-eligible participants.

Enclosures:

Enrollment Form
Open Forum Newsletter
Member Handbook(s) *Notification of Changes*