



TO: Outreach Partners and Interested Parties
FROM: **Prescription Advantage**
DATE: February 4, 2011

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage. These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

Prescription Advantage Redetermination

Periodically Prescription Advantage requires its members to participate in a Redetermination. The Redetermination is done to collect updated information that will be used to determine that the member is still eligible for benefits and is in the correct membership category.

This week 1,159 S2 members will receive a Redetermination Form along with the attached cover letter. This form must be completed and returned to Prescription Advantage by April 25, 2011.

During the first two weeks of March, Prescription Advantage Customer Service Reps will call members that have not submitted the Redetermination form to remind them to return the completed form by April 25th.

Attached:
- Redetermination Cover Letter



February 2011

Dear Prescription Advantage Member:

Prescription Advantage periodically performs a review of the information we have on file for our members. The information you provide as part of this membership Re-Determination will allow us to verify that you are in the correct membership category. In order to avoid any break in your benefits, it is important that you send the required information to Prescription Advantage by **April 25, 2011**.

Prescription Advantage requires all members who may qualify for the Low Income Subsidy (LIS), also known as Extra Help, to apply for this benefit. To qualify for Extra Help, your resources (other than your home) cannot be more than \$12,640 for a single person or more than \$25,260 for a married couple. See *Section C: Extra Help from Medicare* of the Re-Determination Form for more information.

WHAT YOU NEED TO DO

1. Carefully read the instructions and fill in the form, even if there have not been any changes since you last submitted information to Prescription Advantage.
2. You will have to submit verification of any income you have. Refer to *Section E: Income Documentation* for information regarding acceptable documents to verify income. Please send copies only. **Originals will not be returned.**
3. Complete *Supplement A* only if you wish to designate an Authorized Representative to make decisions about Prescription Advantage for your household, or if you wish to continue with an existing Authorized Representative.
4. If someone helps you complete this Re-Determination Form, such as a family member or an advocate, and you would prefer that we contact that person if we have questions or need more information, complete the *Temporary Authorization* form.
5. **Sign and date the form.** We cannot process your Re-Determination Form without the appropriate signature(s).
6. Return the form and required income documentation by **April 25, 2011** to:

Prescription Advantage
Attention: Re-Determination
P.O. Box 15153
Worcester, MA 01615-0153

You will be notified in writing when the Re-Determination review is complete. If you no longer wish to be a Prescription Advantage member, you must notify the Plan in writing.

If you have questions or need help completing the Re-Determination Form, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) and press 2, or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage