



[Addressee's Name]  
[Addressee's Title]  
[Group Name]  
[Street Address]  
[City, State Zip Code]

## Important information about your Medicare-eligible members and your benefit plan

Dear [Name],

Our records indicate that your benefit plan includes the Medicare Exclusion. The Medicare Exclusion applies to members for whom Medicare is the primary payer but they have not elected to enroll. These members will be responsible for paying their doctor, hospital, or other medical professional the amount Medicare would have paid and any applicable copayments, coinsurance, and deductibles. Your group health benefit plan will pay the remaining balance on claims submitted as if the member had enrolled in Medicare Parts A and B.

I am writing to let you know that we will contact your Medicare-eligible, or soon to be eligible, members to inform them of the steps they need to take to maximize their health plan benefits and minimize their expenses by enrolling in Medicare.

Your members can apply for Medicare by calling or visiting their local Social Security office, calling the Social Security Administration office at 1-800-772-1213 (TTY/TDD call 1-800-325-0778), or going to its website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

If you have any questions with regards to this letter, please contact your Independence Blue Cross account executive immediately.

I look forward to continuing to serve you.

Sincerely,

A handwritten signature in black ink that reads "Linda Taylor".

Linda Taylor  
Senior Vice President, Chief Sales Executive