



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: February 28, 2008

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.

FPL Change Letters – Non-Medicare Members

Prescription Advantage will implement the new federal poverty guidelines on April 1, 2008. These guidelines establish the membership categories for Prescription Advantage members. Based on a member's reported gross annual household income, these new guidelines may place members in a different membership category with increased benefits.

The rate information in the letter will vary depending on the category the member is placed in. The sample letter attached is for a member in Category 1.

The mailing of these letters started this week and will continue next week to all members, whether or not their membership category is changing. For those members remaining in the same category, the letter serves as a reminder of the level of Prescription Advantage benefits the member receives.



<Date>

ID Number: <ID Number>

<Member's Name>
<Authorized Rep's Name>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

Dear <First Name> <Last Name>:

On April 1, 2008, Prescription Advantage will implement the new federal poverty guidelines. These guidelines are used to establish the membership categories for Prescription Advantage members.

By comparing your gross annual household income with the 2008 guidelines, we've determined your membership category to be **Category 1**.

The rates you will pay toward premiums, deductibles, and co-payments are listed below. These rates will become effective on **April 1, 2008**.

Prescription Advantage Rates Effective April 1, 2008	
Monthly Premium	\$0
Individual Quarterly Deductible	\$0
Co-payments for up to 30-day supply purchased at retail pharmacy:	
Generic drugs (Level 1)	\$7
Brand name drugs (Level 2)	\$18
Additional brand name drugs (Level 3)	\$40
Co-payments for up to 90-day supply purchased through mail service:	
Generic drugs (Level 1)	\$14
Brand name drugs (Level 2)	\$36
Additional brand name drugs (Level 3)	\$80
Annual Out-of-Pocket Spending Limit	\$690 in co-payments

ID Number: <ID Number>

Please be aware that you are responsible for reporting any changes in personal information you initially provided in your application, such as a change in address or your income, to Prescription Advantage. Failure to do so may result in the termination of your benefits.

Also, our records currently indicate that you are not eligible for Medicare. If you are currently eligible for Medicare, or if you become eligible for Medicare, please notify Prescription Advantage right away so that we may coordinate your benefits with your Medicare drug coverage.

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

Sincerely,

Prescription Advantage

You have the right to request a review of decisions made by Prescription Advantage regarding your membership and benefits. For more information, please contact Customer Service.