

Dear Plan Member:

Recently, the Centers for Medicare & Medicaid Services made some systems changes. As a result, an incorrect sentence was generated in your 2007 Summary of Benefits.

The INCORRECT sentence states:

"For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$ 2400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$ 3850.

After your TOTAL YEARLY DRUG COSTS (PAID BY BOTH YOU AND YOUR PLAN) reach \$ 3850, you pay the following for your prescription drugs: ..."

The CORRECT sentence should state:

"For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$ 2400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$ 3850.

After your YEARLY OUT-OF-POCKET DRUG COSTS reach \$3850, you pay ..."

What this means is once your yearly out-of-pocket costs reach \$3850 you reach catastrophic coverage at which point your cost sharing is <[greatly reduced] or[eliminated]>.

We apologize for any confusion that this may have caused. If you have any questions, please contact <member/customer service> at <member/customer service contact information>.

Sincerely yours,

<Plan Representatives Signature>