



[ReturnStandardAddress2] [ReturnStandardCity], [ReturnStandardState] [ReturnStandardZip]

[DATE]

[Mailing Address Attention line F101]

[Legal Rep Name F109]

[FIRST NAME F8] [LAST NAME F10]

[ADDRESS1 F102]

[ADDRESS2 F103]

[CITY F104], [ST F105] [ZIP F106\_F107]

Dear [FIRST NAME F8] [LAST NAME F10]:

Medicare has disenrolled you from [PlanName] because its records show that you are incarcerated. As of [F141], you no longer have coverage through [PlanName]. Your Medicare prescription drug coverage ends on this date. You will have Original Medicare; however, Medicare generally doesn’t pay for your hospital or medical bills if you’re incarcerated.

If your plan premium was paid for any month after [F141-1day], you’ll get a refund from us within 30 days of this letter.

The decision to disenroll you was made by Medicare, based on information from the Social Security Administration (SSA), not by [PlanName].

**What if I think there’s been a mistake?**

If you aren’t incarcerated or think that there has been a mistake, please call us at [SpecEnrollmentNumber]. TTY users should call [EnrollmentTTY]. We are open [EnrollmentHours].

**What happens to my Medicare and Part D coverage?**

While you are incarcerated, you are not eligible to enroll in a Medicare health or Part D plan. However, once you are released and report it to SSA, you will have a special opportunity to join a Medicare health or Part D plan. This opportunity begins the month you are released and lasts for two additional months. If you don’t enroll at that time, you can enroll in a new Medicare health plan or Medicare prescription drug plan from **[CMSAEPStart: Month Day] through [CMSAEPEnd: Month Day] of each year** for coverage to start the following year. You may not enroll in a new plan during other times of the year unless you meet certain special exceptions, such as if you move out of your plan’s service area, you want to join a plan in your area with a 5-star rating, or you qualify for (or lose) Extra Help with your prescription drug costs.

Please remember, if you go without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more after your release, you may have to pay a lifetime Part D late enrollment penalty in addition to any plan premium if you enroll in Medicare prescription drug coverage in the future.

**Who can I call to get more information?**

You can call Social Security at [SSNPhone], [SSNHours] Monday through Friday, if you have questions about your incarcerated status. TTY users should call [SSNTTY]. If you have questions about your Medicare coverage, you can call 1-800-MEDICARE ([MedicarePhone]) anytime, [MedicareHours]. TTY users should call [MedicareTTY]. You can also call [SpecEnrollmentNumber] if you have questions. TTY users should call [EnrollmentTTY]. We are open [EnrollmentHours].

Thank you.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al [CustomerCareNumber] (TTY: [CustomerCareTTY]).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.