Shape

Description automatically generated with medium confidence

[ReturnPriorityAddress2], [ReturnPriorityCity], [ReturnPriorityState] [ReturnPriorityZip]

[DATE]

[(if F108=M, populate)F101]

[(if F108=L, populate)F109]

[F8] [F9] [F10] **RxID: [F54]**

[F102] **RxGroup: [F14]**

[F103] **RxBin:** **[F11]**

[F104] [F105] [F106]-[F107] **RxPCN: [F12]**

Dear [F8] [F10]:

**Beginning [F79], you no longer qualify for Extra Help with your Medicare prescription drug costs.** You will continue to be a member of [PlanName].

**How will your monthly premium change?**

The monthly premium you pay to [PlanName] will change from [F80] to [F62]. [(if F23=S or R, populate the following sentence)Because your premium is deducted from your monthly Social Security/Railroad Retirement Board check, the amount withheld from your check will change.]

**How will your other prescription drug costs change?**

The table below shows the copayment/coinsurance amount you pay for covered prescription drugs when you are in your **Initial Coverage Stage.** [(if PreferredRetail=Yes, populate the following)Included are your costs from pharmacies offering preferred cost-sharing (**P**) and pharmacies offering standard cost-sharing (**S**).]

|  |  |
| --- | --- |
| **Benefits** | **[PlanYear] [PlanName] Plan** |
| Deductible | [(if Deductible=No, populate)$0.00][( if Deductible=Yes, populate)[DeductibleAmount]] |
| Preferred Generic | [(if PreferredRetail=No, populate)[ICLPRCSAmount1]] [(if PreferredRetail=Yes, populate)[ICLPRCSAmount1] **P** / [ICLNPRCSAmount1] **S**] |
| Generic | [*Same variables as above*] |
| Preferred Brand | [*Same variables as above*] |
| Non-Preferred Drug | [*Same variables as above*] |
| Specialty Tier | [ICLPRCSAmount1] |
| Initial Coverage Limit | Up to [ICLMaximum] Total Drug Cost |
| Coverage Gap Benefits | Begins after [ICLMaximum] until [CoverageGapMax] in True Out of Pocket Cost |

***Table pricing is for a 30-day supply at a network retail pharmacy.***

Once you spend [CoverageGapMax] in a year, your copayment/coinsurance amount(s) will go down. You will pay [CMSCCGenCoPay] for generic or preferred drugs and [CMSCCBrandCoPay] for any other drug, or 5% coinsurance, whichever is higher, for the rest of the year.

These changes to your prescription drug costs begin [F79]. This date may have already passed when you get this letter. If you have filled prescriptions since [F79], you may have been charged less than you should have paid. If you do owe us money, we will let you know how much.

[[(if F138=D, populate the following paragraph)

You may still qualify for Extra Help, but you must apply to find out.If you haven’t already filled out an application for Extra Help, you can get an application or apply over the phone by calling Social Security at [CPSSAPhone], [CPSSHours], Monday to Friday, or apply online at [CPSSURL]. TTY users should call [CPSSATTY].]

**What are your options?**

**Option 1:** You can stay a member of our plan

You can continue to be a member of [PlanName]. You will pay the costs described above for your coverage.

**Option 2:** You can switch to a new plan

Because you no longer qualify for Extra Help, you can switch to a different Medicare drug plan starting [F79] until [(if F79=January 1, populate)March 31, [PlanYear]][( if F79 is NOT January 1, populate)F79+60]. You may want to choose a different drug plan for next year with costs and coverage that better meet your needs.

Visit [CPMedicareURL] on the Web or call 1-800-MEDICARE ([MedicareNumber]), [CPMedicareHours], for more information about Medicare drug plans available in your area. TTY users should call [CPMedicareTTY].

**Option 3:** You can find other ways to get help with your prescription drug costs

Your state may have programs that can help pay your prescription drug costs. Contact your State Medical Assistance (Medicaid) office for more information. Call 1-800-MEDICARE ([MedicareNumber]), [CPMedicareHours], or visit [CPMedicareURL] on the Web for their telephone number. TTY users should call [CPMedicareTTY].

[(if F138=A, populate the following 2 paragraphs)

**What To Do If Your Situation Changes**

You can file a new application for Extra Help at any time. You can get an application or apply over the phone by calling Social Security at [CPSSAPhone], [CPSSHours], Monday to Friday, or apply online at [CPSSURL]. TTY users should call [CPSSATTY].

**If You Disagree With This Decision**

If you think your Extra Help was terminated in error, you can call Social Security to appeal at [CPSSAPhone], [CPSSHours], Monday to Friday. TTY users should call [CPSSATTY].]

**For More Information**

If you have any questions about this letter, please contact Customer Care at 1-866-808-7463, [CustomerCareHours]. TTY/TDD users should call [CustomerCareTTY].

Thank you.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.