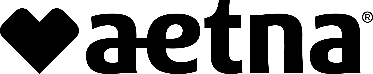
<>

<Return address>

<First Name Last Name> <Member ID>

<Address Line 1> Reference ID: <GC21E>

[<Address Line 2>]

<City, State Zip>

[Important <plan name> information]

<Date>

Dear <Member>:

We recently sent you a letter letting you know that we gave you a favorable decision on your request to get your coverage back.

We told you that for us to reinstate you into <PDP name>, you had to pay all plan premiums you owed by <insert date 3 months after disenrollment effective date>. You owed <$ insert total premium amount owed>. The letter also said that if we didn’t get full payment by the deadline, you would stay disenrolled {insert if Part D coverage included in plan:} [and you would not have Medicare prescription drug coverage].

**We didn’t get your payment on time**

Because you didn’t pay the full amount you owe by the deadline, you will stay disenrolled from your plan. This decision is final. You can’t appeal it.

You are still responsible for paying the plan premiums you owed at the time you were disenrolled. And you must continue to pay your Medicare Part B premium.

**When can I get Part D coverage?**

Medicare limits when you can make changes to your coverage. **From October 15 through**

**December 7 each year**, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year. You may not enroll in a new plan other times of the year unless you meet certain special exceptions. For example, if you move out of <PDP name>’s service area, 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 don’t have other creditable coverage (prescription drug coverage that is expected to pay on average as much as Medicare), you may have to pay a Part D late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

**Can I get help paying my premiums and other out-of-pocket costs?**

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75 percent or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Those who qualify won’t have a coverage gap or a Part D late enrollment penalty. Many people qualify for these savings and don’t even know it. For more information about this program, contact your local Social Security office, or call Social Security at <1-800-772-1213, Monday through Friday, 7 AM to 7 PM>. TTY users should call <1-800-325-0778>. You can also apply for help online at <www.ssa.gov/benefits/medicare/prescriptionhelp/>.

If you lose this help during the year, you can still change plans for three months after you are notified that you no longer qualify for Extra Help.

**We’re here to help**

If you think we made a mistake, or if you have any questions, just call us at

**<1-866-824-4055 (TTY: 711)>,** <24/7>.

For questions about making changes to the way you get Medicare, call 1‐800‐MEDICARE (1‐800‐633‐4227), 24/7. TTY users should call 1‐877‐486‐2048.

Thank you.

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<Aetna Part Number>