[DATE]

[F101]

[F109]

[F8] [F9] [F10]

[F102]

[F103]

[F104], [F105] [F106]-[F107]

Dear [F8] [F10]:

**[**(If F36=851 and F145=I, populate)Medicare informed us that your previous plan reported that you didn’t have prescription drug coverage that met Medicare’s minimum standards for at least 63 days. As a result of this, starting [F131], your new premium will be [(If F33=7185 and F3=3TIERNET, populate)[PremiumAmount]+[F66]-[F134]][(If F33≠7185, populate)[F62]] per month. Your Part D late enrollment penalty is [F66]. [(If F135>$0.00, populate)This also means that you owe a previous Part D late enrollment penalty dating back to your effective date of enrollment.]

[(If F23=D and F135>$0.00, populate)We’ll charge you a lump sum amount of [F135]. After this one-time lump payment, you’ll owe [(If F33=7185 and F3=3TIERNET, populate)[PremiumAmount]+[F66]-[F134]][(If F33≠7185, populate)[F62]] per month.]

[(If F23=S or R and F135>$0.00 and F37≠NHP or NHL, populate)We’ll deduct this lump sum amount from your Social Security/Railroad Retirement Board check. We’ll continue to deduct your future monthly premium amount (including the monthly Part D late enrollment penalty amount, if any) from your Social Security/Railroad Retirement Board check.]

[(If F37=NHL, populate)Since you owe a Part D late enrollment penalty for past months, and that amount causes your current monthly premium to be more than $300.00, we’ll charge you a lump sum amount of [F135]. We’ll continue to deduct your future monthly premium amount (including the monthly Part D late enrollment penalty amount, if any) from your Social Security/Railroad Retirement Board check.]

[(If F37=NHP, populate)Since you owe a Part D late enrollment penalty for past months, and that amount causes your current monthly premium to be more than $300.00, we’ll charge you a lump sum amount of [F135]. We won’t deduct your future monthly premium amount (including the monthly Part D late enrollment penalty amount, if any) from your monthly Social Security/Railroad Retirement Board check. We will bill you directly for your monthly premiums.]**]**

**[**(If F36=852 and F145=I, populate)Medicare informed us that your previous plan reported that you didn’t have prescription drug coverage that met Medicare’s minimum standards for at least 63 days. As a result of this, we should have charged you [(If F136=$0.00, populate)a][(If F136>$0.00, populate)an additional] Part D late enrollment penalty amount of [F135].

[(If F23=D, populate)Please send your payment to:

SilverScript® Insurance Company

P.O. Box 504849

St. Louis, MO 63150-4849

(Payment ID # must be included on remittance to ensure accurate credit to account.)]

[(If F23=S or R and F37≠NHL, populate)We’ll deduct this lump sum amount from your Social Security/Railroad Retirement Board check.][(If F37=NHL, populate)Since you owe a Part D late enrollment penalty for past months, we’ll charge you a lump sum amount of [F135]. We’ll bill you directly for this amount.]**]**

**[**(If F36=851 and F145=R, populate)Your Part D late enrollment penalty has been [(If F66>$0.00, populate)reduced][(If F66=$0.00, populate)removed] based on a change to what your former plan reported to Medicare. Your new premium amount is [(If F33=7185 and F3=3TIERNET, populate)[PremiumAmount]+[F66]-[F134]][(If F33≠7185, populate)[F62]]. This amount [(If F66=$0.00, populate)no longer includes a Part D late enrollment penalty.][(If F66>$0.00, populate)includes a reduced Part D late enrollment penalty amount of [F66].] [(If F23=D, populate)This also means that we’ll refund you any Part D late enrollment penalty amount that you paid, while in our plan, as soon as possible. It will be applied to reduce your next bill. We’ll reduce your next bill by [F135].] [(If F23=S or R, populate)This also means that the Social Security Administration/Railroad Retirement Board will refund you any Part D late enrollment penalty amount that you paid, while in our plan. The Social Security Administration/Railroad Retirement Board will refund you [F135] as soon as possible.]**]**

**[**(If F36=852 and F145=R, populate)Medicare informed us that [(If F66=$0.00, populate)you shouldn’t have paid a Part D late enrollment penalty.] [(If F66>$0.00, populate)you should have paid a reduced Part D late enrollment penalty while you were enrolled in our plan.] This decision was based on information reported to Medicare by your previous plan. [(If F23=D, populate)Therefore, we’ll refund you [F135] as soon as possible.] [(If F23=S or R, populate)The Social Security Administration/Railroad Retirement Board will refund you [F135] as soon as possible.]**]**

If you have questions about what your previous plan reported to Medicare, you should contact your previous plan. If you have questions about other information contained in this letter, or would like more information about the Part D late enrollment penalty, you can call 1-855-559-6434, [CustomerCareHours]. TTY users can call [CustomerCareTTY]. You can also get information by calling 1-800-MEDICARE ([MedicarePhone]), [MedicareHours]. TTY users can call [MedicareTTY].

Thank you.