Shape

Description automatically generated with medium confidence

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

[DATE]

[F101]

[F109]

[F8] [F9] [F10]

[F102]

[F103]

[F104], [F105] [F106\_F107]

Dear [F8] [F10]:

This is to confirm your disenrollment from [PlanName]. Beginning [F141], [PlanName]won’t cover your prescription drugs. You got a blue letter from Medicare in October explaining that Medicare will switch you to another Medicare drug plan starting January 1, [FuturePlanYear]. This is because it will cost you more if you stay in [PlanName].

If you haven’t already, you should soon get a letter from your new plan confirming your enrollment that will take effect on January 1, [FuturePlanYear].

You can call this new plan with questions about their coverage, formulary, and pharmacy list.

If you have questions about why Medicare changed your plan or other Medicare plans available in your area, you can call 1-800-MEDICARE ([MedicarePhone]), [MedicareHours]. TTY users should call [MedicareTTY].

If you have questions about this disenrollment from [PlanName]or you want to remain a member of our plan, please call [SpecEnrollmentNumber], [EnrollmentHours]. TTY users should call [EnrollmentTTY].

Thank you.

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.