Shape

Description automatically generated with medium confidence

[(If F38=AENOL, populate)[ReturnStandardAddress2] [ReturnStandardCity], [ReturnStandardState] [ReturnStandardZip]][(If F38=DCONF, populate)[ReturnPriorityAddress2] [ReturnPriorityCity], [ReturnPriorityState] [ReturnPriorityZip]]

[DATE]

[(if F108=M, populate)F101]

[(if F108=L, populate)F109] **Member #/**

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

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

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

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

Dear [F8] [F9] [F10]:

You are getting this letter because Medicare has enrolled you in [PlanName] for coverage beginning [PlanEffectiveDate: Month Day, Year]. You should have already received a blue letter from Medicare telling you that they were moving you from the drug plan you were originally assigned to because either 1) that plan was leaving the Medicare program on [PriorPlanEndDate Month Day, Year], or 2) the cost for that plan was increasing beginning [PlanEffectiveDate: Month Day, Year].

As of [PlanEffectiveDate: Month Day, Year], you should begin using [PlanName] network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy, except in an emergency, [PlanName] may not pay for your prescriptions.

[(If F38=AENOL, populate)You can use this letter as proof of your prescription drug coverage when you go to the pharmacy until you get your Member ID card from us.]

Because you qualify for Extra Help with your prescription drug costs, you will pay no more than the following:

* [F62] per month for your [PlanName] premium[(If F47=0).][(If F47≠0, populate)*,*]
* **[**(If F47≠0, populate)[*Logic: If F47=1, 2, 3,OR 4, populate)*$0.00] for your yearly prescription drug plan deductible,
* [(If F47=1 or 4, populate)[CMSLICS1GenCoPay]/[CMSLICS1BrandCoPay]][( If F47=2, populate)[CMSLICS2GenCoPay]/[CMSLICS2BrandCoPay]][(If F47=3, populate)$0.00] when you fill a prescription.**]**

If you believe this is incorrect and you have proof that the Extra Help amounts should be different, please contact Customer Care.

You aren’t required to be in [PlanName]. If you want to join a different Medicare prescription drug plan, call that plan to find out how to join. If you don’t want Medicare prescription drug coverage at all, call [SpecEnrollNumber]. TTY users should call [CustomerCareTTY]. We are open [CustomerCareHours]. You will need to tell us you don’t want Medicare prescription drug coverage.

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.

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.