[DATE]

[(If F108=M, populate)[F101]]

[(If F108=L, populate)[F109]]

[F8] [F9] [F10]

[F102]

[F103]

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

Dear [F8] [F10]:

This letter is to confirm your disenrollment from [ClientName] prescription drug coverage through [PlanName]. Effective [F21], your current employer plan prescription drug coverage through [PlanName] will be ending, and you will no longer be covered.

**What should I do now?**

You will need to select a new Medicare Part D plan.

* **If you have not enrolled** in a new plan, you should consider enrolling in one. If you don’t enroll in a new plan at this time, or you don’t have or get creditable prescription drug coverage (as good as Medicare’s), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.
* **If you have already enrolled** in a Medicare prescription drug plan (or a Medicare Advantage Plan with prescription drug coverage), you should receive confirmation of your enrollment directly from your new plan.

**When can I enroll in a new Medicare prescription drug plan?**

You qualify for a Special Enrollment Period (SEP) because your employer/union coverage is ending. This SEP will end two months after the month the employer or union coverage ends. You must choose a plan before this SEP ends. You can also enroll during Medicare’s Annual Election Period (AEP), which is from October 15 through December 7 of each year, to be effective the following year. Outside of the AEP, you may not enroll in a new plan unless you meet certain special exceptions such as if you move out of the plan’s service area, you want to join a plan in your area with a 5-star rating, or you qualify for Extra Help paying for prescription drug coverage.

**Where can I get more information?**

We encourage you to evaluate your options as soon as possible.

* If your employer has asked you to work with a Medicare Exchange Advisor to enroll in a new prescription drug plan, please contact your Advisor as soon as possible to evaluate your options and enroll in a new Medicare prescription drug plan.
* To learn about the individual [(If Carrier=9545 or 9300 series, populate)SilverScript(else, populate)[PlanName]] prescription drug plans available to you, please contact your Medicare Exchange or [(If Carrier=9545 or 9300 series, populate)SilverScript(else, populate)[PlanName]] Customer Care at [(If Carrier=9545 or 9300 series, populate)[CPCustomerCareNumber], [CPCustomerCareHours](else, populate)[CustomerCareNumber], [CustomerCareHours]]. TTY users should call [TTYNumber].

For information about all Medicare prescription drug plans available in your area, call

1-800-MEDICARE ([CPMedicarePhone]), [CPMedicareHours], or visit [CPMedicareURL]. TTY users should call [CPMedicareTTY].

We encourage you to be proactive regarding your prescription drug coverage to ensure you enroll in a Medicare Part D plan that meets your needs. Please keep in mind that individual [(If Carrier=9545 or 9300 series, populate)SilverScript(else, populate)[PlanName]] plans are an option for you to consider when selecting your new Medicare prescription drug coverage, whether enrolling directly or through a Medicare Exchange.

Thank you.

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[(If Carrier=9487 and CUID=2772, populate)1CONSOL Energy refers to the subsidiaries of CONSOL Energy Inc. that were signatory parties to one or more National Bituminous Coal Wage Agreements.]

[(If Carrier=9300 series, populate)Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health company.]