[DATE]

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

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

[F8] [F9] [F10]

[F102]

[F103]

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

Dear [F8] [F10]:

In recent months, you’ve been notified by your employer that [ClientName] Medicare-eligible retirees will enroll in prescription drug coverage in a new way. You will have the opportunity to select your own prescription drug coverage.

**Essentially, this means that effective [F21], your current employer prescription drug coverage through [PlanName] will be ending and you will no longer be covered through this current plan.**

Over the past several months, you have been receiving information from [ClientName] encouraging you to begin reviewing your coverage options either by contacting:

* The Centers for Medicare and Medicaid Services (CMS) at 1-800-MEDICARE ([CPMedicarePhone]), [CPMedicareHours], or visiting [CPMedicareURL]. TTY users should call [CPMedicareTTY].
* A Medicare Exchange designated by your employer.

If you have already enrolled in another 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.

If you have not yet enrolled, please review your options and enroll as soon as possible. This ensures you remain covered and will not have to pay a late enrollment penalty. Medicare will add a late enrollment penalty to your premium if you do not enroll in a new prescription drug plan when you first become eligible or you have had a break in creditable prescription drug coverage of at least 63 days. (“Creditable” means coverage that is as good as Medicare’s.)

When choosing a new plan, be aware that you do have the option to choose individual [(If Carrier=9545, populate)SilverScript(else, populate)[PlanName]] prescription drug plans. Because SilverScript® Insurance Company administers your current employer group coverage, many plan conveniences you have today under your current employer group plan with [ClientName] will continue if you select a [(If Carrier=9545, populate)SilverScript(else, populate)[PlanName]] plan, including:

* **You can keep using the same pharmacy to fill your prescriptions**

You will not have to move your prescriptions or consult with a different pharmacist.

* **Your mail service pharmacy will not change**

You will experience no disruption to your service or prescription history.

* **You keep the same Member ID**

Your current Member ID is the same used by [PlanName].

* **No change to your web portal login information**

Use the same portal and login information to monitor your plan updates online.

Finally, please remember that you are covered by your **current** [ClientName] employer prescription drug plan through [F21], and you should continue to fill your prescriptions at any pharmacy in the [PlanName] network.

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 [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 for allowing [PlanName] to provide your prescription drug coverage through [ClientName]. We welcome the opportunity to continue helping you on your path to better health.

Thank you.

The pharmacy network may change at any time. You will receive notice when necessary.

[(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.]