[DATE]

[(if 2527=M, populate)2356-2395]

[(if 2527=L, populate)2528-2567]

[103-122] [124-153]

[2396-2435]

[2436-2475]

[2476-2515], [2516-2517] [2518-2522]-[2523-2526]

Member ID: [F54]

Re: Coordination of Benefits for Prescription Drug Coverage

Dear [103-122] [124-153]:

Thank you for being a member of [PlanName] for your Medicare Part D coverage.

The purpose of this letter is to request your review of other prescription drug coverage and/or other health insurance coverage that we have on file from the Centers for Medicare and Medicaid Services (CMS).

**Please review your other coverage information below to ensure that it is correct and current.**

* If the information matches exactly, there is nothing more you need to do.
* If the information in the table(s) below is incomplete, incorrect, or you have other prescription drug coverage that is not listed, it is important that you call Customer Care at 1-866-824-4054, [CustomerCareHours]. TTY users should call [CustomerCareTTY].

Here’s how to compare your current coverage(s) with what’s stated in this letter:

1. Find all ID cards for your prescription insurance carriers.
2. Check the ID card information against the Insurer Name, Effective and Termination Dates, and the RxID, RxGroup, RxBin, and RxPCN codes shown below. (Additional coverage may be listed on the reverse side of this page.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer Name** | | **Effective Date** | **Termination Date** |
| [pos 156 - 187] | | [pos 239 - 246] | [pos 247 - 254] |
| **RxID** | **RxGroup** | **RxBin** | **RxPCN** |
| [pos 188 - 207] | [pos 224 - 238] | [pos 208 - 213] | [pos 214 - 223] |

[(If a second history is provided, populate the following table)

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer Name** | | **Effective Date** | **Termination Date** |
| [pos 255 - 286] | | [pos 338 - 345] | [pos 346 - 353] |
| **RxID** | **RxGroup** | **RxBin** | **RxPCN** |
| [pos 287 - 306] | [pos 323 - 337] | [pos 307 - 312] | [pos 313 - 322] |

]

[(If a third history is provided, populate the following table)

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer Name** | | **Effective Date** | **Termination Date** |
| [pos 354 - 385] | | [pos 437 - 444] | [pos 445 - 452] |
| **RxID** | **RxGroup** | **RxBin** | **RxPCN** |
| [pos 386 - 405] | [pos 422 - 436] | [pos 406 - 411] | [pos 412 - 421] |

]

[(If a fourth history is provided, populate the following table)

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer Name** | | **Effective Date** | **Termination Date** |
| [pos 453 - 484] | | [pos 536 - 543] | [pos 544 - 551] |
| **RxID** | **RxGroup** | **RxBin** | **RxPCN** |
| [pos 485 - 504] | [pos 521 - 535] | [pos 505 - 510] | [pos 511 - 520] |

]

[(If a fifth history is provided, populate the following table)

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurer Name** | | **Effective Date** | **Termination Date** |
| [pos 552 - 583] | | [pos 635 - 642] | [pos 643 - 650] |
| **RxID** | **RxGroup** | **RxBin** | **RxPCN** |
| [pos 584 - 603] | [pos 620 - 634] | [pos 604 - 609] | [pos 610 - 619] |

]

Please call 1-866-824-4054 if you have any questions. TTY users should call [CustomerCareTTY]. We are open [CustomerCareHours].

Thank you.

Your privacy is important to us. SilverScript employees are trained regarding the appropriate way to handle your private health information.