2D BAR CODE 

P.O. Box 30004, Pittsburgh, PA 15222-0330

[DATE]

[F101]

[F109]

[F8] [F9] [F10]

[F102]

[F103]

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

Dear [F8] [F10]:

Please be sure to keep this letter for your records.

Medicare has enrolled you back in [PlanName] with no break in coverage as of [F22].

You should keep using your [PlanName] pharmacy for your health care.

You can continue using the [PlanName] membership card that you currently have.

The monthly premium for [PlanName] is [(If F33=7185, F3=3TIERNET and F48=100, populate)$0.00(F48=075 populate)$8.30(F48=050 populate)$16.60(F48=025 populate)$25.00(F48=000, populate)[PremiumAmount]+[F66]-[F134])][(If F33≠7185, populate)[F62]].You must pay this premium amount each month to remain enrolled in our plan. For more information regarding our disenrollment policy for non-payment of plan premiums, please see our policy written in your *Evidence of Coverage.*

Please call [EnrollmentNumber] if you have any questions. TTY users should call [EnrollmentTTY]. We are open [EnrollmentHours].

Thank you for your continued membership in [PlanName].

SilverScript® Insurance Company