2D BAR CODE

[ReturnStandardAddress2], [ReturnStandardCity], [ReturnStandardState] [ReturnStandardZip]

[DATE]

[(if F108=M, populate)F101]

[(if F108=L, populate)F109]

[F8] [F9] [F10]

[F102]

[F103]

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

Dear [F8] [F10]:

We are writing to tell you that starting [F131],your new premium will be [(if F33=7185 and F3=3TIERNET, populate)[PremiumAmount]+[F66]-[F134]][(if F33≠7185, populate)[F62]] per month.

This new amount is a change to your current Part D late enrollment penalty amount based on the annual change to the National Base Beneficiary Premium. This means that each year the National Base Beneficiary Premium changes, so will the amount of your Part D late enrollment penalty.

If you have questions about the information in this letter or if you would like more information about how the National Base Beneficiary Premium affects the Part D late enrollment penalty, call 1-855-559-6434, [CustomerCareHours]. TTY users should call [CustomerCareTTY].You can also get information by visiting [MedicareURL] on the web or by calling 1-800-MEDICARE ([MedicarePhone]), [MedicareHours]. TTY users should call [MedicareTTY].

Thank you.