## Notice for Beneficiaries Whose Low-Income Subsidy is Terminated (for PDPs, MA-PD Plans, and Cost Plans that offer Part D)

Plans may submit notification letters under code 10001. Unless otherwise directed by CMS, a plan may use their notification letter immediately.

[RxID]

[RxGroup] [RxBin] [RxPCM]

<Date>

Dear <Name of Member>:

**Beginning <effective date>, you no longer qualify for Extra Help with your Medicare prescription drug costs.** You will continue to be a member of <Plan name>.

### How will your monthly premium change?

The monthly premium you pay to <Plan name> will increase from <insert dollar amount> to <insert dollar amount>. [Add the following if the member currently has premium withhold option: Because your premium is deducted from your monthly Social Security check, the amount withheld from your check will increase.]

### How will your other prescription drug costs change?

[Describe plan’s cost sharing structure including the deductible, if applicable, for non-LIS members]

Once you spend <current Out-of-Pocket Threshold> in a year, you will not owe a copayment for the purchase of eligible Part D drugs.

These changes to your prescription drug costs begin <effective date>. This date may have already passed when you get this letter. If you have filled prescriptions since <effective date>, you may have been charged less than you should have paid. If you do owe us money, we will let you know how much.

[**NOTE:** If Beneficiary had been Deemed, insert the following language:

You may still qualify for Extra Help, but you must apply to find out. If you haven’t already filled out an application for Extra Help, you can get an application or apply over the phone by calling Social Security at 1-800-772-1213, or apply online at <https://www.SSA.gov/medicare/part-d-extra-help>. TTY users should call 1-800-325-0778.]

[**NOTE:** If sponsors offer the optional grace period for the collection of premiums and cost-sharing for deemed beneficiaries who have applied for LIS and are waiting for a decision, insert the following language, if applicable:

If you applied for Extra Help and haven’t received a response from Social Security, <Plan name> will allow you to continue to pay for your prescriptions at <prior year LIS cost sharing levels> until <date>. Please contact <customer service number> or send a copy of the letter saying Social Security received your application or appeal to <address>.

If you don’t qualify for Extra Help or are approved at a higher cost sharing level, you may owe money back to January 1, <current year>. <Plan name> will send you a notice telling you what you owe for past charges.

If you don’t qualify for Extra Help from Social Security, you can switch to a different Medicare drug plan within three months of losing Extra Help, or notification of losing Extra Help, whichever is later.]

### What are your options?

**Option 1:** You can stay a member of our plan

You can continue to be a member of <plan name>. You will pay the costs described above for your coverage.

**Option 2:** You can switch to a new plan

Because you no longer qualify for Extra Help, you can switch to a different Medicare drug plan within three months of losing Extra Help, or notification of losing Extra Help, whichever is later. You may want to choose a different drug plan for next year with costs and coverage that better meet your needs.

Visit [Medicare.gov](http://www.medicare.gov/) or call 1-800-MEDICARE (1-800-633-4227) for more information about Medicare drug plans available in your area. TTY users should call 1-877-486-2048.

**Option 3:** You can find other ways to get help with your prescription drug costs

Your state may have programs that can help pay your prescription drug costs. Contact your State Medical Assistance (Medicaid) office for more information. Call 1-800-MEDICARE (1-800-633-4227) or visit [Medicare.gov](http://www.medicare.gov/) for their telephone number. TTY users should call 1-877-486-2048.

[**NOTE:** If Beneficiary is an Applicant, insert the following language:

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### What To Do If Your Situation Changes

You can file a new application for Extra Help at any time. You can get an application or apply over the phone by calling Social Security at 1-800-772-1213, or apply online at [<https://www.SSA.gov/medicare/part-d-extra-help>.](http://www.socialsecurity.gov/) TTY users should call 1-800-325-0778.

### If You Disagree with This Decision

If you think your Extra Help was terminated in error, you can call Social Security to appeal at 1-800-772-1213. TTY users should call 1-800-325-0778.

### For More Information

If you have any questions about this letter, please contact <Customer/Member> Services at <toll- free number><days and hours of operation>. TTY/TDD users should call <toll-free TTY number>.

Thank you.

<Marketing Material ID Number><CMS Approval Date>]