## Notice of Error in Premiums and Cost Sharing

This letter is to inform a member that they are liable for cost-sharing amounts a plan paid on their behalf. Plans will use this model to notify any members who lost deemed status, used the Optional Grace Period, and were subsequently not approved by SSA for an LIS award. Unless otherwise directed by CMS, a plan may use their notification letter immediately.

[RxID]

[RxGroup] [RxBin] [RxPCN]

<Date>

Dear <Name of Member>:

Since <Date>, <Plan name> has been charging you a premium of <insert LIS premium amount that had been charged> and/or a copayment of <insert LIS copayment level that had been charged> for each prescription you filled because you provided us with proof you have applied for Extra Help with your prescription drug costs.

Because <Plan name> has <not been able to confirm by <last day of grace period/March 31> that you qualify for Extra Help> or has <been informed that you do not qualify for Extra Help>, your Medicare prescription drug costs are changing. Effective <date>, you will pay:

* + - [insert plan premium] per month for your <Plan name> premium,
    - [insert deductible amount] for your yearly prescription drug plan deductible, and
    - [insert amount] when you fill a prescription covered by <Plan name>.

The Medicare program requires <Plan name> to charge you for past prescription drug costs for any premiums, deductible or cost sharing amounts you should have paid since <date>. <Plan name> will send you a notice telling you what you owe for past charges.

If you have any questions, please call our Member Services at <phone number><days and hours of operation>. TTY users should call <TTY number>.