DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR BENEFICIARY CHOICES

DATE: September 22, 2006

TO: Medicare Prescription Drug Plan (PDP) Sponsors

FROM: Abby Block, Director, Center for Beneficiary Choices

SUBJECT: Reassignment of LIS-Eligible PDP Members Effective January 1, 2007

I am pleased to provide final CMS guidance on procedures for the 2007 reassignment of beneficiaries eligible for a low income subsidy (LIS) of their Part D coverage. The affected populations include both full benefit dual eligibles as well as other LIS-eligible individuals. The attached guidance is directed to "stand-alone" prescription drug plans (PDPs) in the 50 States and D.C. It does not apply to PDPs in U. S. territories, Medicare Advantage plans (MAs or MAPDs), Medicare Cost Contracts, PACE plans or employer-sponsored PDPs.

As described in more detail in the attached guidance, CMS will reassign only beneficiaries who meet all of the following criteria:

- They were deemed eligible for LIS because they were a full benefit dual eligible, Medicare Savings Program participant, or Supplemental Security Income (SSI) recipient; OR because they applied and were found eligible for LIS.
- They will continue to be eligible for LIS in 2007.
- They were originally auto/facilitated enrolled into a Prescription Drug Plan.
- They (or their authorized representative) did not voluntarily elect another plan.
- Their current plan has a premium in 2007 that is above the "de minimis" amount OR is terminating at the end of 2006.

The table below summarizes key beneficiary situations and CMS planned approaches:

Population	Reassignment Rules
LIS-eligible enrollees who remained in their auto-assigned plan in 2006.	Current plan has premium at or below the "de minimis" amount in 2007 ➔ Beneficiary remains in current plan Current plan has premium above the "de minimis" amount in 2007 or is terminating ➔ Reassigned within PDP region as follows: 1) CMS reassigns beneficiaries to another plan in the same region offered by that same PDP sponsor that offers basic prescription drug coverage and has a premium at or below the low-income benchmark amount. (If there is more than one such plan offered by the same PDP sponsor, CMS will randomly assign beneficiaries among these plans.) 2) If no such plan exists ➔ CMS reassigns beneficiaries randomly among PDP sponsors with at least one plan in the same region that offers basic prescription drug coverage and has a premium at or below the low-income benchmark amount
LIS-eligible enrollees who elected a plan other than the one to which they were auto-assigned in 2006.	Beneficiaries remain in current, chosen plan regardless of change in premium amount; informed of other plan options in ANOC from his/her current plan.
Enrollees who were LIS eligible in 2006, but are no longer eligible in 2007, as well as LIS-eligible enrollees in MA Plans, Cost Plans, Employer-Sponsored Plans, PACE organizations, or PDPs in U.S. territories.	Beneficiaries remain in current plan regardless of change in premium amount; informed of other plan options in ANOC from his/her current plan.

CMS will notify all beneficiaries of their reassignment, including those to be reassigned to another plan benefit package (PBP) offered by the same PDP sponsor. Notices will be mailed on blue paper and are expected to reach beneficiaries in early November. Affected PDPs are not responsible for any enrollment or disenrollment transactions for reassigned beneficiaries (except for "re-enrollment" as described in the attached instructions). However, they are responsible for

providing the appropriate beneficiary notices and materials, including the Annual Notice of Change (ANOC), as described in the attached instructions.

CMS will discuss the reassignment process and respond to questions at a forthcoming PDP user group call. We also plan to provide reassignment information as part of our outreach activities to states and other interested parties.

Thank you for your continued service to Medicare beneficiaries. Contact information for technical inquiries is provided in the attachment. If you have general questions about the reassignment process, you may contact Jane McClard at (410) 786-4460 or jane.mcclard@cms.hhs.gov.

We look forward to your continued participation in the Medicare prescription drug program.

Attachments (3)

Attachment 1: Detailed Instructions for LIS Beneficiary Reassignment

OVERVIEW OF THE REASSIGNMENT PROCESS

CMS will reassign and notify all affected LIS beneficiaries, including those to be reassigned to another Plan Benefit Package (PBP) offered by the same sponsor. Affected PDPs are not responsible for initiating any enrollment or disenrollment transactions for reassigned beneficiaries, except for re-enrollment of beneficiaries who opt to remain in their current plan, as described below. Affected PDPs are only responsible for responding to the CMS enrollment transaction promptly when they receive it and for providing appropriate beneficiary notices and materials, also as described below.

Early Notification to PDP Sponsors, CMS Partners

After reassignment occurs in mid-October, CMS will provide "losing" PDPs with a preliminary listing of its members who will be reassigned effective January 1, 2007. This listing can be identified by:

File name: "P#MBD.#APDP5.S****.OUT.LOSS.NOTIF"
Header Code: "MMAPDPLH"
Trailer Code: "MMAPDPLT"

We will also provide "gaining" PDPs with a preliminary reassignment notification file displaying:

File name: "P#MBD.#APDP5.S****.OUT.GAIN.NOTIF
Header Code; "MMAPDPGH"
Trailer Code: "MMAPDPLT"

Please Note: For beneficiaries reassigned to a different plan within the same PDP Sponsor, the PDP Sponsor will receive two files: one identifying beneficiaries in "losing" PDPs and one identifying beneficiaries in "gaining" PDPs. The format of the one-time listing for both gaining and losing PDPs will be the same as the "PDP Auto-Enrollment Notification File" (see Attachment 2) that is now used to communicate the current monthly auto-assign beneficiaries and their respective addresses to your plan. We will notify you separately of the file transmission date.

This preliminary listing will include the beneficiaries' LIS premium and copay levels as well as their address, and will help your plan to expedite submission of the 4Rx records for these beneficiaries. However, you must wait until **after** the November 25 Transaction Reply Report (TRR) that contains the confirmed enrollments resulting from the reassign process before submitting the 4 Rx records for those beneficiaries. This is because this preliminary list may not exactly match the list of beneficiaries who are ultimately enrolled in your plan since voluntary plan elections may occur after the preliminary file is created.

CMS will also provide lists of affected beneficiaries to States and to 1-800-MEDICARE in anticipation of beneficiary inquiries.

CMS Notification to Beneficiaries

CMS will mail notices printed on blue paper to the affected beneficiaries during the first week of November. These notices will instruct beneficiaries who are being reassigned because of the 2007 premium amount to contact their current plan if they wish to remain with the plan for 2007. (See "How to process beneficiary requests to re-enroll in "losing" plan.") We will provide you with a sample copy of the notice once it becomes final.

We will use the following data elements from HPMS to populate these beneficiary notices: 1) Organization Marketing Name, 2) Organization Website Address, and 3) Customer Service Number. **Please Note:** CMS will use the "Auto-Enrollment Customer Service Number" if that field is populated in HPMS. If not, we will use the "Customer Service for Prospective Members - Part D" information. **Please be sure these data are entered accurately into HPMS by close of business September 27, 2006.**

To verify/update your Organization Marketing Name and Organization Website Address in HPMS, follow this path: Contract Management>Contract Number>Organization Marketing Data (under "General Information").

To verify/update your plans' customer service phone numbers in HPMS, follow this path: Plan Bids>Bid Submission>CY 2007>Manage Plans>Edit Contact Data.

Plan Communication to Affected Beneficiaries

"Losing" PDPs are responsible for sending an appropriate ANOC or its alternative, or termination notices as described below. "Gaining" PDPs are responsible for providing enrollment confirmation (see Attachment 3) and enrollment materials to beneficiaries in a timely manner.

Once CMS processes reassignment transactions in late November, plans will be able to identify affected beneficiaries based on their application date as follows:

- Beneficiaries reassigned due to a premium increase will have an application date of June 1, 2006.
- Beneficiaries reassigned due to a plan or contract non-renewal will be identified by an application date of September 30, 2006.

The application date will be the only way to distinguish reassigned beneficiary enrollments from regular auto- or facilitated enrollments. Reassignment transactions will have the same enrollment source code ("A" for auto-enrolled full duals or "C" for facilitated enrollments of other LIS beneficiaries) and Transaction Reply Code (117 [Auto-enrollment] or 118 [facilitated enrollment]) as are used for their original monthly auto/facilitated enrollments.

REASSIGNMENT BASED ON PART D PREMIUM INCREASE

As described above, CMS will reassign only beneficiaries who meet all of the following criteria:

- They were deemed eligible for LIS because they were a full benefit dual eligible, Medicare Savings Program participant, or Supplemental Security Income (SSI) recipient; OR because they applied and were found eligible for LIS.
- They will continue to be eligible for LIS in 2007.
- They were originally auto/facilitated enrolled into a Prescription Drug Plan. (This is shown as enrollment source code "A" or "C" in field 37, position 155 of the Transaction Reply Report (TRR)).
- They did not voluntarily elect another plan.
- Their current plan has a premium in 2007 that is above the "de minimis" amount OR is terminating at the end of 2006.

Thus, if your PDP premium was at or below the low-income premium subsidy amount in 2006 and will not exceed the low-income premium subsidy amount in 2007 by more than $2.00, you will keep your LIS-eligible members. The premium amount you charge full premium subsidy beneficiaries will be equal to the subsidy amount. You will charge beneficiaries with a partial premium subsidy (i.e, 25%, 50% OR 75%) that percentage of the subsidy amount plus the amount by which your total 2007 Part D premium exceeds the subsidy amount. For example, if your premium is $102, and the low-income premium subsidy amount is $100, you will charge full premium subsidy (100%) beneficiaries $100 (which will be fully covered by the LIS). You will charge partial premium subsidy beneficiaries 25%, 50%, or 75% of $100 plus the $2 by which your Part D premium exceeds the subsidy amount ($27, $52, or $77). In your Annual Notice of Change (ANOC) to these members, you must list any other plans you offer in the service area and annotate those with premiums at or below the low income premium subsidy amount. **Beneficiaries must receive this ANOC by October 31, 2006.** The model ANOC is available at:

http://www.cms.hhs.gov/PrescriptionDrugCovContra/07_RxContracting_Marketing.asp#TopOfPage

Reassignment Within the Same PDP Sponsor

If your PDP premium was at or below the low-income premium subsidy amount in 2006 and renews in 2007 with a premium that exceeds the 2007 low-income premium subsidy amount by more than $2.00, CMS will first identify other plans in the same region sponsored by the same organization that offer basic prescription drug coverage and will have a premium at or below the low-income premium subsidy amount in 2007. If your organization sponsors another plan in the same region that meets that requirement, then we will reassign your LIS eligible members to that PDP. If your organization has more than one such plan in that region, we will randomly reassign beneficiaries among those plans.

You must use the appropriate PDP Annual Notice of Change (ANOC) to advise all plan members of plan changes. The ANOC must include the following language, which may differ

slightly from the optional language shown in the ANOC on CMS' website. The language below is correct:

> "If you are also eligible for extra help, you might get a letter from Medicare offering to move you to a Medicare drug plan where you won't have to pay any monthly premium in 2007. Medicare will send these letters out by early November. If Medicare offers to move you to a different plan, but you want to stay with our plan, please contact us at <customer service number/hours>."

The ANOC must also list any other plans you offer in the service area and annotate those plans with premiums at or below the low income premium subsidy amount. **Beneficiaries must receive this ANOC by October 31, 2006.**

If no such plans are available, CMS will randomly reassign beneficiaries to another PDP sponsoring organization in the region with at least one plan that offers basic prescription drug coverage and has a premium at or below the low-income premium subsidy amount.

Reassignment to Another PDP Sponsor

If, in the situation described above, your organization does NOT offer another plan in the same region that offers basic prescription drug coverage and has a premium at or below the low-income premium subsidy amount for 2007, CMS will randomly reassign affected beneficiaries to other PDP sponsors that have at least one PDP with a premium at or below the 2007 low-income premium subsidy amount in that region.

In lieu of sending the appropriate PDP Annual Notice of Change (ANOC) to these members, you may send a letter to these members advising them of the upcoming reassignment and offering to send the ANOC if the beneficiary wishes to remain enrolled in their current plan. **PDPs that exercise this option must ensure that this letter does not precede CMS' notification to beneficiaries, which is scheduled to reach beneficiaries in early November. Thus, if you choose this option, you must mail this letter no earlier than November 3.**

If you choose to send the ANOC to your reassigned beneficiaries, it must include the above optional language provided for LIS eligibles and must list any other plans you offer in the service area. **Beneficiaries must receive this ANOC by October 31, 2006.**

Please Note: Plans that offer basic prescription drug coverage and have premiums above the "de minimis" amount will no longer receive new auto- or facilitated enrollments starting in October. This avoids the need to immediately reassign these beneficiaries to a different plan.

Requests for "Re-Enrollment" in the "Losing" Plan

CMS' notices to affected beneficiaries will instruct them to contact you if they wish to remain with your plan for 2007. If a reassigned beneficiary contacts you and indicates that s/he wishes to remain enrolled despite incurring premium liability, **you must take a new enrollment**

election in accordance with §30.1.1 – 30.1.3 and §30.2 ff. of the "Final Part D Enrollment and Disenrollment Guidance" available at:

(http://www.cms.hhs.gov/PrescriptionDrugCovContra/06_RxContracting_EnrollmentAppeals.asp#TopOfPage)

As part of this enrollment, you must confirm and document the beneficiary's understanding of the financial liability s/he will incur by remaining with your plan for 2007. **However, please DO NOT transmit these enrollment elections to CMS until you receive a weekly Transaction Reply Report (TRR) confirming the beneficiary's disenrollment from your plan.** This TRR should be available on approximately November 25, 2006. For the new enrollment, use the actual application date, which should be no earlier than November 15, 2006; an election type of "S" (Special Enrollment Period), and an effective date of January 1, 2007. In order for a January 1, 2007 election to be processed timely, your plan or your third-party representative must transmit these enrollments no later than the December 8, 2006 cutoff. Elections received after the December 8 cutoff but prior to January 1, 2007 will still have an effective date of January 1, 2007, but will not be processed for January payment.

REASSIGNMENT OF LIS ELIGIBLES DUE TO NON-RENEWAL

CMS will reassign any LIS-eligible beneficiaries who qualify for LIS as of January 1, 2007, and are affected by a plan or PDP sponsor non-renewal. This includes both those who were auto/facilitated enrolled into the PDP as well as those who voluntarily elected the plan. The CMS reassignment and notification process will be the same as for reassignment based on premium increase as described above.

Plan Communication to Beneficiaries

Non-renewing plans and PDP Sponsors that are non-renewing contracts must issue a written notice of the impending plan termination to all of their enrollees residing in the affected region(s). Such a notice must be approved by CMS and must include a written description of the alternatives available for obtaining qualified prescription drug coverage within the PDP region, including MA-PD plans, and other PDPs. CMS will provide model language, including appropriate reassignment language, for termination notices. **Beneficiaries must receive this termination notice from plans by October 1, 2006**. For more information, please refer to the April 3, 2006 Call Letter, which contains complete instructions for non-renewing plans and contracts.

"GAINING" PDPS

PDPs that qualify for auto- and facilitated enrollment with effective dates starting January 1, 2007 will also qualify to receive those LIS beneficiaries reassigned as described above. Please note that beneficiaries will only be reassigned to plans offering basic prescription drug coverage with premiums in 2007 at or below the low-income subsidy amount and are not employer-sponsored or in the U.S. territories. In addition, qualifying PDPs must meet the "Requirements Critical for Ensuring Effective Enrollment of Dual Eligibles" issued August 31, 2006.

Please Note: Plans with premiums that exceed the low-income premium subsidy amount but are less than the "de minimis" amount ($2) will continue to receive auto- and facilitated enrollments for the remainder of 2006, but will **not** qualify for new auto/facilitated enrollment with effective dates in 2007.

END-OF-YEAR TIMELINE FOR REASSIGNMENT

September 27, 2006 – Plan information in HPMS must be accurate and up-to-date by COB

October 1, 2006 – Beneficiaries in terminating "stand-alone" plans or contracts must receive termination notices from plan

Mid-October 2006 – CMS provides preliminary lists of reassignees to States, 1-800-MEDICARE, and "losing" and "gaining" PDPs. Upon receipt, PDPs that gain members may choose to send enrollment materials to reassignees, with the understanding that this preliminary list will differ from the list of beneficiaries actually enrolled, as described above.

October 31, 2006 - Beneficiaries in continuing plans must receive appropriate ANOC from plan (including appropriate language for those beneficiaries being reassigned due to a premium increase).

Early November 2006 – CMS mails beneficiary reassignment notices on blue paper.

November 3, 2006 – First day for plans to mail alternative notices (other than ANOCs) to LIS beneficiaries they are losing to another PDP sponsor

November 17, 2006 – MARx begins processing reassignment elections

November 25, 2006 (date is approximate**)** – TRR showing successfully processed reassignments should be available

Early December 2006

- **Within seven business days of receipt of TRR showing reassignment, "**Gaining" PDPs must send beneficiaries acknowledgment that their enrollment has been accepted by CMS (attachment #3)

December 8, 2006 – MARx plan cutoff; last day to submit re-enrollments into "losing" PDPs for timely processing

December 11, 2006 – MARx begins processing plan rollovers and terminations

January 1, 2007 – Reassignment effective date

January 31, 2007 – Evidence of Coverage (EOC) due to beneficiaries

FOR ASSISTANCE

If you have specific policy questions about any of these instructions, please contact Jane McClard at (410) 786-4460 or Jane.McClard@cms.hhs.gov. If you have technical questions about file format or transactions, you should contact the MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.

Attachment 2 – File Format for PDP Notification File of Reassignments

CMS will send this file to PDPs losing beneficiaries due to premium increase, or gaining beneficiaries due to premium increase or termination.

Field	Size	Position	Description
1. Health Insurance Claim Number	(X)12	1 – 12	Health Insurance Claim Number
2. Surname	(X)12	13 – 24	Beneficiary Surname
3. First Name	(X)7	25 – 31	Beneficiary Given Name
4. Middle Name	(X)1	32	Beneficiary Middle Initial
5. Sex Code	(9)1	33	Beneficiary Sex Identification Code 0 = Unknown 1 = Male 2 = Female
6. Date of Birth	(9)8	34 – 41	YYYYMMDD Format
7. Medicaid Indicator	(X)1	42	1 = Medicaid 0 = No Medicaid
8. Contract Number	(X)5	43 – 47	Plan Contract Number
9. State Code	(X)2	48 – 49	Beneficiary Residence State Code
10. County Code	(X)3	50 – 52	Beneficiary Residence County Code
11. Filler	(X)7	53 - 59	Spaces
12.. Transaction Type Code **(61)**	(X)2	60 – 61	Transaction Type Code
13. Filler	(X)1	62	Space
14. Effective Date **(20070101)**	(9)8	63 – 70	YYYYMMDD Format; Present only when the Transaction Reply Code is one of the following: 11, 12, 16, 17, 21 – 23, 38, 52, 80, 82 – 84, 100, 109 and 112
15. Filler	(X)1	71	Space
16. Plan Benefit Package ID	(X)3	72 – 74	PBP number
17. Filler	(X)49	75 - 123	Spaces
18. Application Date (**2006060**1 for premium increase; **20060930** for terminating**)**	(9)8	124 – 131	The date the plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD
19. Filler	(X)30	132 – 161	Spaces
20. Election Type **(S)**	(X)1	162 – 162	A = AEP; E = IEP; I = ICEP; S=SEP; O = OEP; N = OEPNEW; T = OEPI MA/MA-PDs have I, A, O, S, N, T PDPs have E, A, and S

Field	Size	Position	Description
21. Enrollment Source (**A** for full dual; **C** for other LIS)	(X)1	163 – 163	A = Auto enrolled by CMS B = Beneficiary Election C = Facilitated enrollment by CMS D = CMS Annual Rollover
22. Filler	(X)1	164 – 164	Space
23. Premium Withhold Option/Parts C-D (**D**)	(X)1	165-165	D = Direct self-pay S = Deduct from SSA benefits R = Deduct from RRB benefits O = Deduct from OPM benefits N = No premium applicable Option applies to both Part C and D Premiums
24. Filler	(X)3	166-168	Spaces
25. Creditable Coverage (**Y**)	(X)1	169-169	Y = Covered N = Not Covered
26. Filler	(X)73	170 – 242	Spaces
27. Part D Subsidy Level	(X)3	243-245	LIS percentage
28. Co-Pay Category	(X)1	246 – 246	Definitions of the 4 Categories: 1. $2/$5 Other full subsidy eligibles 2. $1/$3 Full duals with income equal to or less than 100% FPL 3. $0 Full duals that are institutionalized 4. 15% Partial subsidy eligibles
29. Co-Pay Effective Date	(9)8	247 – 254	Date co-pay category become effective. Format: YYYYMMDD
30. Beneficiary Address Line 1	(X)40	255 – 294	Beneficiary residence line 1 address.
31. Beneficiary Address Line 2	(X)40	295 – 334	Beneficiary residence line 2 address.
32. Beneficiary Address Line 3	(X)40	335 – 374	Beneficiary residence line 3 address.
33. Beneficiary Address Line 4	(X)40	375 – 414	Beneficiary residence line 4 address.
34. Beneficiary Address Line 5	(X)40	415 – 454	Beneficiary residence line 5 address.
35. Beneficiary Address Line 6	(X)40	455 – 494	Beneficiary residence line 6 address.
36. Beneficiary Address City	(X)40	495 – 534	Beneficiary city of residence
37. Beneficiary Address State	(X)2	535 – 536	Beneficiary state of residence
38. Beneficiary Zip Code	(X)9	537 – 545	Beneficiary residence zip code
39. Full Surname	(X)40	546 – 585	Expanded Beneficiary Surname
40. Full First Name	(X)30	586 - 615	Expanded Beneficiary Given Name

PDP Loss File

Header Record Format

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 … 8	CHAR	"MMAPDPLH"
Sending Entity	8	9 … 16	CHAR	'"MDB "
File Creation Date	8	17 … 24	ZD	In the format CCYYMMDD
File Control Number	9	25 … 33	CHAR	
Filler	582	34 … 615	CHAR	Spaces

Record Length = 615

Trailer Record Format

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 … 8	CHAR	"MMAPDPLT"
Sending Entity	8	9 … 16	CHAR	"MBD "
File Creation Date	8	17 … 24	ZD	In the format CCYYMMDD
File Control Number	9	25 … 33	CHAR	
Record Count	9	34 … 42	ZD	
Filler	573	43 … 615	CHAR	Spaces

Record Length = 615

PDP Gain File

Header Record Format

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 … 8	CHAR	"MMAPDPGH"
Sending Entity	8	9 … 16	CHAR	"'MDB "
File Creation Date	8	17 … 24	ZD	In the format CCYYMMDD
File Control Number	9	25 … 33	CHAR	
Filler	582	34 … 615	CHAR	Spaces

Record Length = 615

Trailer Record Format

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 … 8	CHAR	"MMAPDPGT"
Sending Entity	8	9 … 16	CHAR	"MBD "
File Creation Date	8	17 … 24	ZD	In the format CCYYMMDD
File Control Number	9	25 … 33	CHAR	
Record Count	9	34 … 42	ZD	
Filler	573	43 … 615	CHAR	Spaces

Record Length = 615

Attachment 3: PDP Model Reassignment Confirmation [to be sent by new PDP within 7 business days of receipt of TRR]

[Member # - if member # is SSN, only use last 4 digits]
[RxID]
[RxGroup]
[RxBIN]
[RxPCN]

Dear <insert member name>

You are getting this letter because the Centers for Medicare and Medicaid Services (CMS), the federal agency that runs the Medicare program, has enrolled you in <PDP name> beginning January 1, 2007. You should have already received a blue letter from CMS telling you that they were moving you from the drug plan you were originally assigned to because either 1) that plan was leaving the Medicare program on December 31, 2006, or 2) the cost for that plan was increasing beginning January 1, 2007.

As of January 1, 2007, you should begin using <PDP name> network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy and there is not an emergency, <PDP name> may not pay for your prescriptions.

Optional: [You can use this letter as proof of your prescription drug coverage when you go to the pharmacy until you get your Member ID card from us**.]**

Because you qualify for extra help with your prescription drug costs, you will pay:

- <plan premium less premium assistance for which individual is eligible> per month for your < PDP name > premium,
- [$0 or $53]for your yearly prescription drug plan deductible,
- [insert copay amount: $0, up to $1 and $3.10, up to $2.15 and $5.35 copayments or 15% coinsurance,] when you fill a prescription.

To continue to have prescription drug coverage, you must be enrolled in a Medicare prescription drug plan, like [plan name]. However, you are not required to be in our Medicare prescription drug plan. If you want to choose a different Medicare prescription drug plan, simply call that plan to find out how to enroll with them. If you decide not to be enrolled and don't have other drug coverage as good as standard Medicare prescription drug coverage, you may have to pay a penalty to join later. If you don't want Medicare prescription drug coverage, call our Member Services Department at <phone number>. TTY users should call <TTY number>. We are open [<days/times> of operation and, if different, <TTY hours of operation>]. You will need to tell us you don't want Medicare prescription drug coverage.

Thank you.