Introduction to the ACA Formulary Reassignment Notice:
Plan Termination Version

What's the purpose of this notice?

This notice reminds people who qualify for Extra Help and whose Medicare Prescription Drug Plan or Medicare Advantage Plan with drug coverage left the Medicare Program that they'll be reassigned to a new Medicare drug plan if they don't join a plan on their own by December 31. The notice lists the drugs the person took regularly between January 1-August 31, in their current plan, and shows whether or not these drugs will be covered in the new plan Medicare will reassign them to.

The notice is four pages on blue paper, and includes a list of Medicare drug plans in the consumer's region that have premiums at or below the low-income premium subsidy amount. The full list of Medicare drug plans available in each region for the upcoming plan year is available at Medicare.gov.

Who gets this notice?

The notice is mailed to all people who qualify for Extra Help whose Medicare Prescription Drug Plan or Medicare Advantage Plan with drug coverage will terminate on December 31.

When do people get this notice?

The notice is scheduled to mail in December.

What should people do next?

People with Medicare should consider their options carefully. People who want more information about Medicare prescription drug coverage can:

- Visit Medicare.gov and get personalized drug plan information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call their State Health Insurance Assistance Program (SHIP) for free, personalized health insurance counseling. People should visit Medicare.gov/contacts, see the "Medicare & You" handbook, or call 1-800-MEDICARE for the phone number for their state.

People can reference CMS Product No. 11496 when calling Medicare or their SHIP with questions about this notice.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

<file creation date>

Medicare is moving you to a new Part D drug plan for <Next Year>

You recently got a blue letter letting you know that Medicare is moving you into <Beneficiary's Next Year's Org Marketing Name> <Beneficiary's Next Year's Plan Name> (<new contract>/<new PBP>) for Medicare Part D drug coverage next year because your <Current Year> plan is leaving the Medicare program.

Unless you already joined a new plan on your own, you'll be in <Beneficiary's Next Year's Plan Name> starting January 1, <Next Year>. You'll pay <Beneficiary's Next Year's Plan Premium Liability or $0> for your monthly premium. Your copayments will be <Beneficiary's LIS Subsidy Copayment Category> for each covered prescription.

Are your drugs on your new plan's drug list?

The list on the back of this page shows the drugs you took regularly between January 1 - August 31, <Current Year> in your current plan, and whether these drugs will be covered in your new <Next Year> plan.

You can switch to a different Medicare drug plan

A different plan may cover more of your drugs. Since you qualify for Extra Help, you may have chances to switch to a different Medicare drug plan during the year. If you switch, your new coverage will start the next month. See the last page of this notice for a list of Medicare drug plans in your area.

Get help & more information

For help understanding this notice, call your State Health Insurance Assistance Program for free, personalized health insurance counseling at <SHIP phone number>. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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Your drug	Is it covered on your <Next Year> plan's list?
<Drug name 1>	<Drug coverage status 1>
<Drug name 2>	<Drug coverage status 2>
<Drug name 3>	<Drug coverage status 3>
<Drug name 4>	<Drug coverage status 4>
<Drug name 5>	<Drug coverage status 5>
<Drug name 6>	<Drug coverage status 6>
<Drug name 7>	<Drug coverage status 7>
<Drug name 8>	<Drug coverage status 8>
<Drug name 9>	<Drug coverage status 9>
<Drug name 10>	<Drug coverage status 10>
<Drug name 11>	<Drug coverage status 11>
<Drug name 12>	<Drug coverage status 12>
<Drug name 13>	<Drug coverage status 13>
<Drug name 14>	<Drug coverage status 14>
<Drug name 15>	<Drug coverage status 15>
<Drug name 16>	<Drug coverage status 16>
<Drug name 17>	<Drug coverage status 17>
<Drug name 18>	<Drug coverage status 18>
<Drug name 19>	<Drug coverage status 19>
<Drug name 20>	<Drug coverage status 20>
<Drug name 21>	<Drug coverage status 21>
<Drug name 22>	<Drug coverage status 22>
<Drug name 23>	<Drug coverage status 23>
<Drug name 24>	<Drug coverage status 24>
<Drug name 25>	<Drug coverage status 25>
<Drug name 26>	<Drug coverage status 26>
<Drug name 27>	<Drug coverage status 27>
<Drug name 28>	<Drug coverage status 28>
<Drug name 29>	<Drug coverage status 29>
<Drug name 30>	<Drug coverage status 30>
* This drug has special rules. You must work with your doctor to get coverage for drugs with special rules. "Special rules" include things like prior authorization and step therapy. Call your new plan for details.	

What if my drugs aren't covered in my new plan, or have special rules?

Your new plan must provide a temporary supply

Your new plan has to cover a **temporary supply** of your prescription, even for drugs that aren't on the plan's list of covered drugs (called their "formulary"), or have special rules or limits. The temporary supply is for 30 days. If you're in a long-term care facility, the temporary supply may be up to 93 days. This gives you time to work with your doctor to meet plan requirements for drugs with special rules, or see if a different drug the plan covers can treat your condition.

Talk to your doctor or prescriber

Next, talk to your doctor or prescriber. If your doctor tells you that none of the drugs covered by the plan are medically appropriate for you, you have the right to ask the plan for an **exception** to cover the drugs you already take.

You can ask for an exception – here's how

Step 1: Ask your doctor to contact your new plan.

Step 2: Your doctor must submit a statement to the plan supporting your request for an exception. The doctor's statement should say that the requested drug is medically necessary for treating your condition.

Step 3: Once the doctor submits the statement, the plan must give you a decision within 24 hours (for a fast or "expedited" request) or within 72 hours (for a standard request). Your request will be expedited if the plan determines, or your doctor tells the plan, that waiting for a standard decision may seriously jeopardize your life, health, or ability to regain maximum function.

What to do if your request is denied

If your plan denies your request for an exception, you have the right to appeal. You must ask for this appeal within 60 calendar days from the date of the plan's denial. You must file a standard request in writing, but you can file an expedited request either by phone or in writing. For more information, visit <Beneficiary's Next Year's Plan Web Address>, or call <Beneficiary's Next Year's Plan Name> at <Beneficiary's Next Year's Plan Member Services Toll-Free Number>.

If you have a complaint about your plan

You have the right to file a complaint (also called a "grievance") with the plan. An example of a complaint is when you don't like the waiting times to get your calls answered, or if you don't think the plan is treating you right. You can file a complaint with your plan by phone or in writing anytime within 60 calendar days of the event you want to complain about. If the plan doesn't take care of your complaint, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. You can also call your State Health Insurance Assistance Program for free, personalized health insurance counseling at <SHIP's phone number>.

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Nondiscrimination Notice - The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by:

- Calling 1-800-368-1019. TTY users can call 1-800-537-7697.
- Visiting hhs.gov/ocr/civilrights/complaints.
- Writing: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201

Notice of Availability of Auxiliary Aids & Services - We're committed to making our programs, benefits, services, facilities, information, and technology accessible in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973. We'll take appropriate steps to make sure that people with disabilities, including people who are deaf, hard of hearing or blind, or who have low vision or other sensory limitations, have an equal opportunity to participate in our services, activities, programs, and other benefits. We provide various auxiliary aids and services to communicate with people with disabilities, including:

- Relay service — TTY users can call 1-877-486-2048.
- Alternate formats — This notice is available in alternate formats, including large print, Braille, data CD and audio CD. To request your notice in an alternate format, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Aviso sobre la discriminación - Los Centros de Servicios de Medicare y Medicaid (CMS) no excluye, niega beneficios o discrimina contra ninguna persona por motivos de raza, color, origen nacional, incapacidad, género o edad. Si cree que ha sido discriminado o tratado injustamente por cualquiera de estos motivos, puede presentar una queja ante el Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles:

- Llamando al 1-800-368-1019. Los usuarios de TTY pueden llamar al 1-800-537-7697.
- Visitando hhs.gov/ocr/civilrights/complaints.
- Escribiendo a la: Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Ayuda y servicios auxiliares para personas con incapacidades - Medicare está dedicado a ofrecerles a todos sus beneficiarios los programas, beneficios, servicios, dependencias, información y su tecnología, en cumplimiento con las Secciones 504 y 508 de la Ley de Rehabilitación del 1973. Medicare tomará las medidas necesarias para asegurarse de que las personas incapacitadas, entre los que se incluyen los que tiene problemas auditivos, son sordos, ciegos, tienen problemas visuales u otro tipo de limitaciones, tengan las mismas oportunidades de participar y aprovechar los programas y beneficios disponibles. Medicare ofrece varios servicios y ayuda para facilitar la comunicación con las personas incapacitadas incluyendo:

- Servicios de retransmisión de mensajes — Los usuarios de TTY pueden llamar al 1-877-486-2048.
- Formatos alternativos — Los productos de Medicare, incluyendo este documento, están disponible en letra grande, versión digital, Braille y audio. Para ordenar su aviso en un

formato alternativo, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY pueden llamar al 1-877-486-2048.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-MEDICARE (TTY: 1-877-486-2048).

العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برق-1-800-MEDICARE(رقم هاتف الصم والبكم: 1-877-486-2048).

հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-MEDICARE (TTY (հեռատիպ)՝ 1-877-486-2048)

繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-MEDICARE（TTY：1-877-486-2048）。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-MEDICARE (TTY: 1-877-486-2048) تماس بگیرید.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-MEDICARE (ATS : 1-877-486-2048).

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-MEDICARE (TTY: 1-877-486-2048).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-MEDICARE (TTY: 1-877-486-2048).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-MEDICARE (TTY: 1-877-486-2048).

日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-MEDICARE（TTY:1-877-486-2048）まで、お電話にてご連絡ください。

한국어(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-MEDICARE (TTY: 1-877-486-2048) 번으로 전화해 주십시오.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-MEDICARE (TTY: 1-877-486-2048).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-MEDICARE (TTY: 1-877-486-2048).

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Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-MEDICARE (телетайп: 1-877-486-2048).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-MEDICARE (TTY: 1-877-486-2048).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-MEDICARE (TTY: 1-877-486-2048).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-MEDICARE (TTY: 1-877-486-2048).

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