



## **CENTER FOR MEDICARE**

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TO: Medicare Advantage Organizations, Prescription Drug Plans, and Section 1876 Cost Plans

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SUBJECT: Issuance of Contract Year 2027 Standardized Materials

This memo announces the release of Contract Year (CY) 2027 Standardized Materials. These include the following: Annual Notice of Change (ANOC); Evidence of Coverage (EOC); ANOC Errata Notice; EOC Errata Notice; Provider Directory; Part C Explanation of Benefits (EOB); Part D EOB; Formulary (Comprehensive and Abridged); Low Income Subsidy (LIS) Rider; Pharmacy Directory; LIS Premium Summary Table; Prescription Transfer Letter; Notice of Formulary Change; Transition Letter; and (optional) Member Request for Refusal Notice.

Upon the release of the CY2026 materials, CMS reduced administrative burden by integrating standardized material instructions directly into the models and adding operational guidance in Appendix A. CMS is continuing this approach for the CY2027 models. The following regulatory requirements were previously described in the ANOC and EOC instructions and are provided below for reference:

- 42 C.F.R. § 422.2267(b) for permissible alterations
- 42 C.F.R. §§ 422.2267(e)(1) and 423.2267(e)(1) for EOC mailing requirements
- 42 C.F.R. §§ 422.2267(e)(3) and 423.2267(e)(3) for ANOC mailing requirements
- 42 C.F.R. § 423.2267(e)(11) for LIS Rider mailing requirements

The CY2027 standardized materials include a considerable number of edits due to multiple finalized regulations and the Paperwork Reduction Act (PRA) process. CMS will re-post the ANOC and EOC standardized materials with the updated OMB approval number once it is provided.

The changes (not including grammar and most formatting edits) to each of the standardized materials are summarized below.

## **Annual Notice of Change (ANOC)**

### **All models**

- Deleted Notice of Availability plan instruction in More Resources section
- Revised many instances of “our plan” to “your plan” throughout models
- Added instruction for plans offering the AIDS Drug Assistance Program (ADAP) in multiple states in Section 4

### **All Part D models**

- Edited Medicare Prescription Payment Plan language in several instances
- Replaced out-of-pocket threshold plan instruction with actual value in two instances
- Deleted references to the Manufacturer Discount Program in Section 1.7
- Removed “Part D drug coverage deductible” row and combined it with “Part D drug coverage” row in Summary of Important Costs table
- Deleted Coverage Gap stage and Coverage Gap Discount Program related sentence in Section 1.4
- Edited both paragraphs in Section 4, Medicare Prescription Payment Plan bullet
- Removed “Changes to the Catastrophic Stage” section in Section 1.7
- Deleted “Medicare Prescription Payment Plan” row of the table in Section 2
- Added instruction for plans that have changed how they cover excluded drugs under an enhanced benefit in “Stage 3: Catastrophic Coverage” section of Section 1.7
- Clarified language about changing to a different Medicare health plan or Part D plan in Section 3
- Added plan instruction to insert a URL that leads to the Drug List in Section 1.6

### **All models except MSA and PDP**

- Clarified the “Inpatient hospital stays” description in Summary of Important Costs for 2027 table

### **All models except Cost, PFFS, and MSA**

- Removed remaining references to VBID in Sections 1.5 and 1.7

### **All models except HMO MAPD, PPO MAPD and D-SNP**

- Deleted bullet points regarding transitions from a DSNP lookalike in “About *[insert 2027 plan name]*” section

### **HMO MAPD, PPO MAPD, D-SNP, Cost, and PFFS models only**

- Added plan instruction about combining the Provider and Pharmacy Directories, if applicable, in Sections 1.3 and 1.4

### **Cost, MSA, HMO MA, PPO MA, and PDP models only**

- Edited language to explain the late enrollment penalty is added to a beneficiary's monthly premium in "About *insert 2027 plan name*" section

### **HMO MAPD, PPO MAPD, D-SNP, and PFFS models only**

- Removed third bullet point and revised drug coverage language in Section 3

### **D-SNP model only**

- Revised language throughout Summary of Important Costs for 2027 table to include that beneficiaries are "most likely" not responsible for out-of-pocket costs for covered services
- Added new bullet point with plan instructions for beneficiaries leaving a D-SNP plan and enrolling into another plan within the organization in "About *insert 2027 plan name*" section
- Removed reference to Part D late enrollment penalty in Section 3
- Edited sentence in Section 1.2 about beneficiary cost-sharing responsibilities when they have Medicaid

### **Cost model only**

- Revised plan instruction in "About *insert 2027 plan name*" section to clarify that enrollment in a different standalone Part D plan does not result in disenrollment from a Cost plan

### **PDP model only**

- Added language about how to disenroll from a Part D plan in Section 3

### **PFFS model only**

- Revised first paragraph of Section 3 to more accurately explain the actions a beneficiary must take to not be automatically enrolled in the same plan as the prior year

## **Evidence of Coverage (EOC)**

### **All models**

- Deleted plan instruction regarding Notice of Availability
- Removed "or lawfully present in the United States" and added "or national or an eligible noncitizen" throughout models
- Added language clarifying who will notify an enrollee when their appeal request was received in several instances
- Revised many instances of "our plan" to "your plan" throughout models

- Replaced "any deductibles" with "your deductible" in "Coinsurance" definition

### **All Part D models**

- Removed "Part D drug coverage deductible" row and combined it with "Part D drug coverage" row in Summary of Important Costs table
- Added "when we agree to cover a drug not on the Drug list" to "Asking for an exception" section
- Deleted duplicative language about gaining or losing eligibility for Extra Help
- Edited reconsideration (appeal) language for the Part D late enrollment penalty
- Included language about deductible to "Initial Coverage Stage" definition
- Added "generally" in several instances when describing that the late enrollment penalty must continue to be paid during enrollment in a plan
- Included language stating new election request is not needed to continue participating in Medicare Prescription Payment Plan
- Clarified in Part D late enrollment penalty description that creditable coverage includes "Part D or other" coverage
- Revised a paragraph to include optional language about Extra Help programs
- Edited "doctor's statement" to "request" when describing what the plan needs to make a coverage decision

### **All models except PDP**

- Removed three bullet points regarding in-person telehealth requirements for mental health services
- Added emergency/urgently needed services language, "If services aren't covered by our plan, you must pay the full cost"
- Deleted regulatory citations in "Acupuncture" row in Medical Benefits Chart (MBC)
- Included diagnostic mammograms language to "Breast cancer screening (mammograms)" row in MBC
- Added "Home health services" row to "Services Not Covered by Medicare" chart
- Included "hearing exams" in "Routine hearing exams, hearing aids, or exams to fit hearing aids" row in "Services Not Covered by Medicare" chart
- Added language in two instances stating that enrollees will be notified in writing if their appeal request will take longer
- Included "a vertebral" to "Chiropractic services" row in MBC
- Updated language to align with regulatory changes in "Immunizations" row in MBC
- Removed "Chronic pain management and treatment services" row in MBC
- Revised "Preventive services" definition to align with Medicare.gov
- Edited "Cardiac Rehabilitation" row in MBC

### **All models except MSA and PDP**

- Added plan instruction regarding different cost-sharing amounts for kidney services to "Services to treat kidney disease" row in MBC
- Removed all remaining references to Value-Based Insurance Design (VBID)

- Clarified “Inpatient hospital stays” description

#### **HMO MAPD, PPO MAPD, Cost, PFFS, and PDP models only**

- Revised variable drug coverage language to reference potential cost sharing instead of potential additional premium in “Types of drugs we don’t cover” section

#### **HMO MAPD, PPO MAPD and D-SNP models only**

- Added “What to expect when you first join our plan” section, renumbered subsequent sections, and renumbered the Table of Contents
- Included definitions for Care Plan, Care Team and Health Risk Assessment

#### **PPO MAPD, Cost, and PFFS models only**

- Replaced “doctor(s)” with “prescriber(s)” in “Drug Management Program (DMP) to help members safely use opioid medications” section

#### **PPO MAPD and PPO MA models only**

- Revised second bullet point regarding services from an out-of-network provider in “Hospice” row in MBC

#### **PPO MAPD and Cost models only**

- Removed reference to barium enemas in “Colorectal cancer screening” row in MBC

#### **HMO MA model only**

- Deleted the registered trademark from Darbepoetin Alfa in “Medicare Part B drugs benefit” row in MBC

#### **D-SNP model only**

- Included plan instruction to insert Medicaid program name and deleted “of deemed continued eligibility”
- Revised sixth bullet under “Other important things to know about our coverage:”
- Added plan instructions in two instances about ID cards for applicable integrated plans (AIPs) in “Important membership materials” section
- Revised language throughout second column of Summary of Important Costs for 2027 table to include that beneficiaries are “most likely” not responsible for out-of-pocket costs for covered services
- Deleted bullet regarding paying Part D late enrollment penalty and becoming eligible for Extra Help during the year in the “Your monthly plan premium won’t change during the year” section
- Added plan instruction in two instances for plans in states that do not offer prescription drugs under Medicaid benefits

- Removed bullet regarding Original Medicare *without* a separate Medicare prescription drug plan and added sentence related to Extra Help and automatic enrollment in a Medicare drug plan

### **Cost model only**

- Added plan instruction to omit paragraph three in “Getting care during a disaster” section if plans do not offer a Part D optional supplemental benefit
- Removed two instances of a plan instruction regarding online disenrollment in “How to end your membership in our plan” section
- Edited plan instructions in “Get care using your plan’s optional visitor/traveler benefit” section to describe correct timeframes and regulatory citations

### **PFFS model only**

- Removed references to prior authorization or notification in several instances

### **PPO MA model only**

- Removed reference to “separate Medicare drug plan” when discussing the Part D Late Enrollment Penalty in the “How to end your membership in our plan” section

### **PDP model only**

- Revised language regarding Part D eligibility in “Monthly Medicare Part B Premium” section
- Edited language in several instances to describe drug benefits only
- Replaced “Medicare drug plan” with “different Medicare drug plan” in the “How to end your membership in our plan” section
- Removed references to “service” and coverage decisions
- Revised language for Level 3 and Level 4 appeals
- Removed timeframe for receiving reimbursement

### **Formulary (Abridged and Comprehensive)**

- Added the phrase, “based on specific criteria” to the “Prior Authorization” bullet under the section, “Are there any restrictions on my coverage?”

### **Transition Letter**

- Added instructional language regarding prior authorization and step therapy requirements for clarity

### **Notice of Formulary Change**

- Added instructional language regarding prior authorization and step therapy requirements for clarity

### **Low Income Subsidy (LIS) Rider**

- Added clarifying instructions for all Part D sponsors on the intent and timing of the document
- Added specific instructions for D-SNPs
- Added IIN to the optional insert of “member’s Rx BIN/IIN/PCN”
- Updated annual benefit parameters for CY 2027

### **Part C Explanation of Benefits (EOB) All Models (with Instructions) and Exhibits**

All Part C EOB models have undergone a comprehensive refresh, as outlined below. Standardized materials are located at: <https://www.cms.gov/medicare/health-drug-plans/managed-care-marketing/models-standard-documents-educational-materials>

- Completed a full refresh and modernization of Part C EOB models incorporating feedback from consumer-testing groups.
- Added a new section illustrating how plans may account for certain mandatory supplemental benefits, including Special Supplemental Benefits for the Chronically Ill (SSBCI), which may not have conventional, standardized descriptors and billing codes, or other corresponding information typically associated with standard items and services.
- Added section addressing a new statutory requirement for specified MA plans, effective January 1, 2028, to inform enrollees of new cost-sharing protections required by Section 6220 of Public Law 119-75, the “Consolidated Appropriations Act, 2026,” titled the REAL Health Providers Act. This section should not be incorporated in the Part C EOB until January 1, 2028.
- CMS notes that all elements from the previous Part C EOB models have been retained, although some content may now appear in a different order, format, or with revised language. MAOs are encouraged to carefully review the new Part C EOB models in full.

### **Part D Explanation of Benefits (EOB) All Exhibits and Plan Instructions**

- Updated annual benefit parameters for CY 2027 throughout exhibits, where applicable
- Replaced examples with variable text throughout the plan instructions
- Added clarified language that the model language may include certain modifications
- Removed references in the plan instructions to Medicare-Medicaid Plans
- Replaced the term “LICS,” with “Low-Income Cost Sharing”
- Removed duplicative instructions regarding reference to a plan’s “Member Services”

\*Note: The location of changes may vary between the models referenced above.

All standardized materials are located at:

<http://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/MarketngModelsStandardDocumentsandEducationalMaterial.html> and <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Part-D-Model-Materials>

Organizations and sponsors must ensure that their CY 2027 materials are compliant with CMS requirements. Questions should be directed to your CMS Account Manager or Marketing Reviewer.