**Tab E - OUTBOUND NON-RENEWAL/SERVICE AREA REDUCTION CALL SCRIPT REQUIREMENTS**

**Requirements:** The person making the outbound call should be familiar with the most recent CMS Non-Renewal/Service Area Reduction Guidance. Plans and Part D sponsors are not permitted to use this call to market products or to endorse any specific plan.

**Outbound Call Scripts must:**

* Inform the enrollee that their plan will no longer be offered in 2026 and that they will only have Original Medicare starting January 1, 2026 if they do not enroll in a new plan by December 31, 2025.
* Advise the enrollee that they can join a new plan between October 15, 2025 and December 31, 2025.
* Inform the enrollee that they also have another opportunity to join a Medicare health or drug plan after December 31, 2025. Because their plan will no longer be available, and to provide them with additional time to evaluate their options, the enrollee has a special opportunity to join a new plan any time until February 28, 2026.

**Note:** The non-renewal/service area reduction special election period (SEP) does not apply to enrollees in D-SNPs that are changing their category and/or level of Medicaid. Enrollees in D-SNPs that are changing their category and/or level of Medicaid will be eligible for the Part D SEP for “Involuntary Loss of Creditable Prescription Drug Coverage” and the coordinating “Medicare Advantage SEP to Coordinate with Part D Enrollment Periods.”

* Enrollment requests received by the new plan on or before December 31, 2025 will be effective January 1, 2026. Those received from January 1, 2026 through February 28, 2026 will be effective the first day of the month after the new plan receives the enrollment request.
* Instruct the enrollee what will happen if they do not join another plan.
  + Plans with Part D must provide information related to loss of prescription drug coverage, including information regarding the Part D late enrollment penalty (if applicable).
  + MA and Cost plans must provide information related to default placement in Original Medicare, including the special right to enroll in a Medigap policy.
  + MMPs must provide information related to Medicaid continued coverage, including contact information for the State Medicaid agency.
* Direct the enrollee to the Medicare & You handbook for a list of health and prescription drug plans in their area.
* Inform the enrollee they should disregard any 2026 plan marketing materials received prior to October 1, 2025.
* Provide resources for additional information. At a minimum, the list of resources must include the local SHIP number, 1-800-MEDICARE number, Ombudsman number and State Enrollment broker (for MMPs only), and [Medicare.gov](http://www.medicare.gov) link.