[REMOVE PRIOR TO SENDING: Tab A - MODEL NOTICE TO BENEFICIARIES IN PDPs THAT ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS]

**IMPORTANT NOTICE: Your Medicare drug plan won’t be   
offered in 2015.**

<Insert Date>

<Member Name>  
<Member Address>  
<Address>

**Keep this letter. It’s proof that you have a special right   
to join a Medicare plan.**

Dear <Member Name>,

<Plan Name> won’t offer your Medicare drug plan in 2015. This means your prescription drug coverage through <Plan Name> will end December 31, 2014. You’ll need to join another Medicare drug plan to get prescription drug coverage.

**What do you need to do?**

You need to join another Medicare drug plan to get prescription drug coverage after   
December 31, 2014. Because your plan will no longer be offered, you can join a new plan anytime between October 15, 2014 and February 28, 2015. However, if you don’t join a new Medicare drug plan by December 31, you won’t have drug coverage starting January 1, 2015.

**What happens if you don’t join another Medicare drug plan?**

If you don’t join another Medicare drug plan, you won’t have prescription drug coverage in 2015 and you may have to pay a late-enrollment penalty if you join a drug plan later.

**Get help comparing Medicare plans**

You have choices in how you get your Medicare coverage. You can join a Medicare health plan or remain in Original Medicare and join another Medicare Prescription Drug Plan. It’s important to have coverage for your doctor visits and prescription drugs. Please visit [Medicare.gov](http://www.medicare.gov) or refer to your Medicare & You Handbook for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage. Please note Medicare isn’t part of the Health Insurance Marketplace you may have been hearing about. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP Phone>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.
* **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn’t going to be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* **Visit** [**Medicare.gov**](http://www.medicare.gov)**.** Medicare’s official web site has tools that can help you compare plans and get answers to your questions.  
  + **Click** “Find health & drug plans” to compare the plans in your area.

**Important: If you have employer or union prescription drug coverage, contact your employer or union before you join a new plan. Ask how joining another plan will affect your employer or union benefits.**

If you need more information, please call us at <phone, TTY, hours of operation>. Tell the customer service representative you got this letter.

<Plans may include language thanking the beneficiary for their membership and/or apologizing for any inconvenience>

Sincerely,

< Signature>

[Federal contracting statement] [material id]