

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



SPECIAL NOTICE TO CONFIRM MEDICARE DRUG PLAN CHOICE

<Date>

Dear <Name of Member>:

The purpose of this notice is to confirm your choice of a Medicare prescription drug plan and to ensure that you are enrolled in the plan you want.

You have received Medicare prescription drug benefits from [<Name of Cost Plan>]. However, Medicare's records show that you are now enrolled in a different plan. You either enrolled in this new plan on your own, or were enrolled by someone on your behalf, such as your State or your retiree health plan. You are still enrolled in [<Name of Cost Plan>] for your medical benefits.

Please follow the steps below to be sure you are covered by the plan you want.

Remember that no matter what choice you make, you will not lose your Medicare prescription drug coverage and you are still enrolled in [Name of Cost Plan] for your doctor and hospital coverage.

1. If you want to stay in [Name of Cost Plan] for your Medicare prescription drug coverage:

If you want to stay in [Name of Cost Plan] you must call [**INSERT:** the customer service number on the back of your membership card] **OR** [<1-xxx-xxx-xxxx>], no later than [**INSERT: Date**] (**Note to Cost Plans—Please insert date on or after April 10 that will permit you to submit enrollment to CMS by April 15.**). If you do not call [Name of Cost Plan] by that date, you will no longer be able to use your membership card at the pharmacy. Please also continue to use your membership card at the doctor's office.

2. If you want to be covered by the plan in the Medicare records for your Medicare prescription drug coverage:

If you want to be covered by the plan shown in the Medicare records, you do not need to do anything. You should have received a membership card for this plan, and you can use your card to cover your prescriptions. If you want to contact the plan, you can call the customer service number on the back of the card, or 1-800-MEDICARE (1-800-633-4227). **However, you do not need to contact the plan to confirm your enrollment.**

3. If you are not sure which plan you are in:

If you are not sure which plan you are enrolled in, or if you have other questions about Medicare prescription drug plans available in your area, you may call us at 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048. When you call, please tell the operator that you have received this "Special Notice to Confirm Medicare Plan Choice."

Again, no matter what choice you make, you still have Medicare prescription drug coverage. And, you can still change plans at any time until May 15, 2006, if you find that the plan you have chosen does not meet your needs.

Thank you. We appreciate your attention to this matter.