

## Exhibit 7 – Part D Sponsor Notice of Participation Renewal in the Medicare Prescription Payment Plan

*[Instructions: The ‘Notice of Participation Renewal’ is an official plan document that lets the participant know their participation in the Medicare Prescription Payment Plan will automatically renew for the subsequent plan year unless they opt out. It also provides information on the process for opting out of the program and directs participants who may qualify to other programs that can help lower costs.*

*This model ‘Notice of Participation Renewal’ satisfies the requirement of Part D sponsors to alert Medicare Prescription Payment Plan participants that their participation in the program will automatically renew and meets all the requirements outlined at 42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.*

*The italicized blue text in square brackets is information for the plans and shouldn’t be included in the notice. The non-italicized blue text in square brackets may be inserted or used as replacement text in the renewal notice form. Use as applicable.*

*[Part D sponsors can insert a title for the notice, like “Your participation in the Medicare Prescription Payment Plan will automatically renew.”]*

Dear [Name of Member],

You’re getting this notice because we’ve automatically renewed your participation in the Medicare Prescription Payment Plan for [upcoming year]. **Please keep this notice for your records.**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). This payment option might help you manage your monthly expenses, but it doesn’t save you money or lower your drug costs.

### What happens now?

For the upcoming year, each month, you’ll continue to pay your plan premium (if you have one), and you’ll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy).

**IMPORTANT:** If you don’t want to participate in this payment option in [upcoming year] you can opt out at any time by calling <[insert phone number or other contact mechanisms]>. If you choose to opt out of the Medicare Prescription Payment Plan, you’ll pay the pharmacy directly for new out-of-pocket drug costs.

Your Medicare drug coverage and other Medicare benefits won’t be affected if you choose not to participate in this payment option. You’ll still be in [plan name] for [upcoming year].

### How will my monthly bill be calculated in the upcoming year?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month’s balance, divided by the number of months left in the year. At the beginning of [upcoming year],

the calculations start over and are separate from the previous year's calculations. The "maximum possible payment" for the first month of [upcoming year] will use the updated annual out-of-pocket maximum for that year ([annual out-of-pocket maximum] in [upcoming year]).

### **What programs can help lower my costs?**

If you have limited income and resources or your financial situation has changed since choosing this payment option, you may be eligible for a program that can help lower your costs. Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://www.ssa.gov/locator/).

*[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]*