

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



**CENTER FOR MEDICARE**

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February 12, 2026

**Warning Letter**

Contract ID: H1748

Parent Organization Name: Avian Health Holdings, LLC

Legal Entity Name: SONDER HEALTH PLANS, INC.

Amber Dreyer  
Medicare Compliance Officer  
6190 Powers Ferry Road  
Suite 320  
Atlanta, GA 30339

VIA EMAIL: [adreyer@sonderhealthplans.com](mailto:adreyer@sonderhealthplans.com)

**RE: Failure to Comply with CMS CY 2026 Bid Instructions**

Dear Amber Dreyer:

The Centers for Medicare & Medicaid Services (CMS) is issuing a warning letter to SONDER HEALTH PLANS, INC., which operates Medicare Part D Contract ID H1748, because it failed to comply with one or more of the contract year (CY) 2026 Part D bid submission requirements. Your organization is receiving a warning letter because you had multiple compliance failures for CY 2026, as outlined below.

Part D program regulations at 42 C.F.R. § 423.265(c) state that each potential Part D sponsor must submit bids (and supplemental information specified by CMS) that reflect the features (e.g., premium amount, cost sharing) and projected cost estimates of each benefit package it expects to offer. For CY 2026, sponsors provided their bid information through three different submissions: a proposed formulary, a Bid Pricing Tool (BPT), and a Plan Benefit Package (PBP) submitted together by the statutory June 2, 2025 deadline. In general, the PBP describes the structure of a proposed benefit package (e.g., co-pay amounts, deductibles) while the BPT describes the underlying basis used to calculate the price of the benefit package. The information in all three of these submissions must combine to reflect a consistent benefit package. Additionally, pursuant to 42 C.F.R. § 423.505(k)(4), the sponsor's CEO or CFO must submit a certification (referred to as the "benefit certification") that the information provided in each bid is accurate, complete, and truthful.

Organizations are responsible for ensuring that complete and accurate CY 2026 bids were submitted by the June 2, 2025 deadline, and for following CMS bidding procedures. Yet, the Part D portion of H1748's initial bid failed to constitute a complete and accurate bid submission. These deficiencies were revealed by the following:

**The sponsor missed the June 27, 2025 deadline to respond to a cost sharing outlier communication and an overdue notice was sent.**

**The sponsor identified an error for Tier 3 insulin copay, 3 month supply. The copay should have been \$70, not \$75.**

The need for CMS to work with your organization to correct its CY 2026 bid indicates that it failed to comply with Part D regulatory requirements and follow CMS bid instructions.

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance, which CMS will consider as part of our review of any application for new or expanded Medicare contracts your organization may submit. CMS deems this instance of non-compliance a Part D issue. CMS notes that we are issuing this compliance notice based on information that we obtained from the sponsor's own self-disclosure and sources other than the sponsor's self-disclosure.

For questions regarding your bid submission, please contact the Part D Benefits mailbox at [PartDBenefits@cms.hhs.gov](mailto:PartDBenefits@cms.hhs.gov). If you have any questions about the compliance implications of this notice, please contact Christine Hill at [Christine.Hill@cms.hhs.gov](mailto:Christine.Hill@cms.hhs.gov) and copy your account manager.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Anders".

Linda Anders, Division Director  
Division of Benefit Purchasing and Monitoring  
Medicare Drug Benefit and C&D Data Group

CC via email:

Ayn Phillips-Piquant, CMS  
Arianne Spaccarelli, CMS  
Christine Hill, CMS

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