[REMOVE PRIOR TO SENDING: Tab A - MODEL NOTICE TO ENROLLEES IN PDPs THAT ARE NON-RENEWING]

**IMPORTANT NOTICE: Your Medicare prescription drug plan won’t be offered in 2019.**

<Insert Date>

<Member Name>  
<Member Address>  
<Address>

**Important Notice about Changes to Your Medicare Prescription Drug Coverage**

**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 prescription drug plan in 2019. This means that your prescription drug coverage through <Plan Name> will end December 31, 2018. You’ll need to join another Medicare prescription drug plan to get prescription drug coverage.

**What do you need to do?**

You will need to join another Medicare prescription drug plan to get prescription drug coverage after December 31, 2018. Because your plan will no longer be offered, you can join a new plan anytime between October 15, 2018 and February 28, 2019. However, if you don’t join a new Medicare prescription drug plan by December 31, you won’t have drug coverage starting January 1, 2019.

If you qualify for Extra Help now and in 2019, Medicare will mail you a blue notice by late October. The blue notice informs people who qualify for Extra Help that they’ll be automatically reassigned to a new Medicare prescription drug plan or they can choose another Medicare prescription drug plan.

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

If you don’t join another Medicare prescription drug plan, you won’t have prescription drug coverage in 2019 and you may have to pay a lifetime Part D late-enrollment penalty if you have a break in coverage for 63 days or more, even if you join a prescription 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 with prescription drug coverage 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. <*plans opting to use written description to notify enrollees of alternative enrollment options should include the following language:*  You may also refer to the attached 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. 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:

<*plans opting to notify enrollees of alternative enrollment options via outbound calls should include the following language instead of the previous sentence:* <Plan Name> will call you to explain how you can find out about available plan options in your area 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.**

Please disregard any 2019 plan materials you received before October 1, 2018.

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 enrollee for their membership and/or apologizing for any inconvenience>

Sincerely,

<Signature>

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).”

“[Plan’s/Part D Sponsor’s legal or marketing name] is a [plan type] with a Medicare contract. Enrollment in [Plan’s/Part D Sponsor’s legal or marketing name] depends on contract renewal.”

[Material ID]