

### **Exhibit 3 - Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan - Notification of Termination of Participation in the Medicare Prescription Payment Plan**

Referenced in [insert draft part 2 guidance section]

<Part D sponsors may insert a title for the notice, such as “Important: Your participation in the Medicare Prescription Payment Plan has ended”>

<Member #>

<RxID>

<RxGroup>

<RxBin>

<RxPCN>

<Date>

Dear < Member>,

On <date of initial notification of failure to pay>, we sent you a letter letting you know your monthly payment for the Medicare Prescription Payment Plan was overdue. The letter explained that if you didn’t make your payment by <insert time frame>, we’d end your participation in the Medicare Prescription Payment Plan.

Starting <insert effective date, which should be the same date as this letter>, you’re no longer participating in the Medicare Prescription Payment Plan through <plan sponsor> because we didn’t get your monthly payment. Like any other debt, you’re still required to pay the amount you owe, \$<amount owed>.

As of <effective date>, you’ll pay the pharmacy directly for all your out-of-pocket drug costs.

**This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won’t be affected, and you’ll continue to be enrolled in <plan name> for your drug coverage.**

#### **How do I pay my balance?**

You can choose to pay the amount you owe all at once or be billed monthly. You’ll never pay any interest or fees on the amount you owe.

You owe <insert unpaid>. You can pay:

- Online at <plan’s website>, by credit or debit card.
- Through the mail, by check.
- <insert other payment methods offered by the plan sponsor like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)>.

If you have questions about your payment, call us at <phone number>, <days and hours of operation>. TTY users can call <TTY number>.

### **What if I think there's been a mistake?**

If you think that we've made a mistake, call us at <phone number>. You also have the right to ask us to reconsider our decision through the grievance process in your <insert "Member Handbook" or "Evidence of Coverage," as appropriate>.

### **Can I use this payment option in the future?**

Yes, once you pay the total amount you owe.

### **Are there programs that can help lower my costs?**

You may be eligible for programs that can help lower your costs, like:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs if you have limited income and resources. Visit [secure.ssa.gov/i1020/start](https://secure.ssa.gov/i1020/start) to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more.
- **Medicare Savings Program:** A state-run program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Program (SPAP):** A program that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://go.medicare.gov/spap) to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs (PAPs):** A program from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://go.medicare.gov/pap) to learn more.

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 [secure.ssa.gov/ICON/main.jsp](https://secure.ssa.gov/ICON/main.jsp) or call 1-800-772-1213. TTY users can call 1-800-325-0778.

**Note:** The programs listed above can help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.