

## **Exhibit 2 – Part D Sponsor Initial Notice for Failure to Make Payments under 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 “Urgent: Pay your Medicare Prescription Payment Plan bill”>

<Member #>

<RxID>

<RxGroup>

<RxBin>

<RxPCN>

Dear < Member>:

We didn’t get your monthly payment for the Medicare Prescription Payment Plan that was due <insert payment due date>. To stay in the Medicare Prescription Payment Plan, you must pay <insert the full amount or a partial amount(s) should the plan choose to allow enrollees to pay the balance over separate payments> by <insert date for the end of the grace period (i.e., the date that is two calendar months from the first day of the month for which the balance is unpaid or the first day of the month following the date on which the payment is requested, whichever is later )>.

**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 bill?**

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/debit card.
- Through the mail, by check.
- <insert other payment methods offered by the plan 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 happens if I don’t pay my bill?**

If you don’t pay your bill by <insert effective date>, you’ll no longer be in the Medicare Prescription Payment Plan through <plan sponsor>. As of <effective date>, you’ll pay the pharmacy directly for your out-of-pocket drug costs.

Like any other debt, you’re required to pay the amount you owe. As long as you continue to pay your plan premium (if you have one), you’ll still have drug coverage through <plan name>.

## **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 a grievance process. Check your <insert "Member Handbook" or "Evidence of Coverage," as appropriate>.

## **What if I can't afford to pay both my plan premium and my Medicare Prescription Payment Plan payment?**

Always pay your <plan name> premium first (if you have one). If needed, we can apply a payment you've made toward your **Medicare Prescription Payment Plan** balance to your plan premium instead. Call us at <phone number> to discuss this option.

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

While the Medicare Prescription Payment Plan spreads out your costs, it doesn't lower them. However, 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.