## Notice of Change in LIS Period(s) for PDPs, MA-PD Plans, and Cost Plans that Offer Part D (Change in Cost-Sharing Level)

Dear <Name of Member>:

### Medicare has informed us that the level of cost sharing associated with your Extra Help has changed from <start date > to <end date>. You will now have to pay more of your Medicare prescription drug costs during this plan year. You will continue to be a member of <plan name> unless you choose to switch to a new plan.

Since you were previously approved for Extra Help at a lower cost sharing level for this period, you may owe money back to <Plan name>. If you filled prescriptions during <start date> to <end date>, you may have been charged less than you should have paid. <Plan name> will send you a notice telling you what you owe for past charges, if any. You may call us for more information at <Customer/Member> Services at <toll- free number> <days and hours of operation>. TTY users should call <toll-free TTY number>.

### What are your options?

**Option 1:** You can stay a member of our plan

You can continue to be a member of <plan name>. You will pay the following costs for your coverage. [Insert appropriate level of cost sharing information for beneficiary]

**Option 2:** You can switch to a new plan

You may want to choose a different drug plan with costs and coverage that better meet your needs. As you still qualify for Extra Help, you can change to another prescription drug plan within the next three months.

* [Insert, if applicable: We offer (an)other plan(s) that may lower your prescription drug plan costs]
* Visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227) for more information about Medicare drug plans available in your area. They can also refer to you a State Health Insurance Program in your state to obtain additional assistance on choosing another plan. TTY users should call 1-877-486-2048.

**Option 3:** You can find other ways to get help with your prescription drug costs

Your state may have programs that can help pay your prescription drug costs. Contact your State Medical Assistance (Medicaid) office for more information. Call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov/) on the Web for their telephone number. TTY users should call 1-877-486-2048.

### For More Information

If you have any questions about this letter, please call <Customer/Member> Services at <toll- free number> <days and hours of operation>. TTY users should call <toll-free TTY number>.

Thank you.