

Dear PACE Cardholder Name

The PACE Program has reviewed your records and has determined that you are not eligible for benefits because of the following:

102 Your total annual income exceeds the eligibility requirements.

As a result of your income increase, your PACE/PACENET benefits will be terminated on December 31st.

You have the right to appeal within 30 days from the date of this letter. If you wish to appeal, complete the attached appeal form and provide documents that verify your 2015 income.

This does not affect your Medicare Part D coverage. Our records indicate you are enrolled in a Medicare Part D Plan. If you would like to stay with your current plan for 2017, you will need to contact them directly.

For information on other Medicare Part D plans, call the Apprise Program at 1-800-783-7067 or call 1-800-MEDICARE.

If you have any questions, please call us for assistance at 1-800-225-7223.

Cardholder Services Department
PACE Program

Attachment

RSD760-RV16

APPEAL FORM

REASON FOR APPEAL:

PLEASE INCLUDE COPIES OF ALL 2015 INCOME DOCUMENTATION

CARDHOLDER'S SIGNATURE: _____

Please complete this form and mail it with the enclosed letter to the address listed below, or scan and email the documents to papace@magellanhealth.com or fax the information to 1-888-656-0372.

PLEASE RETURN TO: PACE
ATTN: APPEALS REVIEWER
P. O. BOX 8807
HARRISBURG, PA 17105-8807

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As a result of your income increase, your PACE/PACENET benefits will be terminated on December 31st.

You have the right to appeal within 30 days from the date of this letter. If you wish to appeal, complete the attached appeal form and provide documents that verify your 2015 income.

Since you do not qualify for PACE/PACENET, you may want to enroll in the Medicare prescription drug benefit for 2017 if you are not already enrolled in a Part D plan. If you are enrolled in Part D, you can either stay enrolled in your current plan or you can choose to enroll in a different plan.

If you go 63 days or longer without prescription drug benefits that are at least as good as the coverage offered through Medicare Part D, you will have to pay a 1% penalty on the monthly premium for every month you go without coverage when you do enroll in the Medicare drug benefit.

For information on how to enroll in Medicare Part D, call the Apprise Program at 1-800-783-7067 or 1-800-MEDICARE.

If you have any questions, please call us for assistance at 1-800-225-7223.

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Important Information Regarding Your PACE/PACENET Benefits for 2017

Dear Cardholder:

The PACE/PACENET Program's enrollment period runs on a calendar year cycle which means that your coverage is effective from January 1st through December 31st each year.

You will not have to complete a PACE/PACENET renewal application this year. We have used other data sources available to us to verify your income. After careful review of the income data, we have determined that you are now eligible for PACENET benefits. We have enclosed your new PACENET card with this letter.

Your PACENET benefits will begin January 1, 2017. At that time, you may destroy any previous ID cards that you received from the program and begin using your PACENET card. If you are not enrolled in a Medicare Part D plan, you will have a monthly deductible of \$39.45, which will be calculated in the cost of your medications at the pharmacy. With PACENET, your copay will be no more than \$8 for generic prescription drugs and \$15 for brand prescription drugs for up to a 30-day supply.

If you are enrolled in one of our Part D partner plans and PACENET together, you will pay the Part D plan's monthly premium at the pharmacy. In this situation, you should not pay the premium to the Part D plan.

Please refer to the back of the PACENET card carrier for more information about your PACENET benefits; or if you have any questions, you may contact us toll-free at 1-800-225-7223.

Sincerely,



Thomas M Snedden
Director
The PACE Program

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You will not have to complete a PACE/PACENET renewal application this year. We have used other data sources available to us to verify your income. After careful review of the income data, we have determined that you are now eligible for PACE benefits. We have enclosed your new PACE card with this letter.

Your PACE benefits will begin January 1, 2017. At that time, you may destroy any previous ID cards that you received from the program and begin using your PACE card. In addition, if you are enrolled in a Part D plan that has signed an agreement with us, the PACE Program will pay your monthly Part D premium up to \$39.45 for you starting January 1, 2017. With PACE, your copay will be no more than \$6 for generic prescription drugs and \$9 for brand prescription drugs for up to a 30-day supply.

Please refer to the back of the PACE card carrier for more information about your PACE benefits; or if you have any questions, you may contact us toll-free at 1-800-225-7223.

Sincerely,



Thomas M Snedden
Director
The PACE Program