pennsylvania
DEPARTMENT OF AGING

PACE
Pharmaceutical Assistance Contract for the Elderly

CARD ID:
ACN:
DATE:

Name
Address
Address
Address
City, State, Zip

Dear PACE Cardholder Name

The PACE Program has reviewed your records and has determined that you are no longer eligible for benefits because of the following:

102 Your total annual income exceeds the eligibility requirements.

The 2018 annual income we have on file for you is , which exceeds the PACENET income limits of $27,500 for a single person's total income and $35,500 for a married couple's total combined income. As a result of your income increase, your PACE/PACENET benefits will be terminated on December 31.

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 copies of all 2018 income documentation.

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 2020, 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, or if your 2018 income has changed, you can reapply for benefits after January 1 by calling PACE at 1-800-225-7223.

Cardholder Services Department
PACE Program

Attachment RSD760-RV19

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APPEAL FORM

REASON FOR APPEAL:

_____
_____
_____
_____

PLEASE INCLUDE COPIES OF ALL 2018 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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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 copies of all 2018 income documentation.

Since you do not qualify for PACE/PACENET, you should enroll in the Medicare prescription drug benefit for 2020 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 assistance with enrolling in Medicare Part D, call the APPRISE Program at 1-800-783-7067, or 1-800-MEDICARE.

If you have any questions, or if your 2018 income has changed, you can reapply for benefits after January 1 by calling PACE at 1-800-225-7223.

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