

Name October 2018
Address
Address
Address
City, State, Zip PACE ID:

Dear PACE Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best partner Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019.

When you are enrolled in this Part D plan and PACE, the PACE Program will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACE co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you agree with our recommendation, you do not need to do anything further.

We will provide the Part D plan listed above with the necessary information to process your enrollment. You will then receive an identification card directly from the Part D plan. You should show both your Part D card and PACE card to the pharmacist when you have your prescriptions filled beginning January 1, 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACE program first.

If you are not enrolled in Medicare or if you have any of the following plans, please call us immediately at 1-800-225-7223:

- **Retiree plan that offers prescription benefits** (Part D could negatively impact your medical benefits)
- **Medicare Advantage Plan (HMO/PPO)** (Part D could negatively impact your medical benefits)

If you do not want to enroll in Medicare Part D or if you would prefer to be enrolled in a different Medicare Part D plan, you should notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE

4000 Crums Mill Road, Suite 301 □ Harrisburg, PA 17112 □ (717) 651-3600

Name October 2018

Address

Address

Address

City, State, Zip

PACE ID:

Dear PACE Cardholder:

The PACE Program recently sent you a letter telling you the Annual Enrollment Period for Medicare Part D was approaching and that you should wait until you hear from the PACE Program before you make any enrollment decisions.

During 2018, you have been enrolled in PACE and **(NAME OF ASSIGNED PLAN)**. To continue receiving the most comprehensive prescription coverage, we suggest that you remain enrolled in this Medicare Part D plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACE program first.

If you agree with our recommendation, you do not need to do anything further.

When you are enrolled in this Part D plan and PACE at the same time, the PACE Program will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACE co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2018, by calling:

1-800-225-7223

Monday through Friday

8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE

P2

Name
Address
Address
Address
City, State, Zip

October 2018

PACE ID:

Dear PACE Cardholder:

The PACE program recently sent you a letter telling you the Annual Enrollment Period for Medicare Part D was approaching. We are currently working directly with a few Part D plans to offer you the best comprehensive prescription coverage.

Our records show that you are enrolled in a Part D plan that will not be a partner plan with PACE in 2019. You have the option to stay enrolled in your current Part D plan and keep your PACE benefits. However, by switching to **(NAME OF ASSIGNED PLAN)**, we can ensure that you receive the maximum help in paying your prescription costs. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACE program first.

When you are enrolled in **(NAME OF ASSIGNED PLAN)** and PACE at the same time, PACE will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACE co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you would like to be enrolled in the partner Part D plan that we are recommending, you must notify us by November 2, 2018, and we will take care of the change in your enrollment. Call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE

P3

Name
Address
Address
Address
City, State, Zip

October 2018

PACE ID:

Dear PACE Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best partner Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019.

You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACE program first.

When you are enrolled in this partner Part D plan and PACE, PACE will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACE co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you agree with our recommendation to change your Part D plan, you do not need to do anything else. We will take care of the change for you.

However, if you would like to stay in your current plan or be enrolled in a different Part D partner plan, you must notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE

P4

Name
Address
Address
Address
City, State, Zip

October 2018

CARDHOLDER ID:

Dear PACE/PACENET Cardholder:

The PACE/PACENET Program recently sent you a letter telling you that the Annual Enrollment Period for Medicare Part D was approaching and asking you to wait until you hear from us before making any decisions about enrolling in a Part D plan.

PACE/PACENET reviews your prescription medications, which pharmacy you use, and how to get more savings when recommending a Part D plan that works for you. According to our records, you have not used your PACE/PACENET card within the last six months to purchase prescription medications. Therefore, at this time, we are not able to determine the best plan for you and will not be enrolling you in a Medicare Part D plan for 2019.

If you already have a Part D plan, you may remain enrolled in that plan or switch to another plan. If you would like more information about our partner plans for 2019, you may call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE

P/N7

Name October 2018
Address
Address
Address
City, State, Zip PACENET ID:

Dear PACENET Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019.

When you are enrolled in this Part D plan and PACENET, the PACENET Program will:

- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACENET co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

Starting January 1, 2019, your Part D monthly premium will be \$____. You will pay this Part D premium at the pharmacy beginning with your first prescription purchase. If you do not have prescriptions filled each month, the premium amount may be added to the next month.

If you agree with our recommendation, you do not need to do anything further.

We will provide the Part D plan listed above with the necessary information to process your enrollment. You will then receive an identification card directly from the Part D plan. You should show both your Part D card and PACENET card to the pharmacist when you have your prescriptions filled beginning January 1, 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACENET program first.

If you are not enrolled in Medicare or if you have any of the following plans, please call us immediately at 1-800-225-7223:

- **Retiree plan that offers prescription benefits** (Part D could negatively impact your medical benefits)
- **Medicare Advantage Plan (HMO/PPO)** (Part D could negatively impact your medical benefits)

If you do not want to enroll in Medicare Part D or if you would prefer to be enrolled in a different Medicare Part D plan, you should notify us by **November 2, 2018**, by calling:

1-800-225-7223

Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACENET

N1

Name October 2018
Address
Address
Address
City, State, Zip PACENET ID:

Dear PACENET Cardholder:

The PACENET Program recently sent you a letter telling you the Annual Enrollment Period for Medicare Part D was approaching and that you should wait until you hear from the PACENET Program before you make any enrollment decisions.

During 2018, you have been enrolled in PACENET and **(NAME OF ASSIGNED PLAN)**. To continue receiving the most comprehensive prescription coverage, we suggest that you remain enrolled in this Medicare Part D plan for 2019.

If you agree with our recommendation, you do not need to do anything further.

When you are enrolled in PACENET and this Part D plan at the same time, the PACENET Program will:

- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACENET co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you decide to enroll in this Part D plan, your Part D monthly premium in 2019 will be \$____. You will pay this Part D premium at the pharmacy beginning with your first prescription purchase. If you do not have prescriptions filled each month, the premium amount may be added to the next month. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACENET program first.

If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2018, by calling:

1-800-225-7223

Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE Program

N2

Name October 2018
Address
Address
Address
City, State, Zip PACENET ID:

Dear PACENET Cardholder:

The PACENET program recently sent you a letter telling you the Annual Enrollment Period for Medicare Part D was approaching. We are currently working directly with a few Part D plans to offer you the best comprehensive prescription coverage.

Our records show that you are enrolled in a Part D plan that will not be a partner plan with PACENET in 2019. You have the option to stay enrolled in your current Part D plan and keep your PACENET benefits. However, by switching to **(NAME OF ASSIGNED PLAN)**, we can ensure that you receive the maximum help in paying your prescription costs.

When you are enrolled in **(NAME OF ASSIGNED PLAN)** and PACENET at the same time, PACENET will:

- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACENET co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you decide to enroll in this Part D plan, your Part D monthly premium in 2019 will be \$____. You will pay this Part D premium at the pharmacy beginning with your first prescription purchase. If you do not have prescriptions filled each month, the premium amount may be added to the next month. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACENET program first.

If you would like to be enrolled in the partner Part D plan that we are recommending, you must notify us by November 2, 2018, and we will take care of the change in your enrollment. Call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACENET

N3

Name
Address
Address
Address
City, State, Zip

October 2018

PACENET ID:

Dear PACENET Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined (**NAME OF ASSIGNED PLAN**) is the best partner Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019. When you are enrolled in this Part D plan and PACENET, PACENET will:

- Provide coverage during any deductibles and coverage gaps (Donut Hole)
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your PACENET co-pay amount
- Assist with your Late Enrollment Penalty (LEP)

If you decide to enroll in this Part D plan, your Part D monthly premium in 2019 will be \$_____. You will pay this Part D premium at the pharmacy beginning with your first prescription purchase. If you do not have prescriptions filled each month, the premium amount may be added to the next month. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with the PACENET program first.

If you agree with our recommendation to change your Part D plan, you do not need to do anything else. We will take care of the change for you.

However, if you would like to stay enrolled in your current plan or be enrolled in a different Part D partner plan, you must notify us by **November 2, 2018** by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACENET

N4



Name
Address
Address
Address
City, State, Zip

October 2018

CRDP ID:

Dear CRDP Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019.

When you are enrolled in this Part D plan and CRDP, we will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs listed on the CRDP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your CRDP co-pay amount for drugs listed on the CRDP formulary

If you agree with our recommendation, you do not need to do anything further.

We will provide the Part D plan listed above with the necessary information to process your enrollment. You will then receive an identification card directly from the Part D plan. You should show both your Part D card and CRDP card to the pharmacist when you have your prescriptions filled beginning January 1, 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with CRDP first. If you have questions regarding the CRDP program and how it interacts with Medicare Part D plans, please review our question and answer document at: www.health.state.pa.us/chronicrenalprogram. If you are unable to access the website, a copy can be obtained by contacting Cardholder Services at 1-800-225-7223.

If you are not enrolled in Medicare or if you have any of the following plans, please call us immediately at 1-800-225-7223:

- **Retiree plan that offers prescription benefits** (Part D could negatively impact your medical benefits)
- **Medicare Advantage Plan (HMO/PPO)** (Part D could negatively impact your medical benefits)



If you do not want to enroll in Medicare Part D or if you would prefer to be enrolled in a different Medicare Part D plan, you should notify us by **November 2, 2018**, by calling:

1-800-225-7223

Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

A handwritten signature in black ink that reads 'Tara Landis'. The signature is written in a cursive, flowing style.

Tara Landis
Director
Division of Child and Adult Health Services

C1



Name
Address
Address
Address
City, State, Zip

October 2018

CRDP ID:

Dear CRDP Cardholder:

We recently sent you a letter telling you the Annual Enrollment Period for Medicare Part D was approaching and that you should wait until you hear from the Chronic Renal Disease Program (CRDP) before you make any enrollment decisions.

During 2018, you have been enrolled in CRDP and **(NAME OF ASSIGNED PLAN)**. To continue receiving the most comprehensive prescription coverage, we suggest that you remain enrolled in this Medicare Part D plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with CRDP first.

If you agree with our recommendation, you do not need to do anything further.

When you are enrolled in this Part D plan and CRDP at the same time, CRDP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs on the CRDP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your CRDP co-pay amount for drugs on the CRDP formulary

If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2018, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

If you have questions regarding the CRDP program and how it interacts with Medicare Part D plans, please review our question and answer document at: www.health.state.pa.us/chronicrenalprogram.

If you are unable to access the website, a copy can be obtained by contacting Cardholder Services at 1-800-225-7223. Remember, you will not lose your CRDP benefits by being enrolled in Medicare Part D.

Sincerely,

A handwritten signature in black ink that reads 'Tara Landis'.

Tara Landis
Director
Division of Child and Adult Health Services

C2



Name October 2018
Address
Address
Address
City, State, Zip CRDP ID:

Dear CRDP Cardholder:

The Chronic Renal Disease Program (CRDP) recently sent you a letter telling you the Annual Enrollment Period for Medicare Part D was approaching. We are currently working directly with a few Part D plans to offer you the best comprehensive prescription coverage.

Our records show that you are enrolled in a Part D plan that will not be a partner plan with CRDP in 2019. You have the option to stay enrolled in your current Part D plan and keep your CRDP benefits. However, by switching to **(NAME OF ASSIGNED PLAN)**, we can ensure that you receive the maximum help in paying your prescription costs. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with CRDP first.

When you are enrolled in the partner Part D plan that we are recommending and CRDP at the same time, CRDP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs on the CRDP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your CRDP co-pay amount for drugs on the CRDP formulary

If you would like to be enrolled in the partner Part D plan that we are recommending, you must notify us by November 2, 2018, and we will take care of the change in your enrollment. Call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

If you have questions regarding the CRDP program and how it interacts with Medicare Part D plans, please review our question and answer document at: www.health.state.pa.us/chronicrenalprogram. If you are unable to access the website, a copy can be obtained by contacting Cardholder Services at 1-800-225-7223. Remember, you will not lose your CRDP benefits by being enrolled in Medicare Part D.

Sincerely,

A handwritten signature in black ink that reads 'Tara Landis'.

Tara Landis
Director
Division of Child and Adult Health Services

C3



Name October 2018
Address
Address
Address
City, State, Zip CRDP ID:

Dear CRDP Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best partner Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with CRDP first.

When you are enrolled in this partner Part D plan and CRDP, CRDP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs on the CRDP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays in excess of your CRDP co-pay amount for drugs on the CRDP formulary

If you agree with our recommendation to change your Part D plan, you do not need to do anything else. We will take care of the change for you.

However, if you would like to stay in your current plan or be enrolled in a different Part D partner plan, you must notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

If you have questions regarding the CRDP program and how it interacts with Medicare Part D plans, please review our question and answer document at: www.health.state.pa.us/chronicrenalprogram. If you are unable to access the website, a copy can be obtained by contacting Cardholder Services at 1-800-225-7223. Remember, you will not lose your CRDP benefits by being enrolled in Medicare Part D.

Sincerely,

A handwritten signature in black ink that reads 'Tara Landis'.

Tara Landis
Director
Division of Child and Adult Health Services

C4



Name
Address
Address
Address
City, State, Zip

October 2018

CRDP ID:

Dear CRDP Cardholder:

The Chronic Renal Disease Program (CRDP) recently sent you a letter telling you that the Annual Enrollment Period for Medicare Part D was approaching and asking you to wait until you hear from us before making any decisions about enrolling in a Part D plan.

CRDP reviews your prescription medications, which pharmacy you use, and how to get more savings when recommending a Part D plan. According to our records, you have not used your CRDP card within the last six months to purchase prescription medications. Therefore, at this time, we are not able to determine the best Part D plan for you and will not be enrolling you in Medicare Part D for 2019.

However, since the CRDP offers a limited formulary, the prescription coverage you receive from CRDP is not equivalent to the prescription benefits offered by Medicare Part D, which means CRDP is considered “non creditable.” This means it may be in your best interest to be enrolled in CRDP and a Medicare Part D plan together.

When you become eligible for Medicare, if you do not have any prescription coverage that is considered creditable, you should enroll in a Medicare Part D plan. Otherwise, you may pay a higher premium to join a Medicare drug plan later. If you go 63 days or longer without prescription drug benefits that are at least as good as the coverage offered through the Medicare benefit, you will have to pay a 1% penalty on the monthly Part D premium for every month you go without coverage.

If you already have a Part D plan, you may remain enrolled in that plan or switch to another plan. If you would like more information on our partner plans for 2019, you may call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

A handwritten signature in black ink that reads 'Tara Landis'.

Tara Landis
Director
Division of Child and Adult Health Services

C7



Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear Special Pharmaceutical Benefits Program (SPBP) cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019.

When you are enrolled in this Part D plan and SPBP, we will:

- Pay your Part D monthly premiums;
- Provide coverage during any deductibles and coverage gaps for drugs listed on the SPBP formulary;
- Cover some medications the Part D plan does not cover; and
- Cover any co-pays for drugs listed on the SPBP formulary.

Within the next few months you may receive a re-enrollment packet from SPBP. It is very important for you to complete and return your SPBP re-enrollment on time to ensure your Part D premium subsidy, as well as all SPBP benefits continue. SPBP will not be able to pay Part D premiums if your SPBP benefits are cancelled at any time. If you do not re-enroll or are cancelled from SPBP during the Part D enrollment period, you will be responsible for selecting and enrolling in a Part D plan on your own, or you may be without prescription coverage for the upcoming year. You will not lose your SPBP benefits by enrolling in Medicare Part D.

We will provide the Part D plan listed above with the necessary information to process your enrollment. You will then receive an identification card directly from the Part D plan. You should show both your Part D card and SPBP card to the pharmacist when you have your prescriptions filled beginning January 1, 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

If you are not enrolled in Medicare or if you have any of the following plans, please call us immediately at 1-800-225-7223:

- **Retiree plan that offers prescription benefits** (Part D could negatively impact your medical benefits.)
- **Medicare Advantage Plan (HMO/PPO)** [Part D could negatively impact your medical benefits.]

If you agree with our recommendation, you do not need to do anything further. If you do not want to enroll in Medicare Part D or if you would prefer to be enrolled in a different Medicare Part D plan, you should notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Special Pharmaceutical Benefits Program

SP1-1



Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

PLEASE READ CAREFULLY. IMPORTANT INFORMATION ABOUT YOUR SPBP BENEFITS

Dear Special Pharmaceutical Benefits Program (SPBP) cardholder:

During 2018, you have been enrolled in the Special Pharmaceutical Benefits Program (SPBP) and **(NAME OF ASSIGNED PLAN)**. To continue receiving the most comprehensive prescription coverage, we suggest that you remain enrolled in this Medicare Part D plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

When you are enrolled in this Part D plan and SPBP at the same time, SPBP will:

- Pay your Part D monthly premiums;
- Provide coverage during any deductibles and coverage gaps for drugs on the SPBP formulary;
- Cover any co-pays for drugs on the SPBP formulary; and
- Cover some medications the Part D plan does not cover.

Within the next few months you may receive a re-enrollment packet from SPBP. It is very important for you to complete and return your SPBP re-enrollment timely to ensure your Part D premium subsidy and, all SPBP benefits continue. SPBP will not be able to pay Part D premiums if your SPBP benefits are cancelled at any time. If you do not re-enroll or are cancelled from SPBP during the Part D enrollment period, you will be responsible for selecting and enrolling in a Part D plan on your own, or you may be without prescription coverage for the upcoming year.

If you agree with our recommendation, you do not need to do anything further to be enrolled in the proposed Part D plan. If you choose a different Part D plan, SPBP may not be able to pay your premiums even if you remain an eligible SPBP cardholder. If you prefer to select a different Part D plan, you will need to notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Special Pharmaceutical Benefits Program

SP1-2



Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear Special Pharmaceutical Benefits Program (SPBP) cardholder:

Our records show that you are enrolled in a Medicare Part D plan that will not be a partner plan with the Special Pharmaceutical Benefits Program (SPBP) in 2019. You have the option to stay enrolled in your current Part D plan and keep your SPBP benefits. However, by switching to **(NAME OF ASSIGNED PLAN)**, we can ensure that you receive the maximum help in paying your prescription costs. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

When you are enrolled in the partner Part D plan that we are recommending and SPBP at the same time, SPBP will:

- Pay your Part D monthly premiums;
- Provide coverage during any deductibles and coverage gaps for drugs on the SPBP formulary;
- Cover some medications the Part D plan does not cover; and
- Cover any co-pays for drugs on the SPBP formulary.

Within the next few months you may receive a re-enrollment packet from SPBP. It is very important for you to complete and return your SPBP re-enrollment on time to ensure your Part D premium subsidy and all SPBP benefits continue. SPBP will not be able to pay Part D premiums if your SPBP benefits are cancelled at any time. If you do not re-enroll or are cancelled from SPBP during the Part D enrollment period, you will be responsible for selecting and enrolling in a Part D plan on your own, or you may be without prescription coverage for the upcoming year.

If you would like to be enrolled in the partner Part D plan that we are recommending, you must notify us by November 2, 2018, and we will take care of the change in your enrollment. Call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Special Pharmaceutical Benefits Program

SP1-3



Name October 2018
Address
Address
Address
City, State, Zip SPBP ID:

Dear Special Pharmaceutical Benefits Program (SPBP) cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined (**NAME OF ASSIGNED PLAN**) is the Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

When you are enrolled in this partner Part D plan and SPBP, SPBP will:

- Pay your Part D monthly premiums;
- Provide coverage during any deductibles and coverage gaps for drugs on the SPBP formulary;
- Cover some medications the Part D plan does not cover; and
- Cover any co-pays for drugs on the SPBP formulary.

Within the next few months you may receive a re-enrollment packet from SPBP. It is very important for you to complete and return your SPBP re-enrollment on time to ensure your Part D premium subsidy and, all SPBP benefits continue. SPBP will not be able to pay Part D premiums if your SPBP benefits are cancelled at any time. If you do not re-enroll or are cancelled from SPBP during the Part D enrollment period, you will be responsible for selecting and enrolling in a Part D plan on your own, or you may be without prescription coverage for the upcoming year. You will not lose your SPBP benefits by enrolling in Medicare Part D.

If you agree with our recommendation to change your Part D plan, you do not need to do anything for that change to occur. We will take care of the change for you. You need only to be sure you re-enroll with SPBP when your re-enrollment packet arrives in order to keep your benefits active and your Part D premiums covered by SPBP.

However, if you would like to stay in your current plan or be enrolled in a different Part D partner plan, you must notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Special Pharmaceutical Benefits Program

SP1-4



Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear Special Pharmaceutical Benefits Program (SPBP) cardholder:

According to our records, you have not used your Special Pharmaceutical Benefits Program (SPBP) card within the last six months to purchase prescription medications. Therefore, at this time, we are not able to determine the best plan and will not be enrolling you in a Medicare Part D plan for 2019.

If you already have a Part D plan, you may remain enrolled in that plan or switch to another plan. If you would like more information on our partner plans for 2019, you may call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Special Pharmaceutical Benefits Program

SP1-7



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear SPBP Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019.

When you are enrolled in this Part D plan and SPBP, SPBP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs listed on the SPBP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays for drugs listed on the SPBP formulary

If you agree with our recommendation, you do not need to do anything further.

We will provide the Part D plan listed above with the necessary information to process your enrollment. You will then receive an identification card directly from the Part D plan. You should show both your Part D card and SPBP card to the pharmacist when you have your prescriptions filled beginning January 1, 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

If you are not enrolled in Medicare or if you have any of the following plans, please call us immediately at 1-800-225-7223:

- **Retiree plan that offers prescription benefits** (Part D could negatively impact your medical benefits)
- **Medicare Advantage Plan (HMO/PPO)** (Part D could negatively impact your medical benefits)

If you do not want to enroll in Medicare Part D or if you would prefer to be enrolled in a different Medicare Part D plan, you should notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Remember, you will not lose your SPBP benefits by being enrolled in Medicare Part D.

Sincerely,

Thomas M. Snedden
Fiscal Agent, SPBP

SP2-1



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear SPBP Cardholder:

During 2018, you have been enrolled in the Special Pharmaceutical Benefits Program (SPBP) and **(NAME OF ASSIGNED PLAN)**. To continue receiving the most comprehensive prescription coverage, we suggest that you remain enrolled in this Medicare Part D plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

If you agree with our recommendation, you do not need to do anything further.

When you are enrolled in this Part D plan and SPBP at the same time, SPBP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs on the SPBP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays for drugs on the SPBP formulary

If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2018, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Fiscal Agent, SPBP

SP2-2



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear SPBP Cardholder:

Our records show that you are enrolled in a Medicare Part D plan that will not be a partner plan with the Special Pharmaceutical Benefits Program (SPBP) in 2019. You have the option to stay enrolled in your current Part D plan and keep your SPBP benefits. However, by switching to **(NAME OF ASSIGNED PLAN)**, we can ensure that you receive the maximum help in paying your prescription costs. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

When you are enrolled in the partner Part D plan that we are recommending and SPBP at the same time, SPBP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs on the SPBP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays for drugs on the SPBP formulary

If you would like to be enrolled in the partner Part D plan that we are recommending, you must notify us by November 2, 2018, and we will take care of the change in your enrollment. Call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Fiscal Agent, SPBP

SP2-3



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear SPBP Cardholder:

After careful review of the prescription medications you take and your pharmacy preferences, we have determined **(NAME OF ASSIGNED PLAN)** is the best partner Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2019. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with SPBP first.

When you are enrolled in this partner Part D plan and SPBP, SPBP will:

- Pay your Part D monthly premiums
- Provide coverage during any deductibles and coverage gaps for drugs on the SPBP formulary
- Cover some medications the Part D plan does not cover
- Cover any co-pays for drugs on the SPBP formulary

If you agree with our recommendation to change your Part D plan, you do not need to do anything else. We will take care of the change for you.

However, if you would like to stay in your current plan or be enrolled in a different Part D partner plan, you must notify us by **November 2, 2018**, by calling:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Fiscal Agent, SPBP



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Name
Address
Address
Address
City, State, Zip

October 2018

SPBP ID:

Dear SPBP Cardholder:

According to our records, you have not used your SPBP card within the last six months to purchase prescription medications. Therefore, at this time, we are not able to determine the best plan and will not be enrolling you in a Medicare Part D plan for 2019.

If you already have a Part D plan, you may remain enrolled in that plan or switch to another plan. If you would like more information on our partner plans for 2019, you may call us at:

1-800-225-7223
Monday through Friday
8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Fiscal Agent, SPBP

SP2-7