

Name October 2020

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 Medicare Part D plan for you to receive the most comprehensive coverage and would like to assist you with enrolling in this plan for 2021.

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)

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. PACE will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 by calling:

1-800-225-7223

Monday through Friday

8:30 AM to 5:00 PM

Sincerely,

Thomas M. Snedden
Director, PACE

P1

Name
Address
Address
Address
City, State, Zip

October 2020

PACE ID:

Dear PACE Cardholder:

We are currently working directly with Part D plans to offer you the best comprehensive prescription coverage. 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, 2020 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 2020

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 for you to receive the most comprehensive coverage and would like to assist you with enrolling in this plan for 2021.

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, you do not need to do anything further. PACE will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 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 2020

CARDHOLDER ID:

Dear PACE/PACENET Cardholder:

According to our records, you have not used your PACE/PACENET card within the last twelve 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 2021.

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 2021, 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 2020
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 2021 to continue receiving the most comprehensive prescription coverage.

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 2021 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, you do not need to do anything further. PACENET will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 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 2020
Address
Address
Address
City, State, Zip PACENET ID:

Dear PACENET Cardholder:

We are currently working directly with Part D plans to offer you the best comprehensive prescription coverage. 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 2021 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, 2020 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 2020

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 2021. 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 2021 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, you do not need to do anything further. PACE will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 by calling:

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

Sincerely,

Thomas M. Snedden
Director, PACENET

N4



Name October 2020
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 Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2021 to continue receiving the most comprehensive prescription coverage.

When you are enrolled in this Part D plan and the Chronic Renal Disease Program (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 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.]

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

If you agree with our recommendation, you do not need to do anything further. CRDP will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 by calling:

1-800-225-7223

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

If you have questions regarding CRDP and how it interacts with Medicare Part D plans, please review our question and answer document at: <https://www.health.pa.gov/topics/programs/Chronic-Renal-Disease>. 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 Trego'.

Tara Trego
Director, Bureau of Family Health

C1



Name October 2020
Address
Address
Address
City, State, Zip CRDP ID:

Dear CRDP Cardholder:

We are currently working directly with Part D plans to offer you the best comprehensive prescription coverage. You have the option to stay enrolled in your current Part D plan and keep your Chronic Renal Disease Program (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 us 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, 2020 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 CRDP and how it interacts with Medicare Part D plans, please review our question and answer document at: <https://www.health.pa.gov/topics/programs/Chronic-Renal-Disease>. 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 Trego'.

Tara Trego
Director, Bureau of Family Health

C3



Name October 2020
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 2021. 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, you do not need to do anything further. CRDP will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 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: <https://www.health.pa.gov/topics/programs/Chronic-Renal-Disease>. 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 Trego'.

Tara Trego
Director, Bureau of Family Health

C4



Name
Address
Address
Address
City, State, Zip

October 2020

CRDP ID:

Dear CRDP Cardholder:

The Chronic Renal Disease Program (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 twelve 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 2021.

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 2021, 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 Trego". The signature is written in a cursive, flowing style.

Tara Trego
Director, Bureau of Family Health C7



Name October 2020
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 best Medicare Part D plan for you and would like to assist you with enrolling in this plan for 2021.

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 Jan. 1, 2021. 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. SPBP will take care of the enrollment for you. 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 **Nov. 2, 2020**, 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 2020

SPBP ID:

Dear Special Pharmaceutical Benefits Program (SPBP) cardholder:

We are currently working directly with Part D plans to offer you the best comprehensive prescription coverage. 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 Nov. 2, 2020, 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 2020
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 2021. 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, 2020**, 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 2020

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 twelve 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 2021.

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 2021 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 October 2020
 Address
 Address
 Address
 City, State, Zip 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 2021.

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

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, 2021. You should not make any payments to the Part D plan, including Social Security deductions and coupon booklets, without checking with us 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. SPBP will take care of the enrollment for you. If you would prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 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 2020

SPBP ID:

Dear SPBP Cardholder:

We are currently working directly with Part D plans to offer you the best comprehensive prescription coverage. You have the option to stay enrolled in your current Part D plan and keep your Special Pharmaceutical Benefits Program (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 us 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, 2020 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 2020

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 2021. 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, you do not need to do anything further. SPBP will take care of the enrollment for you. If you prefer to be enrolled in a different Medicare Part D plan, you should notify us by November 2, 2020 by calling:

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

Sincerely,

Thomas M. Snedden
Fiscal Agent, SPBP

SP2-4



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Name
Address
Address
Address
City, State, Zip

October 2020

SPBP ID:

Dear SPBP Cardholder:

According to our records, you have not used your Special Pharmaceutical Benefits Program (SPBP) card within the last twelve 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 2021.

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 2021, 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

Name
Address
Address
Address
City, State, Zip

Octubre de 2020

Nº de identificación de SPBP:

Estimado beneficiario del Programa de Beneficios Farmacéuticos Especiales (SPBP):

Luego de revisar detenidamente los medicamentos recetados que usted toma y sus preferencias en relación a farmacias, hemos determinado que **(NAME OF ASSIGNED PLAN)** es el mejor plan de la Parte D de Medicare para usted y nos gustaría asistirlo en el proceso de inscripción a este plan para 2021.

Una vez que usted esté inscrito en este plan de la Parte D y en el SPBP, nosotros:

- pagaremos sus primas mensuales de la Parte D;
- proporcionaremos cobertura durante los intervalos de deducibles o cobertura para los fármacos incluidos en el formulario de SPBP;
- cubriremos algunos medicamentos que no estén cubiertos por el plan de la Parte D, y
- cubriremos los copagos para los fármacos incluidos en el formulario de SPBP.

Dentro de los próximos meses, es posible que reciba un paquete de reinscripción de parte de SPBP. Es importante que complete y envíe su reinscripción al SPBP a tiempo para asegurarse de que el subsidio de prima de la Parte D y todos los beneficios del SPBP continúen. El SPBP no podrá pagar las primas de la Parte D si sus beneficios de SPBP son cancelados en cualquier momento. Si usted no se reinscribe o si se lo da de baja del SPBP durante el período de inscripción de la Parte D, deberá seleccionar por su cuenta un plan de la Parte D e inscribirse en este, o es posible que permanezca sin cobertura de medicamentos con receta durante el año entrante. No perderá los beneficios del SPBP al inscribirse en la Parte D de Medicare.

Le proporcionaremos el plan de la Parte D que se indica anteriormente con la información necesaria para procesar su inscripción. Luego, recibirá una tarjeta de identificación directamente del plan de la Parte D. Cuando tenga recetas emitidas a partir del 1 de enero de 2021, deberá mostrar al farmacéutico su tarjeta de la Parte D y su tarjeta de SPBP. No deberá efectuar ningún pago al plan de la Parte D, ni siquiera en concepto de deducciones del seguro social ni de libreta de cupones de pago, sin antes consultar con el SPBP.

Si no está inscrito en Medicare o si cuenta con algunos de los siguientes planes, llámenos de inmediato al 1-800-225-7223:

- **Plan para jubilados que ofrece beneficios de prescripción de recetas médicas** (la Parte D podría afectar negativamente sus beneficios médicos).
- **Plan Medicare Advantage (Organización para el mantenimiento de la salud [HMO]/Organización de proveedores preferidos [PPO]** (la Parte D podría afectar negativamente sus beneficios médicos).

Si está de acuerdo con nuestra recomendación, no tiene que hacer nada más. SPBP se encargará de la inscripción por usted. Si no desea inscribirse en la Parte D de Medicare o si prefiere inscribirse en un plan diferente de la Parte D de Medicare, deberá notificarnos antes del **2 de noviembre de 2020**, llamando al:

1-800-225-7223
de lunes a viernes
entre las 8:30 a. m. y las 5:00 p. m.

Atentamente.



Name
Address
Address
Address
City, State, Zip

Octubre de 2020

Nº de identificación de SPBP:

Estimado beneficiario del Programa de Beneficios Farmacéuticos Especiales (SPBP):

Según nuestros registros, usted está inscrito en un plan de la Parte D de Medicare que no será un plan asociado al Programa de Beneficios Farmacéuticos Especiales (SPBP) en 2021. Tiene la opción de permanecer inscrito en su plan actual de la Parte D y mantener los beneficios del SPBP. Sin embargo, al cambiar a (**NAME OF ASSIGNED PLAN**), podemos asegurarnos de que reciba la máxima asistencia a la hora de pagar los costos de prescripción de sus recetas médicas. No deberá efectuar ningún pago al plan de la Parte D, ni siquiera en concepto de deducciones del seguro social ni de libreta de cupones de pago, sin antes consultar con el SPBP.

Si se inscribe en el plan asociado de la parte D que le recomendamos y en el SPBP a la vez, el SPBP:

- pagará sus primas mensuales de la Parte D;
- proporcionará cobertura durante los intervalos de deducibles o cobertura para los fármacos incluidos en el formulario de SPBP;
- cubrirá algunos medicamentos que no estén cubiertos por el plan de la Parte D, y
- cubrirá los copagos para los fármacos incluidos en el formulario de SPBP.

Dentro de los próximos meses, es posible que reciba un paquete de reinscripción de parte de SPBP. Es importante que complete y envíe su reinscripción al SPBP a tiempo para asegurarse de que el subsidio de prima de la Parte D y todos los beneficios del SPBP continúen. El SPBP no podrá pagar las primas de la Parte D si sus beneficios de SPBP son cancelados en cualquier momento. Si usted no se reinscribe o si se lo da de baja del SPBP durante el período de inscripción de la Parte D, deberá seleccionar por su cuenta un plan de la Parte D e inscribirse en este, o es posible que permanezca sin cobertura de medicamentos con receta durante el año entrante.

Si desea inscribirse en el plan asociado de la Parte D que le recomendamos, debe informarnos antes del 2de noviembre de 2020 y nosotros nos ocuparemos del cambio en su inscripción. Llámenos al:

1-800-225-7223
de lunes a viernes
entre las 8:30 a. m. y las 5:00 p. m.

Atentamente.

Programa de Beneficios Farmacéuticos Especiales

SP1-3



Name
Address
Address
Address
City, State, Zip
SPBP:

Octubre de 2020

Nº de identificación de

Estimado beneficiario del Programa de Beneficios Farmacéuticos Especiales (SPBP):

Según nuestros registros, usted no ha utilizado su tarjeta del SPBP en los últimos doce meses para la compra de medicamentos con receta médica. Por lo tanto, en este momento, no podemos determinar cuál es el plan más adecuado para usted y no lo inscribiremos en un plan de la Parte D de Medicare para 2021.

Si usted ya tiene un plan de la Parte D, puede permanecer inscrito en ese mismo plan o cambiarse a otro plan. Si necesita más información acerca de nuestros planes para 2021, puede llamarnos al:

1-800-225-7223
de lunes a viernes
entre las 8:30 a. m. y las 5:00 p. m.

Atentamente.

Programa de Beneficios Farmacéuticos Especiales

SP1-7