



July 9, 2025

Chris Klomp
Director, Center for Medicare
Deputy Administrator, Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Klomp,

Our organizations, The Alliance for Aging Research (AAR) and the Patient Access Network Foundation (PAN Foundation), appreciate the ongoing opportunity to work with the Centers for Medicare & Medicaid Services (CMS) on implementing critical elements of the Medicare Prescription Payment Plan (MPPP). We thank CMS for the opportunity to provide feedback on the model forms and education materials related to MPPP. Our comments to the documents are attached as Appendix A and briefly summarized below.

About AAR

The Alliance for Aging Research is the leading nonprofit organization dedicated to changing the narrative to achieve healthy aging and equitable access to care. The Alliance strives for a culture that embraces healthy aging as a greater good and values science and investments to advance dignity, independence, and equity.

For more than 35 years, the Alliance has guided efforts to substantially increase funding and focus for aging at the National Institutes of Health and Food and Drug Administration; built influential coalitions to guide groundbreaking regulatory improvements for age-related diseases; and created award-winning, high-impact educational materials to improve the health and well-being of older adults and their family caregivers.

About PAN Foundation

The Patient Access Network Foundation is a national patient advocacy organization and charitable foundation that for two decades, has been dedicated to helping underinsured people living with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs. Additionally, through our national and grassroots efforts, we advocate for improved affordability and access to care. Since 2004, we have provided more than 1.3 million underinsured individuals with \$4.5 billion in financial assistance.

General Comments

We are concerned that the 2025 roll-out has seen limited program uptake and awareness. Nearly half of seniors spending more than \$1,000 per year on prescription drugs say they would likely use the programⁱ, but just .04% of individual Part D beneficiaries have enrolled.ⁱⁱ Additionally, a PAN Foundation survey found only 25 percent of Medicare beneficiaries are aware of the Medicare Prescription Payment plan and 41% of those individuals do not understand it well.ⁱⁱⁱ Therefore, we urge CMS to look for ways to partner with key stakeholders like health care providers, pharmacists, patient organizations and plans to broaden awareness of the Medicare Prescription Payment Plan program and its potential benefits for patients especially those living with chronic conditions.

We urge CMS to provide information publicly on the data elements being collected as described in the Part 1 Final Guidance and the October 7 HPMS memo to ascertain uptake of the program. We also encourage you to monitor and collect data on the beneficiary experience with opting in and general participation and share the findings publicly. This information would be useful in targeting our own education efforts.

Comments to Model Documents

As previously noted, we have included as Appendix A redlined versions of the forms to help CMS visualize the changes we would like to see before the forms are finalized. Overall, we urge CMS to incorporate language that reflects the following:

- Reiterating in each form the specifics of the MPPP, including:
 - stating it is a government program,
 - stating individuals will never pay more than \$2,100 out-of-pocket in 2026 regardless of whether they opt into the MPPP,
 - explaining the grace period, and
 - explaining the grievance process.
- Defining comprehensively and consistently the “other programs” to lower costs and information on how to learn more about these alternatives.
- Clarifying or removing the language related to pharmaceutical manufacturer assistance as they are prohibited by the Anti-kickback statute from providing assistance to Medicare enrollees. To utilize such assistance for a particular medication, Medicare enrollees would have to forgo using their Part D coverage and the value of that assistance would not go towards the spending down of the \$2,100 cap.
- Including “charitable foundations” in each form that lists other programs that may help lower a beneficiary’s costs. Charitable foundation patient assistance programs were established specifically to provide financial assistance to eligible Medicare beneficiaries.

Thank you again for the opportunity to comment on these model forms and education materials. We look forward to continuing our partnership with CMS to ensure that beneficiaries can easily access and benefit from these essential policy reforms. If you have questions about these recommendations or would like to discuss further, please contact us at sfrey@agingresearch.org or aniles@panfoundation.org.

Sincerely,



Scott Frey
VP of Public Policy and Government Relations
Alliance for Aging Research



Amy Niles
Chief Mission Officer
Patient Access Network Foundation

Attachment

ⁱ Partnership to Fight Chronic Disease. Majority of Seniors with Medicare Prescription Drug Coverage Remain Unaware of New Payment Options. April 2, 2025. <https://www.fightchronicdisease.org/post/new-poll-majority-of-seniors-with-medicare-prescription-drug-coverage-remain-unaware-of-new-payment>

ⁱⁱ Milliman Medicare Market Intelligence. MedIntel Insights: Early look at Medicare Prescription Payment Plan enrollment. <https://www.milliman.com/en/insight/medintel-insights-early-look-m3p-enrollment>

ⁱⁱⁱ PAN Foundation. PAN Foundation poll finds awareness of new Medicare Part D reforms has increased, but more education and outreach still needed. March 18, 2025. <https://www.panfoundation.org/pan-foundation-poll-finds-awareness-of-new-medicare-part-d-reforms-has-increased/>

Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan

You're likely to benefit from participating in the Medicare Prescription Payment Plan because you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them [into smaller monthly payments](#) across the calendar year (January–December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. All plans offer this payment option, participation is voluntary, and there's no cost to participate.

This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs. If you have low or stable drug costs, then this payment option might not be the best choice for you. [You are receiving this notice because you have a prescription expected to exceed \\$600 in out-of-pocket costs and might benefit from participating in the Medicare Prescription Payment Plan.](#)

[Whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed \\$2,100 in 2026.](#)

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How will my costs work?

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because there are fewer months left in the year to spread out your remaining payments.

Who can help me decide if I should participate?

- **Your health or drug plan:** Visit your plan's website or call your plan to get more information. If you need to pick up a prescription urgently, call your plan.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.medicare.gov/prescription-payment-plan) to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit [shiphelp.org](https://www.shiphelp.org) to get the phone number for your local SHIP and get free, personalized health insurance counseling.

Visit your health or drug plan's website or call your plan for more information, or to start participating in this payment option.

Need this information in another format or language? To get this material in other formats

Form CMS-10882

OMB Approval No. 0938-1475 (Expires: 07/31/2025)

like large print, braille, or another language, contact your Medicare drug plan at the phone number on your membership card. If you need help contacting your plan, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Exhibit 2: Medicare Prescription Payment Plan Participation Request Form

[Instructions: The ‘Medicare Prescription Payment Plan Participation Request Form’ lets a beneficiary notify the Part D sponsor that they would like to participate in the payment option.

This model form satisfies the requirement for Part D sponsors to provide Part D enrollees with an election request form to participate in the Medicare Prescription Payment Plan and meets all the communication requirements outlined at 42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.

*If a Part D sponsor gets a form that it is not complete, the sponsor must contact the individual to ask for more documentation. Part D sponsors may consider a form complete if it has the **enrollee’s name, Medicare number, and has been signed by the enrollee or their authorized representative.** Part D sponsors may also add a field for plan-specific beneficiary identification numbers to assist with plan processing of enrollment requests.*

Italicized blue text in square brackets is information for the plans and shouldn’t be included in the request form. Non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use it as applicable.]

Medicare Prescription Payment Plan participation request form			
<p>The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). This payment option may help you manage your expenses, but it doesn’t save you money or lower your drug costs.</p> <p style="text-align: center;"><u>Whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed \$2,100 in 2026.</u></p> <p>This payment option may not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.</p>			
Complete all fields unless marked optional			
FIRST name:	LAST name:	MIDDLE initial (optional):	
Medicare Number: _ _ _ _ - _ _ _ - _ _ _ _			
Birth date: (MM/DD/YYYY) (/ /)		Phone number: ()	
Permanent residence street address (don’t enter a P.O. Box unless you’re experiencing homelessness):			
City:	County (optional):	State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):			
Address:		City:	State: ZIP code:
Read and sign below			

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. [Plan Name] will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form [and the attached terms and conditions (insert if the terms and conditions are included with this form)].
- [Plan Name] will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that [Plan Name] will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact [Plan Name] to opt out.

Signature:

Date:

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:

Address (Street, City, State, ZIP code):

Phone number: ()

Relationship to participant (if signing on behalf of the beneficiary):

How to submit this form

[Plan may insert their instructions for submitting the participation request online, over the phone, or by mail.]

Submit your completed form to:

[Plan Name]

[Plan address]

[Plan address]

[Plan address]

[Plan fax number if applicable]

[Plan email if plan chooses to accept forms via email]

You can also complete the participation request form online at [website link], or call us at [phone number] to submit your request via telephone.

If you have questions or need help completing this form, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

If submitted electronically, you will receive an auto response from [Plan Name] to confirm submission of the form and acknowledgement that you will hear back within 24 hours regarding your status in the program. If you do not hear back from [Plan Name] within 24 hours, please call [plan phone number].

[Plans can insert their Medicare Prescription Payment Plans terms and conditions on the back of this form or attach them separately.]

Exhibit 3 – Part D Sponsor Notice to Acknowledge Acceptance of Election to the Medicare Prescription Payment Plan

[Instructions: The 'Notice to Acknowledge Acceptance of Election' is an official plan document that lets the participant know their election request is effective. It also provides information on the billing process, payments for prescriptions, and the process for leaving this payment option.

This model 'Notice to Acknowledge Acceptance of Election' satisfies the requirement of Part D sponsors to communicate that the request to participate in the Medicare Prescription Payment Plan is accepted and effectuated and meets all the communication requirements outlined at 42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the notice. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors can insert a title for the notice, like "You're now participating in the Medicare Prescription Payment Plan"]

[Member #]

[Date]

[Part D sponsors are strongly encouraged to include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]

[Medicare Prescription Payment Plan RxBIN]

[Medicare Prescription Payment Plan RxPCN]/

Dear [Name of Member],

Welcome to the Medicare Prescription Payment Plan, a payment option that works with [plan name]. Your participation starts on [date]. The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.

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What happens now?

1. When you fill a prescription for a drug covered by Part D, we'll automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription (including mail order and specialty pharmacies). Even though you won't pay for your drugs at the pharmacy, you're still responsible for the cost of **your prescriptions**. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

This payment option applies to all drugs covered by your Part D plan. Other drugs can't be included in this payment option, like drugs covered by Medicare Part A (Hospital Insurance), Part B (Medical Insurance) or other drugs not covered by your plan.

2. Each month, we'll send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment. Your bill for your monthly plan premium, if you have one, will come separately.
3. We'll automatically renew your participation in this payment option every year, unless you change plans or contact us to opt out.
4. Whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed \$2,100 in 2026.

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How is my monthly bill calculated?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

In a single calendar year (Jan–Dec), you'll never pay more than:

- The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
- The out-of-pocket maximum for prescription drugs covered by your plan ([applicable Medicare Part D out-of-pocket maximum dollar amount] in [applicable year]).

What happens if I don't pay my bill?

We'll send you a reminder if you miss a payment. If you don't pay your bill by the due date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. Even if you're removed from the Medicare Prescription Payment Plan, you'll still be enrolled in your [plan name].

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[Plans that don't disenroll beneficiaries for failure to pay should replace the sentence below with "Always pay your [plan name] premium first (if you have one)."]

Always pay your [plan name] monthly premium first (if you have one), so you don't lose your drug coverage.

If you're concerned, you have the right to follow the grievance process found in your [insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents].

Can I leave the Medicare Prescription Payment Plan?

You can leave the Medicare Prescription Payment Plan at any time by [insert phone number or other contact mechanisms]. Leaving won't affect your Medicare drug coverage and other Medicare benefits.

Keep in mind:

- Your participation in the Medicare Prescription Payment Plan will end if you leave or change your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage). Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again. If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
- You can choose to pay your balance all at once or be billed monthly.
- If you leave the Medicare Prescription Payment Plan, you will resume paying your pharmacy directly for new out-of-pocket drug costs.

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Deleted: after you leave the Medicare Prescription Payment Plan.

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

While the Medicare Prescription Payment Plan helps to manage your costs, it doesn't lower your costs. If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs (PAPs):** Programs from drug manufacturers to help lower drug costs for people with Medicare. Visit go.medicare.gov/pap to learn more.
- **Charitable Patient Assistance Programs:** A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.

Many people qualify for savings and don't realize it. Visit Medicare.gov/basics/costs/help, or contact your local Social Security office to learn more. Find your local Social Security office at ssa.gov/locator/.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 4 – Part D Sponsor Notice for Failure to Make Payments under the Medicare Prescription Payment Plan

[Instructions: The ‘Notice for Failure to Make Payments’ notifies a participant that a payment has not been received for the billed amount. The notice gives the participant instructions on how to submit their payment during the grace period. It also clarifies that if payment is not received, the participant will be removed from the payment option; and explains that there are assistance programs (e.g., Extra Help) that can lower costs.]

This model notice satisfies the requirement for Part D sponsors to notify participants when they haven’t paid a monthly billed amount and meets all the communication requirements outlined in at 42 CFR § 423.137(f). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn’t be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as “Reminder: Pay your Medicare Prescription Payment Plan bill”]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]/

Dear [Member]:

We didn’t get your monthly payment for the Medicare Prescription Payment Plan that was due [payment due date]. To stay in the Medicare Prescription Payment Plan, you must pay *[insert the full amount or a partial amount(s) should the plan choose to allow enrollees to pay the balance over separate payments]* by *[insert date for the end of the grace period (i.e., the date that is two calendar months from the first day of the month following the date on which this notice is sent)]*. Remember, you started using this payment option on [date effective] to help manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December).

This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won’t be affected, and you’ll continue to be enrolled in [plan name] for your drug coverage.

How do I pay my bill?

[Plans may tailor payment options based on which payment methods are available. They may also add a mailing address for payments made through the mail, by check.]

You owe [\[unpaid amount\]](#). You can pay:

- Online at [\[plan’s website\]](#), by credit/debit card.
- Through the mail, by check.
- *[insert other payment methods offered by the plan like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)].*

If you have questions about your payment, call us at [\[phone number\]](#), [\[days and hours of operation\]](#). TTY users can call [\[TTY number\]](#).

What happens if I don’t pay my bill?

If you don’t pay your bill by [\[effective date\]](#), you’ll be removed from the Medicare Prescription Payment Plan through [\[plan sponsor\]](#), and you’ll pay the pharmacy directly for new out-of-pocket drug costs. You’re required to pay the amount you owe, but you won’t pay any interest or fees, even if your payment is late.

As long as you continue to pay your plan premium (if you have one), you’ll still have drug coverage through [\[plan name\]](#).

What if I think there’s been a mistake?

If you think that we’ve made a mistake, call us at [\[phone number\]](#). You also have the right to follow the grievance process found in your *[insert “Member Handbook” or “Evidence of Coverage,” as appropriate. Plans may also include language explaining where enrollees can find these documents].* Remember, whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed \$2,100 in 2026.

What if I can’t afford to pay both my plan premium and my Medicare Prescription Payment Plan payment?

Always pay your [\[plan name\]](#) premium first. See below for more information on programs that can help lower your costs.

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan’s enrollees, they may be removed. In areas where Extra Help isn’t available, plans have the option to include the following language: “Extra Help isn’t available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more.”]

If you have limited income and resources, find out if you’re eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit [Medicare.gov/ExtraHelp](https://www.Medicare.gov/ExtraHelp) to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.Medicare.gov/medicare-savings-programs) to learn more.

- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.go.medicare.gov/spap) to learn more.
- **Manufacturer’s Pharmaceutical Assistance Programs (PAPs):** Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.
- Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.

Many people qualify for savings and don’t realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://www.ssa.gov/locator/).

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 5 - Part D Sponsor Notice for Failure to Make Payments under Medicare Prescription Payment Plan – Notification of Termination of Participation in the Medicare Prescription Payment Plan

[Instructions: The 'Notice for Failure to Make Payments – Notification of Termination of Participation' notifies a participant that they have been removed from the program due to their failure to pay their monthly billed amount. The notice informs participants what they still owe, instructs participants how to pay their balance, and provides details about other programs that can help lower costs, like Extra Help.

This notice satisfies the requirement for Part D sponsors to provide a notice of removal to Part D participants who have failed to pay their outstanding balance and meets all the communication requirements outlined at 42 CFR § 423.137(f). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn't be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as "Important: Your participation in the Medicare Prescription Payment Plan has ended"]

[Member #]

[Date]

[Part D sponsors may include these additional fields:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]/

Dear [Member],

On [date of initial notification of failure to pay], we sent you a letter letting you know you missed your monthly payment for the Medicare Prescription Payment Plan. The letter explained that if you didn't make your payment by [due date], we'd remove you from the Medicare Prescription Payment Plan.

Starting [effective date, which should be the same date as this letter], we've removed you from the Medicare Prescription Payment Plan through [plan sponsor] because we didn't get your monthly payment. You're still required to pay the amount you owe, \$[amount owed].

As of [effective date], you'll pay the pharmacy directly for all new out-of-pocket drug costs.

This letter only applies to your participation in the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in [plan name] for your drug coverage.

How do I pay my balance?

You owe \$[total outstanding amount].

[Plans may tailor payment options based on which payment methods are available. They may also add a mailing address for payments made through the mail.]

You can pay:

- Online at [plan's website], by credit or debit card.
- Through the mail, by check.
- *[insert other payment methods offered by the plan sponsor like electronic funds transfer (including automatic charges of an account at a financial institution or credit or debit card account)].*

You can choose to pay the amount you owe all at once or be billed monthly. You'll never pay any interest or fees on the amount you owe.

If you have questions about your payment, call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].

What if I think there's been a mistake?

If you think that we've made a mistake, call us at [phone number]. You also have the right to ask us to reconsider our decision through the grievance process in your *[insert "Member Handbook" or "Evidence of Coverage," as appropriate. Plans may also include language explaining where enrollees can find these documents]*. Remember, whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed \$2,100 in 2026.

Can I use this payment option in the future?

Yes, once you pay the total amount you owe. Contact us at *[insert plan phone number or preferred contact method for someone to use in this situation]* when you're ready to start participating again.

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your state's Medicaid office. Visit Medicare.gov/ExtraHelp to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments, and coinsurance. Visit Medicare.gov/medicare-savings-programs to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit go.medicare.gov/spap to learn more.
- **Manufacturer's Pharmaceutical Assistance Programs (PAPs):** (sometimes called Patient Assistance Programs (PAPs)): Programs from drug manufacturers to help lower drugs costs for people with

Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.

- Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.

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Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://www.ssa.gov/locator/).

Note: The programs listed above may help lower your costs, but they can't help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 6 - Part D Sponsor Notice of Voluntary Removal from the Medicare Prescription Payment Plan

[Instructions: ‘The Notice of Voluntary Removal’ is an official plan document that lets a participant know they’re no longer participating in the payment option. The notice describes the process for rejoining the program in the future and details other programs that can help lower costs, like Extra Help.]

This model notice satisfies the requirement for Part D sponsors to send participants a confirmation of voluntary removal and meets all the communication requirements outlined at 42 CFR § 423.137(f). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn’t be included in the request form. The non-italicized blue text in square brackets may be inserted or used as replacement text in the request form. Use as applicable.]

[Part D sponsors may insert a title for the notice, such as “You’re no longer participating in the Medicare Prescription Payment Plan through [plan sponsor]”]

[Member #]

[Date]

[Part D sponsors may include the following four elements:

[RxID]

[RxGroup]

[RxBin]

[RxPCN]/

Dear [Member],

Starting [insert effective date], you’re no longer participating in the Medicare Prescription Payment Plan through [plan sponsor], and you’ll pay the pharmacy directly for your new out-of-pocket drug costs.

*[Plans may choose to use Option 1 to send to all enrollees voluntarily terminating from the program **OR** may tailor the notice to the reason for voluntary termination with **either** Option 2 or Option 3.]*

[Option 1 (provide to all enrollees, regardless of the reason for voluntary termination): You’re getting this letter because you either asked to stop participating in this payment option, or you changed your Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan). This letter only applies to your participation in the Medicare Prescription Payment Plan. If you joined a new plan, and you’d like to participate in the Medicare Prescription Payment Plan again, contact your new plan.]

[Option 2 (termination from program only): You’re getting this letter because you asked to stop participating in the Medicare Prescription Payment Plan. This letter only applies to your participation in

the Medicare Prescription Payment Plan. Your Medicare drug coverage and other Medicare benefits won't be affected, and you'll continue to be enrolled in [plan name].]

[Option 3 (disenrollment from Part D plan and termination from program): You're getting this letter because you disenrolled from [plan name], which automatically ends your participation in the Medicare Prescription Payment Plan. If you joined a new plan, and you'd like to participate in the Medicare Prescription Payment Plan again, contact your new plan.]

You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. You can choose to pay that amount all at once or be billed monthly. Contact [plan name] if you have questions about paying your balance.

Can I use this payment option in the future?

*[Plans may choose to use Option 1 to send to all enrollees voluntarily terminating from the program **OR** may tailor the notice to the reason for voluntary termination with **either** Option 2 or Option 3.]*

[Option 1 (provide to all enrollees, regardless of the reason for voluntary termination):

- **If you're still in [plan name]:** Yes. Visit *[insert PDP webpage where the application is]*, or call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].
If you're joining a new plan: Yes. All Medicare drug plans and Medicare health plans with drug coverage offer this payment option.

[Option 2 (termination from program only):

Yes. Visit *[insert PDP webpage where the application is]*, or call us at [phone number], [days and hours of operation]. TTY users can call [TTY number].]

[Option 3 (disenrollment from Part D plan and termination from program):

Yes. All Medicare drug plans and Medicare health plans with drug coverage offer this payment option. Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again.]

What programs can help lower my costs?

[Plans may add their plan-specific assistance programs, if applicable. If any of these programs are not available to a plan's enrollees, they may be removed. In areas where Extra Help isn't available, plans have the option to include the following language: "Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa. But there are other programs available in those areas that may help lower your costs. Call your State Medical Assistance (Medicaid) office to learn more."]

If you have limited income and resources, find out if you're eligible for one of these programs:

- **Extra Help:** A Medicare program that helps pay your Medicare drug costs. Visit ssa.gov/medicare/part-d-extra-help to find out if you qualify and apply. You can also apply with your State Medical Assistance (Medicaid) office. Visit [Medicare.gov/ExtraHelp](https://www.Medicare.gov/ExtraHelp) to learn more.
- **Medicare Savings Programs:** State-run programs that might help pay some or all of your Medicare premiums, deductibles, copayments and coinsurance. Visit [Medicare.gov/medicare-savings-programs](https://www.Medicare.gov/medicare-savings-programs) to learn more.

- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that may include coverage for your Medicare drug plan premiums and/or cost sharing. SPAP contributions may count toward your Medicare drug coverage out-of-pocket limit. Visit [go.medicare.gov/spap](https://www.go.medicare.gov/spap) to learn more.
- **Manufacturer’s Pharmaceutical Assistance Programs (PAPs):** Programs from drug manufacturers to help lower drugs costs for people with Medicare. Visit [go.medicare.gov/pap](https://www.go.medicare.gov/pap) to learn more.
- **Charitable Patient Assistance Programs: A program from a charitable foundation that provides financial assistance for people, including Medicare beneficiaries to help them afford their medications. Visit: <https://www.panfoundation.org/fundfinder/> to learn more.**

Many people qualify for savings and don’t realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://www.ssa.gov/locator/).

Note: The programs listed above might help lower your costs, but they can’t help you pay off your Medicare Prescription Payment Plan balance.

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]

Exhibit 7 – Part D Sponsor Notice of Participation Renewal in the Medicare Prescription Payment Plan

[Instructions: The ‘Notice of Participation Renewal’ is an official plan document that lets the participant know their participation in the Medicare Prescription Payment Plan will automatically renew for the subsequent plan year unless they opt out. It also provides information on the process for opting out of the program and directs participants who may qualify to other programs that can help lower costs.

This model ‘Notice of Participation Renewal’ satisfies the requirement of Part D sponsors to alert Medicare Prescription Payment Plan participants that their participation in the program will automatically renew and meets all the requirements outlined at 42 CFR § 423.137(d). Plan sponsors may add their logos to brand this document.

The italicized blue text in square brackets is information for the plans and shouldn’t be included in the notice. The non-italicized blue text in square brackets may be inserted or used as replacement text in the renewal notice form. Use as applicable.

[Part D sponsors can insert a title for the notice, like “Your participation in the Medicare Prescription Payment Plan will automatically renew.”]

Dear [Name of Member],

You’re getting this notice because we’ve automatically renewed your participation in the Medicare Prescription Payment Plan for [upcoming year]. **Please keep this notice for your records.**

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). This payment option might help you manage your monthly expenses, but it doesn’t save you money or lower your drug costs. Remember, whether or not you participate in the Medicare Prescription Payment Plan, your annual out-of-pocket costs for prescription drugs will not exceed \$2,100 in 2026.

What happens now?

For the upcoming year, each month, you’ll continue to pay your plan premium (if you have one), and you’ll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy).

IMPORTANT: If you don’t want to participate in this payment option in [upcoming year] you can opt out at any time by calling <[insert phone number or other contact mechanisms]>. If you choose to opt out of the Medicare Prescription Payment Plan, you’ll pay the pharmacy directly for new out-of-pocket drug costs.

Your Medicare drug coverage and other Medicare benefits won’t be affected if you choose not to participate in this payment option. You’ll still be in [plan name] for [upcoming year].

How will my monthly bill be calculated in the upcoming year?

Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month’s balance, divided by the number of months left in the year. At the beginning of [upcoming year],

the calculations start over and are separate from the previous year's calculations. The "maximum possible payment" for the first month of [upcoming year] will use the updated annual out-of-pocket maximum for that year ([annual out-of-pocket maximum] in [upcoming year]).

What programs can help lower my costs?

If you have limited income and resources or your financial situation has changed since choosing this payment option, you may be eligible for a program that can help lower your costs. Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://www.Medicare.gov/basics/costs/help), or contact your local Social Security office to learn more. Find your local Social Security office at [ssa.gov/locator/](https://www.ssa.gov/locator/).

[Plans may insert link to their Medicare Prescription Payment Plan website or customer service phone number for additional information.]