



<Member Name>
<Address>

<Date>
Member ID: <Member ID>
RxID: <Rx ID>
RxGroup: CFD
RxBin: 610602
RxPCN: NVTD

Dear <Member Name>:

Thank you for enrolling in Community First Medicare Advantage with Part D Standard Plan. Medicare has approved your enrollment in Community First Medicare Advantage with Part D Standard Plan beginning 1/1/2021.

How will this plan work?

Beginning 1/1/2021, you must see your Community First Medicare Advantage with Part D Standard Plan doctor(s) for your health care. This means that starting 1/1/2021, all of your health care, except emergency or urgently needed care, or **out-of-area dialysis services**, must be given or arranged by a Community First Medicare Advantage with Part D Standard Plan doctor(s). You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials. **Please remember that, except for emergency or out-of-area urgent care, or out-of area dialysis services, if you get health care services from a non-Community First Medicare Advantage with Part D Standard Plan doctor without prior authorization, you will have to pay for these services yourself.**

This letter is proof of insurance that you should show during your doctor appointments until you get your member card from us. This letter is also proof of your prescription drug coverage. You should show this letter at the pharmacy until you get your member card from us.

What are my costs on this plan?

The monthly premium for your plan is <\$>.

Can I get help paying my premiums and other out-of-pocket costs?

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or

call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp. If you think you qualify for Extra Help with your prescription drug costs, but you don't have or can't find proof, please contact Community First Medicare Advantage with Part D Standard Plan.

Will I pay a late enrollment penalty as part of my premium?

The late enrollment penalty is an amount added to your monthly Medicare drug plan (Part D) premium for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare drug plan when they are first eligible or keep other prescription drug coverage that meets Medicare's minimum standards. You may owe a late enrollment penalty if you didn't join a Medicare drug plan when you were first eligible for Medicare Part A and/or Part B, and:

- You didn't have other prescription drug coverage that met Medicare's minimum standards; OR
- You had a break in coverage of at least 63 days.

If we determine that you owe a late enrollment penalty, we will notify you of your new monthly premium amount.

How do I pay my premium?

Your enrollment form included the options for paying your plan premium. If you did not choose one of these options when you enrolled, we will bill you directly. If you chose to have your monthly plan premium automatically deducted from your Social Security or Railroad Retirement Board check, we may have to send you a bill for your first month or two of enrollment if the deduction doesn't start right away. Generally, you must stay with the option you choose for the rest of the year. If you have any questions about how to pay your plan premium, please contact us at 800-434-2347. TTY users should call 800-390-1175. Members who fail to pay the monthly plan premium may be disenrolled from Community First Medicare Advantage with Part D Standard Plan.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare may cover all or some portion of your plan premium. We will bill you for the portion of your monthly premium that you owe.

When can I make changes to my coverage?

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you're not happy with your choice in our plan, you can make a change during the first 3 months you have Medicare.

What if I have a Medigap (Medicare Supplement Insurance) policy?

Now that we have confirmed your enrollment, you may cancel any Medigap or supplemental insurance that you have. Please note that if this is the first time that you are a member of a Medicare Advantage or Medicare Cost plan, you may have a trial period during which you have certain rights to leave (disenroll from) Community First Medicare Advantage with Part D Standard Plan and buy a Medigap policy. Please contact 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for further information. TTY users should call 1-877-486-2048.

If you have any questions, please call Community First Medicare Advantage with Part D Standard Plan at 800-434-2347. TTY users should call 800-390-1175. We are open 7 days a week from 8 am to 8 pm. Messaging service available on weekends and holidays from Apr 1-Sept 30.

Please be sure to keep a copy of this letter for your records.

Thank you.

A Medicare Advantage organization with a Medicare contract.