

POSSIBLE WORDING FOR CMS LETTER TO BENEFICIARIES  
CROSSWALKED TO A DIFFERENT DRUG PLAN

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**7500 SECURITY BOULEVARD BALTIMORE, MD 21244-1850**

<DATE>

<BENEFICIARY NAME>

<MAILING ADDRESS>

Dear <BENEFICIARY NAME>:

The Medicare Part D drug plan that you are enrolled in, <INSERT CURRENT PLAN NAME>, is being discontinued by <NAME OF INSURANCE COMPANY> after December 31, 2022. To provide you with drug coverage in 2023, you will be enrolled in <NAME OF NEW PLAN> offered by <NAME OF INSURANCE COMPANY> next year, unless you sign up for a different plan by December 7<sup>th</sup>.

You will be getting a packet in the mail from <NAME OF INSURANCE COMPANY> that compares your current drug plan with the new one that is being assigned to you. This new plan may or may not be the best fit for your prescription drug needs, considering premiums, drugs covered and what you will pay for drugs under the plan. You should compare this plan with all other Medicare Part D drug plans available to you in 2023, including plans offered by other insurance companies. If you find a better choice, you need to sign up for it during the Open Enrollment period from October 15 to December 7, 2022.

For help understanding this notice, call your State Health Insurance Assistance Program at <SHIP phone number> for free, personalized health insurance counseling. Or, call 1-800MEDICARE (1-800-633-4227) for help. TTY users can call 1-877-486-2048.

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*Note: The language in the last paragraph is copied directly from the CMS template it uses to notify beneficiaries when their Medicare Advantage plan is terminated.*