

Medicare Prescription Payment Plan Opt-In Acknowledgements

My Broker has evaluated my estimated annual out-of-pocket drug costs, and it has been determined that I am likely to benefit from opting-in to the Medicare Prescription Payment Plan (the program).

My Broker has advised me of the following considerations:

Election to Opt-In:

- Opting-In to the Medicare Prescription Payment Plan is voluntary.
- I am opting in for the calendar plan year (My Opt-In date to December 31st), or until my program participation is terminated. I must opt-in each year to continue to participate in the program.
- My Part D Plan Enrollment must be validated before I can Opt-In.
- I must complete an Election to Opt-In Request through my Part D Plan and receive verification my opt-in has been completed before I can fill prescriptions and have them included in the program.
- I can opt-in by completing a paper form and sending it to my Part D Plan, calling my Part D Plan or completing an online form available on my Part D Plan's website.
- If I opt-in prior to the plan year, my Part D Plan has 10 days from the day they receive my Election to Opt-In Request to process my request.
- If I opt-in during the plan year, my Part D Plan has 24 hours from the time they receive my Election to Opt-In Request my request.
- By Opting-In to the Medicare Prescription Payment Plan, I understand that I will be entering into a financial agreement with my Medicare Part D Plan to finance my prescriptions, at no additional cost*, for the plan year (Opt-In Date – December 31st), and I am agreeing to pay back a debt.
- Once I opt-in to the Medicare Prescription Payment, all my covered Part D prescriptions will be included in the program. While I am opted-in, I no longer have the option to pay the pharmacy for my Part D plan-covered prescriptions.
- This program only includes my plan-covered Part D prescriptions. Part B prescriptions are not eligible to be included in the Medicare Prescription Payment Plan.
- Opting-in to or out of the program does not change how I move through the coverage phases, or what counts towards my TrOOP (True Out-of-Pocket) Threshold of \$2000 in 2025.
- The Medicare Prescription Payment Plan will not save me money. It only allows me to spread Part D Prescription Cost over the remaining months of the year.

Billing and Payments:

- I will pay \$0 to the pharmacy for my covered Part D prescriptions.

*No interest, fees, penalties, or overdraft fees can be added to your Medicare Prescription Payment Plan balance.

- I will receive a separate monthly bill, from my Part D plan, for my prescription costs.
- If I send in a Payment to my Part D Plan and it is unclear if I have intended to pay my Part D Plan Premium or my Medicare Prescription Payment Plan bill, my payment is required to be credited to my Part D Plan Premium, unless my Part D Plan contacts me to clarify.
- I will still be responsible for the cost share in my Part D plan (PDP or MAPD). Each time I fill my prescriptions, my out-of-pocket responsibility will be added to my total balance due in the program. I will never pay more than my out-of-pocket cost share responsibility per prescription, and I will never pay more than the \$2000 out-of-pocket threshold for all my covered Part D prescriptions in a calendar year.
- The maximum amount of my first program bill is based on whichever is the lesser amount: my actual out-of-pocket responsibility for my prescriptions or the annual out-of-pocket threshold (\$2000 in 2025) minus any covered Part D prescriptions I have already paid for during the 2025 calendar year divided by the number of months remaining in the year. This amount will be calculated by my Part D Plan and sent to me in my initial billing statement.
- For all subsequent months, my monthly maximum bill is calculated each month based on my current total balance due, plus any new prescription costs for that month, divided by the number of months remaining in the year. This amount will be calculated by my Part D Plan and sent to me in a monthly billing statement.
- I may receive a bill in January 2026 due to prescriptions filled in December or claim corrections.
- My payments might change every month, so I may not know what my exact bill will be ahead of time. Future payments might increase when I fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to my monthly payment, there are fewer months left in the year to spread out my remaining payments.
- I have the option to pay more than my monthly maximum cap or pay off my balance due at any time during the program, but my plan can never require me to pay more than my monthly maximum cap.
- If I have a plan premium, I must continue to pay my monthly plan premium. The plan premium and the Medicare Prescription Payment Plan billing are not connected. This may mean that I may receive two bills from my Part D plan each month.

Choosing to Opting-Out:

- I have the right to opt-out of the program at any time. If I choose to opt-out of the program, I will return to paying directly at the pharmacy. This is called a **Voluntary Termination**.
- If I choose to opt-out and have a program balance, my Part D plan will continue to bill me monthly, until the balance is \$0, or December 31st of the calendar year, whichever comes first.
- I can reelect into the Medicare Prescription Payment Plan at any time, as long as I have no overdue outstanding balance with the program through my Part D Plan.

- If I change Part D Plans during the calendar year, my program participation will end with my initial carrier. My initial Part D carrier will continue to bill me for any program balance due, until the balance is \$0 or December 31st, whichever comes first. If I wish to opt-in to the program with my new Part D Plan, I must complete a new election request through my new Part D Plan.

Non-payment of Medicare Prescription Payment Plan Bill:

- If I fail to pay my monthly Medicare Prescription Payment Plan bill for more than 60 days, I can be terminated from the program. This is called an **Involuntary Termination**.
- If I am terminated, I can request reinstatement in the program, if the request is made within a reasonable time after termination, I can show “good cause” for the default and I can repay any past due balances.
- I cannot be terminated from my Part D plan for non-payment of my Medicare Prescription Payment Plan bill, as long as I continue to make my Part D Plan premium payment (if I have one).
- If I fail to pay my Part D Plan premium, and am terminated from the Plan, I will also be terminated from the Medicare Prescription Payment Plan. If I reenroll in a Part D Plan, I may submit a new Election to Opt-In Request into the Medicare Prescription Payment Plan.
- If I have a balance on my Medicare Prescription Payment Plan when I opt-out, my Part D plan will continue to bill me monthly, until the balance is \$0, or December 31st of the calendar year, whichever comes first. This does not mean that the debt is forgiven.
- My Part D Plan cannot add interest, fees, penalties or overdraft payments to my program balance.
- My Part D Plan can only continue to bill me monthly for the program balance due, divided by the remaining months of the year.
- If my Part D Plan involuntarily terminates me from the Medicare Prescription Payment Plan, they can deny me the ability to opt-in to the program again through them. However, if I change Part D Plans and enroll with a new Part D Plan, under a different parent company, they cannot deny me the ability to Opt-In to the Medicare Prescription Payment Plan.
- If I repay my outstanding balance due in full, in a subsequent year, the Part D Plan must promptly permit me to opt-in after that point.
- Part D Plans cannot deny my enrollment into a Part D (PDP) or Medicare Advantage Prescription Drug (MAPD) Plan due to non-payment of a Medicare Prescription Payment Plan balance.
- My Part D Plan is required to follow all federal and state laws for collecting a debt. My Part D Plan has the ability to report collection information to the credit bureaus, and they must follow the Fair Credit Reporting Act.

Highly Impactful Consideration:

The Pharmacy is not required to provide me with any financial information. If I am prescribed a new medication and I am not aware of the prescription's cost and I want to have my broker assist with a cost estimate, I should contact my broker PRIOR to filling that prescription. I can ask the pharmacy about prescription costs, but they may only be able to advise me of the retail prescription cost, not my out-of-pocket responsibility.

If I do not contact my broker to review prescription costs prior to filling the prescription and taking it home, I may not know what my out-of-pocket responsibility is until I receive my monthly program bill.

By signing below, I am acknowledging that I understand all of the above points.

Client Signature or Agent Signature

Date of Appointment/Call Recording

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The assessment does not guarantee benefit or detriment to the client and is subject to change based on unforeseen healthcare variables and individual client circumstance.

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