

# Medicare Prescription Payment Plan Fact Sheet



## What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Starting in 2025, 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 and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from our plan to pay for your prescription drugs (instead of paying at the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

## What to know before participating

### How does it work?

If you choose to join the Medicare Prescription Payment Plan, 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 our plan.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call us at the number at the bottom of this page or ask the pharmacist.

**This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.** Go to page 6 to learn about Extra Help and other programs that might save you money, if you qualify.

### 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. All plans use the same formula to calculate your monthly payments.

Go to page 6 for examples of how the monthly bill is calculated.

**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.

**Current members,** call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members,** call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

In a single calendar year (January – December), 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 Medicare drug coverage annual out-of-pocket maximum (\$2,000 in 2025).

The prescription drug law caps your out-of-pocket drug costs at \$2,000 in 2025. **This is true for everyone with Medicare drug coverage, even if you don't participate in the Medicare Prescription Payment Plan.**

### **Will this help me?**

It depends on your situation. **Remember, this payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.**

You're most likely to benefit from participating in Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year. Although you can start participating in this payment option at any time in the year, starting earlier in the year (like before September), gives you more months to spread out your drug costs. Go to [Medicare.gov/prescription-payment-plan/will-this-help-me](https://www.medicare.gov/prescription-payment-plan/will-this-help-me) answer a few questions, and find out if you're likely to benefit from this payment option.

### **This payment option may not be the best choice for you if:**

- Your yearly drug costs are low.
- Your drug costs are the same each month.
- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like New York State's Pharmaceutical Assistance Program (EPIC), a coupon program, or other health coverage.

Go to page 6 to learn about programs that can help lower your costs.

### **Who can help me decide if I should participate?**

- **Your health plan:** Visit our website, [www.centersplan.com](https://www.centersplan.com), or call us at the number at the bottom of this page to get more information. If you need to pick up a prescription urgently, call us to discuss your options.
- **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 <https://aging.ny.gov/health-insurance-information-counseling-and-assistance> or call 1-800-701-0501 and get free, personalized health insurance counseling.

**Current members,** call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members,** call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

## How do I sign up?

If you would like to sign up for the Medicare Prescription Payment Plan, you can enroll by:

<b>Phone:</b>	<b>Call us</b> at 1-888-807-5717 (TTY 711), 24 hours a day, 7 days a week
<b>Online:</b>	<b>Visit</b> <a href="https://mp.medimpact.com">mp.medimpact.com</a> (our prescription drug member portal)
<b>By Mail:</b>	<b>Fill out the form at the end of this document and mail it</b> to us in the enclosed postage-paid/stamped envelope. If you misplaced the envelope, our address is: Centers Plan for Healthy Living ATTN: M3P Election Form 75 Vanderbilt Avenue, Staten Island, NY 10304

- **In 2024, for 2025:** If you want to participate in the Medicare Prescription Payment Plan for 2025, contact us now. Your participation will start January 1, 2025.
- **During 2025:** Starting January 1, 2025, you can contact us to start participating in the Medicare Prescription Payment Plan anytime during the calendar year.

**Remember**, this payment option may not be the best choice for you if you sign up late in the calendar year (after September). This is because as new out-of-pocket drug costs are added to your monthly payment, there are fewer months left in the year to spread out your payments.

## What if I want to sign up for Medicare Prescription Payment Plan, but I need my medications urgently?

If you need your medications urgently and cannot wait 24 hours for your Medicare Prescription Payment Plan participation request to be processed by our plan; we are required to reimburse you for what you paid for your medications within 45 days of your Medicare Prescription Payment Plan participation request date; but only if the following conditions are met:

- You believe that any delay in filling the prescriptions due to the 24 hours timeframe required to process the request to opt in may seriously jeopardize your life, health, or ability to regain maximum function; and
- You ask for a retroactive election **within 72 hours** of the date and time the urgent medication claim(s) were processed at the pharmacy.

If our plan determines that you failed to request retroactive election within the required timeframe, we will promptly notify you of the determination and provide instructions on how you may file a grievance.

**Current members**, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members**, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

## What to know if I'm participating

### What happens after I sign up?

Once we review your participation request, we will send you a letter confirming your participation in the Medicare Prescription Payment Plan. Then:

1. When you get a prescription for a drug covered by Part D, we will automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call us or ask the pharmacist.

2. Each month, we will send you a bill with: the amount you owe for your prescriptions; when it's due; and information on how to make a payment. You'll get a separate bill for your monthly plan premium (if you have one).

### How do I pay my bill?

After we approve your participation in the Medicare Prescription Payment Plan, you'll get a letter from us with information about how to pay your bill.

### What happens if I don't pay my bill?

You'll get a reminder from us if you miss a payment. If you don't pay your bill by the 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**. You can choose to pay that amount all at once or be billed monthly. If you're removed from the Medicare Prescription Payment Plan, **you'll still be enrolled in our plan**.

**Always pay your health plan monthly premium first (if you have one), so you don't lose your drug coverage.** If you're concerned about paying both your monthly plan premium and Medicare Prescription Payment Plan bills, go to page 6 for information about programs that can help lower your costs.

Call us if you think we made a mistake about your Medicare Prescription Payment Plan bill.

If you think we made a mistake, you have the right to follow the appeal and grievance process found in Chapter 9 of your *Evidence of Coverage* (available at [www.centersplan.com](http://www.centersplan.com)).

### How do I leave?

You can leave the Medicare Prescription Payment Plan at any time by contacting us. Leaving won't affect your Medicare drug coverage and other Medicare benefits. Keep in mind:

- 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 to be billed monthly.

**Current members**, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members**, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

- You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave the Medicare Prescription Payment Plan.

## What happens if I change health or drug plans?

If you leave our plan, change to a new Medicare drug plan, or change to a new Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage), your participation in Medicare Prescription Payment Plan will end.

Contact your new plan if you'd like to participate in Medicare Prescription Payment Plan again.

## What programs can help lower my 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](https://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://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://Medicare.gov/medicare-savings-programs) to learn more.
- **State Pharmaceutical Assistance Programs (SPAPs):** Programs that might 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://go.medicare.gov/spap) or [https://www.health.ny.gov/health\\_care/epic/](https://www.health.ny.gov/health_care/epic/), or call 1-800-332-3742 (TTY 1-800-290-9138) to learn more. NY State's SPAP is called EPIC (the Elderly Pharmaceutical Insurance Coverage) program.
- **Manufacturer Pharmaceutical Assistance Programs (sometimes called Patient Assistance Programs (PAPs)):** Programs from drug manufacturers to help lower drug costs for people with Medicare. Visit [go.medicare.gov/pap](https://go.medicare.gov/pap) to learn more.

Many people qualify for savings and don't realize it. Visit [Medicare.gov/basics/costs/help](https://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://ssa.gov/locator/).

## Where can I get more information?

- **Our website:** Visit [www.centersplan.com](https://www.centersplan.com) or call us at the number at the bottom of this page to get more information.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://Medicare.gov/prescription-payment-plan), or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

**Current members,** call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members,** call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

## Examples of how a monthly bill is calculated

### Example 1:

You take several high-cost drugs that have a total out-of-pocket cost of \$500 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

**We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:**

- **First, we figure out your "maximum possible payment" for the first month:**

$$\begin{array}{r}
 \$2,000 \text{ [annual out-of-pocket maximum]} \\
 - \$0 \text{ [no out-of-pocket costs before using this payment option]} \\
 = \$2,000 \\
 \hline
 12 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$166.67 \text{ [your "maximum possible payment" for the first month]}$$

- **Then, we figure out what you'll pay for January:**

- Compare your total out-of-pocket costs for January (\$500) to the "maximum possible payment" we just calculated: \$166.67.
- Your **plan will bill you the lesser of the two amounts**. So, you'll pay \$166.67 for the month of January.
- You have a remaining balance of \$333.33 (\$500-\$166.67).

**For February and the rest of the months left in the year, we calculate your payment differently:**

$$\begin{array}{r}
 \$333.33 \text{ [remaining balance]} + \$500 \text{ [new costs]} \\
 = \$833.33 \\
 \hline
 11 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$75.76 \text{ [your payment for February]}$$

**We'll calculate your March payment like we did for February:**

$$\begin{array}{r}
 \$757.57 \text{ [remaining balance]} + \$500 \text{ [new costs]} \\
 = \$1,257.57 \\
 \hline
 10 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$125.76 \text{ [your payment for March]}$$

**In April, when you refill your prescriptions again, you'll reach the annual out-of-pocket maximum for the year (\$2,000 in 2025).** You'll continue to pay what you already owe and get your prescription(s), but after April you won't add any new out-of-pocket costs for the rest of the year.

$$\begin{array}{r}
 \$1,131.81 \text{ [remaining balance]} + \$500 \text{ [new costs]} \\
 = \$1,631.81 \\
 \hline
 9 \text{ [remaining months in the year]}
 \end{array}
 \qquad
 = \$181.31 \text{ [your payment for April and all remaining months in the year]}$$

**Current members**, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members**, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

### Example 1: Start participating in January with high drug costs early in the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$500	\$166.67	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$500	\$75.76	
March	\$500	\$125.76	
April	\$500	\$181.31	This month you reached the annual out-of-pocket maximum (\$2,000 in 2025). You'll have no new out-of-pocket drug costs for the rest of the year.
May	\$0.00	\$181.31 *	*You'll still get your \$500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
June	\$0.00	\$181.31 *	
July	\$0.00	\$181.31 *	
August	\$0.00	\$181.31 *	
September	\$0.00	\$181.31 *	
October	\$0.00	\$181.31 *	
November	\$0.00	\$181.31 *	
December	\$0.00	\$181.31 *	
<b>Total</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>	<b>You'll pay the same total amount for the year, even if you don't use this payment option.</b>

**If you're concerned about paying \$500 each month from January to April, this payment option will help you manage your costs. If you prefer to pay \$500 each month for 4 months and then pay \$0 for the rest of the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.**

Current members, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week. Prospective members, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.



**Example 2:**

You take several drugs that have a total out-of-pocket cost of \$80 each month. In January 2025, you join the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

**We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:**

• **First, we figure out your "maximum possible payment" for the first month:**

\$2,000 [annual out-of-pocket maximum]	
– \$0 [no out-of-pocket costs before using this payment option]	
= \$2,000	= \$166.67 [your "maximum possible payment" for the first month]
12 [remaining months in the year]	

• **Then, we figure out what you'll pay for January:**

- Compare your total out-of-pocket costs for January (\$80) to the "maximum possible payment" we just calculated: \$166.67.
- **Your plan will bill you the lesser of the two amounts.** So, you'll pay \$80 for the month of January.
- You have a remaining balance of \$0.

**For February and the rest of the months left in the year, we calculate your payment differently:**

\$0 [remaining balance] + \$80 [new costs] = \$80	
11 [remaining months in the year]	= \$7.27 [your payment for February]

We'll calculate your March payment like we did for February:

\$72.73 [remaining balance] + \$80 [new costs] = \$152.73	
10 [remaining months in the year]	= \$15.27 [your payment for March]

Even though your payment varies each month, by the end of the year, **you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

**Current members**, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members**, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.



### Example 2: Start participating in January with consistent costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$80.00	\$80.00	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$80.00	\$7.27	
March	\$80.00	\$15.27	
April	\$80.00	\$24.16	
May	\$80.00	\$34.16	
June	\$80.00	\$45.59	
July	\$80.00	\$58.93	
August	\$80.00	\$74.92	
September	\$80.00	\$94.93	
October	\$80.00	\$121.59	
November	\$80.00	\$161.59	
December	\$80.00	\$241.59	
<b>Total</b>	<b>\$960.00</b>	<b>\$960.00</b>	<b>You'll pay the same total amount for the year, even if you don't use this payment option.</b>

**Depending on your specific circumstances, you might not benefit from using this payment option due to the higher payments that start in September. Contact your health or drug plan for personalized help.**

**Current members**, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members**, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

**Example 3:**

You pay \$4 every month in out-of-pocket costs for a prescription you use regularly. In April 2025, you need a new one-time prescription that costs \$613, so your total out-of-pocket costs in April are \$617. That same month, before you fill your prescriptions, you decide to participate in the Medicare Prescription Payment Plan through your Medicare drug plan or Medicare health plan with drug coverage.

**We calculate your first month's bill in the Medicare Prescription Payment Plan differently than your bill for the rest of the months in the year:**

- **First, we figure out your "maximum possible payment" for the first month:**

\$2,000 [annual out-of-pocket maximum]	
– \$12 [your out-of-pocket costs before using this payment option]	
= \$1,988	
9 [remaining months in the year]	= \$220.89 [your "maximum possible payment" for the first month]

- **Then, we figure out what you'll pay for April:**

- Compare your total out-of-pocket costs for April (\$617) to the "maximum possible payment" we just calculated: \$220.89.
- **Your plan will bill you the lesser of the two amounts.** So, you'll pay \$220.89 for the month of April.
- You have a remaining balance of \$396.11 (\$617 – \$220.89).

**For May and the rest of the months left in the year, we calculate your payment differently:**

\$396.11 [remaining balance] + \$4 [new costs] = \$400.11	
8 [remaining months in the year]	= \$50.01 [your payment for May]

Your payments will vary throughout the year. That's because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.

**By the end of the year, you'll never pay more than:**

- The total amount you would have paid out-of-pocket.
- The total annual out-of-pocket maximum (\$2,000 in 2025).

Remember, this is just your monthly payment for your out-of-pocket drug costs. You still need to pay your health or drug plan's premium (if you have one) each month.

**Current members**, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week.  
**Prospective members**, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.

### Example 3: Start participating in April with varying costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$4.00	\$4.00*	*You made these payments directly to the pharmacy before you started participating in the Medicare Prescription Payment Plan.
February	\$4.00	\$4.00*	
March	\$4.00	\$4.00*	
April	\$617.00	\$220.89	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
May	\$4.00	\$50.01	
June	\$4.00	\$50.59	
July	\$124.00	\$71.25	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
August	\$4.00	\$72.05	
September	\$4.00	\$73.05	
October	\$124.00	\$114.39	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
November	\$4.00	\$116.39	
December	\$4.00	\$120.38	
<b>Total</b>	<b>\$901.00</b>	<b>\$901.00</b>	<b>You'll pay the same total amount for the year, even if you don't use this payment option.</b>

**If you're concerned about paying \$617 in April, this payment option will help you spread your costs across monthly payments that vary throughout the year. If you're concerned about higher payments later in the year, this payment option might not be right for you. Contact your health or drug plan for personalized help.**

Current members, call the Pharmacy Help Desk at 1-888-807-5717 (TTY: 711), 24 hours a day, 7 days a week. Prospective members, call Member Services at 1-877-940-9330 (TTY: 711), from 8 am to 8 pm, 7 days a week.



**CENTERS PLAN  
FOR HEALTHY  
LIVING**

## Medicare Prescription Payment Plan Participation Request Form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might 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 EPIC (New York's State Pharmaceutical Assistance Program/SPAP for short). Call us at 1-888-807-5717 (TTY 711), 24 hours a day, 7 days a week for more information.

### 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. Centers Plan for Healthy Living will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form.
- Centers Plan for Healthy Living **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.
- Please see additional terms and conditions on pages 3 and 4 of this form.

**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:

**How to submit this form**

Submit your completed form to:  
Centers Plan for Healthy Living  
ATTN: M3P Election Form  
75 Vanderbilt Avenue,  
Staten Island, NY 10304

You can also complete the participation request form **online** at [mp.medimpact.com](http://mp.medimpact.com); or

**Call us** at 1-888-807-5717 (TTY 711), 24 hours a day, 7 days a week **to submit your request over the phone.**

If you have questions or need help completing this form, call us at 1-888-807-5717, 24 hours a day, 7 days a week. TTY users can call 711.



## Medicare Prescription Payment Plan Election Request Form Terms and Conditions

1. **Voluntary Participation.** Election in the Medicare Prescription Payment Plan (the “Program”) is voluntary and not required to obtain prescription drugs under Medicare Part D.
2. **Medicare Part D Drugs Only.** The Program is only applicable for covered Medicare Part D drugs. The Program does not apply for drugs covered through Medicare Part A or Medicare Part B, medical benefits and/or services, or any other supplemental benefit.
3. **No Cost to Join.** The Program is completely free to join. Participants can opt-in without any upfront fees.
4. **Same Total Costs.** Election in the Program does not reduce the total cost of prescription drugs, nor does it reduce the amount of money that an individual pays in total out-of-pocket costs. Participants do not receive any discount for participating in the Program.
5. **No Interest or Additional Fees.** The Program does not include any interest or additional fees for spreading out payments.
6. **Notice of Acceptance of the Election Form.** To commence participation in the Program, the participant must receive an official “Notice to Acknowledge Acceptance of Election into the Medicare Prescription Payment Plan” via mail or electronically, depending on the participant’s preferred and authorized communication method.
7. **Term of the Participation in the Program.** If the Election Form is accepted, the participant’s election shall be in full force and effect for the Plan Year or remaining part of the Plan Year for which the election has been made, unless the election be previously voluntary or involuntary terminated as set forth herein.
8. **Debt Obligation.** Participation in the Program does not exempt the participant from their financial obligation. Any unpaid monthly payment remains a debt owed by the participant.
9. **Billing.** A participant opted into the Program will not pay out-of-pocket costs at the pharmacy (including mail-order and specialty pharmacies). The participant will get a bill each month from the health plan or the health plan’s authorized vendor. The monthly bill is based on what the participant would have paid for any prescriptions they get, plus the previous month’s balance, divided by the number of months left in the Plan Year.
10. **Monthly Payments are not fixed.** The monthly payments for a participant might change every month because new out-of-pocket drug costs get added into the monthly payment when filling a new prescription or refilling an existing prescription.
11. **Responsibility for Payments.** Participants are solely responsible for ensuring that all payments are made on time. Failure to make payments by the due date may result in termination from the Program.



12. **Grace Period.** A grace period of two months will be provided for late payments. The grace period begins on the first day of the month for which the balance is unpaid or the first day of the month following the date on which the payment is requested, whichever is later.
13. **Involuntary Termination.** If payments are not made by the end of the grace period, termination from the Program will occur as of the first day of the month following the end of the grace period.
14. **Opting Out/Voluntary Termination.** Participants may opt out of the Program at any time during the Plan Year. Upon opting out, the participant will pay any new out-of-pocket costs directly to the pharmacy. The Participant will also be responsible for paying any remaining balance either by one lump sum or finishing its monthly payments.
15. **Modifications.** Participants will be notified of any changes to the payment plan terms and conditions, including any changes to payment amounts, due dates, or other relevant information. Such notifications will be provided in a timely manner.
16. **Privacy and Data Security.** All personal and payment information provided by participants will be kept confidential and used solely for the purposes of administering the Program. The privacy and security of participants' information will be treated in accordance with applicable laws and regulations.
17. **Dispute Resolution.** Any disputes arising from the Program will be resolved in accordance with the health plan's established Medicare Part D appeals and grievance procedures.
18. **Contact information.** For questions or assistance with the Program, participants should contact Member Services at 1-888-807-5717. People with hearing impairments may call (TTY 711). Operating Hours are: 24 hours a day, 7 days a week for more information.