



P.O. Box 52424, Phoenix, AZ 85072-2424

## ***SilverScript Choice (PDP) offered by SilverScript® Insurance Company***

# **Annual Notice of Changes for 2018**

You are currently enrolled as a member of SilverScript Choice (PDP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### **What to do now**

#### **1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2018 Drug List and look in Section 1.3 for information about changes to our drug coverage.

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- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

## 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** SilverScript Choice (PDP), you don’t need to do anything. You will stay in SilverScript Choice (PDP).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2017**

- If you **don’t join by December 7, 2017**, you will stay in SilverScript Choice (PDP).
- If you join by December 7, 2017, your new coverage will start on January 1, 2018.

### **Additional Resources**

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711). **ATENCIÓN:** Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).
- This information is available in a different format, including Braille and large print. Please call Customer Care if you need plan information in another format.

### **About SilverScript Choice (PDP)**

- SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means SilverScript Insurance Company. When it says “plan” or “our plan,” it means SilverScript Choice (PDP).

## Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for SilverScript Choice (PDP) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2017 (this year)	2018 (next year)
<b>Monthly plan premium*</b> *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$23.90	\$23.90
<b>Part D prescription drug coverage</b> (See Section 1.3 for details.)	Deductible: \$400  Copayment/Coinsurance during the Initial Coverage Stage:  Preferred Cost-sharing (One-month supply):  N/A  Standard Cost-sharing (One-month supply): <ul style="list-style-type: none"> <li>• Drug Tier 1: \$1.00</li> <li>• Drug Tier 2: \$4.00</li> <li>• Drug Tier 3: 17%</li> <li>• Drug Tier 4: 36%</li> <li>• Drug Tier 5: 25%</li> </ul>	Deductible: \$100 (Tiers 3-5)  Copayment/Coinsurance during the Initial Coverage Stage:  Preferred Cost-sharing (One-month supply): <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3.00</li> <li>• Drug Tier 2: \$13.00</li> <li>• Drug Tier 3: \$41.00</li> <li>• Drug Tier 4: 45%</li> <li>• Drug Tier 5: 31%</li> </ul> Standard Cost-sharing (One-month supply): <ul style="list-style-type: none"> <li>• Drug Tier 1: \$7.00</li> <li>• Drug Tier 2: \$20.00</li> <li>• Drug Tier 3: \$47.00</li> <li>• Drug Tier 4: 50%</li> <li>• Drug Tier 5: 31%</li> </ul>

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$23.90	\$23.90

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more, if you enroll in Medicare prescription drug coverage in the future.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

### Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. We included a copy of our Pharmacy Directory in the envelope with this booklet. An updated Pharmacy Directory is located on our website at [www.silverscript.com](http://www.silverscript.com). You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2018 Pharmacy Directory to see which pharmacies are in our network.**

### Section 1.3 – Changes to Part D Prescription Drug Coverage

#### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope. The Drug List we included in this envelope includes many – *but not all* – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Care (see the back cover) or visiting our website ([www.silverscript.com](http://www.silverscript.com)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Care.

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you previously received a prior authorization (PA) for a drug that is being removed from the formulary in 2018, that drug will no longer be covered even if your PA extends into 2018 or beyond. Please review your copy of the 2018 formulary to determine which drugs are covered in 2018. A copy of the formulary is also available online at [www.silverscript.com](http://www.silverscript.com).

If you are currently taking a drug for which you have received a formulary exception, please refer to the letter sent to you which granted the exception to see whether the exception continues beyond the 2017 plan year. If it states your formulary exception will expire in or at the end of 2017, you will need to submit a new exception request for the drug for 2018 if its formulary status has not changed. You may review the 2018 comprehensive formulary on our website at [www.silverscript.com](http://www.silverscript.com) to see whether the changes to it impact your drug.

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Care and ask for the “LIS Rider.” Phone numbers for Customer Care are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the enclosed *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2017 (this year)	2018 (next year)
<b>Stage 1: Yearly Deductible Stage</b>  During this stage, <b>you pay the full cost</b> of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible.	The deductible is \$400.	The deductible is \$100. (Tiers 3-5)  During this stage, you pay \$3.00 (preferred) or \$7.00 (standard) cost-sharing for drugs on Tier 1 (Preferred Generic), \$13.00 (preferred) or \$20.00 (standard) cost-sharing for drugs on Tier 2 (Generic) and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

## Changes to Your Cost-sharing in the Initial Coverage Stage

For drugs on Tier 3 (Preferred Brand), your cost-sharing in the initial coverage stage is changing from coinsurance to copayment. Please see the following chart for the changes from 2017 to 2018.

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2017 (this year)	2018 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b> For 2017 you paid a 17% coinsurance for drugs on Tier 3 (Preferred Brand). For 2018 you will pay \$41.00 or \$47.00 copayment for drugs on this tier.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 Preferred Generic:</b> <i>Standard cost-sharing:</i> You pay \$1.00 per prescription. <i>Preferred cost-sharing:</i> N/A</p> <p><b>Tier 2 Generic:</b> <i>Standard cost-sharing:</i> You pay \$4.00 per prescription. <i>Preferred cost-sharing:</i> N/A</p> <p><b>Tier 3 Preferred Brand:</b> <i>Standard cost-sharing:</i> You pay 17% of the total cost. <i>Preferred cost-sharing:</i> N/A</p> <p><b>Tier 4 Non-Preferred Drug:</b> <i>Standard cost-sharing:</i> You pay 36% of the total cost. <i>Preferred cost-sharing:</i> N/A</p> <p><b>Tier 5 Specialty Tier:</b> <i>Standard cost-sharing:</i> You pay 25% of the total cost. <i>Preferred cost-sharing:</i> N/A</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 Preferred Generic:</b> <i>Standard cost-sharing:</i> You pay \$7.00 per prescription. <i>Preferred cost-sharing:</i> You pay \$3.00 per prescription.</p> <p><b>Tier 2 Generic:</b> <i>Standard cost-sharing:</i> You pay \$20.00 per prescription. <i>Preferred cost-sharing:</i> You pay \$13.00 per prescription.</p> <p><b>Tier 3 Preferred Brand:</b> <i>Standard cost-sharing:</i> You pay \$47.00 per prescription. <i>Preferred cost-sharing:</i> You pay \$41.00 per prescription.</p> <p><b>Tier 4 Non-Preferred Drug:</b> <i>Standard cost-sharing:</i> You pay 50% of the total cost. <i>Preferred cost-sharing:</i> You pay 45% of the total cost.</p> <p><b>Tier 5 Specialty Tier:</b> <i>Standard cost-sharing:</i> You pay 31% of the total cost. <i>Preferred cost-sharing:</i> You pay 31% of the total cost.</p>
	<p>Once your total drug costs have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$3,750, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

### SECTION 2 Administrative Changes

Process	2017 (this year)	2018 (next year)
Changes to the pharmacy network.	All pharmacies in the network offer standard pricing.	The pharmacy network contains pharmacies that offer preferred pricing and others that offer standard pricing for some drugs.

### SECTION 3 Deciding Which Plan to Choose

#### Section 3.1 – If You Want to Stay in SilverScript Choice (PDP)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan by December 7, you will automatically stay enrolled as a member of our plan for 2018.

#### Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year, but if you want to change for 2018, follow these steps:

##### **Step 1: Learn about and compare your choices**

- You can join a different Medicare prescription drug plan,
- – *OR* – You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- – *OR* – You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2018*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, SilverScript Insurance Company offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

##### **Step 2: Change your coverage**

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from SilverScript Choice (PDP).
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from SilverScript Choice (PDP).

- You will automatically be disenrolled from SilverScript Choice (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep SilverScript Choice (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from SilverScript Choice (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from SilverScript Choice (PDP). To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2018.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. Contact information for the SHIP in your state can be found in the Appendix of your *Evidence of Coverage*.

A SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** State Pharmaceutical Assistance Programs help people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in the Appendix of your *Evidence of Coverage*).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state. Contact information for the ADAP in your state is in the Appendix of your *Evidence of Coverage*.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from SilverScript Choice (PDP)

Questions? We’re here to help. Please call Customer Care at 1-866-235-5660. (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

#### **Read your 2018 *Evidence of Coverage* (it has details about next year’s benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2018. For details, look in the 2018 *Evidence of Coverage* for SilverScript Choice (PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

#### **Visit our Website**

You can also visit our website at [www.silverscript.com](http://www.silverscript.com). As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

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## **Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

### **Read *Medicare & You 2018***

You can read the *Medicare & You 2018* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



P.O. Box 52424, Phoenix, AZ 85072-2424

### SilverScript Choice (PDP) Customer Care

Method	Customer Care – Contact Information
<b>CALL</b>	1-866-235-5660 Calls to this number are free. 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 24 hours a day, 7 days a week.
<b>FAX</b>	1-888-472-1129
<b>WRITE</b>	SilverScript Insurance Company P.O. Box 6590 Lee's Summit, MO 64064-6590
<b>WEBSITE</b>	<a href="http://www.silverscript.com">www.silverscript.com</a>

### State Health Insurance Assistance Program

State Health Insurance Assistance Programs are state programs that get money from the Federal government to give free local health insurance counseling to people with Medicare. You will find contact information for the SHIP in your state in the Appendix of your *Evidence of Coverage*.

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