



Notice About Your Prescription Drug Coverage And Medicare

Letter Heading Date

client name
client address1
client address2 client apt
client city, state zip

MID: client mid

Dear client full name,

This notice has information about your current prescription drug coverage with either the Delaware Prescription Assistance Program (DPAP) or the Chronic Renal Disease Program (CRDP) and the prescription drug coverage available beginning January 1, 2006, for people with Medicare.

You can first join a Medicare Prescription Drug Plan between November 15, 2005, and May 15, 2006. Generally, after May 15, 2006, you can only join a Medicare Prescription Drug Plan between November 15 and December 31 of any year.

Delaware Health and Social Services has determined that DPAP and CRDP do not expect to pay out, on average, as much as the standard Medicare prescription drug coverage will pay. This means that DPAP and CRDP are NOT creditable coverage. Because DPAP and CRDP are not creditable coverage, if you do not join a Medicare Prescription Drug Plan before May 15, 2006, you may have to pay a higher premium if you join later. You will pay that higher premium as long as you have Medicare prescription drug coverage.

If you are eligible, you must enroll in a Medicare Prescription Drug Plan and show proof of enrollment in order to be eligible for DPAP and CRDP. If you may be eligible for the extra help, you must apply with Social Security and show proof of approval or denial in order to be eligible.

If you have questions or would like to discuss your coverage with a customer service representative, please contact:

Delaware Prescription Assistance Program
1-800-996-9969

Chronic Renal Disease Program
1-800-464-4357 Delaware Helpline
1-302-424-7180

LCN: 99999999