

Model Outbound Script for Calls to Those Losing Deemed Status Attachment F
10/04/06

[Note to Part D sponsors: italicized, bracketed language is optional.]

Hello, my name is <name> and I am calling from <plan name>.

We're working with Medicare to help you save on your Medicare prescription drug coverage. You recently received a letter from Medicare telling you that you received this help automatically in 2006, but you will need to apply to receive it beginning January 1, 2007. We are contacting you to encourage you to apply for the extra help as soon as possible.

We'd like to ask you a couple of questions. Your participation is voluntary and does not affect your membership in <plan name>.

Have you already completed and mailed an application for extra help?

[If "yes", end call] Thank you for your membership in <plan name>. If you have any questions after this call, you may call us at <toll-free number><days and hours of operation>. TTY users should call <toll-free TTY number>.

[If "no"]

The easiest way to apply is by filling out and mailing the application that is included in your letter from Medicare.

[In addition, we can:]

[Describe additional voluntary activities applicable to your organization such as

- *Help you fill out the form;*
- *Visit you at your home to help you complete the form*
- *Help you complete an application on-line (by computer)]*

Would you like to apply?

[If "yes"] Are you interested in having:

[Describe any activities applicable to your organization:

- *An application form mailed to you?*
- *A representative of <plan name> call you by telephone to help you with the form?*
- *A representative of <plan name> visit you at home to help you complete the form or apply for the extra help by computer?*
- *Hearing about our premium/cost sharing grace period program?]*

[If "no"] Again, there is no cost or obligation to apply. We just wanted to encourage you to apply as soon as possible. If you are approved, your extra help will be continued in 2007. If you change your mind and would like our help, call us at <customer service number>.

<Material ID>

[<CMS approval date>]

Let me confirm your choice:

[State one of the following as applicable:

- *You want an application form mailed to you;*
- *You want help by telephone to complete the form;*
- *You want a representative of our plan to visit you at home to help you complete the form or apply for the extra help by computer.*
- *You are interested in hearing about the premium/cost sharing grace period.]*

Thank you for considering an application for extra help. <Plan name> values your membership and is ready to help you apply for extra help with your prescription drug costs. If you have any questions, call us at <customer service number>.