

«FLName»

«Address»

Dear «Greeting»,

Another year has passed and the Annual Enrollment Period (AEP) for Prescription Drug Plans, Cost Plans, and Medicare Advantage Plans is here. This year **AEP is October 15<sup>th</sup>, 2023 through December 7<sup>th</sup>, 2023** and we can begin discussing your options as soon as October 1<sup>st</sup>. During AEP you can keep your current plan or switch to something different. Any changes you make will go into effect January 1<sup>st</sup>, 2024.

Each year, insurance companies are able to make changes to their plan's premium, deductible, cost sharing, and covered prescription drugs. For this reason, you are encouraged to watch for your current plan's Annual Notice of Change (ANOC) mailing which will outline plan changes for 2024.

We recommend comparing your current prescription drug list with all 2024 plan options to ensure you are enrolled in the most cost-effective plan available for your situation. We would be happy to review your updated prescription drug list and make a recommendation for a plan change, if needed.

**To schedule an analysis of available 2024 plans please complete the steps below:**

- 1. Complete/sign the enclosed SCOPE OF APPOINTMENT (SOA) FORM and return to <Agent/Agency Name> in the enclosed prepaid envelope. If the enclosed SOA is not received at least 48 hours prior to your scheduled appointment we may have to ask you to reschedule due to new federal guidelines.**
- 2. Call our office at <phone number> or <phone number> to schedule an appointment.**

Any drug lists received after December 1<sup>st</sup> are not guaranteed to be reviewed prior to the December 7<sup>th</sup> deadline. Thank you for your continued business!

Sincerely,

<Agent/Agency Name>

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

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Our team is prepared to service you virtually or in-person, depending on your specific needs.

**To schedule an analysis of available 2024 plans during this limited timeframe, please call our office at <phone number> or <phone number>. Any drug lists received after December 1<sup>st</sup> are not guaranteed to be reviewed prior to the December 7<sup>th</sup> deadline.**

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- 2. Call our office at <phone number> or <phone number> to schedule an appointment.**
- 3. *Optional:* To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account if you do not have one already. Please complete the enclosed Medicare.gov Consent Slip and include it in the prepaid envelope.**

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Sincerely,

<Agent/Agency Name>

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# **MEDICARE.GOV ACCOUNT CONSENT FORM**

To facilitate an accurate review of your prescription drug list, it will help to create a Medicare.gov account. Please check the box below that meets your preference and return in the enclosed prepaid envelope.

I give <Agent/Agency Name> permission to retrieve my medication list from Medicare.gov and, if needed, create/update an account for me. We will then review my medication list from Medicare.gov during my scheduled appointment.

I plan to schedule an appointment and will provide my medication list at that time.

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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