Teachers' Retirement System of Kentucky (TRS) requests that CMS allow plans to have the ability to insert additional language regarding their specific plan design into the notices. For example, TRS's plan is already actuarially better than the standard Part D plan and we would like the ability to explain that our plan is better, specifically at mail order, and therefore the payment plan might not be beneficial to the participant due to the low out-of-pocket costs experienced with our plan. TRS plan allows a $10 copay for a 90 days-supply of a generic drug or $20 for a 90 days-supply of a brand preferred. TRS covers over 38,000 retired Kentucky teachers on an EGWP.

Overall, the model documents for the Medicare Prescription Payment Plan are very clear. In fact, in Supporting Statement-A, Section A (1), each explanation of the notice gives sufficient information. However, in the actual model notices, the inclusion of the specific statement "..and you won't pay any interest or fees on the amount you owe, even if your payment is late." will encourage participants to ignore their payment obligation and therefore put their own personal debt on the plan sponsor, in our case, their retirement system and not the PBM. This specific statement is seen initially in the Likely to Benefit Notice and similar statements are found in almost every other notice. We recommend removal of this statement in all notices.

Additional recommendations and requests are:

- **Exhibit 1 - Likely to Benefit Notice** – In addition to comment listed above, in the "Will this payment option help me?" section, the statement "If you have high out-of-pocket drug costs," could be subjective to each participant if not defined. Also, this section is void of any explanation of nonpayment terminating the Medicare Prescription Payment Plan. And recommend removing ", so you don't have to pay out of pocket costs to the pharmacy."

- **Exhibit 2 - Election Request Form** – Also missing an explanation of nonpayment terminating participation in the Medicare Prescription Payment Plan.

- **Exhibit 2 - Election Request Form & Exhibit 3 - Notice of Election Approval -** recommended wording change from "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)." to "The Medicare Prescription Payment Plan is a voluntary payment option that ~~works with your current drug coverage to help~~ allows you to manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December)." In Exhibit 3 under the section "What happens if I don't pay my bill?" recommend changing "If you're removed from the Medicare Prescription Payment Plan, you'll still be in [plan name]." to "Being removed from the Medicare Prescription Payment Plan will not have any bearing on your Part D plan enrollment."

- **Exhibit 4 - Notice for Failure to Pay & Exhibit 5 - Notice of Involuntary Termination** - both encourage nonpayment by explaining failure to pay does not terminate your enrollment in the Part D plan. Being silent in that regard would be preferable to motivate payment.

TRS of Kentucky appreciates your consideration of these recommendations and requests. Please contact Grace Dotson at grace.dotson@trs.ky.gov if anything additional is needed.