# Medicare Prescription Payment Plan Terms and Conditions

The Medicare Prescription Payment Plan is a payment option in the Inflation Reduction Act. It 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). Your drug coverage offers this payment option and participation is voluntary. There is no extra cost to participate.

By opting in to the Medicare Prescription Payment Plan, you agree to these terms and conditions:

- You must have active Part D coverage.
- You can leave the Medicare Prescription Payment Plan at any time, but you will still be responsible for any drug costs already incurred.
- You will be billed monthly. This payment is separate from any plan premiums (if applicable).
- Your payments may change each month if your prescriptions change.
- You must pay your bill each month, on or before the due date.
- If you miss a payment, you will get a reminder. If you do not pay your bill by the due date in the reminder, you may be removed from the Medicare Prescription Payment Plan.
- You agree to receive phone calls, including autodialed and prerecorded calls, at the telephone number(s) you provided to your health plan. Calls may contain personal health information. You may opt out of receiving telephone calls at any time.
- Removal from the Medicare Prescription Payment Plan does not change your payment requirements. If you are removed, you still must pay past due amounts and may continue to receive bills for outstanding payments.
- Late payments made pursuant to the Medicare Prescription Payment Plan are not subject to interest or additional fees.
- If you are removed from the Medicare Prescription Payment Plan, this will not impact your current drug coverage.
- Removal from the Medicare Prescription Payment Plan may impact your eligibility to opt in to the program in the future.

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Independence Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-275-2583 (TTY/TDD: 711). 注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-275-2583 (TTY/TDD: 711)。

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