

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**2021 Prescription Drug Plan Survey  
*PRE-NOTIFICATION LETTER - ENGLISH***

**Centers for Medicare & Medicaid Services**  
7500 Security Boulevard, Mail Stop C1-25-05  
Baltimore, Maryland 21244-1850



March 4, 2021

Dear FNAME LNAME:

In a few days, you'll get a survey in the mail about your experiences with your Medicare drug plan. **We'd greatly appreciate your time to help us by sharing your feedback.** Your knowledge and experiences will help other people with Medicare make more informed health care choices.

Medicare uses information from this survey to improve quality and rate all plans. These plan ratings are posted online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook to help other people with Medicare choose a health or drug plan.

Your voice is important! The survey takes about 10 minutes, and your information is kept private by law. Participation in the survey is voluntary.

**Thank you in advance for your help with this important project.**

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday, from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Amy Larrick Chavez-Valdez  
Director, Medicare Drug Benefit and C & D Data Group