

EXHIBIT A

Notice of Denial of Medicare Prescription Drug Coverage

CMS-10146

CHANGE CROSSWALK

| CURRENTLY APPROVED | CHANGE TO NOTICE | EXPLANATION |
|--|--|---|
| <p>Non-discrimination language on page 4:</p> <p>CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.</p> | <p>You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800- MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.</p> | <p>This is the updated standardized nondiscrimination language required on CMS forms and notices.</p> |

