

**EXHIBIT A**

**Notice of Denial of Medicare Prescription Drug Coverage CMS-10146  
CHANGE CROSSWALK**

<b>CURRENTLY APPROVED</b>	<b>CHANGE TO NOTICE</b>	<b>EXPLANATION</b>
<p><b>You have the right to appeal.</b> If you want to appeal, you must request your appeal within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline.</p>	<p>You have the right to ask us to review our decision by asking us for an appeal within 65 calendar days of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late.</p>	<p>The language was changed due to a regulatory change that will go into effect on 01/01/2025. The timeframe to file an appeal with the plan has been amended in CMS-4205-F to allow 65 days rather than 60 days. This change was made to account for the timeframe it takes for an enrollee or other appropriate party to receive the notice.</p>
	<p>Based on consumer testing and CMS Office of Communications review, several changes were made to improve clarity and readability for the person receiving this notice. These changes are non-substantive and are intended to ease use and utilize more plain language.</p>	<p>Updated language and formatting to utilize more research- based ‘plain language’ and formatting consistent with current CMS guidelines. In response to consumer testing, we also made revisions to improve clarity for the reader.</p>

