

Introduction to the Change in Extra Help Copayment Notice

What Is the Purpose of this Notice, and Who Gets It?

The purpose of this notice is to inform people with Medicare who will continue to automatically qualify for Extra Help in 2010 that their copayment level will change. The notice informs people what their new copayment will be as of January 1, 2010.

A person's copayment level could change if they have shifted from one of the following categories to another:

- Institutionalized with Medicare and Medicaid
- Have Medicare and Medicaid
- Have Medicare and Medicaid with a change in income level
- Get help from Medicaid paying Medicare Part B premiums (belong to a Medicare Savings Program)
- Get Supplemental Security Income (SSI)

When Do People Get this Notice?

The notice will be mailed by early October on orange paper.

What Should People Do Next?

If people have questions about Medicare prescription drug coverage or the information in this notice, they can use any of the following resources:

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Read the "Medicare & You" handbook.
- Visit www.medicare.gov.
- Call their State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See the "Medicare & You" handbook, or call 1-800-MEDICARE for their telephone number.

People can reference CMS Product No. 11199 if they call Medicare or their SHIP with questions.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
September 2009

Please keep this notice for your records.

The Amount of Extra Help You Get Is Changing

You currently get Extra Help paying for Medicare prescription drug coverage. You will continue to get Extra Help for all of 2010. However, the amount of help you get will change. This means the amount you pay for each prescription will change in 2010.

Starting January 1, 2010 you will pay <up to \$1.10 or \$2.50 for generic drugs and up to \$3.30 or \$6.30 for brand-name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies.

You currently pay <up to \$1.10 or \$2.40 for generic drugs and up to \$3.20 or \$6.00 for brand-name drugs or \$0> for each covered prescription you fill at one of your drug plan's participating pharmacies. You will continue to pay these amounts until December 31, 2009.

Where to Go for More Information

If you have questions about this notice or about Medicare prescription drug coverage, here's what you can do:

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Read your "Medicare & You" handbook.
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling at <SHIP phone number>.

If you think you got this notice because of an error, call 1-800-MEDICARE.

Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048.