

Introduction to the FBDE RDS Notice

Who gets this notice?

Medicare mails this notice to people with Medicare who were eligible for Medicaid in all or part of the current year, **and** have creditable retiree prescription drug coverage through an employer or union that's claiming them for the Retiree Drug Subsidy (RDS).

Although people in this group are full-benefit dual eligibles and qualify for the full amount of Extra Help, Medicare won't automatically enroll them in a Medicare drug plan, because they already have prescription drug coverage that's expected to provide, on average, at least as much as coverage as Medicare's standard prescription drug coverage.

What's the purpose of the notice?

This notice informs people with Medicare that because they qualify for the full amount of Extra Help, they can join a Medicare prescription drug plan at no cost to them, but warns them that joining a Medicare drug plan may have consequences for their current retiree prescription drug coverage and/or any medical coverage they or their dependents get under the employer or union plan.

The notice is one page and includes a list of regional plans that have premiums at or below the regional low-income premium subsidy amount on the back.

How often does Medicare mail the notice?

This notice is mailed on a daily basis.

What should people do next?

People who get this notice should contact their employer or union plan to learn how joining a Medicare drug plan may affect their current coverage **before** they make any decisions. As long as they qualify for Medicare and Medicaid, they can join a Medicare drug plan at any time.

If people with Medicare want more information about Medicare prescription drug coverage, they can:

- Visit [Medicare.gov](https://www.Medicare.gov) and get personalized drug plan information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call their State Health Insurance Assistance Programs (SHIP) for free, personalized health insurance counseling. This number is included in the notice, but people can also see the "Medicare & You" handbook or call 1-800-MEDICARE for the phone number for their states.

People can reference CMS Product No. 11334 if they call Medicare or their SHIP with questions.



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

<file creation date>

You have choices to make about your drug coverage

You're getting this notice because our records show you have Medicare, you were eligible for Medicaid for all or part of this year, **and** you have prescription drug coverage through a qualifying employer or union plan.

Since you have both Medicare and Medicaid, Medicare can help pay for your prescription drugs if you join a Medicare Part D drug plan, but this might not be right for you.

Important: Contact your current plan before you decide

If you want Medicare Part D drug coverage, you need to join a Medicare drug plan. However, **if you join a Medicare drug plan, you and your dependents may permanently lose your current drug coverage**, and possibly other medical coverage, under your employer or union plan. So, you should contact your employer or union plan to learn how joining a Medicare drug plan may affect your current coverage before you decide.

What you'll pay with a Medicare Part D drug plan

If you join one of the Medicare drug plans listed on the back of this notice, here's what you'll pay in 2024:

- \$0 for your monthly premium
- \$0 for your yearly deductible
- Up to \$4.50 for each generic drug and up to \$11.20 for each brand-name drug covered by the plan
- As long as you qualify for both Medicare and Medicaid, you can join a Medicare drug plan at any time without penalty

Get help & more information

After you contact your employer or union plan to see how joining a Medicare drug plan will affect your current coverage, you may want to compare your current plan with the list of Medicare drug plans on the back of this notice.

To get help with your choices, call your State Health Insurance Assistance Program at <SHIP phone number> for free, personalized health insurance counseling. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Nondiscrimination Notice - The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by:

- Calling 1-800-368-1019. TTY users can call 1-800-537-7697.
- Visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints).
- Writing: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201

Notice of Availability of Auxiliary Aids & Services - We're committed to making our programs, benefits, services, facilities, information, and technology accessible in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973. We'll take appropriate steps to make sure that people with disabilities, including people who are deaf, hard of hearing or blind, or who have low vision or other sensory limitations, have an equal opportunity to participate in our services, activities, programs, and other benefits. We provide various auxiliary aids and services to communicate with people with disabilities, including:

- Relay service — TTY users can call 1-877-486-2048.
- Alternate formats — This notice is available in alternate formats, including large print, Braille, data CD and audio CD. To request your notice in an alternate format, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Aviso sobre la discriminación - Los Centros de Servicios de Medicare y Medicaid (CMS) no excluye, niega beneficios o discrimina contra ninguna persona por motivos de raza, color, origen nacional, incapacidad, género o edad. Si cree que ha sido discriminado o tratado injustamente por cualquiera de estos motivos, puede presentar una queja ante el Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles:

- Llamando al 1-800-368-1019. Los usuarios de TTY pueden llamar al 1-800-537-7697.
- Visitando [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints).
- Escribiendo a la: Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Ayuda y servicios auxiliares para personas con incapacidades - Medicare está dedicado a ofrecerles a todos sus beneficiarios los programas, beneficios, servicios, dependencias, información y su tecnología, en cumplimiento con las Secciones 504 y 508 de la Ley de Rehabilitación del 1973. Medicare tomará las medidas necesarias para asegurarse de que las personas incapacitadas, entre los que se incluyen los que tiene problemas auditivos, son sordos, ciegos, tienen problemas visuales u otro tipo de limitaciones, tengan las mismas oportunidades de participar y aprovechar los programas y beneficios disponibles. Medicare ofrece varios servicios y ayuda para facilitar la comunicación con las personas incapacitadas incluyendo:

- Servicios de retransmisión de mensajes — Los usuarios de TTY pueden llamar al 1-877-486-2048.
- Formatos alternativos — Los productos de Medicare, incluyendo este documento, están disponible en letra grande, versión digital, Braille y audio. Para ordenar su aviso en un

formato alternativo, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY pueden llamar al 1-877-486-2048.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-MEDICARE (TTY: 1-877-486-2048).

العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-MEDICARE (رقم هاتف الصم والبكم: 1-877-486-2048).

հայերեն (Armenian) ՈՒՇԱԳՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-MEDICARE (TTY (հեռաձայն)՝ 1-877-486-2048)

繁體中文 (Chinese) 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-MEDICARE (TTY: 1-877-486-2048)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-MEDICARE (TTY: 1-877-486-2048) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-MEDICARE (ATS: 1-877-486-2048).

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-MEDICARE (TTY: 1-877-486-2048).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-MEDICARE (TTY: 1-877-486-2048).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-MEDICARE (TTY: 1-877-486-2048).

日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-MEDICARE (TTY:1-877-486-2048) まで、お電話にてご連絡ください。

한국어(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-MEDICARE (TTY: 1-877-486-2048) 번으로 전화해 주십시오.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-MEDICARE (TTY: 1-877-486-2048).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-MEDICARE (TTY: 1-877-486-2048).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-MEDICARE (телетайп: 1-877-486-2048).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-MEDICARE (TTY: 1-877-486-2048).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-MEDICARE (TTY: 1-877-486-2048).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-MEDICARE (TTY: 1-877-486-2048).