**DRAFT Updated on 7/27/05**
Medicare Prescription Drug Plan
Spanish-language Preferred Terminology for Consumers

Consistency in education and outreach materials helps with clarity. To achieve consistency in explaining Medicare Prescription Drug Coverage to people with Medicare, use this preferred Spanish-language terminology list. It contains language specific to Medicare Prescription Drug Coverage that resonates well with the Latino population with Medicare. **This list changes–please check back often for the most updated version.**

| Use | Instead of | Preferred Spanish Translation |
|---|---|---|
| $3600 out-of-pocket | Catastrophic | $3600 de-su-bolsillo |
| 42 million people with Medicare in 2005 | 41 million people with Medicare in 2005 | 42 millones de personas con Medicare en el 2005 |
| A disclaimer statement such as "[Name of Document or Pub] isn't a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings." | No disclaimer statement | (Nombre de publicación) no es un documento legal. Las estipulaciones oficiales del Programa Medicare están contenidas en las leyes, reglamentos, y normas correspondientes. |
| Apply (used when talking about the extra help paying for prescriptions) | Enroll, join, sign up | Solicite |
| Call 1-800-MEDICARE (1-800-633-4227) | Dropping the parenthetical number | Llame GRATIS al 1-800-MEDICARE |
| Complaint | Grievance | Queja/Querella |
| *Depending on the context, use the following terminology:*<br><br>**Medicare Prescription Drug Plan** to describe stand-alone plans/PDPs<br><br>**Medicare drug plan or Medicare Prescription drug coverage** to describe all plans (MA-PDs and PDPs) | | Plan de Medicare para Recetas Médicas<br><br>Cobertura de Medicare para Recetas Médicas |
| Extra help with drug plan costs | Subsidy | Ayuda adicional con los costos de recetas médicas |

| Use | Instead of | Preferred Spanish Translation |
|---|---|---|
| Extra help, or<br>Extra help paying for prescription drugs | Low-income subsidy, LIS, or Limited-income subsidy | Ayuda adicional o<br>Ayuda adicional para pagar por recetas médicas o medicamentos recetados |
| Family and Friends | Caregiver | Familia y Amigos |
| Find a plan that meets your needs… | A plan that best meets your needs, the best plan for you | Encuentre el plan que responda a sus necesidades |
| Formulary | List of drugs the plan covers | Formulario |
| Guaranteed coverage | Guaranteed issue rights | Cobertura garantizada |
| Help from Medicaid paying your Medicare premiums | Help paying your premiums<br>MSP or Medicare Savings Programs | Ayuda de Medicaid con los pagos de sus primas de Medicare |
| If you don't join a plan by May 15, 2006, Medicare will enroll you in a plan to make sure you get help paying for your prescription drug costs. | If you don't join a plan by May 15, 2006, Medicare will enroll you in plan so you pay the lowest premium. | Si usted no se inscribe un plan antes del 15 de mayo de 2006, Medicare lo registrará en un plan para asegurar que usted no pierda ni un día de cobertura |
| If you find a Medicare prescription drug plan that better meets your needs, you can switch plans. | If you don't like your Medicare prescription drug plan, you can switch. | Usted puede cambiar a otro plan si encuentra otro plan de Medicare para recetas médicas que responda mejor a sus necesidades. |
| Improving Medicare | Modernizing Medicare | Mejorando a Medicare |
| Income and resources | Income and assets | Ingresos y recursos |
| Income and resources (including your savings and stocks, but not counting your home) | *Use to qualify "income and resources" when necessary* | Ingresos y recursos (incluyendo sus ahorros y acciones, pero no contando su hogar) |
| Join (use when talking about getting a plan)<br><br>***Note:*** *The Medicare & You handbook will use "join." Enroll or sign up are still acceptable, though not preferred.* | Apply, enroll, sign up | Inscribirse/matricularse/registrarse |
| Limited income and resources | Low-income | Ingresos y recursos limitados |
| Long-term care facility, like a nursing home | Institutionalized | Centro de Cuidado a Largo Plazo, como un asilo de ancianos |

| Use | Instead of | Preferred Spanish Translation |
|---|---|---|
| Look at www.medicare.gov on the web. | …on the Internet or ending a sentence with the URL (period is often confused as part of the web address) | Visite www.medicare.gov por Internet. |
| Medicare & You | Medicare and You | Medicare y Usted |
| Medicare Advantage and other Medicare Health Plans | Medicare Health Plan (Medicare Advantage and Medicare Cost Plans)<br>Medicare Managed Care Plan<br>Medicare Advantage Plan<br>MA<br>Medicare Health Plan, or<br>Medicare Health Plan (HMO/PPO) | Plan Medicare Advantage o<br>Plan de Salud de Medicare (HMO/PPO) |
| Medicare Advantage Plan or other Medicare Health Plan with Prescription Drug Coverage | Medicare Health Plan with Prescription Drug Coverage<br>MA-PD | Medicare Advantage y otros planes de salud<br>Plan de Salud de Medicare con Cobertura para Recetas Médicas |
| Medicare prescription drug coverage | Medicare Prescription Drug Benefit, Part D | Cobertura Medicare para Recetas Médicas |
| Monthly premium | Monthly fee | Prima mensual |
| On average coverage at least as good as | Coverage at least as good as<br>Creditable coverage<br>Coverage as good as or better than | En promedio, una cobertura por lo menos tan buena como… |
| Penalty | At least 1% more for every month you waited to get a Medicare prescription drug plan, **or**<br>you will pay more, **or**<br>higher premium, **or**<br>surcharge | Penalidad |
| People with limited incomes and resources | Low-income people or beneficiaries | Personas con ingresos y recursos limitados |
| People with Medicare | Medicare beneficiaries | Personas con Medicare |
| People with Medicare and Medicaid | Dual Eligibles | Personas con Medicare y Medicaid |

| Use | Instead of | Preferred Spanish Translation |
|---|---|---|
| Personalized | One-on-one, person-to-person, **or** individual counseling<br>**or**<br>customized | Personalizado |
| Preferred drug levels | Drug tiers | Niveles preferidos de medicinas/ medicamentos |
| Resources of $11,500 for an individual and $23,000 for a couple | Resources of $10,000 for an individual and $20,000 for a couple | Recursos de $11,500 por individuo y $23,000 por pareja |
| Special Needs Plans | Specialty Plans | Planes de Necesidades Especiales |
| Those who automatically qualify for extra help | Deemed | Aquellos que automáticamente califican para la ayuda adicional |
| Those who must apply for extra help | Non-deemed, not deemed | Aquellos que deben solicitar ayuda adicional |
| TTY users should call 1-877-486-2048. | TTY: 1-877-486-2048 or any references to TDD. | Los usuarios de TTY deberán llamar al 1-877-486-2048. |
| You can choose to join. | Enrollment is voluntary. | Usted puede escoger inscribirse. |

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|---|---|---|
| You may get an application in the mail from SSA for extra help paying for a Medicare prescription drug plan. **It is very important that you fill out this application and return it to SSA.** If you don't get an application in the mail and think you may qualify for this help, call SSA at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also visit www.socialsecurity.gov on the web. SSA's application process provides you with the quickest decision. You can also go to a local Medicaid office and apply. | Use this language instead of referring people only to SSA to apply for the extra help.<br><br>Use this full paragraph instead of just "You can have your state decide if you qualify for extra help instead of SSA. You can go to your local Medicaid office and apply using their application and process. But you will get a decision more quickly if you use SSA's application instead of your state's. Your local Medicaid office can help you apply with and submit SSA's application." | Puede que usted reciba una solicitud de la Administración del Seguro Social (SSA por sus siglas en inglés) ofreciéndole la ayuda adicional para pagar por un plan de Medicare para recetas médicas. Es importante que usted llene la solicitud y la devuelva al SSA. Si usted no recibe una solicitud por correo del SSA y piensa que califica para la ayuda adicional, comuníquese con el SSA al 1-800-772-1213. Los usuarios del TTY deberán llamar al 1-800-325-0778. También puede visitar www.socialsecurity.gov por Internet. El proceso de aplicación del SSA le provee la decisión más rápida. También puede solicitar la ayuda adicional en su oficina local de Medicaid. |
| Your employer will notify you | Look for a notice from your employer | Su empleador le notificará |