

Introduction to the Change in Low Income Subsidy (Extra Help) Copayment Notice

What's the purpose of this notice, and who gets it?

This notice informs people with Medicare who continue to automatically qualify for Extra Help for the following year that their copayment level will change. The notice tells people what their new copayment will be starting January 1, 2016.

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

- Institutionalized with Medicare and Medicaid
- Get home- and community-based services
- 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 is scheduled to be mailed in 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:

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

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



7500 Security Boulevard
Baltimore, MD 21244-1850

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

HICN <1234>
September 2015

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'll continue to get Extra Help for all of 2016. However, the amount of help you get is changing. This means the amount you pay for each prescription will change in 2016.

What you pay starting January 1, 2016

Starting January 1, 2016, you'll pay <up to \$1.20 or \$2.95 for generic drugs and up to \$3.60 or \$7.40 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 \$1.20 or \$2.65 for generic drugs and up to \$3.60 or \$6.60 for brand-name drugs or \$0> for each covered prescription you fill at one of your drug plan's participating pharmacies. You'll continue to pay these amounts until December 31, 2015.

Where to get more information

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

- Visit Medicare.gov.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Read your "Medicare & You" handbook.
- 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 by mistake, call 1-800-MEDICARE.

CMS does not discriminate in its programs and activities. To request this notice in an alternative format, please call: 1-800-Medicare or email: AltFormatRequest@cms.hhs.gov.

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.