

# Introduction to the Auto-Enrollment Retroactive Notice

## What's the purpose of this notice?

This auto-enrollment retroactive notice is sent to people who automatically qualify for Extra Help **with a retroactive effective date** because they either qualify for Medicare and full Medicaid benefits, or get Supplemental Security Income (SSI). The notice informs people that they'll be enrolled in a Medicare Prescription Drug Plan if they haven't joined a plan on their own. The notice tells people which plan Medicare will enroll them in, and outlines their costs in that plan.

The notice is on yellow paper, and includes a list of Medicare drug plans in the consumer's region that have premiums at or below the low-income premium subsidy amount. (The full list of Medicare drug plans available in each region for the upcoming plan year is available at [Medicare.gov](https://www.medicare.gov).) The second page of the notice includes questions and answers about Medicare drug coverage.

## Who gets this notice?

Medicare mails this notice to people who automatically qualify for Extra Help **with a retroactive effective date** because they either qualify for Medicare and full Medicaid benefits, or get Supplemental Security Income (SSI). This mailing is limited to people who currently get their Medicare benefits through Original Medicare.

## How often does Medicare mail these notices?

This notice is mailed on a daily basis.

## What should people do next?

People should call the Medicare drug plan identified in the notice to get information about their new coverage, and read the materials the plan sends in the mail. If they want information about other Medicare drug plans available in their area, they can:

- Visit [Medicare.gov](https://www.Medicare.gov).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Read the "Medicare & You" handbook.
- 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 phone number.

People can reference CMS Product. No. 11429 if they call Medicare or their SHIP with questions.



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

<file creation date>

You're getting this notice because you automatically qualify for Extra Help paying for Medicare Part D drug coverage. **Please keep this notice for your records.**

## **You're being enrolled in a Medicare Part D drug plan**

You qualify for Extra Help, so Medicare is enrolling you in a Medicare Part D drug plan to make sure you get help paying for your prescription drugs. You'll be enrolled in <Prospective Org Name>'s <Prospective Plan Name> starting <Prospective Effective Date>. Here's what you'll pay with this plan in <Coverage Year>:

- \$0 for your monthly premium
- \$0 for your yearly deductible
- <insert LIS copayment amount> copayment for each covered prescription

Your plan serves <States>. If this isn't where you live, please call <Prospective Plan Name> at <Prospective Plan Phone> to make sure it serves where you live now.

## **What to do next**

Call <Prospective Plan Name> at <Prospective Plan Phone> for details about your new Medicare drug coverage, or visit <Prospective Plan Web Site>. If you don't like this plan, see the back of this notice for a list of other Medicare drug plans, and join one that works for you.

If you filled any covered prescriptions since <Retro Effective Date>, call Medicare's Limited Income Newly Eligible Transition (NET) Program at **1-800-783-1307** to learn how you can get back part of what these prescriptions cost. TTY users can call 711. Medicare's Limited Income NET Program will cover your drugs until your new coverage starts on <Prospective Effective Date>.

**Important:** If you have drug coverage through an employer or union plan, joining a Medicare drug plan may NOT be right for you. Please read the attached information, "What if I have other prescription drug coverage?"

## **Get help & more information**

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) for help. TTY users can call 1-877-486-2048.



## **Important information about your new drug coverage**

### **What's Medicare Part D drug coverage?**

Medicare Part D drug coverage is insurance provided by the government. Medicare drug plans help you pay for both brand-name and generic drugs you need. Plans have a list of drugs they cover. The drug list of a particular plan may not include a specific drug you take. However, in most cases, a similar drug that's safe and effective will be available. If not, your doctor can ask the plan to make an exception and cover the drug you take now.

Medicare drug plans serving your area must contract with pharmacies in your area. Check with the plan to make sure the contracting pharmacies are convenient to you. In some plans, you can also get your prescriptions through the mail.

### **What should I do now?**

Call your Medicare drug plan to get information about your new drug coverage, and read the materials your plan mails to you. You should find out if the plan covers the drugs you take and includes the pharmacies you use.

You may need to go to the pharmacy before your plan membership card arrives in the mail. If you do, bring a letter from the plan that shows your confirmation number. That way the pharmacy can bill your plan directly. You should also bring your Medicare card and photo identification.

**Note:** If you moved recently, please call the plan to be sure it serves where you live. If it doesn't, please call 1-800-MEDICARE (1-800-633-4227) to choose and join a plan that serves that area. TTY users can call 1-877-486-2048.

### **What does Medicare's Limited Income NET Program cover?**

If you filled any covered prescriptions since the date in your notice, Medicare's Limited Income Newly Eligible Transition (NET) Program will pay you back for what you spent out-of-pocket for these prescriptions, minus any copayments that apply (up to <insert LIS copayment amount, Category 1 for generic> for a generic drug and up to <insert LIS copayment amount, Category 1 for brand name> for a brand-name drug in <Coverage Year>). Medicare's Limited Income NET Program will send you a separate letter with more information and instructions on how to get paid back, or you can call Medicare's Limited Income NET Program at **1-800-783-1307**. TTY users can call 711.

### **What if my new plan doesn't cover a drug I already take?**

Your Medicare drug plan will provide a one-time, temporary supply of your current drug. During your first 90 days in a plan, Medicare requires Medicare drug plans to give you and your doctor time to find a drug on the plan's drug list that would work as well as the drug you're taking. Your doctor can also contact your plan to request an exception to cover your current drug. Call your plan for more information.

## **How do I join a different plan?**

Since you qualify for Extra Help, you may have chances to switch Medicare drug plans during the year. To join a different Medicare drug plan, call the new plan to find out how to join. Joining a different plan will automatically end your coverage in (disenroll you from) your current plan. You don't need to call your current plan to disenroll. Your new plan coverage would start the next month.

## **How can I find out about other Medicare drug plans?**

For information about other Medicare drug plans in your area, read the list of plans included with this notice. This is the list of all the plans you can join and still pay \$0 for your monthly premium. Compare the plans and join one that works for you. You should find out which plans cover the drugs you already take and include the pharmacies you use. If you join a Medicare drug plan that isn't on the list included with this notice, you may have to pay part of the monthly premium instead of \$0.

You can also call your State Health Insurance Assistance Program (SHIP) for free, personalized health insurance counseling. See the front of this notice for their phone number.

## **What if I have other prescription drug coverage?**

If you have or are eligible for another type of prescription coverage, read all the materials you get from your insurer or plan provider to learn how joining a Medicare drug plan may affect any coverage you or your family already have. You may not need a Medicare drug plan.

Examples of other types of prescription drug coverage include coverage from an employer or union, TRICARE, the Department of Veterans Affairs, or a Medicare Supplement Insurance (Medigap) policy.

**Note:** If you now get drug or other health care coverage through an employer or union plan, you or your dependents could lose that coverage completely if you join a Medicare drug plan, and you may not be able to get it back. Call your health plan benefits administrator if you have any questions.

## **What if I don't want Medicare prescription drug coverage?**

If you don't want to join the plan Medicare is enrolling you in, and you don't want any other Medicare drug plan, call 1-800-MEDICARE (1-800-633-4227) as soon as possible and tell them you want to "opt out" of (decline) Medicare prescription drug coverage.

## **Remember, you pay nothing to keep Medicare drug coverage.**

If you drop this coverage and need prescription drugs later, Medicaid won't pay for them, and Medicare won't pay until you join a Medicare drug plan. As long as you continue to be eligible for Medicaid, you can join a Medicare drug plan at any time, but you may have to pay a penalty to join later if you lose your Medicaid eligibility.



**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://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://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).

**(Arabic) العربية** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-MEDICARE (رقم هاتف الصم والبكم: 1-800-633-4227). (TTY: 1-877-486-2048).

**հայերեն (Armenian)** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-MEDICARE (TTY (հեռախոս)՝ 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 1-800-1 (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).



CMS Product No. 11429 - YELLOW

December 2024

**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).



CMS Product No. 11429 - YELLOW

December 2024