

# **Introduction to the Facilitated Enrollment Notice: Full Subsidy Version**

## **What's the purpose of this notice?**

This notice informs people with Medicare that because they qualify for Extra Help, Medicare will enroll them in a Medicare Prescription Drug Plan if they don't enroll themselves or decline coverage.

There are two versions of the notice: one for people who qualify for the full low-income subsidy and one for people who qualify for the partial low-income subsidy. People who qualify for the full low-income subsidy will get Extra Help to pay their full premiums and deductibles in certain plans and will have minimal cost sharing. People who qualify for the partial low-income subsidy will get Extra Help and pay reduced premiums, deductibles, and cost sharing.

Each notice is two pages on green 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 the notice to people who get Supplemental Security Income (SSI) benefits, people who belong to Medicare Savings Programs (MSPs), or people who apply and qualify for Extra Help, and who haven't yet joined a Medicare drug plan. This mailing is limited to those who currently get Medicare benefits through Original Medicare. We also exclude people enrolled in certain qualifying employer or union plans.

## **How often does Medicare mail the notice?**

This notice is mailed on a daily basis.

## **What should people do next?**

People with Medicare should consider their options carefully. If they don't join a plan themselves or call 1-800-MEDICARE to decline Medicare prescription drug coverage, Medicare will enroll them in the plan listed in the notice. People who want more information about Medicare prescription drug coverage 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. See the "Medicare & You" handbook or call 1-800-MEDICARE for the phone number for their state.

People should reference CMS Product No. 11186 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 qualify for Extra Help paying for Medicare Part D drug coverage. To get Medicare drug coverage and the Extra Help, you need to join a Medicare Part D drug plan. **Please keep this notice for your records.**

## **What to do next: You have 3 options**

### **Option 1: You can join a Medicare Part D drug plan on your own.**

See the list of plans on the back of this notice. You can join any one of these plans and pay \$0 monthly premium because you qualify for Extra Help.

### **Option 2: Medicare will enroll you in a Medicare drug plan.**

If you don't join a Medicare drug plan, Medicare will enroll you in <Organization name>'s <Plan Name>, and your coverage starts <Enrollment Effective Date>. Here's what you'll pay with this plan in <Coverage Year>:

- \$0 for your monthly premium
- \$0 for your yearly deductible
- <Up to \$XX.XX for each generic drug and up to \$XX.XX for each brand name drug > covered by the plan

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

If you need drug coverage before <Enrollment Effective Date>, your pharmacist can bill Medicare's Limited Income Newly Eligible Transition (NET) Program. Also, if you paid for any prescriptions before you got this notice, and you were eligible for Medicare and Medicaid, you may be able to get back part of what you paid. Call Medicare's Limited Income NET Program for more information at 1-800-783-1307. TTY users can call 711.

### **Option 3: You can decline Medicare drug coverage ("opt out").**

If you have other drug coverage, like coverage from an employer or union, joining a Medicare Part D drug plan may not be right for you. If you don't want a Medicare drug plan, call 1-800-MEDICARE (1-800-633-4227) or the plan shown above and tell them you want to opt out of Medicare drug coverage. TTY users can call 1-877-486-2048.

## **Get help & more information**

For more information about <Plan Name>, call <Plan Phone>, or visit <Plan Web Site>. For help understanding this notice, call 1-800-MEDICARE. You can also call your State Health Insurance Assistance Program at <SHIP phone number> for free, personalized health insurance counseling.



## **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're taking.

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're currently taking.

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. Some plans also let you get prescriptions through the mail.

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

Consider your options carefully. If you don't join a plan on your own or call 1-800-MEDICARE (1-800-633-4227) to opt out of (decline) Medicare prescription drug coverage, Medicare will enroll you in a drug plan. TTY users can call 1-877-486-2048.

**If you want to keep the plan Medicare enrolls you in, you don't have to do anything.** 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 prescriptions 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, call the plan to be sure it serves where you live. If it doesn't, call 1-800-MEDICARE to choose and join a plan that serves your area.

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

Your Medicare drug plan will cover 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?**

As long as 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 have your monthly premium be \$0. Compare the plans and join one that works for you. 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.

## **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 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 the coverage.**

If you drop this coverage and need prescription drugs later, Medicare won't pay until you join a Medicare drug plan. As long as you qualify for Extra Help, you can join a Medicare drug plan at any time. You may have to pay a penalty to join later if you don't still qualify for Extra Help.

**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 بـ 1-800-MEDICARE (رقم هاتف الصم والبكم: 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 (հեռախոյ)՝ 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-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).

