

Introduction to the Fox LI-NET Extension Notice

What Is the Purpose of This Notice?

The notice is a follow-up to the Fox Reassignment Notice 11460 mailed in March.

This notice informs people who previously had Medicare prescription drug coverage with Fox Insurance Company and were temporarily moved to the Limited Income Newly Eligible Transition (LI-NET) program in March that their LI-NET coverage has been extended until Medicare enrolls them in a new Medicare drug plan, or until they join a plan on their own.

The notice is two pages on white paper.

Who Gets This Notice?

Medicare is sending this notice to everyone who was previously enrolled in a Medicare prescription drug plan through Fox Insurance Company, and has not yet joined a new Medicare drug plan.

When Do People Get This Notice?

The notice will be mailed in early May 2010.

What Should People Do Next?

People should look for a separate letter from Medicare letting them know the prescription drug plan they'll be enrolled in starting June 1. People who want more information about LI-NET can call the LI-NET Customer Care team at 1-800-783-1307. TTY users should call 1-877-801-0369.

People who have questions about their Medicare prescription drug coverage options can do the following:

- Visit www.medicare.gov and get personalized drug plan information.
- 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. See the "Medicare & You" handbook or call 1-800-MEDICARE for the telephone number for their state.

People can reference CMS Product No. 11463 when calling Medicare or their SHIP with questions about this notice.



7500 Security Boulevard
Baltimore, MD 21244-1850

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

HICN <1234>
May 2010

LI-NET Coverage Extended

A few weeks ago, you got a notice from Medicare letting you know that you have temporary prescription drug coverage through the Limited Income NET Program (LI-NET). **Your LI-NET coverage has been extended until Medicare enrolls you in a new Medicare drug plan, or until you join a plan on your own.**

LI-NET is a special Medicare program that provides temporary prescription drug coverage. LI-NET will cover your drug needs until you join a new Medicare drug plan or Medicare enrolls you in a new Medicare drug plan. LI-NET generally covers all Medicare-covered prescriptions, and there's no monthly premium.

This Notice Is Proof of Your LI-NET Coverage

This notice is proof of your LI-NET coverage – keep it for your records. Tell your pharmacist to use the following billing codes. If they have a problem, have them call LI-NET at 1-800-783-1307.

- BIN = 610649
- PCN = 05440000
- Cardholder ID = Medicare claim number on your red, white and blue Medicare card (Beneficiary HICN)
- Group ID may be left blank

What to Do Next

Medicare will enroll you in a new Medicare drug plan, unless you join a new Medicare drug plan on your own. Watch for another notice from Medicare letting you know what plan Medicare will enroll you into and explaining your options.

If you don't like the plan Medicare enrolled you into, you can choose and join another Medicare drug plan. For help choosing and joining a Medicare drug plan, visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Get Help and More Information

To learn more about your LI-NET coverage, call LI-NET at 1-800-783-1307 Monday through Friday from 8 a.m. to 8 p.m. TTY users call 1-877-801-0369.

**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.**

About Your Rights in Your Next Drug Plan

If the drug plan Medicare enrolls you in covers a drug you're taking, but charges you more than you think you should pay, you have the right to get a written explanation (called a "coverage determination") from your plan.

If your new drug plan doesn't cover a drug you take, the plan must provide you with a one-time fill, up to a 30-day supply. 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.

You can also ask for an exception if you think you should pay less for a higher tier drug because you or your doctor believes you can't take any of the lower tier drugs for the same condition. Your doctor must send a statement explaining the medical reason why the lower tier drugs won't work for you.

You must ask for a coverage determination or exception in writing, unless your plan accepts requests by phone. You or your doctor can also call or write your plan for an expedited (fast) request. Your request will be expedited if the plan determines, or your doctor tells the plan, that your life or health may be at risk by waiting.

If you disagree with the plan's coverage determination, you can appeal by asking the plan to take another look at its decision. After you appeal through your plan, you'll get a notice explaining your right to an independent review of your case.

Call your plan for more information about how to ask for a coverage determination, exception or appeal.