

Information partners can use on:

Reassignment

Every fall, people who qualify for Extra Help are reassigned into a new Medicare drug plan if the plan they're currently enrolled in is:

- Leaving Medicare
- Raising its premium above the regional low-income premium subsidy benchmark amount next year.

This reassignment ensures people with Extra Help continue to pay a \$0 premium for their drug coverage. Reassignment is effective on January 1.

Who's being reassigned?

People whose plans are leaving Medicare

Medicare will reassign people who get Extra Help if their Medicare drug or health plan is leaving Medicare as of December 31. These people will be reassigned into a new Medicare drug plan regardless of whether they joined their current plan on their own, or Medicare enrolled them in a plan.

People whose premium costs are increasing

Medicare will also reassign people who get Extra Help if all of these are true:

- They qualify for the full 100% premium subsidy as of January 1
- Medicare enrolled them in their current Medicare drug plan
- Their plan's premium will be above the regional low-income premium subsidy benchmark for next year

People in plans that volunteer to waive this small amount won't be reassigned and will continue to pay \$0 for their monthly drug plan premium in their current plan. Plans that volunteer to waive this small amount can't charge a premium for basic coverage to anyone who qualifies for the full 100% premium subsidy. People who choose to join an enhanced plan will have to pay part of the premium.

Who won't be reassigned?

Medicare won't reassign people who:

- **Qualify for the partial premium subsidy unless their plan is leaving Medicare.** People who qualify for the partial premium subsidy whose premium costs are increasing will pay a percentage of the premium subsidy amount, plus the difference between the plan premium and the subsidy amount.
- **Qualify for the full premium subsidy who joined a plan on their own, or switched to a different Medicare drug plan than the one Medicare enrolled them in, even if their premium increases above the regional low-income premium subsidy benchmark next year.** If these people stay in their current plan, they'll have to pay the difference between the plan premium and the subsidy amount as their monthly premium. These people will get a letter on tan paper (CMS Product No. 11267) by early November to make sure they know about their premium liability and understand their options.
- **Were enrolled in a plan by an authorized representative, like a State Pharmaceutical Assistance Program (SPAP), who asked Medicare not to reassign them.**
- **Are enrolled in a qualified employer or union group plan.**

Example reassignment scenarios

Example 1: Mrs. Smith was auto-enrolled into XYZ Drug Plan a few years ago, and she still qualifies for the full (100%) premium subsidy now. Her plan premium will be \$5.72 over the regional low-income premium subsidy amount next year. She'll be reassigned into a new plan and continue to pay a \$0 monthly premium.

Example 2: Mr. Alonzo was facilitated-enrolled into LMN Drug Plan a few years ago, and he still qualifies for the full (100%) premium subsidy now. His plan premium will be \$3.50 over the regional low-income premium subsidy amount next year. Mr. Alonzo will be reassigned into a new plan and continue to pay a \$0 monthly premium.

Example 3: Mr. Banks was auto-enrolled into ABC Drug Plan a few years ago, and he still qualifies for the full 100% premium subsidy now. He switched to QRX Drug Plan on his own. His plan premium will be \$4.75 over the regional low-income premium subsidy amount next year. Mr. Banks won't be reassigned, because he joined his current drug plan on his own. He'll have to pay \$4.75 (the difference between the plan premium and the subsidy amount) as his monthly premium unless he joins a new plan.

Which plans will people be reassigned to?

- Generally, Medicare will reassign people to Medicare drug plans that have premiums at or below the regional low-income premium subsidy amount. This is true whether their current plan is a Medicare health plan or drug plan that's leaving Medicare, or whether their drug plan premium is increasing. Medicare won't enroll people into Medicare drug plans sponsored by employers, offered in the territories, or with enhanced benefit packages.
- If the company (sponsor organization) that offers a person's current plan offers another Medicare drug plan in the region with a \$0 premium, Medicare will reassign the person to that plan. If the company has more than one of these plans in the region, Medicare will randomly assign people among those plans.
- If the company (sponsor organization) that offers a person's current drug plan doesn't offer another Medicare drug plan in the region with a premium at or below the regional low-income premium subsidy amount, Medicare will randomly assign the person to another plan in the region with a premium at or below the low-income premium subsidy amount.

Can people switch plans?

Yes. People who qualify for Extra Help may have other opportunities to switch. To switch Medicare drug plans, people should call the new plan to find out how to join. Joining a new plan will automatically end their current Medicare drug plan coverage the last day of the current month. Their new plan coverage would start the first day of the next month.

How will Medicare notify people who are being reassigned?

Medicare will mail a notice on blue paper to people being reassigned by early November. There are 3 versions of the notice: 2 for people whose plans are leaving Medicare (CMS Product No. 11208 and CMS Product No. 11443), and 1 for people whose premiums are increasing above the regional low-income premium subsidy amount (CMS Product No. 11209).

The notice tells people which plan they'll be reassigned to, explains how to stay in their current Medicare drug plan, if available, and lets them know how to join a new plan. The notice also includes a list of plans in the region available for \$0 premium and their phone numbers. If people who get a notice don't tell their current plan that they want to stay or join a new plan on their own by December 31, Medicare will reassign them into a new plan with coverage effective January 1.

How can I help people?

Encourage people to enroll early. If people want to switch plans on their own, they should do so as soon as possible, so that their new drug plan can mail membership materials before the new coverage begins on January 1. This way, even if they go to the pharmacy on the first day their new coverage begins, they can get their prescriptions filled without delay.

For more information

People who have questions about Medicare prescription drug coverage should visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. They should let Medicare know they got a notice on blue or tan paper when they call.

Timeline of reassignment activities

October 1: Plans that will be leaving the Medicare Program notify their plan members.

Mid-October: Medicare performs reassignment (for an effective date of January 1) and notifies states and Medicare drug plans that will be gaining or losing plan members.

Late October: Medicare mails all 3 versions of the reassignment notice on blue paper to people who will be reassigned to a new Medicare drug plan.

Mid-November: Medicare mails a tan letter to people who won't be reassigned, but who will face a premium liability in their current Medicare drug plan next year.

Early December: Medicare mails a second blue letter to all people who are being reassigned, letting them know which drugs they currently use are included on their new plan's formulary.

December 31: Last day for people who qualify for reassignment to switch plans, or notify their current plan that they want to stay, before Medicare's reassignment takes effect.

January 1: Coverage in their new plan begins for people who have been reassigned.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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