

My Health. My Medicare.

GUIDE TO CMS, SSA AND PLAN MAILINGS SUMMER AND FALL 2007

MAILING	BENEFICIARY ACTION NEEDED
<p>Social Security Letters to those with Limited Income and Resources (SSA Pub. Forms L446, L447, L448 & L441)</p> <p>Middle of May, SSA mailed their annual letters to low-income Medicare beneficiaries. These letters inform low-income Medicare beneficiaries about the Medicare Savings Programs and the extra help available for Medicare prescription drug plan costs. The SSA-L441 will be mailed at the end of November.</p>	<ul style="list-style-type: none"> • If you think you qualify for extra help, fill out an Application for Help with Medicare Prescription Drug Plan Costs SSA Pub. No 1020. • For more information about getting extra help with your prescription drug costs or if you want to apply for the extra help, call Social Security toll free at 1-800-772-1213 (TTY 1-800-325-0778).
<p>Premium Withhold Letter (WHITE Letter) (Pub No. 11322)</p> <p>In late August, CMS is mailing letters to beneficiaries who owe premium payments for 2006.</p> <p>Due to a problem we encountered in your premium withhold option; we failed to withhold the proper premium amounts for one or more months in 2006</p> <p>Main Message: Premium not correctly withheld & Beneficiary Owes Payment to Plan.</p>	<ul style="list-style-type: none"> • Keep the notice. • Contact your plan to make payment arrangements or follow the instructions that your plan sent you regarding this payment. • If you have any questions, please call toll free at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
<p>Social Security Letter to Review Eligibility for Extra Help (SSA Form No 1026)</p> <p>End of August, Social Security is mailing letters to people selected for review to see if they qualify in 2008. Includes an "Income and Resources Summary" sheet.</p>	<ul style="list-style-type: none"> • If you receive this letter, you must return the enclosed form in the enclosed postage paid envelope within 30 days or your extra help may terminate. • Any change to your extra help (increase, decrease, or termination) will be effective January 2008.
<p>Loss of Deemed Status Letter (GREY Letter) (Pub. No. 11198)</p> <p>September 2007, CMS, in coordination with Social Security, mails loss of help notices to people who no longer automatically qualify for extra help as of January 1, 2008. Includes and an application for extra help with a postage paid envelope to return to SSA.</p> <p>Main Message: Loss of Extra Help</p>	<ul style="list-style-type: none"> • Apply for Extra Help through Social Security (application and postage paid envelope enclosed) or a State Medical Assistance (Medicaid) office.

GUIDE TO CMS, SSA AND PLAN MAILINGS SUMMER AND FALL 2007 (continued)

MAILING	BENEFICIARY ACTION NEEDED
<p>Plan Marketing Materials</p> <p>On October 1, plans begin sending marketing materials for 2008.</p>	<ul style="list-style-type: none"> • No action. Information allows beneficiaries to compare options for 2008.
<p>Plan Termination Letter</p> <p>By October 2, people whose 2007 plan terminates in 2008 get notices from plans.</p> <p>Main Message: Change in Prescription Drug Plan</p>	<ul style="list-style-type: none"> • Beneficiary must look for a new plan for coverage in 2008.
<p>Change in Extra Help Copayment Letter (ORANGE Letter) (Pub. No. 11199)</p> <p>Early October 2007, CMS mails a change in copayment level notice to people who will continue to automatically qualify for extra help in 2008, but whose copayment levels will change as of January 1, 2008.</p> <p>Main Message: Change in Copayments</p>	<ul style="list-style-type: none"> • No action, unless your contact believes an error has occurred, keep the notice for your files.
<p>Plan Annual Notice of Change (ANOC) Model ANOC</p> <p>By October 31, Notice from current plan of 2008 formulary, benefit design, and/or premium changes.</p> <p>Main Message: Change in Costs and/or Benefits</p>	<ul style="list-style-type: none"> • Review changes to decide whether the plan will continue to meet prescription drug needs in 2008.
<p>Reassignment Letter (BLUE Letter) (Pub. No. 11208) – Version 1</p> <p>On October 30, CMS mails a notice explaining that the current plan is leaving the Medicare Program and Medicare will reassign the individual to a new plan effective January 1, 2008, unless they join a new plan on their own, by December 31, 2007.</p> <p>Main Message: Change in Prescription Drug Plan</p>	<ul style="list-style-type: none"> • Keep the notice. • Compare the new 2008 plan with others to meet your needs. Which plans cover the prescriptions you take? Which pharmacies can you use? • Change plans, if you choose, in early December. • For more information call 1-800-MEDICARE; check Medicare & You 2008; go to www.medicare.gov, or contact State Health Insurance Assistance Program (SHIP) for free personalized help.

GUIDE TO CMS, SSA AND PLAN MAILINGS SUMMER AND FALL 2007 (continued)

MAILING	BENEFICIARY ACTION NEEDED
<p>Reassignment Letter (BLUE Letter) (Pub. No. 11209) – Version 2</p> <p>On October 30, CMS mails a notice explaining that the plan’s premiums are increasing, and their premium will be above the regional LIS premium subsidy amount by more than \$1 in 2008. Because Medicare enrolled you into this plan in 2007, Medicare will reassign you to a new plan effective January 1, 2008, unless you join a new plan on your own, by December 31, 2007.</p> <p>Main Message: Change in Prescription Drug Plan</p>	<ul style="list-style-type: none"> • Keep the notice. • Compare the new 2008 plan with others to meet your needs. Which plans cover the prescriptions you take? Which pharmacies can you use? • Change plans, if you choose, in early December. • For more information call 1-800-MEDICARE; check Medicare & You 2008; go to www.medicare.gov, or contact State Health Insurance Assistance Program (SHIP) for free personalized help.
<p>Deemed Status Letter (PURPLE Letter: coming soon) (Pub No. 11166)</p> <p>Monthly, CMS mails deemed notices to people who will automatically get the extra help, including people 1) with Medicare and Medicaid, 2) in Medicare Savings Program, and 3) who receive Supplemental Security Income (SSI) benefits but not Medicaid.</p>	<ul style="list-style-type: none"> • Keep the notice. • No need to apply to get the extra help. • Compare Medicare prescription drug plans with others to meet your needs. Which plans cover the prescriptions you take? Which pharmacies can you use? • For more information call 1-800-MEDICARE; check Medicare & You 2008; go to www.medicare.gov, or contact State Health Insurance Assistance Program (SHIP) for free personalized help.
<p>Auto-Enrollment Notice (YELLOW Letter) (Pub No. 11154)</p> <p>Monthly, CMS mails auto-enrollment notices to people who qualify for Medicare & Medicaid who currently get their benefits through the Original Medicare Plan and haven’t joined a Medicare drug plan. This notice explains that Medicare will enroll them in a drug plan if they don’t enroll themselves or decline coverage.</p>	<ul style="list-style-type: none"> • Keep the notice. • No need to apply to get the extra help. • If you don’t join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. Which plans cover the prescriptions you take? Which pharmacies can you use? • For more information call 1-800-MEDICARE; check Medicare & You 2008; go to www.medicare.gov, or contact State Health Insurance Assistance Program (SHIP) for free personalized help.

GUIDE TO CMS, SSA AND PLAN MAILINGS SUMMER AND FALL 2007 (continued)

MAILING	BENEFICIARY ACTION NEEDED
<p><u>Facilitated Enrollment Notice</u> (GREEN Letter) (Pub No. 11186 & Pub No 11191)</p> <p>Monthly, CMS mails facilitated enrollment notices to people with the Original Medicare Plan who either 1) belong to a Medicare Savings Program or 2) receive Supplemental Security Income (SSI), or 3) applied and qualified for the extra help and have not enrolled into a Medicare prescription drug plan themselves. This notice explains that Medicare will enroll them in a drug plan if they don't enroll themselves or decline coverage. The notice includes a list of plans in the region with premiums at or below the regional low-income premium subsidy amount.</p>	<ul style="list-style-type: none"> • Keep the notice. • If you don't join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. Which plans cover the prescriptions you take? Which pharmacies can you use? • For more information call 1-800-MEDICARE; check Medicare & You 2008; go to www.medicare.gov, or contact State Health Insurance Assistance Program (SHIP) for free personalized help.
<p>Medicare and You 2008</p> <p>The "Medicare & You" handbook is mailed to all Medicare households each fall. Includes a summary of Medicare benefits, rights, and protections; lists of health and drug plans available in the area; and answers frequently asked questions about Medicare.</p>	<ul style="list-style-type: none"> • Keep the handbook as a reference guide. • Also found at www.medicare.gov