

# Introduction to the Deemed Notice

## What's the purpose of this notice?

The purpose of the notice is to let people who automatically qualify for Extra Help paying for Medicare prescription drug coverage know that they get Extra Help without needing to apply for it.

## Who gets this notice?

Medicare mails the notice on purple paper to people who have Medicare and Medicaid, people who are in Medicare Savings Programs (MSPs), and people who get Supplemental Security Income (SSI) benefits. These people don't have to apply to get Extra Help, but will get it automatically.

## When do people get this notice?

People will get this notice in the month following the month that Medicare is informed of the person's Medicaid, MSP, or SSI eligibility.

## What should people do next?

People who get this notice have the opportunity to join a Medicare drug plan in their area. If they don't join a plan on their own, Medicare will enroll them in a plan to make sure they get Medicare prescription drug coverage and Extra Help. If people have questions about the information in the notice, they can:

- Visit [Medicare.gov](http://Medicare.gov).
- Read their "Medicare & You" handbook for more information about choosing and joining a Medicare drug plan.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Contact 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 phone number in their state.

People can reference CMS Product No. 11166 if they call Medicare or a 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 Medicare Part D drug coverage costs. **Please keep this notice for your records.**

### **What does it mean to automatically qualify for Extra Help?**

Getting Extra Help means you'll pay no more than <gen\_amt> for a generic drug and no more than <brd\_amt> for a brand-name drug in a Medicare Part D drug plan in <Coverage Year>. **You automatically qualify for this help starting <effective date> at least until December 31, <year>.**

**Note:** You can only get Extra Help if you live in one of the 50 states or Washington D.C.

### **Medicare will enroll you in a Part D drug plan**

Medicare will enroll you in a plan to make sure you get help paying for drug coverage. You'll get a yellow or green notice from Medicare telling you what plan you'll be enrolled in.

If you need drug coverage after <effective date> but before your new Medicare drug plan starts, 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.

### **What if I don't want a Medicare Part D drug plan?**

If you don't want to be in any Medicare drug plan, you can opt out of this drug coverage. Call 1-800-MEDICARE (1-800-633-4227) and tell them you want to "opt out." TTY users can call 1-877-486-2048. Caution: If you opt out, you won't get Medicare drug coverage or Extra Help paying your drug costs.

### **What if I'm already in a Medicare Part D drug plan?**

If you've had any prescriptions filled since <effective date>, you may be able to get back part of what those prescriptions cost. Call your plan for more information.

### **Get help & more information**

For help understanding this notice, 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.



**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).

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

**հայերեն (Armenian)** ՈՒՇԱԳՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, սպա ձեզ անվար 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-MEDICARE (TTY: 1-800-1-2048-486-877) 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).

