

Introduction to the Change in Extra Help Copayment Letter

What Is the Purpose of This Letter, and Who Gets It?

The purpose of this letter is to inform people with Medicare who will continue to automatically qualify for extra help in 2009 that their copayment level will change. The letter informs people what their new copayment will be as of January 1, 2009.

A person's copayment level could change if they have shifted from one of the following categories to another:

- Institutionalized with Medicare and Medicaid
- Have Medicare and Medicaid
- Have Medicare and Medicaid with a change in income level
- Get help from Medicaid paying Medicare Part B premiums (belong to a Medicare Savings Program)
- Get Supplemental Security Income (SSI)

When Do People Get This Letter?

The letter will be mailed by early October on orange paper.

What Should People Do Next?

If people have questions about Medicare prescription drug coverage or the information in this letter, they can use any of the following resources:

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Read the "Medicare & You" handbook.
- Visit www.medicare.gov.
- 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 their telephone number.

People can reference CMS Publication No. 11199 if they call Medicare or their SHIP with questions.



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

HICN <1234>
September 2008

Please keep this letter for your records.

You currently get extra help paying for your Medicare drug plan costs. You will continue to get extra help for all of 2009. However, the amount of help you are getting has changed. This means the amount you pay for each prescription is changing. This letter shows the new amounts you will pay for each prescription in 2009.

Now: You pay <up to \$1.05 or \$2.25 for generic drugs and up to \$3.10 or \$5.60 for brand-name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies. You will continue to pay these amounts until December 31, 2008.

Next year: Starting January 1, 2009, you will pay <up to \$1.10 or \$2.40 for generic drugs and up to \$3.20 or \$6.00 for brand-name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies.

Where can I get more information?

If you have questions about this letter or about Medicare prescription drug coverage, do one of the following:

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Read your "Medicare & You" handbook.
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See your "Medicare & You" handbook, or call 1-800-MEDICARE for their telephone number.

If you think you received this letter because of an error, call 1-800-MEDICARE.

Para obtener una copia de esta aviso en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.