

# 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 (MSP), 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 [www.medicare.gov](http://www.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 should 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>

HICN <1234>  
<file creation date>

**Please keep this notice for your records.** You're getting this notice because you automatically qualify for Extra Help paying Medicare prescription drug coverage costs.

What does it mean to automatically qualify for Extra Help?

You get Extra Help, and you don't need to apply for it. 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 drug plan in 2013. (These amounts may increase each year.) **You qualify for this help starting <effective date> at least until December 31, <year>.**

Bring this purple notice when you get a prescription filled, so the pharmacist knows you qualify for Extra Help.

**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 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 want to join a different plan from the one Medicare enrolls you in, call the other plan and find out how to join.

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) or the plan Medicare enrolls you in and tell them you want to "opt out." TTY users should 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 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 more information

If you have questions about Medicare drug coverage or the information in this notice, read your "Medicare & You" handbook, visit [www.medicare.gov](http://www.medicare.gov), or call 1-800-MEDICARE for help. You can also call your local Office on Aging or your State Health Insurance Assistance Program (SHIP) at <SHIP phone number> for free personalized health insurance counseling.

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

