

[Note to Part D sponsors: italicized, bracketed language is optional.]

<Date>

Dear <Name of Member>:

This is an important reminder that you need to apply as soon as possible for extra help with your prescription drug costs in 2007. You recently received a letter from Medicare telling you that although you received this help automatically in 2006, you will no longer automatically qualify to receive it beginning January 1, 2007.

You won't automatically qualify for extra help next year either because you no longer:

- Qualify for Medicaid;
- Get help from your state Medicaid program to pay your Medicare Part A and/or Part B premiums (belong to a Medicare Savings Program); OR
- Get Supplemental Security Income (SSI) benefits but not Medicaid.

You may still qualify for extra help, but you must apply to find out. **So, we are contacting you to encourage you to apply for the extra help now.**

The easiest way to apply is by filling out and mailing the application that is included in your letter from Medicare. Other steps you can take are:

- For questions about extra help with your prescription drug costs or if you need assistance completing the application:
 - ▶ Call the Social Security Administration (SSA) at 1-800-772-1213. (TTY users call 1-800-325-0778) between 7:00 a.m. – 7:00 p.m. Monday through Friday.
 - ▶ You can also fill out the application at www.socialsecurity.gov on the web.
- To get another copy of the application by mail, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call a State Health Insurance Program (SHIP) in your area for free personalized health insurance counseling. See your "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

[To get a copy of the application you can also contact us at <toll free number><days and hours of operation>. TTY users should call <toll free number>.] [In addition, we can:]

[Describe any voluntary activities applicable to your organization, such as:

- *Help you fill out the form.*
- *Visit you at your home to help you complete the form.*
- *Help you complete an application on-line (by computer).*
- *Availability of premium/cost sharing grace period.]*

<Material ID>

[<CMS approval date>]

If you don't qualify for extra help, there are still ways you might be able to save on your drug costs.

- Your state may have programs that provide help paying your prescription drug costs. Contact your State Medical Assistance (Medicaid) office for more information. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web for their telephone number. TTY users should call 1-877-486-2048.
- *[insert, if applicable: we offer (an)other plan(s) that may lower your prescription drug plan costs]*

If you have any questions, please call us at <toll-free number><days and hours of operation>. TTY users should call <toll-free TTY number>.