



Revised December 2017

# If You Get Extra Help, Make Sure You're Paying the Right Amount

Getting “Extra Help” means Medicare helps pay your Medicare prescription drug coverage’s (Part D) monthly premium, any yearly deductible, coinsurance, and copayments.

## What should my costs be?

If you qualify for full Extra Help, you should pay no more than \$3.35 for a generic drug (or brand-name drug treated as a generic) and \$8.35 (in 2018) for any other brand-name drug. Some people with higher incomes get partial Extra Help and pay reduced monthly premiums, deductibles, and copayments. If you qualify for partial Extra Help, you’ll pay no more than 15% of the costs of drugs on your plan’s formulary (drug list) until you reach the out-of-pocket limit.

If you have Medicaid and live in an institution (like a nursing home) or get home- and community-based services, you should pay nothing for your covered drugs.

Most people who qualify for Extra Help also pay nothing for their monthly premium or yearly deductible. If you qualify for full Extra Help and are paying a premium for your Medicare drug plan, you can join another plan and pay no premium in 2018.

You may want to compare the costs, coverage, and customer service ratings of other Medicare drug plans in your area before you switch plans. To compare plans, visit [Medicare.gov](http://Medicare.gov). To join a different plan, call 1-800-MEDICARE (1-800-633-4227), or call that plan directly. TTY users can call 1-877-486-2048.


## What if I think I'm paying the wrong amount?

Call your Medicare drug plan. Your plan may ask you to provide information to help them check the level of Extra Help you should get. Here are some examples of documents you can send your plan to help confirm you qualify for Extra Help:

- A purple notice from Medicare that says you automatically qualify for Extra Help.
- A yellow or green automatic enrollment notice from Medicare.
- An Extra Help “Notice of Award” from Social Security.
- An orange notice from Medicare that says your copayment amount will change next year.
- If you have Supplemental Security Income (SSI), you can use your award letter from Social Security as confirmation that you have SSI.

You can also give your plan any of the documents below (also called “Best Available Evidence”) as confirmation that you qualify for Extra Help in 2018. Each item listed below must show that you were eligible for Medicaid during a month **after June 2017**.

<b>Confirmation you have Medicaid &amp; live in an institution or get home- &amp; community-based services</b>	<b>Other confirmation you have Medicaid</b>
<ul style="list-style-type: none"> <li>▪ A bill from the institution (like a nursing home) or a copy of a state document showing Medicaid payment to the institution for at least a month</li> <li>▪ A print-out from your state’s Medicaid system showing that you lived in an institution for at least a month and that Medicaid paid for your stay</li> <li>▪ A document from your state that shows you have Medicaid and are getting home- and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>▪ A copy of your Medicaid card (if you have one)</li> <li>▪ A copy of a state document that shows you have Medicaid</li> <li>▪ A print-out from a state electronic enrollment file or from your state’s Medicaid systems that shows you have Medicaid</li> <li>▪ Any other document from your state that shows you have Medicaid</li> </ul>



Your plan must accept any of these documents as confirmation that you qualify for Extra Help. As soon as you've provided any one of these documents, your plan must make sure that, when you fill your prescriptions, you pay no more than the maximum amounts that may be charged for your level of Extra Help.

If you qualify for Extra Help because you have Medicaid, but you don't have or can't find any of these documents, ask your plan for help. Your plan must also contact Medicare so Medicare can get confirmation that you qualify, if it's available. You can expect your request to take from several days to up to 2 weeks to process, depending on the circumstances. Be sure to tell your plan how many days of medication you have left. Your plan and Medicare will work to process your request before you run out of medication, if possible.

## **Can I get money back if I've been paying too much?**

If you aren't already enrolled in a Medicare drug plan and paid for prescriptions since you qualified for Extra Help, you may be able to get back part of what you paid. Keep your receipts and call your plan or Medicare's Limited Income Newly Eligible Transition (NET) Program at 1-800-783-1307 for more information. TTY users can call 711.

## **Who should I call for help?**

If your plan doesn't correct a problem to help you pay the right amount, doesn't respond to your request for help, or takes longer than expected to get back to you, call 1-800-MEDICARE (1-800-633-4227) to file a complaint. TTY users can call 1-877-486-2048. For free help in another language, say "Agent" at any time to talk to a customer service representative.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

