

Introduction to the Re-assignment Notice: Plan Termination Version

What Is the Purpose of This Notice?

The purpose of this notice is to inform people who qualify for extra help and whose plans are leaving the Medicare Program what plan they will be re-assigned to if they don't join a new plan on their own by December 31, 2008.

The notice includes two pages. The first page is a letter printed on the front and back of blue paper. The second page includes a list of plans for each region that have premiums at or below the low-income premium subsidy amount.

Who Gets This Notice?

Medicare will re-assign all people who qualify for extra help whose Medicare Prescription Drug Plans are terminating on December 31, 2008.

When Do People Get This Notice?

The notice will be mailed by early November.

What Should People Do Next?

People with Medicare should consider their options carefully. People who want more information about Medicare prescription drug coverage can do the following:

- Visit www.medicare.gov and get personalized drug plan information. If they don't have computers, their local libraries or senior centers may be able to help them look at this information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- 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 the telephone number for their state.

People can reference CMS Publication No. 11208 when calling Medicare or their SHIP with questions about this notice.



7500 Security Boulevard
Baltimore, MD 21244-1850

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

HICN <1234>
October 2008

Please read this notice carefully and keep it for your records.

Your prescription drug coverage is changing. You are getting this notice because <Old Organization Marketing Name>'s <Old plan name> is leaving the Medicare Program on December 31, 2008, and will no longer provide your prescription drug coverage. **Because your plan is leaving, Medicare will enroll you in a new Medicare drug plan if you don't join a plan yourself by December 31, 2008.**

Medicare will enroll you in <New Organization Name>'s <New Name of plan>. Your coverage will begin on January 1, 2009. This way, you will continue to have Medicare prescription drug coverage and help paying for your prescriptions.

With this new Medicare drug plan, you will pay the following:

- <subsidy % or \$0> of the drug plan monthly premium
- <\$0 or up to \$60> for your yearly prescription drug plan deductible
- <insert LIS copayment amounts or % of the cost of each prescription> when you fill a prescription covered by the plan

Remember, you can choose and join a new plan anytime before December 31, 2008. If you don't do anything, Medicare will make sure your coverage continues by enrolling you in this plan.

For more information about <New Name of plan>, call <New Plan phone> and tell the plan you got this notice. Ask if your prescriptions are covered, about the drug coverage rules (like prior authorization) that may affect your prescriptions, and what pharmacies you can use. You can also visit <Plan website> for more information.

Note: If you have moved recently, please call <New name of plan> to be sure it serves where you live now. If you are getting this notice because you are a representative payee for someone with Medicare, please call this plan to be sure it serves the area where the person with Medicare currently lives. If it doesn't, call 1-800-MEDICARE to choose and join a plan that serves that state. TTY users should call 1-877-486-2048.

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

How do I join a new Medicare drug plan?

If you want to join a new Medicare drug plan on your own before Medicare enrolls you in a plan, please see the list of plans included with this notice. Compare plans and join one that meets your needs. You should find out which plans cover the prescriptions you take and include the pharmacies you use. For help comparing plans and joining a plan that works for you, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) or your State Health Insurance Assistance Program at <insert state number>.

If you want to join a new Medicare drug plan, call the new plan to find out how to join. Joining a new plan will end your current Medicare drug plan coverage.

Enrolling early in the month gives your new Medicare drug plan time to mail your membership materials before your new coverage becomes effective. This way, even if you go to the pharmacy on January 1, you can get your prescriptions filled without any problems.

What if I want to switch plans after I join or Medicare enrolls me?

You can join, switch, or drop a Medicare drug plan at any time during the year, with coverage effective the first day of the next month.

What if I am not sure what to do?

If you need help understanding this notice, please show it to a family member, friend, case manager, or someone else you trust. You can also call your State Health Insurance Assistance Program at <insert state number> or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

Region 20: Mississippi

Below is a list of other Medicare drug plans in your state. If you don't want Medicare to enroll you in a plan, you should join one of these plans by December 31, 2008.

For each plan listed, you will find the name of the organization offering the plan, the plan name and telephone number. Compare the plans and join one that works for you. If you call the plans to compare them, ask which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

Organization	Plan Name	Phone Number
Aetna Medicare	Aetna Medicare Rx Essentials	800-455-1560
Bravo Health	BravoRx	800-723-9209
CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	800-735-1459
First Health Part D	First Health Part D-Premier	800-588-3322
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 20	800-331-6293
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value	800-758-3605
Pennsylvania Life Insurance Company	PrescribaRx Bronze	800-807-9990
RxAmerica	Advantage Star Plan by RxAmerica	800-429-6686
SilverScript Insurance Company	SilverScript Value	866-552-6106
UnitedHealthcare	AARP MedicareRx Saver	800-745-0922
Universal American	Community CCRx Basic	866-423-5040
Windsor Rx	Windsor Rx	800-811-8482

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also offer other Medicare drug plans not listed. If you join a Medicare drug plan that isn't listed above, you may have to pay a higher monthly premium fee.