



7500 Security Boulevard  
Baltimore, MD 21244-1850

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

HICN <1234>  
November 2011

### Information from Medicare About Drug Plan Cost Changes

This notice is to make sure you're aware of the 2012 premium costs of your Medicare drug plan. **Starting January 1, 2012, your monthly premium cost in <Organization Marketing Name>'s <plan name> will be <future amount>.** Right now, your monthly premium cost in <plan name> is <amount>.

### Here Are Your Options for 2012:

1. **If you do nothing, you'll stay in <plan name> for 2012 and pay <future amount> per month.** Don't send any money now - your plan will contact you about your payments. You'll send your payment to the plan, not Medicare.
2. **You can switch to a different Medicare drug plan.** See the list of Medicare drug plans on the back of this notice. You can join any plan in this list and pay \$0 monthly premium in 2012.

Since you qualify for Extra Help, you can switch to a different Medicare drug plan anytime for coverage starting the first day of the next month.

### What to Do Next

You may want to compare the costs, coverage, and customer service ratings of other Medicare drug plans in your area before you make your decision. If you want to join a different plan, you can do so by calling 1-800-MEDICARE (1-800-633-4227) or by calling that plan directly. TTY users should call 1-877-486-2048. For free help in another language, say "Agent" at any time to talk to a customer service representative.

### Get Help and More Information

For help understanding this notice, please show it to a family member, case manager, or someone else you trust. You can also call your local Office on Aging or your State Health Insurance Assistance Program at <SHIP phone number> for free personalized health insurance counseling, or call 1-800-MEDICARE for help.

NOTE: If you're in a State Pharmacy Assistance Program, let them know about any changes you make so they can coordinate your benefits.

# **Introduction to the Choosers Notice**

## **What Is the Purpose of This Notice?**

This notice lets people know what their plan's premium will be in 2012, and explains that they will have to pay a portion of their plan's premium each month out-of-pocket unless they join a new plan by December 31, 2011.

The notice is printed on both sides of tan paper. The front page is the notice. On the back of the notice is 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 mail this notice to people who qualify for the full premium subsidy and who will be liable for a portion of their plan's premium in 2012. Medicare will not reassign these people to a new Medicare drug plan because they chose to join their current plan on their own, or switched to a different Medicare Prescription Drug Plan from the one Medicare enrolled them in.

## **When Do People Get This Notice?**

The notice will be mailed by early November.

## **What Should People Do Next?**

People should consider their options carefully. If they don't join a new plan by December 31, 2011, they will face a premium liability. People who want more information about Medicare prescription drug coverage can do the following:

- Visit [www.medicare.gov](http://www.medicare.gov) and get personalized drug plan 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 Product No. 11267 when calling Medicare or their SHIP with questions about this notice.

## Medicare Drug Plans in Mississippi for \$0 Premium

You can join any plan in the list below and pay \$0 premium in 2012. If you don't want to stay in your current plan, join one of these other plans by December 31, 2011.

Compare the plans and join one that works for you. You should ask if the plan covers the drugs you take, about what special drug coverage rules may affect your prescriptions (like prior authorization, which means the plan won't cover a specific drug unless the plan approves it first), and what pharmacies you can use.

ORGANIZATION	MEDICARE DRUG PLAN	PHONE
Aetna Medicare	Aetna CVS/pharmacy Prescription Drug Plan	800-832-2640
Bravo Health	BravoRx	800-723-9209
CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	800-735-1459
Community CCRx PDP	Community CCRx Basic	866-423-5040
EnvisionRx Plus	EnvisionRxPlus Silver	866-250-2005
Health Net	Health Net Orange Option 1	800-606-3604
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 20	877-357-1685
Humana Insurance Company	Humana Walmart-Preferred Rx Plan	800-706-0872
SilverScript Insurance Company	CVS Caremark Value	866-552-6106
UniCare	MedicareRx Rewards Standard	877-541-7382
United American Insurance Company	United American - Select	866-524-4169
Windsor Rx	Windsor Rx	888-674-3483

### Get Help Comparing Your Drug Plan Options

For help comparing plans, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For free help in another language, say "Agent" at any time to talk to a customer service representative. You can also call your State Health Insurance Assistance Program for free personalized health insurance counseling at 1-800-948-3090.

If you join a Medicare drug plan that isn't listed above, you may have to pay a higher monthly premium. Be sure to ask about the premium when you're comparing plans.

**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.**