



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

HICN <1234>  
<file creation date>

**Please keep this notice for your records.** You have been getting extra help from Medicare to pay some of your Medicare prescription drug coverage costs. You are getting this notice because starting January 1, 2007, **you will no longer automatically qualify** for this extra help. This means the costs for your Medicare prescription drug coverage may change. **However, because you may still qualify for the extra help, you can apply for that help to continue in 2007.**

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

- qualify for Medicaid; or
- 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.

If in the coming months your situation changes so that you again automatically qualify, we will send you another notice letting you know that you qualify.

### **What should I do to apply for extra help?**

If you have limited income and resources and think you may still qualify for extra help with your prescription drug costs, **you will need to apply and qualify** through Social Security or your State Medical Assistance (Medicaid) office. You can apply for extra help by filling out and mailing the application that is included with this notice.

You should apply as soon as possible to make sure that, if you qualify, you will get extra help starting January 1, 2007.

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

You may qualify if

- your yearly income is less than \$14,700 (single) or \$19,800 (married and living with your spouse), and
- your resources are less than \$11,500 (single) or \$23,000 (married and living with your spouse). Resources include your savings and stocks but not your home or car.

The above amounts are for 2006 and may change in 2007. If you live in Alaska or Hawaii, or pay at least half of the living expenses of dependent family members, income limits are higher.

### **Where can I get more information?**

If you have questions about filling out this application, please visit Social Security at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web or call 1-800-772-1213. TTY users should call 1-800-325-0778.

If you have questions about Medicare prescription drug coverage or the information in this notice, here are some resources:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- “Medicare & You” handbook.
- [www.medicare.gov](http://www.medicare.gov) on the web.
- State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See your “Medicare & You” handbook or call 1-800-MEDICARE for their telephone number.

If you think you received this notice because of an error, call 1-800-MEDICARE.

