

**NOTICE OF APPROVAL FOR EXTRA HELP WITH
MEDICARE PRESCRIPTION DRUG COSTS**

Date Mailed: _____

APPROVAL FOR EXTRA HELP:

On _____, you applied for extra help (low income subsidy) with your Medicare Prescription Drug benefit. Your application has been approved effective _____ for _____% of the premium for a basic plan with your Prescription Drug Plan (PDP).

Your benefit also includes:

Yearly Deductible: _____ Co-pay: For prescriptions up to total cost of \$5,726.25/yr: _____

Co-pay: For prescriptions after total cost of \$5,726.25 _____

Your Prescription Drug Plan (PDP) is responsible for notifying you about meeting your deductible and changes in your co-pays.

The State rules used to approve this application are in _____ of the _____.

In determining your eligibility we used the following:

Family size of: _____ and total income of _____ which included _____

Total resources of _____ which included _____

ENROLLMENT WITH A PRESCRIPTION DRUG PLAN:

To take advantage of this extra help, you must enroll in a Medicare Prescription Drug Plan (PDP) or Medicare health plan with prescription drug coverage, if you are not already in a plan. You cannot get your prescription drugs through Medicare without enrolling with a PDP. For questions about a PDP or assistance with enrolling, you can call 1-800-MEDICARE (1-800-633-4227) or you can also visit www.medicare.gov. If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048. If you do not choose a PDP, Medicare will choose one for you to be sure you get this benefit. You will receive more information about Medicare prescription drug plans.

If you are already enrolled in a PDP, your plan will be notified that you have been approved for the extra help.

Caseworker Name and Phone Number

Address

FOR OFFICE USE ONLY: County Case # _____ Aid Program/Category: LIS
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YOU WILL RECEIVE A NOTICE WHEN IT IS TIME TO REVIEW YOUR CONTINUED ELIGIBILITY FOR BENEFITS. THE NECESSARY FORMS AND INSTRUCTIONS WILL BE SENT TO YOU AT THAT TIME. IT IS IMPORTANT COMPLETE THIS PROCESS TO CONTINUE YOUR EXTRA HELP WITH MEDICARE PRESCRIPTION DRUG BENEFITS.

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING.



**Is there a problem?
You can ask for a hearing.**

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Contact your nearest Legal Aid or Legal Services office, or call **1-866-219-5262** toll free.



Do you understand your rights?

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

If you have additional questions or concerns, contact your caseworker for information, or call the CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. If you live in the Triangle area, call 919-855-4400. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. They are available 24 hours a day, 7 days a week.

Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

Don't forget to report all changes to your county department of social services within 10 calendar days. You must notify the agency of any changes in your family's situation, such as employment, income, savings, property, stocks, bonds and insurance; family members leaving or joining your household; marital status; address and telephone number. Any of these changes could affect your eligibility.

Do you need free legal help?

Free Legal Aid may be available to you. Contact your nearest Legal Aid or Legal Services office, or call toll-free, 1-866-219-5262.