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Paying the right amount for drugs if you have Extra Help

Getting “Extra Help” means Medicare helps pay the monthly premium for your Medicare drug coverage (Part D), and any yearly deductible, coinsurance, and copayments. Some people qualify for Extra Help automatically, and other people have to apply. If you don’t automatically get Extra Help, visit Social Security at ssa.gov/i1020 to apply. How much help you get depends on whether you qualify for full Extra Help or partial Extra Help, which is based on your income and resources.

What should my drugs cost if I get full Extra Help?

If you qualify for full Extra Help in 2023, you’ll pay:

- No more than \$4.15 for a generic drug (or brand-name drug treated as a generic) until you reach the out-of-pocket limit.
- No more than \$10.35 for any other brand-name drug until you reach the out-of-pocket limit.

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

What should my drugs cost if I get partial Extra Help?

If you qualify for partial Extra Help in 2023, you’ll pay no more than 15% of the costs on your plan’s formulary (drug list) until you reach the out-of-pocket limit.

What should my monthly premium and yearly deductible cost if I get Extra Help?

Most people who qualify for Extra Help pay nothing for their monthly premium or yearly deductible. A premium is a monthly amount you pay to a plan for coverage. A deductible is the amount you pay for prescriptions before your plan starts to pay. If you qualify for full Extra Help and pay a premium for your Medicare drug coverage, you can join another plan and pay no premium while you get full Extra Help.

How can I prove I qualify for Extra Help?

Your plan may ask you to prove you get Extra Help, or for information to help them check the level of Extra Help you get.

Documents that prove 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 **orange** notice from Medicare that says your copayment amount will change next year.
- An Extra Help “Notice of Award” from Social Security.
- If you have Supplemental Security Income (SSI), you can use your award letter from Social Security that shows you have SSI.

You can also give your plan any of these documents, as long as they show you were eligible for Medicaid after June 2022:

- A bill from an institution (like a nursing home) or a copy of a state document showing Medicaid paid for your stay for at least a month.
- A printout from your state’s Medicaid system showing you lived in an institution for at least a month.
- A document from your state that shows you have Medicaid and are getting home- and community-based services.

Other documents that confirm you have Medicaid:

- A copy of your Medicaid card (if you have one).
- A printout from a state electronic enrollment file or screen print from your state's Medicaid systems that shows you have Medicaid.
- Any state document from your state that shows you have Medicaid.

What happens after I send my plan proof that I qualify for Extra Help?

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

What happens if I qualify for Extra Help because I have Medicaid, but I can't find proof?

Ask your plan for help. Your plan must contact Medicare so Medicare can give them proof that you qualify, if proof is available. You can expect it to take up to 2 weeks to get proof to your plan. 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.

What if I paid too much for prescription drugs after I qualified for Extra Help?

Medicare's Limited Income Newly Eligible Transition (NET) Program gives immediate prescription drug coverage if you're at the pharmacy counter and qualify for Extra Help, but you aren't enrolled in a Medicare drug plan. This program covers all Part D covered drugs, and there are no network pharmacy restrictions. You'll be charged a reduced copayment based on your level of Extra Help. Also, if you're eligible for this program, it'll cover prescriptions you filled within the last 30 days.

If you paid too much for prescription drugs 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 NET Program at 1-800-783-1307 for more information. TTY users can call 711.

Who should I call if I want to file a complaint?

Call 1-800-MEDICARE (1-800-633-4227) to file a complaint if your Medicare plan doesn't correct a problem, doesn't respond to your request for help, or takes longer than expected to get back to you. TTY users can call 1-877-486-2048.

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 [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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