



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

HICN <1234>  
<file creation date>

**Please keep this notice for your records.** You currently qualify for extra help to help you pay for your Medicare prescription drug coverage. You will continue to qualify for all of 2007. However, the amount of help you are getting to pay for your prescriptions has changed. This means the amount you pay for each prescription is changing. This notice shows the new amounts you will pay for each prescription.

**Now:** You pay <up to \$1 or \$2 for generic drugs and up to \$3 or \$5 for brand name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies. These amounts continue until December 31, 2006.

**Next Year:** Starting January 1, 2007, you will pay <up to \$1 or \$2.15 for generic drugs and up to \$3.10 or \$5.35 for brand name drugs or \$0> for each covered prescription you fill at one of your Medicare drug plan's participating pharmacies.

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

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.

**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.**