

Medicare's Limited Income NET Program

Administered by Humana

P.O. BOX 14310
LEXINGTON KY 40512-4310

May 15, 2018

JOHN DOE
ME1209
CITY STATE ZIP

MEMBER ID: H5555555-00

A Change in Your Prescription Coverage

Dear John Doe:

Please read this notice carefully because your prescription drug coverage is changing.

You now qualify for Medicare's Limited Income Newly Eligible Transition Program (LI NET). This is a special prescription drug program, administered by Humana, which temporarily covers your drug needs until you choose a Medicare Part D plan or you are automatically enrolled into a Medicare Drug plan.

LI NET will help you pay for covered prescriptions you filled from 01/01/2018 until 01/31/2018. Your member identification card is included in this letter. It is proof of your coverage. Please bring it with you to the pharmacy.

Keep in mind ...

- All Medicare-covered prescription drugs are paid for under this program. There are some limits, such as standard limits on the number of pills per prescription and dosages, for safety reasons.
- You'll pay no more than \$3.35 for generic or up to 15% coinsurance for brand name drugs. There is no premium or deductible.

If you already paid for a prescription yourself during this time, you may be eligible for reimbursement. Please see the section titled "**Reimbursement for Out of Pocket Expenses While Enrolled in LI NET**" in the enclosed **Medicare's Limited Income Newly Eligible Transition Program (LI NET) Fact Sheet**.

- Almost all pharmacies participate in the program.

What you should know

As a Medicare Beneficiary you have the right to choose a prescription drug plan and we encourage you to do so. Not all prescription drug plans are the same. It is very important that you choose a plan that will cover your medications. For more information

on Medicare Part D plans available in your area, or if you would like help choosing a prescription drug plan the following resources are available:

- **1-800-MEDICARE (1-800-633-4227)**, 24 hours, 7 days a week. TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**
- <https://www.medicare.gov/find-a-plan/questions/home.aspx>

What Happens Next?

If you don't choose a prescription drug plan by your disenrollment date, you will be automatically enrolled in a plan for prescription drug coverage. This plan will send you a new membership ID card that you can take to your pharmacy. If you have any questions or concerns you can call the plan directly. Keep in mind, if you choose to cancel this plan without enrolling in another prescription drug plan you may be responsible for the full cost of your medication(s).

Find out more

Read the attached factsheet to learn more about Medicare's Limited Income Newly Eligible Transition Program (LI NET).

Call if you need us

For help and information, please call our Customer Care team at **1-800-783-1307**. If you use a TTY, dial **711**. Someone will be available to take your call from 8 am to 8 pm in each U.S. time zone (may be different in Alaska and Hawaii). Our automated phone system may answer your call after 8 pm and on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day. Your pharmacy can call this number if they need assistance processing your prescriptions.

Sincerely,

Medicare's Limited Income NET Enrollment Team

Enclosure: The Limited Income NET Factsheet, Prescription Drug Claim Form

Important Message from Medicare

If you have recently moved or you are planning to move, make sure you update your address with Social Security to ensure you continue to receive important communications from Social Security and Medicare. You can update your address

by calling the Social Security Administration at 1-800-772-1213 or online at ssa.gov/myaccount.

Discrimination is Against the Law

Medicare's Limited Income NET Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Medicare's Limited Income NET Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Medicare's Limited Income NET Program provides:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-783-1307 or if you use a TTY, call 711.

If you believe that Medicare's Limited Income NET Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-800-783-1307 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-783-1307 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-783-1307 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-783-1307 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-783-1307 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-783-1307 (TTY: 711)번으로 전화해 주십시오.

Tagalog (Tagalog - Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-783-1307 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-783-1307 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-783-1307 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-783-1307 (ATS: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-783-1307 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-783-1307 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-783-1307 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-783-1307 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-783-1307 (رقم هاتف الصم والبكم: 711).


日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-783-1307 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-783-1307 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáńílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódílnih 1-800-783-1307 (TTY: 711).

Below is your member identification card for temporary prescription drug coverage in Medicare's Limited Income NET Program. Please take this card to the pharmacy with you.

Medicare's Limited Income NET Program ID Card
Temporary Medicare Prescription Drug Program <i>ran by Humana</i>
RxBIN: 123
RxPCN: 123
RxGroup: 00000
Member ID: H5555555
Member Name: JOHN DOE
For customer service or help submitting a claim, please call Medicare's LINET Program help desk at 1-800-783-1307


This document is available in alternative formats or languages.
Please call Customer Care at the number shown above.

Este documento está disponible en otros formatos o idiomas. Comuníquese con el Departamento de Servicio al Cliente llamando al número indicado arriba.

