

“EXTRA HELP” WITH PRESCRIPTION DRUG COSTS

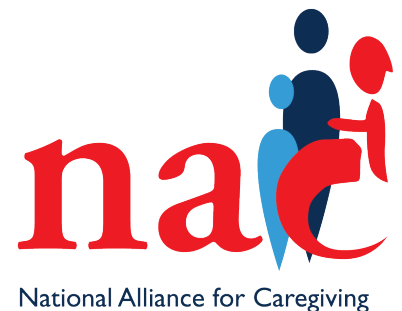
Under Medicare’s Low Income Subsidy

A Webinar for State & Local Coalitions

Developed with grant support from

Eli Lilly and Company

October 1, 2019



Webinar Agenda

Part 1: Subject Matter Presentation

“Medicare Part D Extra Help Low Income Subsidy”

- Guest Presenter – David Santana, CMS Health Insurance Specialist
- Q&A

Part 2: Introduction to NAC’s Virtual LIS Toolkit



CMS
NTP
NATIONAL
TRAINING PROGRAM
MODULE 9

Medicare Part D Extra Help Low Income Subsidy (LIS)

The Parts of Medicare



Part A (Hospital Insurance) helps cover

- Inpatient care in hospitals
- Skilled nursing facility care (SNF)
- Hospice care
- Home health care
- Blood



Part B (Medical Insurance) helps cover

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (DME)
- Many preventive services



Part D (prescription drug coverage) helps cover

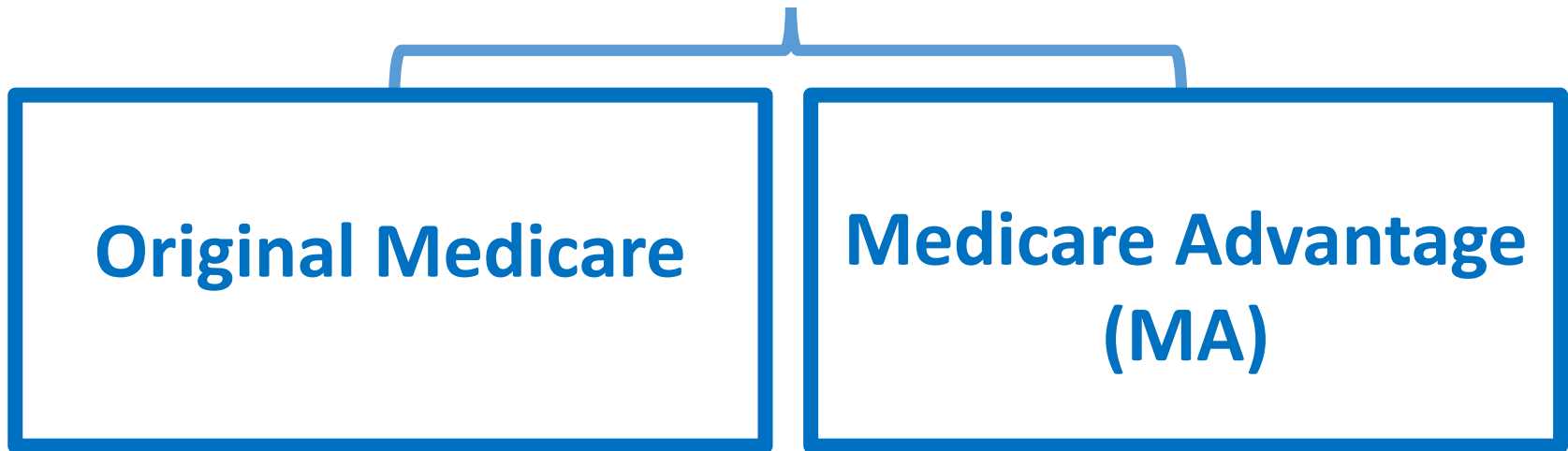
- Cost of prescription drugs



Your Medicare Options

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage.

There are 2 main ways to get Medicare:



Your Medicare Options—Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- If you want drug coverage, you can join a separate Part D plan
- To help pay your out-of-pocket costs in Original Medicare (like your deductible and 20% coinsurance) you can also shop for and buy supplemental coverage

☒ **Part A**



☒ **Part B**



You can add:

☐ **Part D**



You can also add:

☐ **Supplemental coverage**



Some examples include coverage from a Medicare Supplement Insurance (Medigap) policy or coverage from a former employer or union.

Your Medicare Options—Medicare Advantage (MA) (also known as Part C)

- An “all in one” alternative to Original Medicare
- “Bundled” plans include Part A, Part B, and usually Part D
- Plans may have lower out-of-pocket costs than Original Medicare
- Plans may offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, dental, and more

☒ **Part A**



☒ **Part B**



Most plans include:

☒ **Part D**



Some plans also include:

☐ **Lower out-of-pocket costs**

☐ **Extra benefits**



Part D Eligibility Requirements

- You must have Medicare Part A and/or Part B to join a Medicare Prescription Drug Plan (PDP)
- You must have Medicare Part A and Part B to join a Medicare Advantage Plan with drug coverage (MA-PD)
- You must have Medicare Part A and Part B or only Part B to join a Medicare Cost Plan with Part D coverage
- You must live in the plan's service area
 - You can't be incarcerated
 - You can't be unlawfully present in the U.S.
 - You can't live outside the U.S.
- You must join a plan to get drug coverage (in most cases)



Things to Consider Before Joining a Plan

- Important questions to ask
 - Do you have other current health insurance?
 - Is any prescription drug coverage you might have as good as (creditable) Medicare drug coverage?
 - How does your current coverage work with Medicare?
 - Could joining a plan affect your current coverage or family member's coverage?



Medicare Prescription Drug Coverage

- Prescription drug coverage under Part A, Part B, or Part D depends on
 - Medical necessity
 - Health care setting
 - Medical indication (why you need it, like for cancer)
 - Any special drug coverage requirements
 - Like immunosuppressive drugs following a transplant



Medicare Drug Plan Costs

- Costs vary by plan
- In 2019, most people will pay
 - A monthly premium (varies by plan and income)
 - A yearly deductible (if applicable)
 - Copayments or coinsurance
 - Percentage of cost while in the coverage gap, beginning at \$3,820
 - Very little after spending \$5,100 out-of-pocket—automatically get catastrophic coverage



Part D Monthly Premium and Income-Related Monthly Adjustment Amounts (IRMAA)

- Based on income above a certain limit
 - Fewer than 5% pay a higher premium
 - Uses same thresholds used to compute Part B IRMAA
 - Income as reported on your Internal Revenue Service (IRS) tax return from 2 years ago
- Required to pay if you have Part D coverage
 - If you don't pay, you'll be disenrolled
- Extra amount goes to Medicare Trust Fund
 - Not your plan



Monthly Part D Standard Premium—Income-Related Monthly Adjustment Amount (IRMAA) for 2019

Chart is based on your yearly income *in 2017* (for what you pay in 2019)

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay Income-related monthly adjustment amount + your plan premium (YPP)
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$0.00 + YPP
Above \$85,000 up to \$107,000	Above \$170,000 up to \$214,000	N/A see notes section	\$12.40 + YPP *
Above \$107,000 up to \$133,500	Above \$214,000 up to \$267,000	N/A see notes section	\$31.90 + YPP *
Above \$133,500 up to \$160,000	Above \$267,000 up to \$320,000	N/A see notes section	\$51.40 + YPP *
Above \$160,000 and less than \$500,000	Above \$320,000 and less than \$750,000	Above \$85,000 and less than \$415,000	\$70.90 + YPP *
\$500,000 and above	\$750,000 and above	\$415,000 and above	\$77.40 + YPP *



Improved Coverage in the Coverage Gap

Year	What You Pay for Covered Brand-Name Drugs in the Coverage Gap	What You Pay for Covered Generic Drugs in the Coverage Gap
2019	25%	37%
2020	25%	25%



True Out-of-Pocket (TrOOP) Costs

- Expenses that count toward your out-of-pocket threshold of \$5,100 (for 2019)
- After threshold you get catastrophic coverage
 - You pay only small copayment or coinsurance for covered drugs
- Explanation of Benefits (EOB) shows TrOOP costs to date
- TrOOP transfers if you switch plans during the year
- Pharmacists have to tell you if a better price is available without going through your plan



What Payments Count Toward TrOOP?

■ Payments made by

- You (including payments from your MSA, Health Savings Account (HSA), or Flexible Spending Account (FSA) (if applicable))
- Family members or friends
- Qualified State Pharmacy Assistance Programs (SPAPs)
- Medicare's Extra Help (LIS)
- Indian Health Service (IHS)
- Most charities (unless they're established, run, or controlled by the person's current or former employer or union or by a drug manufacturer's Patient Assistance Program (PAP) operating outside Part D)
- Drug manufacturer discounts on brand-name drugs under the Medicare coverage gap program
- AIDS Drug Assistance Programs (ADAPs)



What Payments Don't Count Toward TrOOP?

- The amount paid by a Medicare drug plan
- The monthly drug plan premium
- Drugs purchased outside the U.S. and its territories
- Drugs not covered by the plan
- Drugs excluded from the definition of Part D drug, even in cases where the plan chooses to cover them as a supplemental benefit (like drugs for hair growth)
- Payments made by, or reimbursed to you by
 - Group health plans (GHPs) or retiree coverage
 - Government-funded programs
 - Other third-party groups
 - PAPs operating outside the Part D benefit
 - Other types of insurance
- Over-the-counter drugs or most vitamins (even if they're required by the plan as part of step therapy)

Example—Standard Structure in 2019

Ms. Smith joins a prescription drug plan. Her coverage begins on January 1. She doesn't get Extra Help and uses her Medicare drug plan membership card when she buys prescriptions. She pays a monthly premium throughout the year.

1. Yearly deductible	2. Copayment or coinsurance (what you pay at the pharmacy)	3. Coverage gap	4. Catastrophic coverage
Ms. Smith pays the first \$415 of her drug costs before her plan starts to pay its share.	Ms. Smith pays a copayment, and her plan pays its share for each covered drug until their combined amount (plus the deductible) reaches \$3,820.	Once Ms. Smith and her plan have spent \$3,820 for covered drugs, she's in the coverage gap. In 2019, she gets a 70% discount from the drug manufacturer on covered brand-name prescription drugs that counts as out-of-pocket spending, and helps her get out of the coverage gap. For 2019, she gets an additional 5% coverage from her plan on covered brand-name drugs and 63% coverage on covered generic drugs while in the coverage gap.	Once Ms. Smith has spent \$5,100 out-of-pocket for the year, her coverage gap ends. Now she only pays a small coinsurance or copayment for each covered drug until the end of the year.



What's Extra Help?

- Program to help people pay for Medicare Part D prescription drug costs
 - Also called the low-income subsidy (LIS)
- For people with limited income and resources
 - Lowest income and resources
 - Pay no premiums or deductible and small or no copayments
 - Slightly higher income and resources
 - Pay a reduced deductible and a little more out-of-pocket
- You won't enter the coverage gap or pay late enrollment penalty if you qualify
- If you reach catastrophic coverage limit (\$5,100) and have Extra Help, you'll generally pay nothing for covered drugs for the rest of the year
- Special Enrollment Period (SEP)
 - Changed in 2019 - Once per calendar quarter during first 9 months each year



Qualifying for Extra Help

- You automatically qualify for Extra Help if you get
 - Full Medicaid coverage (sometimes called “full dual”)
 - Supplemental Security Income (SSI)
 - Help from Medicaid paying your Part B premium (Medicare Savings Program; sometimes called “partial dual”)
- All others must apply
 - Online at socialsecurity.gov/benefits/medicare/prescriptionhelp
 - Call Social Security at 1-800-772-1213; TTY: 1-800-325-0778
 - Ask for “Application for Help With Medicare Prescription Drug Plan Costs” (SSA-1020)
 - Contact your State Medical Assistance (Medicaid) office
 - Work with a local organization, like a State Health Insurance Assistance Program (SHIP)



2019 Income and Resource Limits to Apply for Extra Help

- Income limits (based on family size)-2019
 - Below 150% of the federal poverty level (FPL)
 - \$18,735* per year for an individual, or \$25,365* per year for a married couple
- Resource limits-2019
 - Up to \$14,390*, per year for an individual, or \$28,720* per year for a married couple
 - Cash, bank accounts, stocks, bonds, mutual funds and other similar investments
 - Real estate (except your home or properties needed for self-support like a rental property or land used to grow produce for home consumption)
 - Doesn't include \$1,500/person for burial expenses, life insurance policies, personal possessions like your car, jewelry or furniture

***Higher amounts for Alaska and Hawaii**



Regional Low-income Subsidy Benchmark and De Minimis Amount

- Those that qualify for full Extra Help won't have to pay a monthly plan premium if they select a plan at or below the regional low-income subsidy benchmark
- If they enroll in a plan that has a premium above the benchmark amount, they may have to pay a portion of the monthly premium
- Plans can choose to waive a “de minimis” premium amount above the regional benchmark
- 2019 de minimis amount is \$2
- Regional benchmark amounts and de minimis amounts are updated each year



Automatic Enrollment

People with Medicare and...	Basis for Qualifying	Data Source
Full Medicaid benefits (full duals)	Automatically qualify	State Medical Assistance (Medicaid) office

- Automatic enrollment in Part D drug plan (unless already in a drug plan)
- Letter on YELLOW paper
- Coverage starts first month eligible for Medicare and Medicaid



Facilitated Enrollment

- Facilitated enrollment in Part D drug plan
- Letter on GREEN paper
 - 2 versions (full or partial Extra Help)
- Coverage starts 2 months after CMS gets notice of eligibility

People with Medicare and...	Basis for Qualifying	Data Source
Medicare Savings Program	Automatically qualify	State Medical Assistance (Medicaid) office
Supplemental Security Income (SSI) benefits	Automatically qualify	Social Security Administration (SSA)
Limited income and resources	Must apply and qualify	SSA (most) or State Medical Assistance (Medicaid) office



2019 Extra Help Copayments

Extra Help Copayments	2019 Generic/Brand-name
Institutionalized (Level 3)	\$0
Receiving Home and Community-Based Services (under waiver only) (Level 3)	\$0
Up to or at 100% federal poverty level (FPL) (Level 2)	\$1.25/\$3.80
Full Extra Help (Level 1)	\$3.40/\$8.50
Partial Extra Help (deductible/cost-sharing) (Level 4)	\$85.00/15%



Medicare's Limited Income Newly Eligible Transition (LI NET) Program

- Designed to remove gaps in coverage for low-income individuals moving to Part D coverage
- Gives temporary drug coverage if you have Extra Help and no Medicare drug plan
- Coverage may be immediate, current, and/or retroactive
- Medicare's Limited Income Newly Eligible Transition (LI NET) Program
 - Has an open formulary
 - Doesn't require prior authorization
 - Includes standard safety and abuse edits to protect you from refilling too soon or therapy duplication
 - Has no network pharmacy restrictions
- Continuing education credit webinars available
 - Run by Humana



How Do You Access Medicare's Limited Income Newly Eligible Transition (LI NET) Program?

Auto-enrollment by CMS

- CMS auto-enrolls you if you have Medicare and get either full Medicaid coverage or SSI benefits.

Point-of-Sale (POS) Use

- You may use Medicare's LI NET program at the pharmacy counter.

Submit a Receipt

- You may submit pharmacy receipts (not just a cashier's receipt) for prescriptions already paid for out-of-pocket during eligible periods.



Reassignment Notices

- People reassigned notified by CMS early November (BLUE paper)
 - 3 versions of notice
 - People whose plans are leaving the Medicare Program
 - CMS Product No. 11208 (Medicare Advantage Plan with prescription drug coverage (MA-PD))
 - CMS Product No. 11443 (MA)
 - People whose premiums are increasing
 - CMS Product No. 11209



Changes in Qualifying for Extra Help

- Medicare reestablishes eligibility each fall for next year if
 - You no longer automatically qualify
 - Medicare sends “Loss-of-Deemed-Status” notice in September (GRAY paper)
 - Includes Social Security application to reapply
 - Your status changes and you again automatically qualify
 - Medicare sends “Deemed Status” notice (PURPLE paper)
 - You automatically qualify, but your copayment changed
 - Medicare sends “Change in Extra Help Co-payment” notice in early October (ORANGE paper)



Redetermination Process

- People who applied and qualified for Extra Help
 - 4 types of redetermination processes
 - ❑ Initial
 - ❑ Cyclical or recurring
 - ❑ Subsidy-changing event (SCE)
 - ❑ Other event (change other than SCE)



Extra Help, Dual and Partial Dual Eligible Special Enrollment Period (SEP) Limitations

- Previously, the SEP for those eligible for Extra Help (also known as LIS), dual eligible, and partial duals was ongoing
- As of January 1, 2019
 - Can only change plans one time per calendar quarter in the first 3 quarters of the year (January–March, April–June, and July–September)
 - Annual OEP can be used in the fourth quarter
 - These individuals will have another 3-month SEP following
 - A gain, loss, or change to Medicaid or Extra Help status
 - Notification of a CMS or state-initiated enrollment action
 - Extra Help, dual and partial dual eligible individuals who are determined to be “potentially at-risk” or “at-risk” for misuse of frequently abused drugs won’t be able to use this SEP (1x per calendar quarter SEP) to change plans



Extra Help and Dual Eligible Special Enrollment Period (SEP) Limitations (continued)

- Comprehensive Addiction and Recovery Act (CARA) established drug management programs
- Individuals who have been notified that they're "potentially at-risk" or "at-risk" under a drug management program can't use the Extra Help and Dual Eligible SEP
 - Limitation lasts until the "at-risk" determination expires or is terminated by the plan
 - "At-risk" status can be appealed to plan
 - Decision based on opioid use, dosage, and number of providers used
- Other enrollment periods are still available—OEP, other SEPs

Medicare Prescription Drug Coverage Resource Guide

Centers for Medicare & Medicaid Services (CMS)	Call 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048. Medicare.gov CMS.gov
Social Security	Call 1-800-772-1213; TTY: 1-800-325-0778. socialsecurity.gov
State Health Insurance Assistance Programs and State Insurance Departments	shiptacenter.org
Limited Income NET Program (Humana)	Call 1-800-783-1307; TTY 1-877-801-0369 Humana.com/provider/pharmacy-resources/medicare-limited-income-net-program#app

Medicare Prescription Drug Coverage Resource Guide—Medicare Products

Prescription Drug Benefit Manual	CMS.gov/Medicare/prescription-drug-coverage/prescriptiondrugcovcontra/partdmanuals.html
Prescription Drug Plan Enrollment and Disenrollment Guidance for CY 2019	CMS.gov/Medicare/eligibility-and-enrollment/medicarepresdrugeligenrol/index.html
Medicare Premiums: Rules for Higher-Income Beneficiaries	socialsecurity.gov/pubs/EN-05-10536.pdf
2018/2019 Guide to Mailings From CMS, Social Security, and Plans	CMS.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf
National Training Program – Partner Job Aids	CMSnationaltrainingprogram.cms.gov/?q=global-search&combine=job%20aids
“Your Guide to Medicare Prescription Drug Coverage”	Medicare.gov/Pubs/pdf/11109-Your-Guide-to-Medicare-Prescrip-Drug-Cov.pdf
“Things to Think About When You Compare Medicare Drug Coverage”	Medicare.gov/Pubs/pdf/11163-Compare-Medicare-Drug-Coverage.pdf

Medicare Prescription Drug Coverage

Resource Guide—Medicare Products (continued)

“4 Ways to Help Lower Your Medicare Prescription Drug Costs”	Medicare.gov/Pubs/pdf/11417-4-Ways-Lower-Prescription-Costs.pdf
“How Medicare Drug Plans Use Pharmacies, Formularies, and Common Coverage Rules”	Medicare.gov/pubs/pdf/11136-Pharmacies-Formularies-Coverage-Rules.pdf
“Medicare Drug Coverage Under Medicare Part A, Part B, Part C & Part D”	CMS.gov/outreach-and-education/outreach/partnerships/downloads/11315-p.pdf
“Handling Medicare Part D Complaints”	CMS.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/11259-P.pdf
“How Retiree Coverage Works With Medicare Prescription Drug Coverage”	CMS.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/11403-P.pdf

Medicare Prescription Drug Coverage Resource Guide—Ordering Medicare Products

“LI NET for People at Pharmacy Counter”	CMS.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/11328-P.pdf
“LI NET for People With Retroactive Medicaid & SSI Eligibility”	CMS.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/11401-P.pdf

To access other helpful products:

- View or download at [Medicare.gov/Publications](https://www.Medicare.gov/Publications)
- Order multiple copies (partners only) at [Productordering.cms.hhs.gov](https://www.Productordering.cms.hhs.gov). You must register your organization.



Appendix: Enrollment Periods

Enrollment Period	Occurs From	Coverage Starts	Notes
Open Enrollment Period (OEP)	October 15 – December 7	January 1	Plan marketing begins on October 1
Non-Renewal Special Enrollment Period (SEP)	December 8 – end of February	1 st of the month after request is made	If no election made by December 31, individual will be in Original Medicare and lose Part D
Medicare Advantage Open Enrollment Period (MA OEP)	January 1 – March 31, or first 3 months after initial Medicare entitlement	1 st of the month after request is made	Must have MA. Can switch to any MA Plan (except Medical Savings Account (MSA)), or go to Original Medicare. If go to Original Medicare, have SEP to enroll in Part D plan. Can add or drop Part D when switching plans.



Appendix: Enrollment Periods (continued)

Enrollment Period	Occurs From	Coverage Starts	Notes
5-star SEP	For enrollments effective during the year in which that plan has the 5-star rating	1 st of the month after request is made	Only enroll into a 5-star plan. Part D coverage not guaranteed.
SEP for Dual Eligible/Extra Help Eligible Individuals	One use per calendar quarter during the first 9 months of the year	1 st of the month after request is made	Can't be used by "at-risk" or "potentially at-risk" beneficiaries
Other SEPs	Varies based on situation, like residence changes, Special Needs status, etc.	Varies	



CMS National Training Program (NTP)

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NAC's Virtual Toolkit on Medicare's Low Income Subsidy

**Developed by the National Alliance for Caregiving
with grant support from Eli Lilly & Company**

Information on Financial Help among Most Requested Caregiver Support Services

Figure 75: Use of Services

Q45. In your experience as a caregiver, have you ever...?

Base: Caregivers of Recipient Age
18+ (n=1,248)

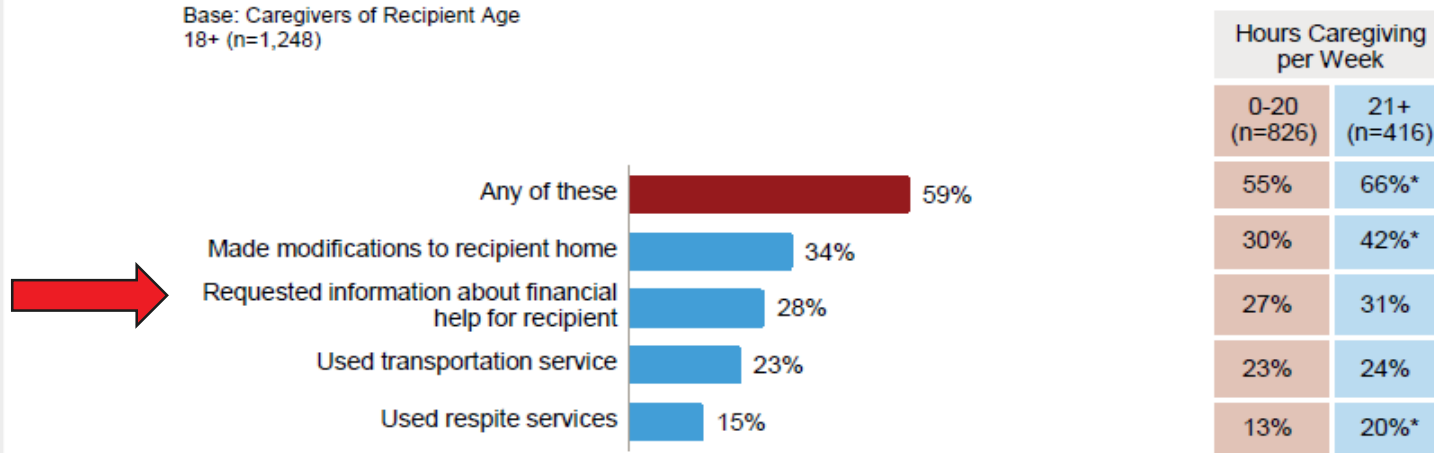


Figure 76: Use of Services by Duration of Care

	Less than a Year (n=596) A	1 Year or Longer (n=649) B
Had modifications made to recipient's home	26%	42% ^A
Requested information about financial help	20%	35% ^A
Used transportation service	19%	27% ^A
Used respite services	14%	16%

Full report at <https://www.caregiving.org/caregiving2015/>

Introducing Caregivers to Medicare LIS



A Virtual Toolkit for Caregiving Advocates

Pocket Information Card



EXTRAHELP
MEDICARE LOW-INCOME SUBSIDY

Does Your Family Need “Extra Help” with Prescription Drug Costs?

Medicare Part D enrollees with limited income and resources can apply for the Low-Income Subsidy to help pay related premiums, deductible and copayments. To apply, a beneficiary must:

- 1 Gather records about income and resources (for both beneficiary and spouse, if married and living together).
- 2 Complete the application (Form SSA-1020):
 - at www.socialsecurity.gov/extrahelp;
 - by calling Social Security 1.800.772.1213 (or TTY 1.800.325.0778);
 - or by visiting the local Social Security office.
- 3 Once qualified, join an approved prescription drug plan.

More information about the Medicare
Part D Low-Income Subsidy
(or “Extra Help”) is available at:

www.medicare.gov

1.800.MEDICARE

(or TTY 1.877.486.2048)



EXTRAHELP
MEDICARE LOW-INCOME SUBSIDY

A Virtual “Extra Help” Toolkit
developed by the National Alliance For Caregiving with
grant support from Eli Lilly and Company
is also available at: www.caregiving.org/ExtraHelp4Rx.





FACT SHEET

“EXTRA HELP” WITH PRESCRIPTION DRUG COSTS THROUGH MEDICARE PART D’S LOW-INCOME SUBSIDY

Medicare’s Part D Low Income Subsidy (also known as LIS or “Extra Help”) assists eligible Medicare Part D beneficiaries with out-of-pocket prescription drug costs.

What Does Extra Help Cover?

The Low Income Subsidy helps beneficiaries pay for annual deductibles, monthly premiums and co-payments or coinsurance associated with Medicare Part D prescription drug plans.

Who Is Eligible for Extra Help?

The subsidy is available to Medicare beneficiaries with limited income and resources. To qualify, beneficiaries must:

1. Enroll in a Medicare Part D prescription drug plan;
2. Reside in the contiguous U.S., Alaska or Hawaii (residents of U.S. territories are not eligible); and
3. Satisfy the following income AND resource limits:

Income and Resource Limits for Extra Help (as of 2019)		
	Individuals	Married Couples (living together)
INCOME	< \$18,210	< \$24,890
RESOURCES	< \$9,060 for full subsidy; < \$14,100 for partial subsidy	< \$14,340 for full subsidy; < 28,150 for partial subsidy

What types of resources are considered for LIS eligibility?

Resources include bank accounts, stocks and bonds. Note: the value of any home, car or life insurance policy are not included when determining LIS eligibility.

How much are eligible beneficiaries’ out-of-pocket costs for prescription drugs?

	Brand Name	Generic (and certain brand name)
FULL SUBSIDY	\$8.50	\$3.50
PARTIAL SUBSIDY	No more than 15% of the drug cost on the plan’s formulary or the plan copay, whichever is less, up to the plan’s out-of-pocket maximum	

How much are plan premiums and deductibles?

Beneficiaries who qualify for LIS pay nothing, or a reduced amount, for monthly premiums and annual deductibles.

DEVELOPED BY THE NATIONAL ALLIANCE FOR CAREGIVING WITH GRANT SUPPORT FROM ELI LILLY AND COMPANY



How do beneficiaries apply for Extra Help?

Beneficiaries must complete the Social Security Administration’s Application for Extra Help with Medicare’s Prescription Drug Plan Costs (SSA-1020) and apply:

- (i) online at: www.socialsecurity.gov/extrahelp;
- (ii) by calling 1.800.772.1213 (TTY 1.800.325.0778); or
- (iii) at their local Social Security offices.

When is the plan enrollment period for LIS recipients?

Effective 2019, LIS recipients may enroll or disenroll in Medicare or Part D plans only once per quarter. Changes in enrollment during the first three quarters of the year become effective on the first of the month in which the change was made. During the fourth quarter, recipients wishing to enroll or change plans must do so during the Annual Enrollment Period (October 15-December 7).

An “Extra Help” Fact Sheet

The Fact Sheet includes additional information about:

- Coverage;
- Eligibility;
- Applying for LIS; and
- LIS enrollment period.

Complete Contents of Virtual Toolkit

- Pocket Information Card
- Fact Sheet
- Webinar Recording
- LIS Briefing Paper
- #ExtraHelp4RX
(Social Media Templates)
- Links to Additional Resources



Find NAC's Virtual Toolkit on Medicare's LIS at:

www.caregiving.org/ExtraHelp4Rx.

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Thank you!

National Alliance for Caregiving

Karen Lindsey Marshall, J.D.
Director of Advocacy & Engagement



karen@caregiving.org



+001 202-918-1019



www.caregiving.org



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