



## Guide to consumer mailings from CMS, Social Security, & plans in 2023/2024

(All notices available online are hyperlinked, but note that current year versions for many notices aren't posted until fall.

You can also visit [Medicare.gov/basics/forms-publications-mailings](https://www.medicare.gov/basics/forms-publications-mailings) to view this information.)

Mail date	Sender	Mailing/color	Main message	Consumer action
Mid-May	Social Security	Social Security LIS and MSP Outreach Notice (SSA Pub. Forms L447 & L448)	Informs people who may be eligible for Medicare Savings Programs (MSPs) about MSPs and the Extra Help available for Medicare prescription drug coverage.	<ul style="list-style-type: none"> <li>If you think you qualify for Extra Help, you should apply.</li> <li>Apply for Extra Help through Social Security.</li> </ul>
Early September	Social Security	Social Security Notice to Review Eligibility for Extra Help (SSA Form No. 1026)	Informs people selected for review that they should find out if they continue to qualify for Extra Help. Includes an "Income and Resources Summary" sheet.	Return the enclosed form in the enclosed postage-paid envelope within 30 days or your Extra Help may end.
September	Plans	Plan Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) <a href="#">Model ANOC</a>	By <b>September 30</b> , people will get a notice from their current plan outlining 2024 formulary, benefit design, and/or premium changes.	Review changes to decide if the plan will continue to meet your needs next year.
September	Plans	Plan LIS Rider <a href="#">Model LIS Rider</a>	By <b>September 30</b> , all people who qualify for Extra Help will get an LIS rider from their plan telling them how much help they'll get next year towards their Part D premium, deductible, and copayments.	Keep this with your plan's "Evidence of Coverage" (EOC), so you can refer to it if you have questions about your costs.
September	CMS	Loss of Deemed Status Notice (Product No. <a href="#">11198</a> ) (GREY Notice)	Informs people that they no longer automatically qualify for Extra Help as of January 1, 2024.	Apply for Extra Help through Social Security (application and postage-paid envelope enclosed) or a State Medical Assistance (Medicaid) office.
September	CMS	Partial LIS Promo Notice (Product No. <a href="#">12179</a> )	Notifies people that they qualify for more help paying their Medicare drug coverage costs starting January 2024.	<ul style="list-style-type: none"> <li>You don't need to do anything to get the additional help with your Medicare costs.</li> <li>If there are changes to your Medicare drug plan or Extra Help coverage for 2024, Medicare will send another letter.</li> </ul>
Late September	CMS	<a href="#">"Medicare &amp; You" Handbook</a>	Mailed to all Medicare households each fall. Includes a summary of Medicare benefits, rights, and protections; lists of available health and drug plans; and answers to frequently asked questions about Medicare.	Keep the handbook as a reference guide. You can also download a copy online at <a href="https://www.medicare.gov">Medicare.gov</a> .
Early October	Employer /union plans	<a href="#">Notice of Creditable Coverage</a>	By <b>October 15</b> , employer/union and other group health plans must tell all Medicare-eligible enrollees whether or not their drug coverage is creditable.	Keep the notice.

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October	Plans	Plan Marketing Materials	On October 1, plans begin sending marketing materials for next year.	Use this information to compare options for next year.
October	Plans	Plan Non-Renewal Notice	By October 2, people whose current plan is leaving the Medicare Program next year will get notices from plans.	Search for a new plan for coverage next year.
October	CMS	Change in Extra Help Co-payment Notice (Product No. <a href="#">11199</a> ) (ORANGE Notice)	Informs people that they still automatically qualify for Extra Help, but their copayment levels will change starting January 1, 2024.	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>No action, unless you believe an error has occurred.</li> </ul>
Late October *This notice will only be mailed if poor-performing plans are identified for the upcoming plan year.	CMS	Consistent Poor Performer Notice (Product No. <a href="#">11627</a> )	Informs people that they're enrolled in a plan that's been a consistent poor performer (i.e. fewer than 3 stars for 3 or more consecutive years) and encourages them to explore other plan options in their area.	<ul style="list-style-type: none"> <li>Visit <a href="https://www.Medicare.gov/plan-compare">Medicare.gov/plan-compare</a> to find and compare plans in your area.</li> <li>You can change plans during the Open Enrollment Period (October 15-December 7). Call 1-800-MEDICARE (1-800-633-4227) to change plans outside of this period. TTY users can call 1-877-486-2048.</li> </ul>
November	CMS	Reassignment Notice – Plan Termination (Product No. <a href="#">11208</a> ) (BLUE Notice)	Informs people that their current Medicare drug plan is leaving the Medicare Program and they'll be reassigned to a new Medicare drug plan effective January 1, 2024, unless they join a new plan on their own by December 31, 2023.	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>Compare plans to see which plan meets your needs.</li> <li>Change plans, if you choose, in early December.</li> <li>For more information, call 1-800-MEDICARE, check "Medicare &amp; You," visit <a href="https://www.Medicare.gov">Medicare.gov</a>, or contact your State Health Insurance Assistance Program (SHIP) for free, personalized help.</li> </ul>
		Reassignment Notice – Premium Increase (Product No. <a href="#">11209</a> ) (BLUE Notice)	Informs non-chooser LIS members that because their current Medicare drug plan premium is increasing above the regional LIS premium subsidy amount, they'll be reassigned to a new Medicare drug plan effective January 1, 2024, unless they join a new plan on their own by December 31, 2023.	
		MA Reassignment Notice (Product No. <a href="#">11443</a> ) (BLUE Notice)	Informs people who get Extra Help and whose current Medicare Advantage (MA) plan is leaving the Medicare Program that they'll be reassigned to a Medicare drug plan effective January 1, 2024, if they don't join a new MA or Medicare drug plan on their own by December 31, 2023.	

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Early November	CMS	LIS Choosers Notice (Product No. <a href="#">11267</a> ) (TAN Notice)	Informs people who get Extra Help and chose a Medicare drug plan on their own that their plan's premium is changing, and they'll have to pay a different premium next year unless they join a new \$0 premium plan.	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>Consider looking for a new plan for next year with a premium below the regional low income subsidy benchmark. (Notice includes list of local plans with no premium liability.)</li> <li>Change plans in early December if you choose.</li> </ul>
November	Social Security	Social Security Part B & Part D Income- Related Adjustment Amount Notice	Tells higher-income consumers about income-related Part B and Part D premium adjustments. Includes the information in the December Benefit Rate Change (BRI) notices (see below.)	Keep the notice.
November	Social Security	Social Security LIS Redetermination Decision Notice	Social Security begins mailing notices letting people know if they still qualify for Extra Help in the coming year.	<ul style="list-style-type: none"> <li>Keep the notice</li> <li>If you believe the decision is incorrect, you have the right to appeal it. The notice explains how to appeal.</li> <li>If you have questions, call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.</li> </ul>
Late November	Social Security	Social Security LIS and MSP Outreach Notice (Form SSA-L441)	Informs people who may be eligible for Qualified Disabled Working Individual (QDWI) about the Medicare Savings Programs and Extra Help available for Medicare prescription drug coverage.	<ul style="list-style-type: none"> <li>If you think you qualify for Extra Help, you should apply.</li> <li>For more information about Extra Help or if you want to apply, call Social Security.</li> </ul>
December	Social Security	Social Security Benefit Rate Change (BRI) Notice	Tells people about benefit payment changes for the coming year due to cost of living increases, variations in the premiums that are withheld, etc.	Keep the notice.

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November	CMS	<b>Reassign Formulary Notice</b> (Product No. <a href="#">11475</a> & Product No. <a href="#">11496</a> ) (BLUE Notice)	For people with Extra Help who are being re-assigned, this notice lists the Part D drugs they took in 2023, and explains which of those drugs their new Medicare drug plan will cover in 2024.	<ul style="list-style-type: none"> <li>Consider whether this plan is right for you, or whether another plan might cover more of your drugs.</li> <li>Compare this Medicare drug plan with others in your area.</li> <li>For more information, call 1-800-MEDICARE (1-800-633-4227), check “Medicare &amp; You,” visit <a href="#">Medicare.gov</a>, or contact your SHIP for free, personalized help. TTY users can call 1-877-486-2048.</li> </ul>
Daily-ongoing	CMS	<b>Deemed Status Notice</b> (Product No. <a href="#">11166</a> ) (PURPLE Notice beginning in Sept/Oct)	<p>Informs people that they’ll automatically get Extra Help, including people:</p> <ol style="list-style-type: none"> <li>With Medicare and Medicaid</li> <li>Who belong to a Medicare Savings Program</li> <li>Who get Supplemental Security Income (SSI) benefits</li> </ol>	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>No need to apply to get Extra Help.</li> <li>Compare Medicare drug plans to find one that meets your needs.</li> <li>For more information, call 1-800-MEDICARE, check “Medicare &amp; You,” visit <a href="#">Medicare.gov</a>, or contact your SHIP for free, personalized help.</li> </ul>
Daily-ongoing	CMS	<b>Auto-Enrollment - Retroactive ONLY Notice</b> (Product No. <a href="#">12053</a> )	Tells people they automatically qualify for Extra Help for a <b>retroactive period</b> and informs them that Medicare will reimburse any covered prescription costs they paid during the retroactive period.	Call Medicare’s Limited Income Newly Eligible Transition (NET) Program at 1-800-783-1307 to find out how you can get reimbursed for part of your out-of-pocket costs for any covered prescriptions during the retroactive period (minus any copayments that apply.)
Daily-ongoing	CMS	<b>Auto-Enrollment Notice</b> (Product No. <a href="#">11154</a> ) (YELLOW Notice)	Sent to people who automatically qualify for Extra Help because they qualify for Medicare and Medicaid and currently get their benefits through Original Medicare. Tells people Medicare will automatically enroll them in a drug plan unless they decline coverage or enroll in a plan themselves.	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>No need to apply to get the Extra Help.</li> <li>If you don’t join a plan, Medicare will enroll you in one.</li> <li>Compare Medicare drug plans to find one that meets your needs.</li> <li>For more information, call 1-800-MEDICARE (1-800-633-4227), check “Medicare &amp; You,” visit <a href="#">Medicare.gov</a>, or contact your SHIP for free, personalized help. TTY users can call 1-877-486-2048.</li> </ul>

As of June 2023. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf>

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Daily-ongoing	CMS	<b>Auto-Enrollment - Retroactive Notice</b> (Product No. <a href="#">11429</a> ) (YELLOW Notice)	Sent to people who automatically qualify for Extra Help <b>with a retroactive effective date</b> because they either 1) qualify for Medicare & Medicaid or 2) get Supplemental Security Income (SSI). Tells people Medicare will automatically enroll them in a drug plan unless they decline coverage or enroll in a plan themselves.	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>No need to apply to get Extra Help.</li> <li>If you don't join a plan, Medicare will enroll you in one.</li> <li>Compare Medicare drug plans to find one that meets your needs.</li> <li>For more information, call 1-800-MEDICARE, check "Medicare &amp; You," visit <a href="#">Medicare.gov</a>, or contact your SHIP for free, personalized help.</li> </ul>
Daily-ongoing	CMS	<b>Facilitated Enrollment Notice</b> (Product No. <a href="#">11186</a> & Product No. <a href="#">11191</a> ) (GREEN Notice)  <b>Note:</b> Product No. 11191 will no longer be mailed after 9/30/23.	Sent to people who fall into one of these categories: <ol style="list-style-type: none"> <li>Belong to a Medicare Savings Program</li> <li>Get Supplemental Security Income (SSI)</li> <li>Applied and qualified for Extra Help</li> </ol> Tells people Medicare will automatically enroll them in a drug plan unless they decline coverage or enroll in a plan themselves.	<ul style="list-style-type: none"> <li>Keep the notice.</li> <li>If you don't join a plan, Medicare will enroll you in one.</li> <li>Compare Medicare drug plans to find one that meets your needs.</li> <li>For more information, call 1-800-MEDICARE, check "Medicare &amp; You," visit <a href="#">Medicare.gov</a>, or contact your SHIP for free, personalized help</li> </ul>
Daily-ongoing	CMS	<b>FBDE RDS Notice</b> (Product No. <a href="#">11334</a> )	Informs people with Medicare and Medicaid who have qualifying creditable drug coverage through an employer or union that they: <ul style="list-style-type: none"> <li>Automatically qualify for Extra Help.</li> <li>Can join a Medicare drug plan at no cost to them (if they want to).</li> </ul>	Contact your employer or union plan to learn how joining a Medicare drug plan may affect your current coverage.
Daily-ongoing	Social Security	<a href="#">Initial IRMAA Determination Notice</a>	Sent to people with Medicare Part B and/ or Part D when Social Security determines whether any IRMAA amounts apply. Notice includes information about Social Security's determination and appeal rights.	Keep the notice.

As of June 2023. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf>

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](#), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.