

Helpful Medicare Part D Resources

Area Agency on Aging/State Health Insurance Assistance Program
(SHIP)

1-800-551-3191

SHIP counselors located in Montana will assist you

Medicare

1-800-633-4227

Website: www.medicare.gov

Social Security Administration and Extra Help

1-800-772-1213

Website: www.socialsecurity.gov

ADA—Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodations in order to participate in Big Sky Rx, should contact us:

1-866-369-1233 In-State Toll Free
1-406-444-1233 Out-of-State and Helena Area
MT Relay Service 711

or

Website: www.bigskyrx.mt.gov

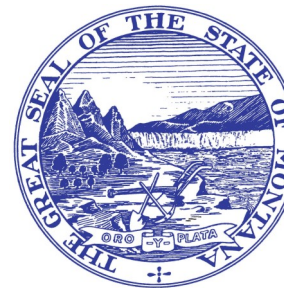
or

Email: BigSkyRx@mt.gov



**A State of Montana program
that helps pay the monthly premiums
for eligible Montanans with
Medicare Part D prescription
drug coverage**

1-866-369-1233



Need Help Paying Medicare Part D Premiums?

What is Medicare Part D?

Beginning in 2006, the Medicare Part D option became available to anyone with Medicare. Medicare Part D is prescription drug insurance provided by private insurance companies approved by Medicare. Each insurance plan may vary in which prescription drugs are covered, how much you have to pay (monthly premium, co-pay, deductible, donut hole), and the pharmacies you can use. **For questions about Medicare Part D call:**

Medicare 1-800-633-4227

or

SHIP 1-800-551-3191

What is Big Sky Rx?

Big Sky Rx is a state of Montana program administered by the Department of Public Health and Human Services. Big Sky Rx helps pay monthly Medicare Part D insurance premiums up to \$38.90 for qualified Montana residents. Anyone on Medicare can apply for Big Sky Rx.

For questions about Big Sky Rx call:

1-866-369-1233 In-State Toll Free

or

1-406-444-1233 Out-of-State and Helena Area

How do I Qualify for Big Sky Rx?

- Fill out the enclosed application for Big Sky Rx even if you are not yet enrolled with a Medicare Part D insurance plan.
- Be a Montana resident
- Be on Medicare
- Have an annual family income less than about \$27,180 (single) or about \$36,620 (married and living together)

You should apply even if you think your income is too high.

Some income is not counted when determining eligibility.

- Not received Medicaid in the last 12 months (including a Medicare Savings Plan)
- Not receiving 100% Social Security Extra Help

Send the completed Big Sky Rx application to:

**Big Sky Rx
PO Box 202915
Helena MT 59620-2915**

or

Fax 1-406-444-3846

For additional applications call:

1-866-369-1233 In-State Toll Free

1-406-444-1233 Out-of-State and Helena Area

MT Relay Service 711

or

Print from Website: www.bigskyrx.mt.gov

or

Email: BigSkyRx@mt.gov

Once you are qualified, you must:

- Be enrolled in a Medicare Part D insurance plan
- Have applied for Social Security Extra Help if you meet their requirements. Big Sky Rx will notify you if you need to fill out the Social Security Extra Help application.

Once you are enrolled in a Medicare Part D plan you will need to notify us so we can complete your enrollment with Big Sky Rx.

Special Enrollment Period

Big Sky Rx is a State Pharmaceutical Assistance Program (SPAP). Medicare allows people who qualify for an SPAP to enroll in a Medicare Part D insurance plan at any time during the year. Special enrollment allows you to enroll or change plans one time during the year outside of the regular open enrollment of October 15 - December 7. Therefore, even if you have NOT signed up for a Medicare Part D plan, send in your Big Sky Rx application to see if you qualify.

If you qualify, the letter we send you is proof for your insurance carrier that you are allowed the special enrollment.