

MUST-KNOW FACTS ABOUT THE NEW MEDICARE DRUG PROGRAM

Since January 1, 2006, Medicare has provided a prescription drug benefit to beneficiaries who have enrolled in the program known as Medicare Part D. The good news is that the new benefit may save you a lot of money on prescription medications. The challenge can be finding the right plan. In fact, a recent survey by the Kaiser Family Foundation found that only 34% of adults 65 years or older said they understood the program somewhat or very well.

The confusion is certainly understandable. In most states, seniors can choose from more than 40 Medicare drug plans that often differ significantly from one another in terms of costs and features. For example, some plans just cover prescriptions while others are managed-care plans with prescription coverage. And unlike Medicare Part B, where everyone pays the same monthly premium, the monthly payment for the drug plans can vary widely—anywhere from less than \$10 per month to more than \$100. Other differences include whether there is an annual deductible and even what you pay for a given drug at the pharmacy counter. Also, the standard drug plan has a gap in coverage where you pay for all drugs yourself, known as the “doughnut hole.”

So what should you know before choosing a Medicare prescription drug plan? The Kaiser Foundation, AARP and other senior advocates say it’s important to note the following:

- **Different plans will cover different drugs.** All plans are required to cover at least two drugs within each category of drugs for a medical condition, but which drugs they select will vary. So the essential first step is to make a list of the medications you currently take and compare the plans to see which ones cover them.
- **If you take brand-name drugs, you may also want to contact the plans you are considering to find out whether they have any restrictions on those drugs.** To control costs, insurers may limit the length of a prescription, require you to try the least expensive drug in a category first, or require your doctor to get permission to

prescribe certain drugs.

- **If none of the plans seems to cover all of the drugs you take, talk to your doctor.**

Often there are similar, equally effective drugs that may be covered.



- **Make sure your favorite pharmacy is among a plan’s participating providers.** Your prescriptions will be more expensive if you go to a non-participating pharmacy.
- **If you live in more than one state during the year, consider the convenience of one of the national plans.** Or find a plan that offers mail-order services—but make sure they are willing to send your medications to a second address.
- **While it may seem easier to choose the same plan for you and your spouse, there’s no real benefit to doing so.** In fact, unless you take all the same medications, it’s best to evaluate your choices independently so you each get your own optimal plan.
- **Since the launch of the new program, there have been numerous problems with verifying participants’ eligibility.** So be prepared and bring your plan’s identification card the first time you visit a pharmacy. If you haven’t received it yet, bring an acknowledgement letter or some other written documentation from the plan provider, as well as your Medicare or Medicaid card.

If you need help making the decision, you can call **1-800-MEDICARE (800-633-4227)**. The Website, www.medicare.gov, also has tools that will help you determine the right plan for you.

Finally, remember that you don’t have to choose a Medicare prescription plan. Participation is completely voluntary. But it’s certainly worth considering — both for the savings you may get now and the protection you will have against rising prescription costs in the future. ■