

## Frequently Asked Questions About Medicare Prescription Drug Coverage (Medicare Part D)

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## **General Information**

### ***What is Medicare's Prescription Drug Coverage?***

The Medicare Part D benefit is drug coverage available for anyone who has Medicare Part A and/or Part B. You buy Medicare Part D coverage through insurance companies. Coverage began on January 1, 2006. Medicare Part D may help you pay for the drugs you need. If you have other drug coverage, you may not need Medicare Part D [see *Coordination of Benefits*].

You do not have to have limited income or assets to join a Medicare Part D plan. However, if you have limited income and assets you may get extra help to pay for a plan and for their drugs [see *Help for Limited Income and Resources*].

### ***How can I tell what I might spend on drugs based on my income?***

You can use the Prescription Drug Plan Finder on [www.medicare.gov](http://www.medicare.gov) (look for *Compare Medicare Prescription Drug Plans*) or call 1-800-MEDICARE. Before using either of these, make a list of the drugs you take now or may need for the next year. Include on the list the dosage and number you take. What drugs are covered, the copays required, and the prices of covered drugs are subject to change, so the estimate of the amount you'll pay over the next year is just that -- an estimate.

## **Joining a Plan**

### ***When can I join a Medicare Part D plan?***

Anyone with Medicare can sign up for Medicare Part D from November 15 through December 31 each year. Just like Medicare Part B, the initial enrollment period for Medicare Part D starts three months before the month you're eligible for Medicare and extends three months after the month you're eligible for Medicare. You can apply for Medicare Part D before you have Medicare and the plan can hold your application until it has proof that you have Medicare. If you get a letter from Medicare that says your Medicare was backdated, you can sign up for Part D the following two months. If you don't sign up during your initial enrollment period, you could have to wait until November 15 to join.

### ***Do I have to enroll in a Medicare's drug plan?***

You don't have to join a Medicare Part D plan. Joining is voluntary. However, if you don't have drug coverage as good as Medicare Part D (called *creditable coverage*), you could pay a higher premium if you join a Medicare Part D plan later.

Also, if you have had Medicaid and just got Medicare, Medicaid will stop paying for Medicare Part D drugs and Medicare will assign you to a plan. If you need drugs before you get notice of your assigned plan, take your Medicare and Medicaid cards to your pharmacy. Your pharmacy should be able to fill your prescription through the plan that Medicare contracted with for people who are new to Medicare or Medicaid. Remember, you can change plans any month if you have Medicare and Medicaid and your new plan will start the next month.

If you have Supplemental Security Income (SSI) without Medicaid or you get help from Medicaid to pay your Medicare Part B premiums, Medicare will assign you to a plan if you don't choose one yourself. It can take a few weeks to be assigned to a plan.

If you don't have Medicaid, SSI without Medicaid or SSI or state help to pay your Medicare Part B premium and you want to choose a plan, be sure the plan you choose covers most if not all of the drugs that you take now or may need to start before you can choose another plan.

### ***How much extra will I pay if I don't join when I'm first eligible?***

If you wait too long, you will have a 1% penalty per month you delayed joining. For example, if you don't have creditable coverage and waited 19 months to join a Medicare Part D plan, your premium will be 19% higher than the base premium if you'd joined Medicare Part D when eligible. You'll pay this higher premium as long as you have Medicare Part D. If your drug needs change and you don't have Medicare Part D or other drug coverage, you will have to pay the full cost of your drugs.

### ***Is there help to choose a plan?***

Every year plans start advertising their plans October 1. You will hear about plans on TV, in magazines, and through the mail. Read materials carefully and call the plan with questions. If you've had a Medicare Part D plan, coverage can change from year-to-year. Your spouse's Medicare Part D

plan may not be the best plan for you. Review the plan's annual notice of change to see if your plan still offers the best coverage for you.

Every year in mid-October Medicare posts an updated Prescription Drug Plan Finder on [www.medicare.gov](http://www.medicare.gov). There are many plans to choose from and it can be confusing. The Medicare helpline at 1-800-MEDICARE can send you a list that compares up to three Medicare Part D plans so you can choose the one that best meets your needs.

Anyone who gets Medicare should get a copy of the booklet *Medicare & You* when they get Medicare and no later than November each year. This booklet describes Medicare Part D coverage and lists the Medicare prescription drug plans in your area. Sections of this booklet describe Medicare Health Plans, also referred to as Medicare Advantage (or Part C) plans, and Medicare Part D plans (PDP), which are also referred to as stand-alone prescription drug plans. You can find this booklet at [www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf).

*Medicare & You* describes several types of Medicare Advantage plans:

- Preferred Provider Organization (PPO) Plans
- Health Maintenance Organization (HMO) Plans
- Private Fee-for-Service (PFFS) Plans
- Medicare Savings Account (MSA) plans
- Special Needs plans

Each type of Medicare Advantage plan covers specific healthcare needs. Some offer coverage for drugs on their list of covered drugs (formulary). If you're considering joining a Medicare Advantage plan, compare costs with Original Medicare. You cannot have a Medigap plan to help to pay a Medicare Advantage plan's out-of-pocket costs. Check with your state insurance department to see if you can buy a Medigap plan to help pay Original Medicare's deductible and coinsurance. If so, you may pay less out-of-pocket with Original Medicare, a Medigap plan, and a stand-alone Medicare Part D plan and you'll have more freedom to choose providers. If you drop Medigap coverage to join a Medicare Advantage plan you may not be able to qualify for Medigap insurance in the future.

There is a separate section of the *Medicare & You* booklet that describes stand-alone Medicare Part D plans that only offer drug coverage.

**WARNING:** If you have a Medicare Advantage plan with drug coverage

joining a Medicare Part D plan will cancel your Medicare Advantage plan's health *and* drug coverage. You *can* join a Medicare Part D plan if you have a Medicare Advantage plan that does not have drug coverage.

*Medicare & You* also provides lists and Internet links to other sources of help, including phone numbers for State Health Insurance Assistance Programs (SHIPs). These agencies have counselors trained to answer questions about Medicare, Medicare Part D, Medigap plans, and how to file claims and appeals. You can also find your local SHIP agency at [www.shiptalk.org](http://www.shiptalk.org).

### ***Can I join any Medicare Part D plan or Medicare Advantage Plan?***

You can join any stand-alone Medicare Part D plan. Plans must accept anyone with Medicare who applies. However, if you have end-stage renal disease which for Medicare Advantage purposes means you are on dialysis, you cannot join any Medicare Advantage plan except for one that is called a Special Needs Plan. If you're already a member of a Medicare Advantage plan as an individual or as through a former employer or union, you can stay in that plan or switch to another Medicare Advantage plan sold by the same company. If you have a kidney transplant, you can join any Medicare Advantage plan right after you have a successful transplant and stay in that plan as long as you don't need dialysis.

### ***What should I think about in choosing a plan?***

Medicare suggests that you think about the following things when choosing a plan:

- **Coverage** – What drugs are covered by each plan?
- **Cost** – How much does each plan cost and how much will drugs you buy through that plan cost?
- **Convenience** – Where can you buy these drugs at the lowest prices?
- **Peace of mind** – As with other insurance, would you like to be protected from the high cost of drugs if your health or treatments change?

### ***Can people selling Medicare Part D plans call me?***

Companies that sell Medicare Part D plans may call you between 8:30 a.m. and 8:30 p.m. in your time zone unless you're on the "do not call" list.

**Can people selling Medicare Part D plans come to my house?**

Medicare marketing rules forbid companies from selling Medicare Part D plans door-to-door. If someone comes to your door trying to sell you a Medicare Part D plan, get as much information about them as possible (a business card can be help). Do not let them in. Do not give them any personal information, especially your Social Security or bank account numbers. They may be who they say they are or they may be trying to steal your identity. Report any door-to-door sales to 1-800-MEDICARE.

**How much can others advise me on choosing a plan?**

Medicare rules do not allow companies selling Medicare Part D plans and pharmacies to recommend (steer people to) specific plans.

Your family or friends can help you choose a plan, however, only your authorized representative can enroll you in a plan. Fill out CMS 1696 to name an authorized representative.

[www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf) (English)

[www.cms.hhs.gov/cmsforms/downloads/cms1696Spanish.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms1696Spanish.pdf) (Spanish)

Ask your doctor, nurse, and/or dietitian for a list of drugs that people with your stage of kidney disease take. If you think you may change treatments to another during the calendar year, find out what drugs you might need for that treatment. Call 1-800-MEDICARE or look at the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov) or to find out which plans cover these drugs. You can download and read a packet that tells you which national plans cover 25 drugs commonly prescribed for people with kidney disease at [www.kidneydrugcoverage.org/choose.htm](http://www.kidneydrugcoverage.org/choose.htm).

**When can I change from one plan to another?**

In most cases, you can only switch plans once a year from November 15-December 31 with your plan starting the first of the next month. There are a few exceptions to this rule.

Who can switch	When can they switch
If you have Medicare and Medicaid	Any month with your new plan starting 1 <sup>st</sup> of next month
If you have a Medicare Savings Program (QMB, SLMB, QI)	Every month with your new plan starting 1 <sup>st</sup> of next month
If you have SSI without Medicaid	November 15-December 31 with your new plan starting 1 <sup>st</sup> of next

	month; plus one more time 1 <sup>st</sup> year
If you have a Medicare Advantage plan and want to switch to another MA plan with drug coverage or to Original Medicare and a stand-alone Medicare Part D plan	January 1-March 31 with your new plan starting the 1 <sup>st</sup> of the next month

You can also change plans if any of these things happen:

- You move out of network
- You get or lose Medicaid
- You get extra help to cover Part D drug costs
- You get backdated Medicare
- You get help from Program of All-inclusive Care for the Elderly (PACE)
- You get help from a qualified state pharmacy assistance program (SPAP)
- You enter or leave an institution where you live
- You have other creditable drug coverage but want to add a Medicare Part D plan
- You enroll in or disenroll from an employer group health plan
- You involuntarily lose other creditable drug coverage
- Your drug plan doesn't tell you if it offers creditable drug coverage
- Your Medicare Part D plan no longer provides coverage
- A Federal employee told you something that was wrong

See [www.cms.hhs.gov/partnerships/downloads/PartDSEPs.pdf](http://www.cms.hhs.gov/partnerships/downloads/PartDSEPs.pdf) for the full list of reasons.

If you have a Medicare Advantage plan with drug coverage, you can switch to another Medicare Advantage plan with drug coverage from January 1 through March 31 or you can switch from a Medicare Advantage plan to Original Medicare at that time. If you switch to Original Medicare, you may want to ask your state insurance department if you can buy a Medigap plan. Find out how to contact your state insurance department at [www.naic.org](http://www.naic.org).

If you want to change plans and it's not November 15-December 31, call 1-800-MEDICARE and describe your situation. The customer service

representative should be able to tell you whether you can change or not. In most cases a change of plan takes effect the first of the next month.

### ***How do I change plans?***

Review the plans in your area, the drugs that they cover, and their costs. You can apply for the new plan online at [www.medicare.gov](http://www.medicare.gov), by calling 1-800-MEDICARE, or by contacting the plan you want to join. When you join a new plan, it will cancel your other plan.

### ***How long can I keep Medicare Part D?***

You can keep Medicare and your Medicare Part D plan as long as you have Medicare and pay your premium. If you only have Medicare because you have kidney failure and you're not 65 or older and you don't have another disabling condition, your Medicare coverage, including anti-rejection drug coverage, will end 36 months after your transplant. Your Medicare Part D plan will end then too.

If you have Medicare because you're 65 or older, your Medicare coverage including coverage for anti-rejection drugs will not end. If you have Medicare coverage because you have another disabling condition besides kidney failure, your Medicare coverage, including your coverage for anti-rejection drugs, will last as long as you're considered disabled.

## **If You Have Limited Income and Resources**

### ***What is the low-income subsidy (“extra help”) and how can I apply?***

If you have limited income and resources (assets), you may qualify for the low-income subsidy, also known as “extra help.” Extra help will pay all or part of your Medicare Part D plan premium, deductibles, and coinsurance. If you get extra help, you could pay a small co-pay for generic or brand name drugs covered by your plan. Medicare Part D extra help is worth several thousand dollars a year.

You can get extra help if your income is 150% of the federal poverty level based on the size of your family. The federal poverty level changes every year. It is published in late January or February and posted on the Internet at <http://aspe.hhs.gov/poverty/>. Income includes salaries, pensions, disability payments, interest, and dividends. Resources include bank accounts, stocks, IRAs, and \$1,500 per person for burial costs, but not your home, car, or

personal possessions. For more information about extra help, visit [www.socialsecurity.gov/prescriptionhelp/](http://www.socialsecurity.gov/prescriptionhelp/) or call Social Security at 1-800-772-1213. You can apply online or by mail.

***How often do I have to reapply for extra help?***

As long as you have Medicare and Medicaid, help from the state to pay our Medicare premiums through a Medicare savings program, or SSI without Medicaid, you will get extra help automatically. Otherwise, Social Security may send you a form to complete to see if you're still eligible for extra help next year. Complete the form on time or you could lose extra help next year.

***If my Medicaid drug coverage ends, will Medicaid for other services end too?***

Although Medicare Part D replaced Medicaid drug coverage starting January 1, 2006, this doesn't affect Medicaid copayment for services other than drugs. It also doesn't affect Medicaid coverage for drugs that are covered by Part A or Part B. Medicaid may still pay for drugs that are not covered by Part D.

***If I have Medicaid and have a spenddown, can I get extra help?***

If you get Medicaid through the medically needy program (spenddown) and meet your spenddown the first time from May on in a year, you should get extra help the next calendar year even if you don't meet the spenddown in later months. If you get full extra help, you won't pay any premiums, deductibles, and you'll only pay the fixed copay amount for generic or brand name drugs.

***If I have Medicare and must meet a Medicaid spenddown, should I wait to meet my spenddown to get extra help?***

If you have help from your state paying your Medicare premium through a Medicare Savings Program—Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, or Qualified Individual—you qualify for extra help without applying. Otherwise, you can apply any time for the extra help through Social Security at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling 1-800-772-1213. If you meet your spenddown, your state will let Medicare know you have Medicaid too. This will get you extra help so you pay just the fixed copay for generic or brand name drugs. If Medicaid is backdated, extra help will be backdated too. Send receipts to your plan showing what you paid and your plan should refund what you overpaid.

**How will Medicare Part D affect other help I get?**

Medicare Part D should save you money on drugs, especially if you get the low-income subsidy. Some programs—food stamps, HUD housing, and help with your energy bills—are based in part on how much you spend for your medical needs. If you spend less for drugs, you should still come out ahead even if your rent and utilities go up a little and your food stamps go down a little. You might lose all your food stamps if you only get food stamps worth only \$10. You won't lose HUD housing help or help with your energy bills.

If you get SSI, having Medicare Part D will not affect your SSI cash benefit unless you work and use a work incentive to keep more of your SSI check. If you work with a disability, Social Security lets your medical expenses lower the income it counts in deciding how much your SSI check will be. If you spend less on your drugs, you won't be able to deduct as much from your work income. You may get less from SSI, but you should not lose money.

**What will I pay if I get extra help?**

How much Part D extra help you get depends on your income and resources (assets).

<b>Income &amp; Resources</b>	<b>Category</b>	<b>2009</b>	<b>2010*</b>
Income 135% or less of Federal poverty level and limited resources	Premium	\$0	\$0
	Copay	\$2.40-\$6.00	\$2.50-\$6.30
	Above out-of-pocket threshold	\$0	\$0
		>\$6,153.75	<i>*\$ amounts expected to increase from 2009 dollar amounts - data to become available February 2010</i>
Income 150% or less of Federal poverty level and limited resources	Premium	Sliding scale	<i>*\$ amounts expected to increase from 2009 numbers (data to become available late February 2010)</i>
	Deductible	\$60	
	Copay	15%	
	Above out-of-pocket threshold	\$2.40/\$6.00	\$2.50-\$6.30
		>\$6,153.75	

NOTE: The federal poverty level changes each year. People in Alaska and Hawaii can have higher income. See <http://aspe.hhs.gov/poverty/>.

***I have extra help and got a letter from Medicare. What does it mean?***

This depends on the color of the letter. Letters may be blue, tan, orange, or gray.

If you got a **blue letter**, your Medicare Part D plan is leaving the program, the premium has gone up too much for extra help to fully cover it, or your plan has changed to an enhanced plan at higher cost. The letter says what plan you will be assigned to if you do nothing. If your plan is staying in Part D, you can stay with it and pay part of the premium, stick with the plan Medicare chose for you or choose another plan.

If you got a **tan letter**, your plan is leaving the program, has increased its premium too much for extra help to cover it, or is changing to an enhanced plan at higher cost. You won't be reassigned because you chose your own plan, but you may want to choose a different plan.

If you got an **orange letter**, your copays with extra help are going up. Copays go up a little every year so expect to see this letter next year.

If you got a **gray letter**, you are no longer automatically eligible for extra help and need to apply to have it next year. You should have gotten an application form (SSA 1026) and envelope to return it to Social Security. If you won't get extra help next year, you will likely get it the rest of this year.

**Coverage under Medicare Part D Plans**

***What is the standard Medicare Part D benefit?***

The standard benefit under Medicare Part D is the basic coverage that a Medicare Part D plan can offer. Plans may look different from this. Unless you qualify for the low-income subsidy (also called "extra help"), this is what you may pay:

Category	You Paid in 2009	You Pay in 2010
Premium (highest allowable)	\$137.00	<b>\$147.00</b>
Deductible	\$295.00	<b>\$310.00</b>

Initial coverage limit (coverage gap, donut hole begins at this point)	\$2,700.00	<b>\$2,830.00</b>
Donut Hole ends and catastrophic coverage starts at this point	\$6,153.75	<b>\$6,440.00</b>
Total True Out-of-Pocket (includes deductible, 25% paid up to the coverage gap and costs during the coverage gap excluding premium)	\$4,350.00	<b>\$4,550.00</b>
Catastrophic coverage	5% or \$2.40/\$6.00 (costs >\$6,153.75)	<b>5% or \$2.50/\$6.30 (costs &gt;\$6,440.00)</b>

Some plans have no deductible and some charge copays or a percentage of drug costs before the coverage gap. Some “enhanced plans” offer better coverage. Some plans offer gap coverage for generic drugs and a few offer this coverage for brand name drugs. Plans with better coverage often cost more per month. Compare to get the best coverage at the lowest cost.

***How will Medicare Part D affect transplant drug coverage?***

If you had Medicare when you got your transplant and you had your transplant in a Medicare-approved hospital, your anti-rejection drugs are covered by Medicare Part B. You should get your drugs from a pharmacy that can bill Medicare Part B. If you have Medicaid or Medigap, it will pay the 20% that Medicare Part B doesn’t pay. Medicare Part D can help you pay for other prescribed drugs that are not covered by Part A or Part B.

If you didn’t have Medicare when you got your transplant or you didn’t have your transplant in a Medicare approved hospital, Medicare Part B will never cover your anti-rejection drugs for that transplant. If you join a Medicare Part D plan, it can cover any drugs on the plan, including your anti-rejection drugs. Plans are required to cover “all or essentially all” drugs in certain classes of drugs, including anti-rejection drugs. Ask your doctor what drugs you should look for on any plan you choose.

<b>When Medicare Part B Covers</b>	<b>When Medicare Part D Covers</b>
Had Medicare Part A at transplant (can be backdated up to 12 months)	Not eligible for Medicare Part A at transplant

Transplant program is Medicare approved	Transplant program is not Medicare approved
Most anti-rejection drugs are covered at 80%	Formulary drugs are covered (“all or substantially all”) with cost sharing
Use Medicare provider pharmacy (accepts assignment)	Use Medicare Part D network pharmacy
Medigap plan, insurance, Medicaid or patient pays 20% coinsurance	Patient pays ~\$4,550 of first \$6,440 in 2010 without “extra help”

***If Medicare Part B pays 80% of some of my drugs, will Medicare Part D help pay the rest?***

Any drugs covered by Medicare Part B will still be covered by Medicare Part B if you join a Part D plan. Medicare pays 80% of the cost of these drugs. This includes anti-rejection drugs for transplant patients, erythropoietin stimulating agents (Aranesp<sup>®</sup>, Epogen<sup>®</sup>, Procrit<sup>®</sup>), and IV drugs given in dialysis clinics, or Medicare Part B drugs given in doctors’ offices. If you also have Medicaid, it pays the 20% coinsurance after Medicare pays 80% on any Medicare Part B covered drug. A Medicare Part D plan will not cover Medicare Part B drugs or the 20% coinsurance for Medicare Part B drugs.

If you have Medicare only and are not eligible for extra help, signing up for a Medigap plan can help you pay Medicare Part B deductibles and the 20% that Medicare doesn't pay for Part B covered drugs, like those to prevent transplant rejection. Medigap plans can also help you pay Medicare Part A and Part B deductibles and coinsurance for Medicare covered inpatient and outpatient services.

If you're new to Medicare and 65 or older, federal law requires companies that sell Medigap plans to accept you for six months. You don't have to worry about being denied or having to wait for coverage because you already have a health or mental health condition. If you're under 65, your state may have passed regulations that offer the same guarantee to you. Your state insurance department can tell you if you can buy a Medigap plan and what your options are. You can find contact information for your state at [www.naic.org](http://www.naic.org). You can read about choosing a Medigap plan at [www.medicare.gov/Publications/Pubs/pdf/02110.pdf](http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf).

### ***Will Part D help me if I don't qualify for Part B coverage of anti-rejection drugs?***

If you have a Medicare Part D plan, it can help pay for anti-rejection drugs if your Medicare Part B won't cover your anti-rejection drugs now because you didn't have Medicare when you got your transplant or you didn't have your transplant in a Medicare approved transplant hospital. However, Medicare Part D plans do not have to cover Part B drugs if you could have had Part B and chose not to take it.

A Medicare Part D plan can help pay for other drugs that Medicare Part B doesn't cover. Compare plans to see which ones cover most or all of your drugs now and drugs you may need in the future.

### ***Can my plan change the drugs that are on its covered drug list (formulary)?***

Plans need Medicare approval to change their formulary. They can't choose what drugs to cover in a way that would discourage certain groups of people from enrolling in their plan. Plan formulary and pricing changes must be sent to Medicare regularly to update the Medicare Prescription Drug Plan Finder [www.medicare.gov](http://www.medicare.gov) and 1-800-MEDICARE.

When you join a plan, your new plan must give you a 30-day transition supply of any Part D drug that is not on your new plan's formulary. This gives you time to talk with your doctor about whether to take a different drug that is on the formulary or to ask for an exception. If you're in a plan, taking a drug and the formulary changes so that drug isn't covered by the plan, the plan must cover that drug for the rest of the year as long as it's prescribed and safe. You can call your plan or visit its website to find out what drugs are covered by your plan.

### ***Must my plan cover a drug I've been taking?***

If your drug is in one of the protected classes, Medicare Part D plans must cover at least two drugs in that class and any of the other five classes of protected drugs. The six protected drug classes include:

- Antidepressant drugs
- Antipsychotic drugs
- Anticonvulsant drugs
- Anticancer drugs
- Immunosuppressant drugs

- HIV/AIDS drugs

The plan doesn't have to cover every brand name of the drug or every dose it's available in. However, if you're taking one of these classes of drugs when you join a Part D plan, it must cover the class of drug. It cannot require you to ask for prior authorization, or to try a less costly drug first (step therapy), or limit the number of pills you take (quantity limits). On the other hand, if you're in a plan when your doctor prescribes one of these classes of drugs, it can require prior authorization, step therapy, or set quantity limits.

### ***How can I get a drug that is not on the plan's formulary?***

Your doctor can help you with some steps of the exception (or coverage determination) process. Your plan can tell you how to apply and may require that your doctor complete a form that looks like this one:

[www.cms.hhs.gov/MLNProducts/Downloads/Form\\_Exceptons\\_final.pdf](http://www.cms.hhs.gov/MLNProducts/Downloads/Form_Exceptons_final.pdf)

There is a six-step coverage determination process. It can take time. For urgently needed drugs, your doctor can request expedited review to get the drug in 24-48 hours. Once a drug is approved by exception, your plan will cover it for the full plan year as long as you're in the same plan, your doctor continues to prescribe the drug, and the drug is still safe for your condition.

### ***Does Medicare Part D exclude any drugs? Who pays for them?***

There are certain drugs that the law does not allow Medicare Part D to cover, including:

- Drugs for anorexia, weight loss, weight gain
- Drugs for cosmetic purposes (hair growth, etc.)
- Drugs for fertility
- Drugs for erectile dysfunction
- Drugs for symptoms of coughs and colds
- Non-prescription (over-the-counter)
- Certain drugs for sleep, convulsions in a class called barbiturates
- Certain drugs for anxiety, convulsions, sleep, and to relax muscles in a class called benzodiazepines
- Vitamins and minerals, except fluoride, prenatal vitamins, and Vitamin D analogs

In most cases, you must pay for these out-of-pocket. Some plans with higher premiums offer "enhanced" coverage including coverage for these

drugs. If you have Medicaid, it may cover these drugs if Medicaid pays for them for people that do not have Medicare. Employers, charities, and State Pharmacy Assistance Programs may cover all or some of these drugs.

### ***How can I get my drugs if I travel out of network?***

If you travel a lot, consider a national plan or one that has a mail order pharmacy. Medicare Part D plans must have a process for you to get your drugs if you are traveling and run out of your drugs, lose them, or you get sick and need a covered drug at hours the network pharmacy is closed. You may have to pay more at a non-network pharmacy.

## **Coordination of Benefits & Other Coverage**

Will Medicare Part D pay for a vaccine that Medicare Part B doesn't cover?

Many vaccines that keep you healthy or treat illnesses are covered by Medicare Part B. However, some vaccines are not, like the shingles vaccine (trade name Zostavax). By law, Medicare Part D plans must cover all commercially available vaccines that are not covered by Part B. Part D plans must pay up to the plan's allowable charge for vaccines. Check with your Part D plan to find out whether you need to pay the doctor and file a claim for your plan to pay you back or whether the plan has worked out another way with network pharmacies to provide the vaccine to your doctor's office so you only pay your share instead of the full cost of the vaccine.

### ***What is creditable coverage and how do I know if I have it?***

Your current plan must send you a letter every year that tells you whether its coverage is creditable or as good on average as the standard Medicare Part D plan. Keep this letter. If your coverage is creditable, you can use this letter to join a Medicare Part D plan without a premium penalty anytime you want as long as you don't have a gap in creditable drug coverage that lasts 63 days or longer.

### ***What if I don't join a Medicare Part D plan but don't have creditable coverage?***

If you don't have creditable coverage and you join a Medicare Part D plan late, you could have to pay a 1% higher premium each month you waited to join a Medicare Part D plan. The clock started May 16, 2006 or 63 days after you no longer had creditable coverage and stops when you sign up for a Medicare Part D plan.

***Can I keep Medicaid instead of joining a Medicare Part D plan?***

Medicaid has not paid for drugs that could be covered by Medicare Part D for anyone with Medicare and Medicaid since January 1, 2006. You can let Medicare choose a Part D plan for you at random that may not cover your drugs. If you let Medicare choose a plan for you, make sure the plan covers your drugs. If not, you can change Medicare Part D plans any month and your new plan will take effect the next month.

Once you get a Medicare Part D plan, you will pay only a small copay as long as you buy drugs on the plan's list. How much you'll pay depends on whether the drug is a generic or brand name drug (see the extra help chart above). Check with your state Medicaid office or your State Health Insurance Assistance Program (SHIP) to see if there is help for people in your state to pay these copays.

***Is there an advantage to having Medicare Part D over Medicaid?***

Some states limit the number of drugs a Medicaid recipient can get per month. A Medicare Part D plan can't limit the number of prescribed drugs you can get per month and Medicare Part D may give you more choices of pharmacies than Medicaid.

***I have a Medigap plan with drug coverage. Do I need to get a Medicare Part D plan?***

Companies had to stop selling Medigap plans with drug coverage January 1, 2006. However, if you had bought your plan before that date, your plan may not offer creditable coverage. Your Medigap plan should notify you whether coverage it provides is creditable. If your plan doesn't offer creditable coverage and you didn't sign up for a Medicare Part D plan when you were first eligible, you could pay a higher premium when you do join.

***Should I join a Medicare Part D plan if I have drug coverage through an employer?***

If you have drug benefits through a current or former employer as a worker, retiree or dependent, you should get a letter every year that tells you if your coverage is creditable. This is called a creditable coverage letter.

If your **plan is creditable**, you don't need to join a Medicare Part D plan. However, at any time your drug coverage ends and you have the creditable coverage notice, you can make a copy of this letter for the Medicare Part D

plan and you won't have to pay a higher premium as long as you join before you have a 63-day gap in drug coverage.

If your **plan is not creditable**, your creditable coverage notice from the employer should give you options. Before changing your coverage, talk to your plan's benefits administrator (the person you ask about health insurance questions). Ask how joining a Medicare Part D plan will affect health coverage for you and your family. Don't do anything to risk your current health coverage. If your coverage is not creditable and you can join Medicare Part D while keeping your employer health plan, do this or you could pay a higher premium for Part D later.

No matter what anyone tells you, do not drop your employer drug plan to join a Medicare Part D plan. You may be able to have both at the same time as long as your employer doesn't care. Your employer health plan may cover more than Medicare covers and pay more than Medicare pays. You may not be able to get your employer drug or health plan back.

Medicare is offering an incentive to employers and unions to encourage them to offer drug coverage to retirees with Medicare that is creditable. If so, they get a tax-free retiree subsidy that pays 28% of the cost of drugs people in their plans take. If they don't offer creditable coverage or if retirees or dependents join a Medicare Part D plan in addition to or in place of their employer coverage, the employer will not get the subsidy.

### ***Should I have a Medicare Part D plan if I have TRICARE for life?***

The TRICARE Pharmacy Benefit Program has no monthly premium and offers better benefits than Medicare Prescription Drug Plan. You can get your drugs at a military facility, through their mail order pharmacy, at network and non-network pharmacies. TRICARE is considered "creditable coverage." As long as you can get the drugs you need at a pharmacy that is convenient to you, you don't need Medicare Part D. However, if you are no longer eligible for TRICARE, you can join a Medicare Part D with no added premium if you join Medicare Part D before you have a 63 day gap in creditable coverage.

If you have Medicaid and are automatically enrolled in a Medicare Part D plan, you will need to disenroll from the Medicare Part D plan to which you're assigned to use your TRICARE pharmacy benefits. Find out more

about TRICARE Pharmacy Benefit Program at [www.tricare.osd.mil/pharmacy](http://www.tricare.osd.mil/pharmacy).

***I have VA health benefits. How would Medicare Part D help me?***

VA coverage for drugs is considered creditable, but you can have Medicare Part D and VA coverage. The VA will pay for drugs that are on the VA formulary. People with kidney disease may take drugs that are not on the VA formulary. You may want to have a Medicare Part D plan to cover those drugs. If you have limited income and resources and get extra help, you compare prices through the VA and your Medicare Part D plan to see which offers drugs for the lowest copay.

If you have a transplant, the VA covers all anti-rejection drugs approved by the FDA for that type of transplant effective the day the FDA covers the drug. To get the coverage, the transplant must have been VA covered whether or not the VA paid for the transplant. There is no copay for anti-rejection drugs. The VA won't cover anti-rejection drugs that are not FDA approved or that are approved for experimental use.

***Can I have Medicare Part D and help from my state pharmacy assistance program?***

If you get help from a state pharmacy assistance program (SPAP), contact that program to see how its benefits will work with Medicare Part D. Some may help pay for out-of-pocket costs. To get this help, some programs may ask you to apply for extra help whether you qualify or not. For more information about which states have SPAPs, visit [www.cms.hhs.gov/States/Downloads/ChartSPAP0928.pdf](http://www.cms.hhs.gov/States/Downloads/ChartSPAP0928.pdf)

***Are there any state programs that help those with kidney disease only?***

Some states have state kidney programs that help with drugs. Some help with other costs that people with kidney disease have too. For more information about state kidney programs, benefits, and eligibility, see [www.muhealth.org/~mokp/FPub.htm](http://www.muhealth.org/~mokp/FPub.htm) for an online directory. Or call (573) 882-2506 or (800) 733-7345

***Can I still get help for my drugs from drug company assistance programs?***

Some programs provide free drugs to those with limited income and assets who don't have Medicare. Others help those with Medicare Part D if they

get certain drugs without using the Medicare Part D benefit. Some companies donate money to charities that help those who meet the charities' guidelines pay Medicare Part D plan premiums or out-of-pocket costs. If you get free drugs since you didn't have to pay anything, these won't count toward the true out-of-pocket costs. This may delay your getting Medicare Part D catastrophic coverage. For more information about which drug companies help with Part D drug costs, visit [www.needymeds.com](http://www.needymeds.com) or [www.rxassist.org/docs/medicare-and-paps.cfm](http://www.rxassist.org/docs/medicare-and-paps.cfm).

***If I get help from a charity, how does that affect my Medicare Part D benefit?***

If you get help from a charity to pay your out-of-pocket costs, you get credit toward the annual amount you have to pay to get the catastrophic coverage.

***Where can I turn for help during the coverage gap?***

Wal-Mart and Target are selling certain some drugs for \$4 for a 30-day supply. Other pharmacies may have their own special rates for certain drugs. Ask your pharmacist what can save you money.

Several charities will help people who meet certain guidelines pay for drugs during the coverage gap. To get help from some, you must have certain health conditions. Here is a list of some of those charities:

- American Kidney Fund: [www.kidneyfund.org](http://www.kidneyfund.org)
- HealthWell Foundation: [www.healthwellfoundation.org](http://www.healthwellfoundation.org)
- National Organization for Rare Disorders: [www.rarediseases.org](http://www.rarediseases.org)
- Patient Access Network Foundation: [www.patientaccessnetwork.org](http://www.patientaccessnetwork.org)

***How do I know what I've paid toward getting catastrophic benefits?***

Any month you use Medicare Part D to pay for drugs, your plan will track and report to you what your drug costs have been and how much you have spent toward getting the catastrophic benefit. If you buy drugs at a non-network pharmacy, send a copy of your receipt to your plan so your plan can count those drugs too.

## **Complaints**

***How do I complain about my plan or a network pharmacy?***

Call the plan's customer service department and tell the customer service representative that you want to complaint and ask how to do this. There may

be a form to complete. Plans must have complaint forms on their websites too. You can also complain to your plan about the network pharmacy if you think you have been charged too much or if your pharmacy is not providing the service you think you deserve.

You can also complain to Medicare by calling 1-800-MEDICARE. Medicare tracks and works to resolve complaints filed against plans. It also uses complaint history in deciding which plans to contract with next year.

## **My Health, My Medicare**

### ***How can I find out information about me through Medicare?***

Medicare is offering a new resource called My Health, My Medicare. This website at [www.MyMedicare.gov](http://www.MyMedicare.gov) allows you to set up an ID and password to access information about you, including:

- The address that Medicare has on file for you in case you have moved
- Whether you're eligible and have Medicare
- Whether you're enrolled in Medicare Part D and the plan you have
- Your Medicare claims and their status (except Medicare Part D)

In addition, from this website you can ask for another Medicare card or an Explanation of Medicare Benefits. You can “chat” with Medicare to get answers to your questions. You can also download forms, publications, and read about Medicare’s coverage of preventive services.

## **About Us**

About the Kidney Medicare Drugs Awareness and Education Initiative  
We are a collaborative effort of more than 35 organizations. We have published fact sheets, brochures, and a *Compare Drug Plans* packet on [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org), and partner with the Centers for Medicare & Medicaid Services to raise ESRD-specific issues and resolve patient-specific problems. If you have questions about Medicare Part D email us at [info@kidneydrugcoverage.org](mailto:info@kidneydrugcoverage.org).