

## What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Do Home Hemodialysis or Peritoneal Dialysis and Have Medicare Only

If you are on home dialysis, you may take drugs by mouth that Medicare Part B covers for in-center hemodialysis patients to get by IV at the dialysis clinic. Your doctor may prescribe other drugs to treat anemia, bone disease, depression, diabetes, heart problems, high blood pressure, high cholesterol, infection, itching, and pain. To stay healthy, take your prescribed drugs in the right dose at the right time. Ask your doctor before taking new drugs.

Starting January 1, 2006, Medicare Part D can help you pay for your prescribed drugs that are not covered by Part A or Part B if you join a plan. Anyone with Medicare can join, even if you are on dialysis.

If you have **Medicare and no drug coverage** in 2005, you can join from November 15, 2005 to May 15, 2006. If you join between November 15, 2005 and December 31, 2005, your plan will start January 1, 2006. If you join before May 15, 2006, your plan will start the first day of the month after you join. If you get Medicare after January 2006, your first chance to join a Part D plan is during the same 7-month period you can sign up for Part B. Wait to join and you could pay a higher premium. You'll only be able to join or change plans from November 15 to December 31 each year. Your new plan will start the next January 1.

If you have limited income and resources, you may get extra help to pay for your Medicare Part D plan and drug costs. Apply for extra help on Social Security's Web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call (800) 772-1213 or (800) 325-0778 for TTY. With extra help, you could pay as little as \$1 for each generic or \$3 for each brand name drug you buy. Otherwise, you will pay the premium plus a deductible and co-payments or coinsurance totaling \$3,600 in 2006, for covered drugs before Medicare will pay 95% for the rest of 2006.

Companies sell Medicare-approved plans. Some are standard plans; enhanced plans cover more but cost more. Plans can't sell door-to-door. Look for the Medicare-approved symbol on mailings.

All plans must cover certain drugs, like anti-depressants or drugs to prevent transplant rejection. Standard plans don't cover everything, including over-the-counter drugs, vitamins (except Vitamin D), cold medicine and a few other drugs. A plan's list of covered drugs is called a formulary. Generics may be cheaper but ask your doctor if you can take a generic *before* you buy it.

If you choose to join a plan, choose a kidney-friendly one. Your doctor can help you know what drugs to look for. Make a list with drug names, doses, and number you take a month. Ask your doctor if you're taking the best drugs to stay healthy. Ask what other drugs you may need if your health or treatment changes and look for them on formularies. Compare plans and costs. Choose one that covers all or most drugs you take now or you may need later if you change to in-center dialysis or get a transplant. Check to see what drug stores you can use. Mail order may save money on drugs you take all the time.

Review plans in *Medicare & You 2006*. Due to a printing error, "If I qualify for extra help, will my premium be covered?" has YES for all plans. To be sure which plans do, visit the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov); or call the Medicare Helpline at 1-800-MEDICARE (1-877-486-2048 TTY). Ask Medicare how you can get in-person help through your State Health Insurance Assistance Program.

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## What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Do Home Hemodialysis or Peritoneal Dialysis and Have Medicare Only *(cont'd)*

Apply with the insurance company that sells the plan you like, use the Prescription Drug Plan Finder or call the Medicare Helpline. Guard your personal information. You can give them to Social Security, the Medicare helpline, or plans *if you call them*. Report any concerns to the Medicare Helpline.

Your Medicare drug plan must give you a list of rights when you enroll. If you need a drug that's not on the list, your doctor can ask for an "exception" for the plan to cover a drug you need. You have the right to appeal a denial.

Your health care team wants you to know all you can about Part D so *you* can make the best choice to meet your needs. Be aware that most of what you read is for the "average" person with Medicare. You can find what you need to help you make an informed decision at [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org). Libraries have Internet access if you don't. Ask a neighbor or loved one to help you get what you need on their computer.

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The Kidney Medicare Drugs Awareness and Education Initiative is a service of the kidney community, designed to provide timely, consistent, reliable, and up-to-date information about Medicare and Medicare prescription drug coverage (Part D).

If you'd like additional information, we can be reached online at [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org) or through the National Kidney Foundation at 30 East 33rd Street, New York, NY 10016, 212-889-2210/800-622-9010.