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Medicare Part D and You:

How The New Medicare Prescription Plan Can Affect You

What is the new Medicare part D Plan?

Beginning January 1, 2006, Medicare will offer prescription drug benefits to people who are Medicare eligible. The name of that new benefit is **Medicare Part D**.

Who will be affected?

This will only affect individuals who are Medicare eligible or dually eligible (eligible for Medicare and Medicaid). Medicare eligible individuals will be able to enroll in private prescription drug plans.

How will this happen?

In late fall, dually eligible individuals will receive a letter from Medicare informing them that they have been automatically assigned to a particular drug plan. If the individual does not want that plan, they will have to notify Medicare of their choice. The new prescription plan under Medicare will become effective January 1, 2006.

Will this cost me anything?

Dual eligibles will not have to pay a premium for the plan as they will automatically qualify for a subsidy that covers the premium as well any deductibles but may have to pay a co-pay for their prescriptions.

While individuals who receive their medications through Medicaid are currently expected to pay a co-pay, they are not required to if they cannot afford it. This would not be true under the Medicare plan. If an individual does not have the co-pay, the pharmacy can refuse to provide the medication. DMR is working closely with EOHHS to address the hardship such a requirement would create for the DMR dually eligible individuals.

How will I get my medications?

In most cases you will continue to get your medications where you are getting them now. There may be some limitations on what medications will be covered under the new plan.

What should I be doing now?

Individuals, family members, providers and DMR staff should know who is Medicare eligible only and who is dually eligible. Be alert for any correspondence related to this subject such as enrollment processes, choosing a prescription plan and fee coverage.

What next?

DMR is actively participating in forums that are working to address implementation of this process. DMR will continue to send out periodic updates on the subject to assist you in understanding this change.

In conclusion, let's review practical aspects of this change for dual eligibles:

What will not change?

- You will continue to have no premiums or deductibles for your prescription plan.
- The pharmacy you are currently using will still be able to fill your prescriptions as long as they accept your new plan.
- Over-the-counter medications will continue to be covered under your new plan.

What might change?

- You may have to pay a co-pay for each prescription or refill in order to obtain it from the pharmacy. There will be an annual cap on the amount you are expected to pay in co-pays per year.
- All of the medications you are currently taking may not be covered by your new plan.
- If you live in a home with others, you may not have the same plan as your housemates.

What will change?

- You will automatically be enrolled in a new prescription plan. If you do not want the one assigned you must notify Medicare of what plan you have chosen.
- Your medications will no longer be covered by Medicaid.
- There will be a plan-specific grievance process if you disagree with a decision regarding a denial of coverage.
- If you are required to pay a co-pay for your prescriptions, pharmacies can refuse to give you your medications if you do not pay the co-pay.

For more information or questions call Sharon Oxx at 617-624-7792.

