

Oneida County OFA/OCC
Health Insurance Information Counseling and Assistance Program
It is Time to do a Check-up on Your Medicare Prescription Drug Plan
By Gail Hartwell, HIICAP Counselor

Don't get too attached to your prescription drug plan! Unlike other insurances, you may want to change your Medicare drug plan each year. The drug plans and Medicare send out letters in the fall, just in time for the annual enrollment period. These letters tell you what is happening with your plan, and what you need to do, if anything. Why not put all these letters in one folder, write down your medications, and do a check up? Don't be surprised if your best choice is different than your spouse's or neighbor's. It is important to choose a plan that fits your particular needs to get the most for your money during the next year. Medicare Part D Plan premiums change each year. In fact, most went up for 2010. These plans vary in what prescription drugs are covered, how much you have to pay, and which pharmacies you can use. All plans provide at least a standard level of coverage set by Medicare. The maximum allowed deductible is also set by Medicare; for 2010, Part D plans range from \$0 to a \$310 deductible.

Every Part D member receives an "Annual Notice of Change" from their plan by November 15, the beginning of the Annual Coordinated Election Period. This period ends on December 31, 2009. Unless you have a special circumstance, this is the one time each year you can add or change Part D drug plans. How do you know a change is appropriate? EPIC, Medicaid, or Extra Help may chose a new plan for you for 2010. EPIC may choose a new plan for you, based upon your record of medications from this past year. Generally this means that the new plan will cost you less than if you stay with your current plan. You can still keep your current plan if you respond to the letter. Medicaid and Extra Help randomly enroll participants from a list of moderately priced plans without regard to your specific list of medications. There may be a better plan for you among these choices. Colored paper notices were sent in October and November to Extra Help recipients, telling them of changes. Even if you are not connected with another program, it is a good idea to compare your plan against the others being offered for 2010. Each plan has its own list of covered drugs (formulary), with different costs and restrictions. You pay the full cost of non-covered drugs and for prescriptions from out-of-network pharmacies. Your specific medications will be covered differently by the 48 different plans in our area: some are new plans and a few plans have disappeared.

Things to look at when comparing plans: the plan's deductible, premium, the tiers (how the drug is ranked), prior authorization, step therapy, and quantity limits. The tool used for comparing plans is Medicare's Prescription Drug Plan Finder, on www.medicare.gov. If you call Medicare, HIICAP, a medical professional, or use your home computer, everyone is using the same internet tool. Enter your list of prescription drugs, with the dosage and frequency, and the pharmacy you like to use. Based on your input, the tool will rank the Part D plans from least expense to most expensive. It usually works best to look at the top three choices on the list and compare them. Is your current plan one of the top 3? Do some comparison shopping to see what plan can cover your medicines at a lower cost or with fewer restrictions, and make a plan decision before December 31, 2008. To be ready for January 1, do it before December 8, 2008, so the new plan has time to process your request. For people considering a change to a Medicare private health plan, there are additional considerations, since they will be receiving their health services from the private plan rather than Original Medicare.

Caution: Medicare private health plans (also known as advantage plans) generally offer a selection of their own Part D plans. If you are a member of an HMO or PPO, you should be selecting from their list. It does no good to be a member of more than one Part D plan. In fact, if you sign up for a stand-alone plan, this may bump you out of your advantage plan! A PFFS plan generally does not offer drug coverage, so you do need a stand-alone plan. Many employer and retiree plans will not allow you to be in Part D if their plan is as good as or better than Medicare. If in doubt, ask your current health insurance plan if a stand-alone Medicare Part D plan will help or hurt. Taking the time now to choose a Part D plan that suits your needs may save you some real dollars later! You can call Medicare (800-633-4227), or look up the plan finder tool on www.medicare.gov.

If you need help sorting it all out, call HIICAP at 798-5456 or 1-800-541-0151 x5456.

Walk-in insurance counseling is available at the North Utica Senior Citizens Community Center, 50 Riverside Drive, Utica, and at the Ava Dorfman Senior Citizens Civic Center, 305 E. Locust Street, Rome: Monday through Friday, 10:00 AM to 2:00 PM.

Excerpts from: The Medicare Rights Center www.medicarerights.org; www.mymedicarematters.org and Centers for Medicare & Medicaid services (CMS) www.cms.hhs.gov