



The Medicare Prescription Drug Benefit Program:

How It Affects People Who Are Eligible for both Medicare & Medicaid (“Dual Eligibles”)

I RECEIVE BOTH MEDICARE AND MEDICAID. WHAT IS THE MEDICARE PRESCRIPTION DRUG BENEFIT AND HOW WILL THE NEW PROGRAM AFFECT ME?

The Medicare Prescription Drug Benefit (also known as Medicare Part D) is a new addition to Medicare that will come into effect on January 1, 2006.

- If you are currently enrolled in both Medicare and Medicaid, you are considered a “dual eligible.” You will lose your Medicaid drug coverage on December 31, 2005 and will have to use your new Medicare drug coverage starting January 1, 2006.
- You will not have to pay a monthly premium or deductible because you automatically qualify for extra help paying for Medicare costs.
- You will have to pay a small amount for the cost of your drugs. This is called a “co-payment.” The estimated amount is \$1 for generic drugs and \$3 for brand name.¹
- Medicaid will continue to pay for your other health costs.

WHAT SHOULD I DO WHEN I RECEIVE THE ENROLLMENT INFORMATION?

- Medicare will send you a letter in the mail detailing which plan you will be enrolled in along with the *Medicare & You 2006 Handbook* with the enrollment information.
- The enrollment period is between November 15, 2005 and May 15, 2006.
- You have the option to change from the plan you have been automatically enrolled in to a plan that best meets your needs. If you don't join a plan by December 31, 2005, you will remain enrolled in the randomly selected plan that may not cover the medications that you require. You can change to a new plan if you discover that it does not meet your needs. It is better to research whether the plan meets your needs sooner than later.
- You can obtain more information about enrollment by calling 1-800-633-4227 or on the web by visiting www.medicare.gov.

WHAT ARE MY RIGHTS?

1. You have the right to enroll in any Medicare private drug plan available in your area during the initial enrollment period and the right to receive prompt notice of whether it has been accepted or denied.

¹ People who reside in nursing homes **do not** have to make a co-payment. Adult home residents **will be** required to make co-payments.

2. You have the right to receive information from your plan about the following:
 - Services in your area
 - The benefits offered under the plan
 - List of acceptable drugs (drug formularies)
 - Pharmacy network, and any other aspect of coverage

This information must be provided in writing at the time of your enrollment. It should also be provided annually and be available on request and on the plans' web site. The plan must also operate a toll free number during business hours and be able to provide you with this information.

3. You have the right to be provided with a therapy management program if you:
 - Have multiple chronic conditions
 - Are taking multiple medications
 - Have high drug expenses

Therapy Management programs will pay pharmacists to spend time counseling members who meet the above criteria to improve their overall health and reduce adverse drug interactions. Stay tuned for more information about these programs.

WHAT HAPPENS IF MY PLAN DOES NOT COVER THE MEDICATION THAT I REQUIRE?

Once you realize that the medication you need is not covered, you should contact your plan to request an exception.

1. You have the right to request that your plan cover a medically necessary drug not on its formulary when:
 - You are using a drug currently covered by your plan, but that drug is removed from your plan's formulary for reasons other than safety.
 - Your doctor prescribes a drug not on your plan's formulary because your doctor believes the drugs on the plan's formulary will not work for you.
2. You cannot ask for an exception for drugs specifically excluded from Medicare coverage.
3. You will need an oral or written supporting statement from your doctor to demonstrate your need for the drug.
4. If the plan denies your request, you may appeal. See MFY Fact Sheet "The Medicare Prescription Drug Benefit Program: How To Appeal a Denial to an Exception by Your Plan."