

Reduction of Benefits Notice

This information is for any member of your household who has **both** Medicare and Medicaid (Oregon Health Plan) coverage.

On January 1, 2006, the Oregon Health Plan (OHP)/Medicaid will stop paying for most of your prescription drugs. Instead, a new federal program called the Medicare Prescription Drug program will pay for your drugs. You will automatically receive this drug benefit as Part D of your Medicare coverage if you are enrolled in a Medicare drug plan.

What this means to you

On January 1, you still will receive prescription drug coverage. However, Medicare will pay for most of your drugs. OHP/Medicaid will pay for a few types of drugs that Medicare won't pay for. Your pharmacy will know whether to bill Medicare or OHP/Medicaid for your drugs.

You must be in a Medicare drug plan to receive prescription drug coverage

You should already be in a Medicare drug plan. There are two kinds of Medicare drug plans:

- Medicare Advantage Plans (formerly called Medicare + Choice)
- Medicare Prescription Drug Plans

Your Medicare drug plan is sending you information about the drugs it covers and pharmacies it uses. You must go to a pharmacy your plan uses in order for your plan to pay for your drugs. Your plan will also send you a membership card.

You can change plans at any time before January 1, 2006, but, you **must** be in a Medicare Drug plan to receive the Medicare drug coverage.

Remember: starting January 1, 2006, OHP will **not** pay for drugs that Medicare covers.

Drug copayments are required

Medicare requires you to pay your pharmacy a copayment of \$1 to \$5 for every drug you get. OHP will not pay your copayments for you. If you are in a nursing facility, you will not need to pay a copayment.

Pharmacies are informed — show your cards!

Your health care providers and pharmacies know about the Medicare Prescription Drug program. When you get a prescription filled, be sure to **bring both your OMAP Medical Care ID and your Medicare drug plan card** so that your pharmacy will bill the right agency.

Hearings are limited

You have a right to request a hearing. If you ask for a hearing because of the change in the federal and state laws, the hearing will be limited. To request a hearing for some other reason related to your Medicaid, fill out form DHS 443, "Administrative Hearing Request." You can get one from any DHS or AAA office or by calling your worker.

If you ask for a hearing, you may have another person speak on your behalf or have an attorney represent you.

The state cannot pay the costs for an attorney or witnesses. A Legal Aid Office or the local Bar Association may be able to help you.

Questions?

- ☎ If you have any questions about this information, call the Department of Human Services at 1-877-585-0007; 1-800-735-2900 (TTY).
- ☎ If you need this information in a larger print size or different format, call your worker.

The following statutes and rules relate to this notice: 42 USC 1396u-5; 42 CFR 423.900-423.906; Oregon Laws 2005 Chapter 754; OAR 410-120-0025; these rules as amended 1/1/06 (OAR 410-120-0000; 410-120-1200; 410-120-1210; 410-141-0000); OAR 410-120-1860; 410-120-1865; 410-141-0260 to 410-141-0264.