



Congressman

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Ohio's 10th Congressional District

TIPS FOR NAVIGATING THROUGH MEDICARE PART D

(Updated January 2006)

STAND-ALONE PLANS (PDP)

- ü Medicare Part D is based on **private companies offering plans** at or above Medicare's "standard coverage." There are dozens of plans being offered from 19 different companies in Ohio. **Each plan may offer a different formulary (list of drugs covered)**, and plans can change their formularies after giving advanced notice. It is important to know if all the drugs you take (and anticipate taking) will be covered by the plan you select. **Medicare can give you information on drugs covered by each plan.** These plans are listed in the **2006 "Medicare and You" handbook.** **You can either contact companies or Medicare to enroll.**
- ü Between January 1, 2006 and May 15, 2006, you will only be able to change plans once. (If you are also on Medicaid, you can change plans every month if desired.) After May 15, 2006, you can only change plans during the "open enrollment period", which will be November 15-December 31 starting in 2006.
- ü You will be forced to pay at least a **7% premium penalty if you are on Medicare and you choose to enroll in Part D after May 15, 2006.** **If you have "creditable coverage," meaning coverage as good or better than Medicare Part D, you will avoid penalty if you decide to enroll in Part D after May 15, 2006,** provided you do so within 63 days from the end of your previous coverage. If you have drug coverage from another source, your provider should have notified you in writing on how your coverage compares to Medicare's. **Contact your provider if you have questions.**

LOW-INCOME ASSISTANCE

- ü For the first year of Part D, the average monthly premium in Ohio is \$30.69. **If you are low-income and are eligible for your premiums to be covered, selecting a plan with a monthly premium above \$30.69 may force you to pay the difference.**
- ü If you make less than \$14,355 annually (\$19,245 for couples) and are NOT on Medicaid, SSI, or a Medicare premium assistance program, you must complete the **"Application for Help with Medicare Prescription Drug Plan Costs" from the Social Security Administration** to qualify for reduced costs. If you are on Medicaid or eligible for Low-Income Assistance, **your pharmacy should charge you no more than \$5 per prescription.**

MEDICARE ADVANTAGE (MA) PLANS

- ü If you are currently enrolled in a Medicare Advantage Plan (HMO or PPO) and you wish to have a Medicare prescription drug plan, **you will be required to enroll in the plan offered by your MA Plan, if one is offered.**
- ü If you are considering enrolling in an MA Plan or switching to another plan, you should do so before May 15, 2006. Your ability to add or drop prescription drug coverage will be limited after this date.

KNOW YOUR RIGHTS

- ü Each plan **must fill all your prescriptions for the first 30 days**, regardless of the formulary. After 30 days, if the plan does not cover a particular drug, your **doctor may write a letter of medical necessity.** Plans must respond within **72 hours.** If the plan still denies coverage, you can appeal to Medicare directly.

QUESTIONS?

- ü **If you have questions or need assistance, please call the Lakewood District Office at (216) 228-8850. To get in touch with Medicare, call 1-800-633-4227 or go to www.medicare.gov.** For enrollment advice, you may also wish to contact the Greater Cleveland Access to Benefits Coalition at (216) 373-1650.