# Your Rights Under The New Medicare Prescription Drug Coverage

## Your Basic Rights

The new Medicare Prescription Drug Coverage – also known as Part D -- is a voluntary program like Medicare Part B (which covers doctor bills). You need to decide whether or not you want to take this new government benefit. To get Medicare Part D, you must enroll in a Medicare Prescription Drug Plan.

If you enroll in a Medicare Prescription Drug Plan, the federal government will make a payment to that plan on your behalf in addition to whatever premiums you will pay. The average federal payment to plans is expected to be about $94 per month in 2006 which comes to a total of more than $1,100 per year. If you don't enroll in a Medicare Prescription Drug Plan, the federal government will not make any payments on your behalf.

If you have Medicare, you have a right to enroll in any Medicare Prescription Drug plan offered in your geographic area. You can enroll either in a stand-alone Medicare Prescription Drug Plan, called a PDP, or in a Medicare Advantage Plan that offers prescription drug benefits. You cannot be denied enrollment because of your health, the medicines you use, or for any other reason.

If you currently have Medicare and you enroll in a Medicare Prescription Drug Plan between November 15, 2005 and May 15, 2006, you will pay the monthly premium charged by the plan you choose. You can still sign up for a plan after May 15, 2006, but you will pay a higher monthly premium (1% higher for every month after May 2006 that you delay enrolling).

## Special Situations

- **If you currently have your prescription drugs covered by any of the following sources**, you do not need to sign up for the Medicare Prescription Drug Coverage at this time:
    - FEHBP, TRICARE for Life, CHAMPUS, CHAMP-VA, the Veterans Administration
    - Employer or Union plan (as long as the drug coverage is considered "creditable" or at least as good as what Medicare is offering).
    - Some Medigap plans (as long as the drug coverage is considered "creditable" or at least as good as what Medicare is offering).

  However, if your coverage from one of the sources listed above ends, or changes and is no longer considered to be creditable, you will have 63 days from the date that your coverage ends or changes to join a Medicare Prescription Drug Plan without having to pay higher premiums because you delayed enrolling.

- **If you are in a nursing home or an institution for people with mental retardation or mental illness**, you have the right to change drug plans when you enter or leave the facility.

- **If you have Medicaid with drug coverage and Medicare**, you will no longer receive your drug coverage through Medicaid, and will be required to get your drug coverage through Medicare instead.
    - You will automatically receive the Extra Help (also called the Low-Income Subsidy) available to people with limited incomes and resources.
    - You will also be automatically enrolled into a drug plan that Medicare will choose for you if you do not choose a plan on your own by December 31, 2005. However, you will have the right to change drug plans at any time.

- **If you have limited income and resources**, you can apply for the Extra Help available through the Medicare Prescription Drug Coverage.
    - If you qualify for the Extra Help, you will pay lower (or no) premiums and co-payments when you join a Plan and you will not have any gap in coverage, no matter how much your drug expenses are.
    - If you apply for the Extra Help for people with limited incomes and resources available through the Medicare Prescription Drug Coverage and are turned down, you have the right to appeal that decision.
        - You must request that appeal within 60 days of the initial decision.
        - You can file your appeal with the Social Security Administration in person, by mail, by fax, or by phone.
        - You have the right to participate in the review of your case by telephone, if you so choose.

## Consumer Protections in Drug Plan Marketing

- Representatives from a Medicare drug plan may not come to your home unless you invite them to come to your home to give you information about their plan.

- Representatives from a Medicare drug plan may call you at home unless your phone number is listed on the national "Do Not Call" registry.

- Representatives from a Medicare drug plan may not ask for your Medicare number, Social Security number or other private information over the telephone.

- If you are already enrolled in a Medicare Advantage plan and wish to receive prescription drug benefits from that plan, representatives from that plan may call you and ask you to enroll over the phone.

## Your Rights in Using Your Drug Plan -- Formulary Changes

- A Medicare drug plan must advise you about changes in its list of covered drugs, (called a formulary) 60 days before this change becomes effective if you take a drug that is no longer covered.
    - The plan may provide this notice in writing to you, or
    - The plan may provide this written notice to you when you get the drug refilled at your pharmacy. The pharmacy must provide 60 days of medication to you.

- You have a right to get a 90-day supply of maintenance medication from either your network retail pharmacy or the plan's mail order pharmacy at a cost no more than what you would pay for three (3) 30-day refills of your prescription drug.

- If you reasonably cannot get medications through a network pharmacy, you have a right to get the medication from a non-network pharmacy at no additional cost to you as long as this is not a routine practice.

- If your plan refuses to fill a prescription for a drug that your doctor says that you need you have a right to appeal.
    - You can appeal if the drug plan tells you that the drug that you need is not in the plan formulary or if the plan wants to charge you a higher amount for the drug. You will need to get help from your doctor explaining why the drug you want is necessary to treat your medical condition.
    - The plan must make a decision of whether you can get this drug, or pay a lower price within 72 hours if you already purchased the drug or within 24 hours if you ask for a quick decision, known as "expedited review."
    - You may ask the plan to review their first decision within 60 days and you may also ask for review by an independent reviewer.

- If you are in a stand-alone drug plan, called a "PDP," you have a right to get a written notice about your use of drug plan benefits. This notice should include the amount of money that you paid for prescription benefits and the amount of plan benefits that you received in each month in which you used your drug benefits.