

Drugs

Enrollment period runs through May 15

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But a decision must be made and a little organization can keep the task from being overwhelming.

Here's a step-by-step guide to figuring out what option is best for you:

Step 1: Learn the basics

Start by making sure you understand Medicare Part D.

Everyone who is covered by Medicare has the choice of getting drug coverage next year. The federal government is paying companies to offer the benefit. Enrollees would pay a monthly premium, if one is charged.

Depending on the plan you select, you'll pay a set amount for each of your drugs (a co-pay) or a percentage of the cost of the drug (a co-insurance).

Some plans will make you buy up to \$250 worth of drugs before coverage starts. This is known as a deductible.

The plans may have a gap in coverage, which forces enrollees to pay for as much as \$2,850 worth of medicines on their own once their total drug bill reaches \$2,250.

After total drug costs reach \$5,100, the plans must pay 95 percent of the bills.

This is the minimum benefit set by lawmakers. Many companies are selling benefits that are much better - but often at a higher cost.

You also have the option of getting drug coverage by signing up for a Medicare managed-care plan, which helps pay for other medical services as well.

If you're a low-income person covered by Medicare but you get your medicines through Medicaid, you will be switched to a Medicare Part D plan on Jan. 1. You won't pay a monthly premium, as long as you pick a plan that charges less than the state average premium - \$30.69 in Ohio.

Some other low-income Medicare recipients also can qualify for extra help, such as free drug coverage without a monthly premium. If you think you might be eligible for extra help and haven't filled out a form with the Social Security Administration already, call 800-772-1213.

Step 2: Look at coverage

Once you understand the program, evaluate your situation.

"People need to start by understanding what kind of coverage they have now," said Dr. Mark McClellan, administrator for the Centers for Medicare & Medicaid Services (CMS).

If you have insurance that helps buy your drugs, you should get a letter by mid-November telling you whether the plan is at least as good as the minimum Medicare Part D benefit set by lawmakers. (Call your insurer if you don't get a letter.)

As long as your coverage is at least as good, you won't pay a late-enrollment penalty if you sign up for a Medicare Part D plan after the open-enrollment period, which runs from Nov. 15 through May 15.

Retirees who get coverage from their former employer or union should ask whether they'll lose their benefits if they sign up for a Medicare Part D plan, said Francine Chuchanis, Medicare managed-care ombudsman for the Greater Akron/Canton Area Agency on Aging.

Step 3: Take inventory

Next, gather all your medicines. Make a list of the prescriptions, including the dosage.

Write down the amount you're paying monthly for each medicine. Add them all together, along with the monthly premium for any drug benefits.

Multiply the total by 12 to find out your current yearly cost. You'll need to know this amount later to figure out how much you'll save under the available plans.

Step 4: Study options

Look inside the *Medicare & You* handbook that is being mailed to every Medicare recipient or log onto www.medicare.gov to see the list of options available to you. (If you are on Medicare and Medicaid or receiving extra help paying for your Medicare Part D, you should be aware that the booklet includes an error. Not all plans listed will be free for you.)

Get out your list of prescriptions and call CMS at 800-633-4227 to ask which plans cover your drugs. The Ohio Department of Insurance's Senior

Where to find help

Help is available to seniors and disabled Americans trying to determine which Medicare prescription drug plan is best for them.

At some point before enrollment starts Nov. 15, people on Medicare will be able to log onto www.medicare.gov or call 800-633-4227 for help in deciding on a plan, based on such factors as their prescription needs and drugstore preference. Limited information is available from these sources now.

In addition, people will be able to call the Ohio Department of Insurance's Senior Health Insurance Information Program at 800-686-1578 to get personalized information over the phone or to arrange a meeting.

The Greater Akron/Canton Area Agency on Aging provides free brochures, such as "How to Choose a Medicare Drug Plan" and "Avoiding Fraud and Unwanted Sales Calls." People also can request that a Medicare specialist speak to their group or company by calling 330-896-9172, Ext. 3209.

The Social Security Administration can help people determine whether they're eligible for assistance in paying the premiums and out-of-pocket charges. Call 800-772-1213 or log onto www.socialsecurity.gov.

Health Insurance Information program can provide the same information if you call 800-686-1578.

If you're Internet savvy, you can log onto www.medicare.gov and click on the "Formulary Finder" link. Select your state from the pull-down list, then list all your medicines as instructed to get a list of plans that cover the drugs. (The drug costs aren't available yet.)

This step is critical. If your prescription isn't on the plan's list of covered drugs - known as a formulary - you'll pay full price for it. And the money you pay for the medicine won't count toward any deductibles or required out-of-pocket expenses.

Step 5: Narrow choices

At some time before the enrollment period begins on Nov. 15, you will be able to log onto www.medicare.gov or call CMS at 800-633-4227 to find out exactly how much you will pay for your medicines under each of the available plans.

If you don't want to wait until the information is available from the government, you can call the companies now and ask them for the information, said Bob Herskovitz, spokesman in the Chicago office of CMS.

"It's a good way to test the plan's customer service," he added.

Make sure you find out the deductible for each plan you're considering, as well as whether the plans have a gap in coverage, Chuchanis said.

In addition, she said, it's also a good idea to ask the companies these questions:

- Will I need to change pharmacies to obtain coverage?
- Will any of the drugs I take require my doctor to contact the plan for prior approval?
- What other plan rules will affect the drugs I take?
- What steps can I take to get coverage for a drug that is not on the plan's list of approved drugs (formulary)?
- Will the plan still provide coverage if I travel frequently or for long periods of time?

Do the math

Get out your calculator and figure out how much each plan will cost you.

Or, if you'd rather have someone else do the math for you, you should be able to get that help by logging onto www.medicare.gov or calling CMS at 800-633-4227 or the Ohio Senior Health Insurance Information Program (OSHIIIP) at 800-686-1578 later this month or early next month.

To do the calculations on your own, include the monthly premium, any deductibles and the amounts you'll pay under the plan for each drug. Look at the monthly costs over a 12-month period and keep a running tally.

Determine whether there is a gap in coverage during which you'll have to pay for the drugs without any help from the plan. The plan, CMS or the OSHIIIP program should be able to help you figure out whether you'll reach any gap in coverage.

Make sure you know how much you have to pay on your own before catastrophic cover-



What does Medicare Part D mean for me?

Anyone who's eligible for Medicare can enroll in prescription drug benefits called Medicare Part D starting Nov. 15. Find your situation in the chart below to help determine what Medicare Part D might mean for you.

STATUS	HOW WILL THE NEW LAW AFFECT ME?	WHAT WILL I NEED TO DO?	WILL THE NEW MEDICARE DRUG PLANS BENEFIT ME?
I'm enrolled in both Medicare and Medicaid.	Starting Jan. 1, Medicaid will no longer buy your prescriptions. Instead, one of the new Medicare prescription drug plans will pay for your medicines.	You must pick the prescription drug plan that best meets your needs by Dec. 31, or the government will randomly select one for you. You will be allowed to switch plans at any time. You must pick a plan with a premium of \$30.69 a month or less for Ohio residents if you want coverage without paying any part of the premium.	Yes. Because you are low-income, you won't have to pay an annual premium to get drug coverage as long as you pick a plan with a premium of \$30.69 or less a month for Ohio residents. Though the plans technically must require you to pay co-pays of \$1 per generic drug and \$3 per brand-name drug, pharmacies can waive your share of the bill.
I'm an individual with an income below \$14,355 and assets of less than \$10,000 (or income below \$19,245 and assets below \$20,000 for a couple).	You can get extra help getting drugs starting next year. Most people who qualify for this low-income subsidy will get free coverage as long as they pick a plan with a premium of \$30.69 or less a month for Ohio residents.	If you have Medicaid, a Medicare Savings Program or Supplemental Security Income, you will automatically receive extra help. Otherwise, fill out an application, which probably has been mailed to you by the Social Security Administration. Sign up for a plan by Dec. 31 for coverage to start Jan. 1.	Yes. On average, Medicare is expected to pay \$4,189 of drug costs next year for people receiving the extra help. Because you are low-income, you'll get lots of extra help buying your prescriptions. You probably won't have to pay the monthly premium to get your coverage as long as you pick a plan that costs \$30.69 or less a month for Ohio residents. If you do have to pay a monthly premium, it will be on a sliding scale based on your income. The amount you'll have to pay before coverage starts will range from nothing to \$50. And you'll get your drugs for as little as \$2 per generic drug and \$5 per brand-name drug.
I earn more than \$14,355 for an individual or \$19,245 for a couple, and I don't have any drug coverage.	Though you don't qualify for the low-income subsidy, you will have the option of enrolling in one of the plans that will be available in your region to help pay for your medicines.	Look carefully at the benefits and the list of covered drugs in each of the available plans to see whether one meets your needs. Compare your current drug bills with the amount you would pay under each plan. You'll also need to consider whether it's worth buying a plan now in case you get sick in the future and need a lot of expensive drugs. If you sign up after the open enrollment period ends May 15, you'll pay a higher monthly premium as a penalty.	Possibly. On average, Medicare is expected to pay \$1,138 of drug costs next year for people who enroll in a Medicare Part D plan who don't qualify for the low-income subsidy. If you take a lot of expensive drugs, you'll definitely benefit immediately from enrolling in a plan. Even if you're healthy, enrolling in a plan now can protect you from higher out-of-pocket costs if you get sick in the future.
I'm a veteran who gets my prescriptions through Veterans Affairs or TRICARE.	Your coverage is not changing. If your VA plan meets your needs, you don't have to switch to a Medicare Part D plan. If you're considered a "high-priority veteran," including those with low incomes, your benefits are probably better than the standard Medicare prescription plans. You can enroll in a Medicare Part D plan at a later date with no penalty if you change your mind.	Nothing. You don't need to do anything if you want to continue using the VA system or TRICARE to get your medicines. If you want to enroll in a Medicare Part D plan at a later date, you will not face a late-enrollment penalty.	No. In almost all cases, you're better off keeping your current coverage instead of switching to a Medicare Part D plan.
I buy prescription coverage through a Medicare supplemental plan, also known as a Medigap plan.	You can keep your current plan, but you'll probably end up paying a lot more. If your coverage isn't as good as the standard Medicare Part D plan (which is probably the case), you'll face a late-enrollment penalty if you switch after the open enrollment. You will get a letter from your plan by mid-November telling you whether its drug benefit is at least as good as the standard plan.	Calculate your current monthly premium and the amount you pay for drugs. Compare your costs now with the amount you would pay under each of the new drug plans. Keep in mind: Your Medigap premium probably will increase because it can't accept new enrollees starting next year.	Probably. Most people who are enrolled in Medigap plans can save money by switching to one of the new Medicare Part D plans, which probably will have lower premiums and better benefits.
I'm enrolled in a Medicare managed-care plan, also known as a Medicare Advantage plan.	All Medicare managed-care plans are required to offer Medicare Part D options that are at least as good as the standard benefits set by lawmakers starting next year. You will get a letter by mid-November from your current plan explaining your options.	If you like your Medicare Advantage plan and it's offering prescription benefits that fit your needs, you can do nothing and stick with the plan. Look at competing Medicare Advantage plans if you like the program and see which one offers benefits that are best for you. If you enroll in a managed-care plan, you must pick one of its Medicare Part D options if you want drug coverage. If you pick a Medicare Part D plan that is not offered by your managed-care plan, you'll lose your Medicare managed-care benefits and revert to standard Medicare.	Probably. Medicare Advantage plans will be offering better prescription drug benefits and lower out-of-pocket costs starting next year. Several are not charging a monthly premium for medical and prescription drug benefits.
I'm a retiree who gets drug coverage through a plan offered by my former employer or union.	The majority of retiree plans offer drug benefits that are at least as good as - and in most cases, better than - the standard Medicare Part D plan. That means if you decide to enroll in a Medicare Part D plan at a later date, you won't face a late-enrollment penalty. You will get a letter from your company by mid-November telling you whether your benefits will change next year and whether your drug coverage is as good as the standard plan.	In most cases, do nothing. Your current coverage probably will be better than the standard Medicare Part D plan. Look for a letter from your former employer by Nov. 14 that will explain your options. Call if you have questions. Calculate your current monthly premium and the amount you pay for drugs. Compare your costs now with the amount you would pay under each of the new drug plans. Before enrolling in a Medicare Part D plan, call your current insurer to see how your benefits would be affected.	Sort of. Because of a subsidy the federal government is paying companies that offer good drug coverage to retirees, your former employer has a financial incentive to continue helping you buy your drugs. In most cases, retiree plans provide better drug benefits than a standard Medicare Part D plan, so you probably won't want to switch.

Beacon Journal research by medical writer Cheryl Powell

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age kicks in, when the plans pay 95 percent of the bills.

Call several pharmacies to estimate the price you'll pay for the drugs during the gap in coverage, Chuchanis suggested. Add these amounts to your running tally, as well as the amounts you will pay when you reach catastrophic coverage.

Compare the amounts for each plan to the amount you're paying now for prescriptions to see what provides the biggest

savings, Chuchanis said.

Even if you won't save much by signing up now, remember you'll have to pay a higher premium as a late-enrollment penalty if you decide to join later.

Step 7: Sign up - or not

Starting Nov. 15, you can sign up for a plan by contacting the company, calling CMS at 800-633-4227 or logging onto www.medicare.gov.

But don't feel pressured to

rush to a decision, said Judith Stein, executive director of the Center for Medicare Advocacy. You have until May 15 to sign up without paying the late-enrollment penalty.

"People shouldn't feel they have to make a decision by Jan. 1, 2006, if they're not certain yet," she said.

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