

Important Information For Medicare Beneficiaries Who Also Have Prescription Coverage Through A Medical Assistance HMO (Health Partners or Keystone Mercy Health Plan)

You should have received a letter from the Department of Public Welfare telling you that your prescription coverage through Medical Assistance will end on December 31, 2005. After that date, you will no longer be able to get most prescriptions covered by Medical Assistance*and instead you will need to get your prescriptions through a Medicare Prescription Drug Plan.

* Please note: Your Medical Assistance ACCESS card will still cover a few medications-specifically, benzodiazapines, barbiturates and some over-the-counter drugs.

WHAT YOU NEED TO DO:

You need to enroll in a Medicare Prescription Drug Plan by December 31, 2005 to make sure you have the coverage that is best for you starting January 1, 2006.

- **If you do not join a Medicare Prescription Drug Plan before the end of the year, a choice may be made for you. This could mean that you get put in a Plan that does not cover all of the medications you are taking.**
- **As long as you join a Plan before the end of the year, you will have coverage through the Plan you choose.**

DID YOU GET A LETTER FROM YOUR MEDICAL ASSISTANCE HMO?

If you have Original Medicare (the red, white and blue card), a letter was sent to you in October from a Medicare Advantage Plan (also called a Medicare HMO) connected to your Medical Assistance Health Plan.

- ❖ If you are in *Health Partners*, the letter came from *Senior Partners*
- ❖ If you are in *Keystone Mercy Health Plan*, the letter came from *Keystone 65 Complete*

The letter told you that you would be put into that Medicare HMO unless you "opted out" by October 31st .

- **If you opted out of the Medicare HMO before 10/31/2005, you need to choose a Medicare Prescription Drug Plan and enroll before the end of this year.** If you do not enroll into a Plan by December 31, 2005, Medicare will randomly assign you to a Prescription Drug Plan (will only cover prescription drugs) and you will need to get prescription coverage through that Plan effective January 1, 2006.
- **If you opted out of the Medicare HMO after 10/31/2005, you need to choose a Medicare Prescription Drug Plan and enroll before the end of this year.** If you do not enroll into a Plan before December 31, 2005, you will NOT have coverage for prescription drugs starting January 1, 2006.
- **If you did not opt out, you can still choose a Medicare Prescription Drug Plan and enroll in it before the end of the year.** If you do not enroll in a Medicare Prescription Drug Plan, you will be put into the Medicare HMO on January 1, 2006 (and get your prescriptions and all other Medicare-covered services through the HMO). Enrolling into a Plan of your choice means that you will NOT be enrolled into the Medicare HMO and you can continue to get your Medicare services through the Original Medicare program.

IF I DID NOT "OPT OUT" SHOULD I STAY WITH THE MEDICARE HMO OR CHOOSE ANOTHER PRESCRIPTION DRUG PLAN?

It depends on whether the Medicare HMO will meet your needs or not. Keep in mind that if you join a Medicare HMO it will change how you get all of your Medicare-covered services, including your prescriptions. Before you decide, you should do these things:

- **Check to see if all the medical providers you use-your doctor, specialists, psychiatrist, hospital, pharmacy, mental health treatment program, DME supplier-are in the Medicare HMO's**

network. Because you are in Original Medicare you can now go to any Medicare provider as well as all providers in your Medical Assistance health plan. That will change if you join a Medicare HMO. If any of your providers are not in the HMO's network you may not be able to go to them anymore because most Medicare HMOs require that you only go to their providers.

- **Check to see if the Medicare HMO will continue to cover all the prescription medications that you take now.** If you join this Medicare HMO you will also be getting your Medicare prescription coverage from them. Keep in mind, however, that a Medicare HMO is not required to cover all the medications you were able to get through Medical Assistance.

- **Compare the Medicare HMO to all the other Prescription Drug Plans available to make sure it is the best choice for you.** You have many "stand-alone" Medicare Prescription Drug Plans to choose from that may give you prescription coverage that is as good or better than the Medicare HMO, but will not affect how you get your other Medicare-covered services. A stand-alone Plan just covers your drugs, while allowing you to continue to use your red, white and blue Medicare card to get all other Medicare services. There are also other Medicare HMOs available to you that may have a broader provider network, or that may offer you extra benefits.

If you are not sure the Medicare HMO will meet your needs, you should choose another Prescription Drug Plan and enroll by December 31, 2005. Your enrollment into a different Plan will automatically take you out of the Medicare HMO. Whatever Plan you choose-remember that you can always change your plan (at any time) if it does not meet your needs!

If you have questions about this notice, about choosing a Prescription Drug Plan or about how you will get your medications after January 1, 2006, you can call the Pennsylvania Health Law Project Helpline at 1-800-274-3258.