

Choosing a Medicare Prescription Drug Plan



If you have Medicare (Part A and/or Part B) and you want to enroll in Medicare's Prescription Drug Benefit (Part D), you have two different types of plans to choose from:

- Stand-alone Prescription Drug Plans (PDPs): these plans will only provide you with prescription drug benefits. You will continue to get the rest of your Medicare-covered services through Original Medicare (using the red, white, and blue card). These plans are available across the entire state. You can see a list of 2012 PDPs on pages **147 through 147d** of the Medicare & You 2012 Handbook.
- Medicare Advantage Plans with drug coverage (MA-PDs): these Medicare managed care plans (such as HMOs or PPOs) provide you with all of your Medicare-covered services, including your prescriptions. If you are enrolled in a Medicare Advantage Plan, you are usually limited to a certain network of providers, and you may have to follow special rules for accessing care. MA-PD options differ depending on the county in which you live. You can see a list of Medicare Advantage Plans available in 2012 on pages **144 through 144t** of the Medicare & You 2012 Handbook.

Medicare *Special Needs Plans* (SNPs) are types of Medicare Advantage Plans that limit their enrollment to certain groups of Medicare beneficiaries such as dual eligibles, people in nursing homes, or people with certain chronic conditions. SNP options differ depending on the county in which you live. You can find a listing of 2012 SNPs on pages **145 through 145b** of the Medicare & You 2012 Handbook.

Things to Consider When Choosing a Plan

When you first choose a Medicare prescription drug plan, and each year during the Annual Enrollment Period (October 15-December 7), you should consider the following:

Costs*

- How much is the monthly premium?
- What is the annual deductible?
- What co-pays will the plan charge for the drugs I take?
- How much will my drugs cost in the doughnut hole?

** If you are eligible for a low-income subsidy, you will not be subject to the plan's costs. Your costs will be limited and will depend on the level of subsidy you receive.*

Drug Coverage

- Will the plan cover all of the drugs I take? (check the quantity and dosage too)
- Will the plan require that I get “prior authorization” for any of my drugs?

Pharmacy Network

- Will the plan let me use the pharmacy I go to now?
- Is there a pharmacy near me in the network that is open 24 hours a day/7 days a week?
- Can I get my drugs through mail order?
- How do I get my prescriptions if I am out of the network? (visiting or on vacation out of state, for example)

Where to Find Information about the Plans:

- Medicare & You 2012 Handbook
- www.medicare.gov
- Call Medicare: 1-800-633-4227 (telephone) or 1-877-486-2048 (TTY)
- Call APPRISE: 1-800-783-7067

How Do I Enroll?

You can call Medicare or APPRISE for help in selecting a Medicare prescription drug plan or to join a plan. You could also contact the plan directly to join. Some plans may require that you fill out an enrollment application. You will also be able to enroll on-line into a plan through the Medicare website, www.medicare.gov.

Please note that people who have Medicaid and others with a low-income subsidy will be enrolled in a Part D plan by Medicare if they do not join one on their own.

For questions or more information on Medicare prescription drug plans you can call

- APPRISE: 1-800-783-7067 or
- Pennsylvania Health Law Project Helpline: 1-800-274-3258