

RxCompare™

Evaluating Your Medicare Prescription Drug Plan Options

**This tool
is to help you
make the choice.**

The new Medicare prescription drug coverage offers insurance for prescription drugs. The insurance is provided by private companies approved by Medicare. Several companies offer this insurance in your area. Many will offer more than one kind of plan, with different levels of benefits you receive and premiums you pay. To use the Medicare prescription drug coverage, you will have to choose a plan. This tool can help you make that choice.

MAPRx is a coalition of patient, family caregiver and health professional organizations committed to safeguarding the well-being of people with chronic diseases and disabilities under Medicare Prescription Drug Coverage. For a list of member organizations, see the "About Us" section of our web site at www.maprx.info/about_us.html.

The Centers for Medicare & Medicaid Services (CMS) continues to update and expand the Prescription Drug Plan Finder. MAPRx will regularly monitor changes to the site and adjust RxCompare as needed.

MAPRx
Medicare
Access for
Patients Rx™

Navigating the
Prescription
Drug Program

Overview

What You Need to Know: Read this section completely before beginning to make the decisions that appear on pages 5 and 6.

Enrollment Underway

For the first time, Medicare is offering insurance to assist you in paying for your prescription drugs. You can join a Medicare prescription drug plan from now until May 15, 2006. If you signed up before December 31, your coverage began on January 1, 2006. If you join later, your coverage begins on the first of the month following the date you enrolled. (After May 15, 2006, you may have to pay a penalty for enrolling late.) It is best to enroll early in the month to allow Medicare and the drug plans the time necessary to update their systems and mail important plan enrollee documents to you before you begin to use the coverage. Once you join a prescription drug plan, you have the option to change to another plan one time prior to May 15th. After this date, you must stay in the plan you have chosen until the end of the year. You will have a chance to select a different plan for 2007 starting November 15, 2006.

Note: If you have a Medicaid card, you can switch drug plans monthly. (See the information for dual eligible beneficiaries on page 4.)

Decisions to Make

There are many plans to choose from. Each plan is different. It is important to pick a plan that is a good choice for you. This tool can help. It will help with the three decisions you may have to make:

- 1** **If you already have drug coverage**, you need to decide whether to keep that insurance or to join a new Medicare prescription drug plan. For more information, see page 5, Decision No. 1.
- 2** **You may qualify for help with the premiums and other costs** of a Medicare prescription drug plan. This will depend on your income and savings. For more information, see page 5, Decision No. 2.
- 3** **You can select one** of the Medicare prescription drug plans offered in your area (page 7). A checklist of personal information that you should gather before reviewing the drug plans is in the box to the right.

Common Questions

Answers to many questions about Medicare prescription drug coverage are on pages 2 and 3. It may be helpful to read them first.

The meanings of some words, highlighted in blue throughout the document, used to describe Medicare prescription drug coverage are included on page 12.

A Checklist of Personal Information to Have Handy When You Choose a Medicare Drug Plan

It may help to have the following when you review drug plans in your area:

- Your Medicare card, including Medicare number and effective date for Part A or B.
- Information on your current prescription drug benefits (e.g., employer, union or other retiree drug coverage).
- Information on your income and financial assets. (This will help you find out if you qualify for extra help paying for a drug plan.)
- A list of the medicines you take now (including how often and what strengths).
- The names of drugs you take that should **NOT** be substituted with generic drugs. Ask your doctor about this.
- The names of the pharmacies you use or prefer.

Answers to Some Common Questions about Medicare Prescription Drug Plans

1. Do I have choices to make?

Yes, you have important choices to make.

You will have several choices of plans under the Medicare prescription drug coverage. Try to look at all your choices and pick a plan that is good for you. Your benefits will start the first day of the month after you enroll in a plan. You have until May 15, 2006, to make this important decision. (After May 15, 2006, you may have to pay a penalty for enrolling late.)

2. If I have drug insurance now, what should I do?

Have you gotten a letter from the plan saying that your current plan is “**creditable coverage**”? This means your current plan is as good as or better than the standard Medicare drug coverage, and you can join a Medicare prescription drug plan later without paying a penalty.

If you give up your current drug insurance to join a Medicare prescription drug plan, you may lose other retiree health benefits. Be sure to check with a benefits administrator at your current insurance plan.

It's a good idea to visit the BenefitsCheckUpRx website (www.BenefitsCheckUpRx.org) if you are considering whether or not to sign up for the new Medicare prescription drug coverage. By answering a short series of questions, you will learn:

- How your current insurance or other prescription drug coverage affects your options and rights under the new Medicare prescription drug coverage.
- Whether you qualify for extra help with your costs under the new Medicare prescription drug coverage.
- If you may qualify for additional government benefits that can save you money on your medications.
- If it makes sense for you to start comparing the Medicare drug plans that are available in your area.

3. What should I consider in choosing a Medicare prescription drug plan?

The best choice for you will depend on things like how many drugs you need and your income. Start with these questions:

- Will the prescription drug plan you are considering cover the prescription drugs you take now?
- What will the prescription drug plan cost you? (Costs include **premiums** and what you pay for each drug.)

4. Are all Medicare prescription drug plans the same?

No, almost every Medicare prescription drug plan will be different in some way. The following list includes some plan features to review:

- The list of prescription drugs covered under the plan (known as the “**formulary**”).
- The monthly **premium**.

Answers to Some Common Questions about Medicare Prescription Drug Plans

- The **co-payments** for specific drugs under the plan. (Many plans charge low **co-payments** for generic and cheaper drugs and higher **co-payments** for brand-name and expensive drugs. This way of pricing is called “**tiers**.”)
- The drug plan’s rules or policies that limit coverage of some costly prescription drugs. (Examples of these rules include “**prior authorization**,” “**quantity limits**,” and “**step-therapy**” requirements.)
- The drug plan’s policies for covering drugs that are not on its list (**formulary**) or for charging higher-than-usual **co-payments**.
- The amount you pay during the “**donut hole**,” which is after the **initial coverage** ends but before **catastrophic coverage** begins.
- The pharmacies in your community that are included in the drug plan’s network.

5. Where can I get information on different Medicare prescription drug plans?

- Medicare mailed the **Medicare & You** handbook and basic information on the prescription drug benefit to all people who qualify for Medicare. Call 1-800-MEDICARE (1-800-633-4227). (TTY users call: 1-877-486-2048) if you have not received your handbook.
- Medicare prescription drug plans will send out advertisements. You may also get phone calls from people selling Medicare prescription drug plans. **(Never give out any personal information to people who call you on the phone. For example, don’t give them your Social Security number or Medicare number.)**
- You can call 1-800-MEDICARE to speak to a customer service representative. You can also call the toll-free number of the prescription drug plan to learn more about their coverage. Their numbers are listed in the **Medicare & You** handbook. They can answer many of your questions.
- You can visit the Medicare website, www.medicare.gov and use the Medicare *Prescription Drug Plan Finder*. You also can visit the websites of different Medicare drug plans listed in the **Medicare & You** handbook.
- Call your State Health Insurance Assistance Program (SHIP). Phone numbers are listed in the **Medicare & You** handbook. Or visit the SHIP website at www.shiptalk.org. Another source of help is www.eldercare.gov. Use these sources to find someone in your area to help you.

6. Will my individual health information be kept private?

- Yes, all information you give to the Medicare website and to the 1-800-MEDICARE line is kept private.

Note to Dual Eligible Beneficiaries

A special message for those who have Medicare AND currently get drug coverage through Medicaid:

You qualify as a “**dual eligible**” **beneficiary** if you have Medicare AND currently have your drugs covered through Medicaid.

Starting January 1, 2006, Medicaid will **not** cover your prescriptions anymore. But you will still have drug coverage. Your prescription drug coverage will come through the new Medicare prescription drug coverage.

Here are some things you should know about how Medicare prescription drug coverage will work for you:

- 1** Medicare automatically signed you up for a prescription drug plan if you did not choose one by December 31, 2005. So you still have drug coverage after January 1, 2006, when your Medicaid drug coverage ended. You should already have a letter from Medicare on yellow paper, informing you of the plan you have been assigned.
- 2** You do not need to apply for the extra help available through Medicare prescription drug coverage (discussed on page 5). You will automatically get this extra help because you are on Medicaid.
- 3** Under certain plans (including the one to which you are assigned), you will pay no **premiums** and no **deductible** for your Medicare prescription drug coverage depending on your income. Your **co-payments** will be about \$1 or \$2 for generic drugs and \$3 or \$5 for brand-name drugs. These plans should be the **first** in the list that comes up when you use the Medicare *Prescription Drug Plan Finder*.
- 4** You can switch plans at any time. When you enroll in a new plan, you will automatically be “disenrolled” from your old plan. Your **coverage** under the new plan will take effect on the first of the month after you join that plan. (For example, if you enroll in a new plan on March 10, your coverage under that new plan will begin on April 1.) You may be required to pay additional costs under a different plan.

IMPORTANT NOTE:

The plan that Medicare chooses for you may not be the best option for you. It may not cover all your prescriptions. Or it may not work at your usual pharmacy. So it's a good idea to do your “homework.” Find out more about all the plans being offered in your area. Choose a plan that best meets your prescription drug needs.

Deciding to Join a Medicare Prescription Drug Plan

DECISION NO. 1:

Decide whether to keep your current drug insurance.

Do you have a Medicaid card and currently get drug coverage through Medicaid? If so, skip Decision Nos. 1 and 2. Go straight to Decision No. 3. See also the notes for **dual eligible beneficiaries** on page

If you do not have drug insurance, go to Decision No. 2.

If you do have drug insurance, do you have **creditable coverage**? “**Creditable coverage**” means your current plan is as good as or better than the standard Medicare drug plan. Have you gotten a letter from the plan saying it is **creditable coverage**? If you have, then you can stay on your current plan. You won’t have to pay a late penalty if you decide to enroll in a Medicare prescription drug plan later. If you are not sure if your plan offers **creditable coverage** call your benefits administrator.

IMPORTANT NOTE:

Will you lose other retiree health benefits if you give up your current drug plan? Call your benefits administrator to find out.

DECISION NO. 2:

Decide whether to apply for help paying premiums and your share of drug costs.

Do you have a Medicaid card? If so, you automatically qualify for extra help. Skip to Decision No. 3. See also the information for dual eligible beneficiaries on page 4.

Find out if you qualify for extra help paying for a Medicare drug plan.

Medicare provides extra help for people with limited incomes and financial assets. Help is available if your annual income and financial assets are less than²:

	Annual Income Less Than	Financial Assets Less Than
Individual	\$14,355	\$11,500
Couple	\$19,245	\$23,000

² If you live in Alaska or Hawaii, income limits are higher. Check with the Social Security Administration for additional information.

Deciding to Join a Medicare Prescription Drug Plan

If you think you may qualify for extra help:

- Call the Social Security Administration at 1-800-772-1213, **OR**
- Visit www.socialsecurity.gov on the Web, **OR**
- Apply at your State Medical Assistance office.

They can help you figure out if you qualify. They can also tell you how much the help will reduce your costs. To get the telephone number for your State Medical Assistance office, call 1-800-MEDICARE or visit www.medicare.gov.

You can also visit the Benefits CheckUpRx website (www.BenefitsCheckUpRx.org). This is a free online tool that can help you figure out if you qualify.

You can read more about help for people with limited income and assets in the **Medicare & You** handbook.

DECISION NO. 3:

Selecting a Medicare drug plan.

Do you have a Medicaid card and currently get drug coverage through Medicaid? If so, Medicare chose a drug plan for you if you didn't choose one yourself by December 31, 2005. You were automatically signed up. It is important for you to read the information for **dual eligible beneficiaries** on page 4.

There are two types of Medicare prescription drug plans. You should decide if you want to consider only Medicare Advantage plans, only stand-alone plans, or both.

- **Medicare Advantage Plans:** These plans offer all your Medicare benefits, including prescription drug coverage. They may be a managed care organization (HMO) or a preferred provider organization (PPO). It is important to see which doctors, hospitals and other healthcare providers you can use under any Medicare Advantage plan you are considering. Find out who is in the plan's network. Are you willing to switch doctors and healthcare providers? You may have to change doctors or other healthcare providers if you join some Medicare Advantage plans. You need to call the plan's customer service number to find out. People enrolling in a Medicare Advantage Prescription Drug Plan agree to get all their medical and prescription drug benefits from that plan.
- **Stand-Alone Plans:** These plans offer prescription drug coverage to go with your current Part A and Part B Medicare benefits. Under the stand-alone plans, you would continue to get medical services from your usual providers. You can use any doctor or other healthcare provider who sees Medicare patients, and any hospital that accepts Medicare.

Comparing Medicare Prescription Drug Plans

The plans may differ in the **premiums** they charge, the drugs they cover, and the total cost you will pay. It is important that you find out about the **coverage** and costs of drugs you currently take under each plan. You need to compare the specific details of each plan. That's the only way to find the plan that will give you the best **coverage** for your special needs.

First you need to collect information about each plan. Then you need to compare the different plans side-by-side. There are two worksheets at the back of this tool to help you:

Tool No. 1: *Drug Plan Worksheet* (page 13) will help you collect information about each plan. Use a separate, blank copy of this form for each plan you are considering. (Print as many copies as you need.) Complete all sections of the form for each plan.

Tool No. 2: *Drug Plan Comparison Chart* (page 14) will help you compare plans to find the one that's best for you. Move information from your completed *Drug Plan Worksheets* to this chart.

It is important to ONLY compare Medicare Advantage plans with other Medicare Advantage plans or Stand-Alone plans with other Stand-Alone plans.

STEP No. 1: Filling in the Drug Plan Worksheet (Tool No. 1)

You can get the information about a plan from the Medicare *Prescription Drug Plan Finder* at www.medicare.gov or by calling a customer service person at 1-800-MEDICARE.

General Tips On Using The Medicare "Prescription Drug Plan Finder"

- When on the Medicare.gov page, click on "Compare Medicare Prescription Drug Plans."
- On this new page, go to "Find a Medicare Prescription Drug Plan" and click. This takes you to the Medicare *Prescription Drug Plan Finder*.
- When using the Medicare *Prescription Drug Plan Finder*, begin with the "General Plan Search" option to review plans that may be of interest to you.
- You will need to enter your zip code and answer questions regarding your existing coverage and eligibility for additional help.
- You will need to select the type of drug benefit plan of interest to you ("Medicare Advantage" or "Medicare Prescription Drug Plan" [Stand-Alone]). If you are interested in Medicare Advantage plans, you need to check "Health Benefits and Drug Coverage" under option "B." If you are interested in Stand-Alone plans, go to option "C."
- If you select option "B," you will answer a few questions and then see a list of Medicare Advantage plans in your region with some information about the costs of each plan.

Step No. 1 continues on page 8.

Comparing Medicare Prescription Drug Plans

Step No. 1 continued from page 7.

- If you select option “C,” the next step will be to enter the prescription drugs that you currently use. *Important: If you need a brand drug (non-generic) for any of your drugs, be sure to **un-check** the box that says “Use lower cost generic drugs when available” **after** you have entered all of your drugs into the system.*
- After you have entered your drugs, continue on to the “Plan List.” **The Medicare Prescription Drug Plan Finder will provide you an option to select your usual pharmacy at this time. Do not do so at this time.**
- The Medicare Prescription Drug Plan Finder will generate a list of drug plans (“Personalized Plan List”) in your area in order of estimated annual cost, for you to review.
- Follow the instructions on the following pages to identify and compare the key details of the plans of most interest to you.

Instructions On How To Fill In Tool No. 1—Drug Plan Worksheet

Boxes A, B, C and D: In the first row of the form, write the

- A** Name of the plan (Box A) (You will get the phone number after a few more steps.)
- B** Monthly **premium** (Box B)
- C** Annual **deductible** (Box C)
- D** Circle whether it is “Stand-Alone” or “Medicare Advantage” (Box D). (See page 6 for a description of the two kinds of plans.)
- E** **Column E:** List all of your prescription drugs in this column. You should ask your doctor(s) any questions you have about drugs you currently take. Are there any drugs you currently take that should not have substitutions?

In the next section of the chart (Columns F through I) you will need to use the “Cost Detail” section for each plan you are considering in the Medicare Prescription Drug Plan Finder. To access the “Cost Detail” section, go to the “Plan Information” column next to the plan name and select “View Cost Details” in the pull-down box where you see “Select below.” Or you can call 1-800-MEDICARE. A customer service person can help you get the information you need. The plan’s phone number will appear on this page or the customer service person can provide the phone number.

F G H **Columns F, G, and H:** You will need to have entered the list of drugs you currently take and the dose(s) and strength(s) of each into the Medicare Prescription Drug Plan Finder tool to determine if each of your drugs is covered (Column F) and if there are limitations (Column G). If there are coverage limitations of a specific drug, an asterisk(*) will appear next to the drug’s name in the list of medications in the “Cost Detail” section. To determine what the limitation(s) are, click on “drug detail link” near the bottom of page. In column G, enter the limitation(s) (“Prior Authorization,” “Quantity Limit,” and/or “Step Therapy”) on any of your drugs and then close the new window. In column H, write what you will have to pay for each of your drugs at one of that plan’s **preferred** pharmacies. Total Column H.

I **Column I:** If the prescription drug plan has a mail order pharmacy, write down how much you would pay for each drug using the mail order pharmacy. If the mail order pharmacy provides a 90-day supply, place a check next to “90 day.” Total Column I.

J **Column J:** If the prescription drug plan offers a lower cost share for the generic or similar versions of any drugs you currently take, write down the amount on the Drug Plan Worksheet in Column J. You will find this information by returning to “Personalized Plan List” and selecting “Lower My Cost Share” in the pull down menu on the “Personalized Plan List” page. You can also get this

Comparing Medicare Prescription Drug Plans

Step No. 1 continued from page 8.

information from a Medicare customer service person (1-800-MEDICARE).

K **Box K:** You may wish to get some of your drugs from your local pharmacy and others from a mail order pharmacy. You may choose generics for some drugs and not others. To determine your estimated total monthly drug costs, select and circle, for each of your drugs, one of the three monthly costs listed in Columns H, I, and J. Select the one that most likely reflects what you will pay for the drug based on where you will buy the drug and whether or not you will use a generic or similar drug substitution. Add the circled numbers together and write the total in Box K.

L **Box L:** To determine if the pharmacy you use is a preferred pharmacy for this plan, return to the “Personalized Plan List.” Click on the number under “# of Pharmacies.” A new window will open listing preferred pharmacies near where you live. Determine if the pharmacy you use is or is not on this list. A Medicare customer service person can also provide you with this information. **If your pharmacy is listed** you may close the window and proceed to the next step and leave Box L empty. **If your pharmacy is not listed**, you will need to select your pharmacy before proceeding to the next step. To do this, first write down the name of one of the preferred pharmacies that appears on the list. Then, close this window and go to “My Information” just below the “Personalized Plan List” and click on “Change Pharmacy Selection.” In the new window, select the preferred pharmacy you wrote down **AND** your pharmacy and then click on “Continue with Selected Pharmacies.” The “Cost Detail” page or the customer service person will now give you the estimated **monthly** drug cost for your prescriptions at your pharmacy under the prescription drug plan in comparison to those at a preferred pharmacy. Write this information in the *Drug Plan Worksheet* in Box L.

M **Box M:** In the “Cost Detail” section, the Medicare Prescription Drug Plan Finder will calculate your estimated monthly drug costs after total costs reach the **initial coverage** limit of \$2,250.00.

This is the estimated amount you would pay out-of-pocket under the “**donut hole**” portion of your coverage. You can also ask the customer service person for this information. There may be different estimates based on use of a preferred, non-preferred or mail order pharmacy. Choose the appropriate cost based on your preference and write the amount in Box M.

N **Box N:** The Medicare Prescription Drug Plan Finder or the customer service person will calculate and present to you the estimated total **annual** costs for your prescriptions at a preferred pharmacy, an out of network pharmacy (if your pharmacy is not in the plan’s network) and a mail order pharmacy if one is available under the prescription drug plan you are reviewing. You must choose which of these three estimates you prefer. Write the annual cost estimate for this choice in the *Drug Plan Worksheet* in Box N.

REMEMBER:
You need to complete a *Drug Plan Worksheet* for each plan that you think may meet your needs.

Tool No. 1—Drug Plan Worksheet Make copies of this form before you begin. Complete a Drug Plan Worksheet for each plan you are considering.

A Plan Name: _____ Phone Number: _____	B Monthly Premium: \$ _____	C Annual Deductible: \$ _____	D (Circle One) Stand-Alone <input type="radio"/> OR Medicare Advantage <input type="radio"/>	
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	E	F	G	H	I	J	K	L	M
	Is the drug covered? (Circle "Y" for yes or "N" for no.)	If covered, are there any coverage limitations? What are they?	What is the monthly cost share at preferred pharmacies?	What is the monthly cost share at the mail order pharmacy? <input type="checkbox"/> 90-day supply?	What is the monthly cost share for a generic or similar drug substitution?	What are the estimated total monthly drug costs?	What is the total monthly costs at pharmacies that are not in the plan network?	Estimated monthly drug costs after total costs reach the initial coverage limit or \$2,250.00.	Estimated Total Annual Drug Costs:
List your current medications									
1.	Y N								
2.	Y N								
3.	Y N								
4.	Y N								
5.	Y N								
6.	Y N								
7.	Y N								
8.	Y N								
9.	Y N								
10.	Y N								
11.	Y N								
12.	Y N								
			Total	Total					

B Compare

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Comparing Medicare Prescription Drug Plans

STEP No. 2: Filling in the Drug Plan Comparison Chart—Tool NO. 2

Transfer the information from all your *Drug Plan Worksheets* to the *Drug Plan Comparison Chart* (page 14) to help you choose a plan.

Gather all *Drug Plan Worksheets* you have completed for different prescription drug plans.

1 Row 1: In each column in Row 1 of the *Drug Plan Comparison Chart*, enter the plan names and phone numbers from Box A of each *Drug Plan Worksheet* you filled out. You may enter up to four plan names. You may need more than one *Drug Plan Comparison Chart* to record all of the plans that interest you.

2 Row 2: In Box D of the *Drug Plan Worksheets*, you described the plan type. Enter this information in Row 2 of the *Drug Plan Comparison Chart* by circling whether each plan is “Stand Alone” or “Medicare Advantage.” (See page 6 for a description of the two kinds of plans.)

3 Row 3: Go to the list of drugs you created in Column E on each *Drug Plan Worksheet*. For any drug that is covered by the plan (look to Column F) **and does not** have any coverage limitations (look to Column G), write the drug name in Row 3 on the *Drug Plan Comparison Chart* under the name of the appropriate prescription drug plan and the amount of the monthly cost you selected.

4 Row 4: Go to the list of coverage limitations in Column G on each *Drug Plan Worksheet*. For any drug that is covered by the plan (look to Column F) with coverage limitations (look to Column G), write the drug name in Row 4 on the *Drug Plan Comparison Chart* and the amount of the monthly cost you selected.

5 Row 5: For any drugs listed in Column E on each *Drug Plan Worksheet* that are not covered by the prescription drug plan (look to Column F), write the drug names in Row 5 of the *Drug Plan Comparison Chart* and the amount of the monthly cost you selected.

6 Row 6: In Column H on each *Drug Plan Worksheet*, you listed the total monthly cost for your drugs using preferred pharmacies. Write the total costs of Column H in Row 6 of the *Drug Plan Comparison Chart*. In Column I on the *Drug Plan Worksheet*, you listed the total costs for prescriptions filled through mail order pharmacies. Transfer the total cost to Row 6 of the *Drug Plan Comparison Chart*. In Box L, you may have written total monthly cost of your drugs at a non-preferred pharmacy. If so, transfer that amount to Row 6 of

Step No. 2 continues on page 11.

Tool No. 1—Drug Plan Worksheet Make copies of this form before you begin. Complete a Drug Plan Worksheet for each plan you are considering.

Plan Name: _____ Monthly Premium: \$ _____ Annual Deductible: \$ _____ (Circle One) Stand-Alone OR Medicare Advantage

Phone Number: _____

	E	F	G	H	I	J	K	L	M
	Is the drug covered? (Circle "Y" for yes)			What is the monthly cost share?	What is the monthly cost?	What are the limitations?	What is the total monthly cost at a preferred pharmacy?	Estimated monthly drug costs after total costs reach _____	
List your current medications									
1.	Y N								
2.	Y N								
3.	Y N								
4.	Y N								
5.	Y N								
6.	Y N								
7.	Y N								
8.	Y N								
9.	Y N								
10.	Y N								
11.	Y N								
12.	Y N								

Tool No. 2—Drug Plan Comparison Chart Make copies of this form before you begin. You can compare four drug plans using this form. If you wish to compare more than four plans, you will need to print out or make more copies of this form.

	Plan 1	Plan 2	Plan 3	Plan 4
Plan Name				
Phone Number				
Stand-Alone OR Medicare Advantage? (Circle one)	Stand-Alone OR Medicare Advantage			
List your current drugs covered by the plan without limitations and their monthly costs.	Drug: _____ Monthly Cost: _____			
List your current drugs covered by the plan with limitations and their monthly costs.	Drug: _____ Monthly Cost: _____			
List your current drugs not covered by the plan and their monthly costs. (These drugs are not part of your TROOP)	Drug: _____ Monthly Cost: _____			

Comparing Medicare Prescription Drug Plans

Step No. 2 continued from page 10.

the *Drug Plan Comparison Chart*. In Box K, you wrote your estimated total monthly drug costs based on where you will buy the drugs and if you will use generics or similar drug substitutions. Transfer that amount to Row 6 of the *Drug Plan Comparison Chart*.

7 Row 7: Transfer the amount of each plan's monthly **premium** from Box B on the *Drug Plan Worksheets* to Row 7 on the *Drug Plan Comparison Chart*.

8 Row 8: In this column, transfer the amount of each plan's annual **deductible** from Box C on the *Drug Plan Worksheet*.

9 Row 9: In Row 9 of the *Drug Plan Comparison Chart*, write in the monthly drug cost, calculating using the Medicare *Prescription Drug*

Plan Finder, that you will have to pay once your total costs reach the initial coverage limit of \$2,250.00. This number can be found in Box M on the *Drug Plan Worksheet*.

10 Row 10: In Row 10 on the *Drug Plan Comparison Chart*, write the estimated total annual cost for the plan from Box N on the *Drug Plan Worksheet*.

Once you are finished filling in the *Drug Plan Comparison Chart*, you will have a side-by-side comparison of the plans that interest you. Pay close attention to Rows 7, 8, 9 and 10. They tell you what your estimated costs will be under each plan. Rows 3, 4 and 5 tell you which plans cover the drugs you use and which plans do not.

Making the Final Decision and Enrolling

Before you enroll, it is very important that you contact each Medicare prescription drug plan that you feel meets your needs. Confirm with them that you have the correct information about coverage of your drugs, the premium, the monthly costs, restrictions on coverage, and the preferred pharmacies. This is important! Drug costs listed on the Medicare Prescription Drug Plan Finder are estimated costs only.

If you can't find the drugs you need covered by any prescription drug plan, ask your doctor if there are other drugs that can be substituted for the drugs not covered. You may also make a formal request to the prescription drugs plan for an exception to their coverage policy with the help of your doctor. For more information on how to request an exception, see the MAPRx website (www.maprx.info).

When you know that you have all the correct information, select one of the plans and enroll. You can enroll in a plan through the www.medicare.gov website. Or you can call the prescription drug plan and ask for their enrollment packet. It is best to enroll early in the month to allow Medicare and the drug plans the time necessary to update their systems and mail important plan enrollee documents to you before your plan coverage becomes effective at the beginning of the following month.

If you do not use many drugs now, you may find that you will not be saving much money or may even be spending more with a Medicare prescription drug plan. Remember that this is an insurance plan to meet your future needs as well. It protects you if you suddenly need expensive drugs. And, unless you have other creditable prescription drug coverage, **there is a penalty if you don't sign up for one of the plans by May 15, 2006. This penalty will increase your premiums for as long as you are in a Medicare drug plan.**

List of Terms

Catastrophic Coverage – Part D plan coverage after you have paid \$3,600.00 on your drugs out-of-pocket in a year (TrOOP).

Creditable Coverage – a determination that your current drug coverage, on average, is at least as good as the Medicare standard prescription drug coverage.

Co-insurance – a percentage of the price of a covered drug that you must pay. This percentage may differ from drug to drug.

Co-payment – a fixed dollar amount the plan charges you for each drug. This amount may vary, depending on the tier (see "Tier" below) that the drug is in.

Covered Drugs – prescription drugs that the plan will pay for because they are on the plan's *formulary* (see "Formulary" below).

Coverage – the Medicare prescription drug plans have stages of coverage based on costs of your drugs. These include the deductible, initial coverage, coverage gap (also call the "donut hole"), and catastrophic coverage.

Deductible – an amount you have to pay before a plan will begin paying for the drugs. This amount was specified in the law establishing the benefit as \$250, but drug plans may reduce or eliminate this requirement.

Donut Hole – the amount you will pay after the initial coverage expires but before catastrophic coverage begins.

Dual Eligible Beneficiaries – Medicare beneficiaries who received drug coverage from Medicaid before January 1, 2006.

Exceptions Policy – the steps you need to take to ask the plan to waive their policies on a formulary, a tier, or utilization restriction. A statement from your physician supporting your request is often required.

Formulary – a list of drugs that each Medicare prescription drug plan decides it will cover. It is developed by a team of medical and pharmacy experts. Some plans may cover more drugs than others. Drugs on the formulary are considered preferred drugs by the plan.

Generic Substitution – replacing brand name drugs with another drug that has the same active ingredients. Generic drugs usually cost less than brand name drugs.

Initial Coverage – Part D plan coverage after the plan deductible is met but before your drug costs reach \$2,250.00 or other amount set by the plan.

Medicare & You 2006 Handbook – sent by Medicare to all beneficiaries, explaining the insurance and services covered. This year it also describes the new Medicare prescription drug benefit and ways for people with limited income and resources to receive help.

Medication Therapy Management Program – a group of services offered by plans to enhance the use of prescription drugs for improved management of chronic diseases.

Premium – a set amount that plans require you to pay each month for Medicare prescription drug coverage. The amount will vary by state and by the number and types of drugs that a plan covers.

Prior Authorization – some drugs require careful monitoring or are expensive and will require the pharmacist or doctor to get approval from the plan before filling a prescription.

Quantity Limit – Some health plans make specific policies on how much of a drug is covered by limiting the number of pills or the number of days a prescription may cover. Another term that maybe used is dispensing limits.

Step Therapy – requires you to use a similar and often less-costly drug to see if it works for you before the doctor's initial prescription can be filled.

Therapeutic Classes and Categories – drugs that are covered by a drug plan will be listed in the formulary by the medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under "cardiovascular agents."

Tier – drugs on a formulary are frequently divided into groups called tiers. Most plans have three tiers: generics, preferred and non-preferred drugs. Your share of the cost varies depending upon which tier your drug is in.

Transition Policy – a period of time a plan allows for you to change from your current drugs to drugs covered by the plan.

TrOOP (True Out-Of-Pocket) – the amount of money you pay for the drugs that **are covered** by the prescription drug plan and count towards catastrophic coverage. The amount you pay for drugs **not** on the plan's formulary **do not** count toward TrOOP.

Tool No. I—Drug Plan Worksheet Make copies of this form before you begin. Complete a Drug Plan Worksheet for each plan you are considering.

A Plan Name: _____ Phone Number: _____	B Monthly Premium: \$ _____	C Annual Deductible: \$ _____	D (Circle One) Stand-Alone OR Medicare Advantage
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E	F	G	H	I	J	K	L	M
List your current medications	Is the drug covered? (Circle "Y" for yes or "N" for no.)	If covered, are there any coverage limitations? What are they?	What is the monthly cost share at preferred pharmacies?	What is the monthly cost share at the mail order pharmacy? <input type="checkbox"/> 90-day supply?	What is the monthly cost share for a generic or similar drug substitution?	What are the estimated total monthly drug costs? \$ _____	What is the total monthly costs at pharmacies that are not in the plan network? \$ _____	Estimated monthly drug costs after total costs reach the initial coverage limit or \$2,250.00: \$ _____
1.	Y N							
2.	Y N							
3.	Y N							
4.	Y N							
5.	Y N							
6.	Y N							
7.	Y N							
8.	Y N							
9.	Y N							
10.	Y N							
11.	Y N							
12.	Y N							

N Estimated Total Annual Drug Costs:

Total	Total
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Tool No. 2—Drug Plan Comparison Chart Make copies of this form before you begin. You can compare four drug plans using this form. If you wish to compare more than four drug plans, you will need to print out or make more copies of this form.

	Plan 1	Plan 2	Plan 3	Plan 4
1 Plan Name: Phone Number:	_____	_____	_____	_____
2 Stand-Alone Drug Plan <input type="radio"/> OR Medicare Advantage? (Circle one.)	Stand-Alone <input type="radio"/> OR Medicare Advantage			
3 List your current drugs covered by the plan without limitations and their monthly costs.	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
4 List your current drugs covered by the plan with limitations and their monthly costs.	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
5 List your current drugs not covered by the Plan and their monthly costs. (These drugs are not part of your TrOOP.)	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			
	Drug: _____ Monthly Cost: _____ _____ _____ _____ _____			

Tool No. 2—Drug Plan Comparison Chart Continued from page 14. Make copies of this form before you begin. You can compare four drug plans using this form. If you wish to compare more than four drug plans, you will need to print out or make more copies of this form.

	Plan 1	Plan 2	Plan 3	Plan 4
<p>1 Plan Name: _____</p> <p>Phone Number: _____</p>				
<p>6 List the total monthly cost of your drugs if you use a plan preferred, mail order, or non-preferred pharmacy, or mail order pharmacy, and then list your estimated total monthly costs based on where you will buy each of your drugs.</p>	<p>Plan preferred pharmacy: \$ _____</p> <p>Mail order pharmacy: \$ _____</p> <p>Non-preferred pharmacy: \$ _____</p> <p>Estimated Total Monthly Drug Costs: \$ _____</p>	<p>Plan preferred pharmacy: \$ _____</p> <p>Mail order pharmacy: \$ _____</p> <p>Non-preferred pharmacy: \$ _____</p> <p>Estimated Total Monthly Drug Costs: \$ _____</p>	<p>Plan preferred pharmacy: \$ _____</p> <p>Mail order pharmacy: \$ _____</p> <p>Non-preferred pharmacy: \$ _____</p> <p>Estimated Total Monthly Drug Costs: \$ _____</p>	<p>Plan preferred pharmacy: \$ _____</p> <p>Mail order pharmacy: \$ _____</p> <p>Non-preferred pharmacy: \$ _____</p> <p>Estimated Total Monthly Drug Costs: \$ _____</p>
<p>7 What is the monthly premium?</p>				
<p>8 What is the annual deductible?</p>				
<p>9 Your estimated monthly drug costs after your total drug costs reach the initial coverage limit or \$2,250.00.</p>				
<p>10 Total estimated annual cost under this plan.</p>				