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2010 Medicare Prescription Drug Annual Open Enrollment
(Source: Medicare Access for Patients Rx)
Questions and Answers

The Annual Open Enrollment for Medicare prescription drug coverage (Part D) is November 15, 2009 – December 31, 2009. **This is the one time each year that all people with Medicare can join or change their Medicare drug plan.** Certain people with Medicare can also change plans at other times (see question # 10). Plans are making changes to benefits and costs, and there are also new plans in many areas of the country. Therefore, your current plan may or may not be the best plan for you in 2010.

It is very important to use this time period to compare your plan choices and find the plan that best meets your prescription drug needs at the lowest cost. Almost all plans will make changes in 2010. Following are answers to some important questions that can help you during the Annual Open Enrollment.

(1) Will my Medicare Part D plan be the same in 2010 as it was in 2009? Probably not. Almost all Medicare Part D plans will change in 2010. Use this annual open enrollment time to compare plans and find the plan that best meets your prescription drug needs at a cost you can afford.

(2) In what ways could my plan change in 2010? Your current plan may have changed:

- monthly premium;
- annual deductible;
- your share of the costs (co-payment or co-insurance);
- the list of the drugs it covers (formulary);
- coverage, if any, it offers in the coverage gap; and/or

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- use of policies that may restrict access to certain drugs, such as:
 - requires your doctor to justify why you need a certain drug before the plan will pay for it (called prior authorization);
 - requires your doctor to prescribe a cheaper drug in the same class of drugs first (called step therapy); and/or
 - only lets you buy a certain amount of a drug at a time (called quantity limits).

Your plan may also decide not to participate in 2010. If you are one of the few people whose plan is not participating in 2010, your plan sent you a letter in early October explaining that you will need to select a new plan. You can pick up a new plan between October and January 2010 as part of Special Enrollment Period.

(3) How do I know what changes my plan is making in 2010? You should have received a letter from your current plan called an “Annual Notice of Change” by October 31. This letter explains some of the important changes to your plan, including changes to the premium, the drugs covered (formulary), the cost of the drugs, and any restrictions used that limit the access to drugs. It is very important to read this letter as these changes can have a large impact on the cost of your drugs. If you did not receive the *Annual Notice of Change* letter, call your plan immediately.

While very important, **this letter probably does not have all the details you need** to determine if your current plan is the best plan for you in 2010. You also need to know how these changes apply to the drugs you use. You can find this information by looking on the plan’s website or in the Medicare Prescription Drug Plan Finder at www.medicare.gov or by calling the plan or 1-800-MEDICARE; (1-800-633-4227/TTY: 1-877-486-2048).

You may have received a summary of the formulary with the *Annual Notice of Change* letter. If you did not receive a copy of the formulary, call the plan and they will send you a copy or tell you if your drugs are covered. The phone number for the plan’s customer service department is included in the *Annual Notice of Change* letter you received. You may also get information about the formulary from the plan’s website, by using the Medicare Prescription Drug Plan Finder at www.medicare.gov, or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

(4) Should I compare my plan with other plans available in my area in 2010? **Yes, this is very important to do. Other plans may provide you with better or less costly coverage for the drugs you need.** Often the single most important factor in choosing a plan is comparing the drugs you take to the plan’s formulary. The lack of coverage for one drug for a chronic condition can be the most important factor in terms of what your drug costs will be. The best way to compare your current plan with other plans is to use the Medicare Prescription Drug Plan Finder at www.medicare.gov – in the Prescription Drug Plans box, click on “Compare.” The Plan Finder will allow you to see the estimated costs for your current plan in 2010 and to compare those costs with other plans in your area. Estimates are based on drug prices on the date you compare plans; your actual out-of-pocket costs may vary.

An important feature on the Plan Finder is an estimate of your total monthly costs over a 12-month period for each of the plans that you are considering. If you have entered the drugs you take, this information appears in a chart near the bottom of each plan’s *Plan Drug Details* page in a section titled *Total Monthly Cost Estimator*. Click on the name of your current plan to pull up the Plan Drug Details page.

(5) What does it mean if a plan offers “coverage in the gap”? The coverage gap is also called the “donut hole.” The coverage gap is a period during which you have to pay all the costs for your drugs AND continue to pay your monthly premium to keep your coverage.

- The coverage gap begins after you and the plan together have spent a certain amount (no more than \$2,830) on drugs that are included in the plan’s formulary and bought at a pharmacy in the plan’s network.
- The coverage gap ends after you and your plan together have spent \$6,440 in total drug costs paid. This amount includes the \$3,610 that you spend on drug costs during the coverage gap. Only money spent on drugs on the plan’s formulary that are bought at a pharmacy in the plan’s network counts toward the coverage gap totals. After \$6,440 has been spent, you qualify for catastrophic coverage – at which time you will pay only your monthly premium and up to 5% of your drug costs.
- None of these amounts include what you spend on your monthly premiums.

Some plans provide coverage in the coverage gap, but most do not. In 2010, some plans will provide some coverage for generic drugs during the coverage gap. Plans with coverage in the gap for generics are available in every state. Before enrolling in a plan with coverage during the gap, it is important to check with the plan to make certain the drugs you need are covered during the gap. The *Plan Drug Details* page on the Plan Finder will show your estimated monthly costs for each plan you are considering, how those costs will or will not change during the coverage gap, and by how much. Plans with coverage in the gap may charge a higher monthly premium.

Depending on your prescription drug needs, plans with coverage in the coverage gap may not save you money and may end up costing you more due to higher premiums and cost sharing.

If you get *Extra Help* (low-income subsidy) paying your drug costs, you won’t have a coverage gap. However, you will have to pay a small co-payment or co-insurance amount for each prescription until you reach catastrophic coverage.

Standard Medicare Prescription Drug Benefit, 2010 The amounts below do not include monthly premiums.		
Beneficiary pays no more than 5%	Catastrophic Coverage: Plan pays 15% Medicare pays 80%	Beneficiary out-of-pocket spending
Beneficiary pays 100%, or \$3,610	\$3,610 Coverage Gap (“Donut Hole”)	\$6,440 in total drug costs (4,350 out of pocket)
Beneficiary pays 25%, or \$630	Plan pays 75%	\$2,830 in total drug costs
Beneficiary pays 100%, or \$310	\$310 Deductible	
Based on “Medicare Fact Sheet, The Medicare Prescription Drug Benefit,” Kaiser Family Foundation, June 2007.		

(6) What happens if a drug I take is not on a plan's formulary? You must pay the **full** cost of any drug not on the formulary. **The money you pay for these drugs does not count toward the total amount that you must spend to qualify for catastrophic coverage.** That is why it is important to make sure that your drugs, especially the most expensive ones, are on the formulary of the plan you select. You, your authorized representative or your doctor can ask for a "coverage determination" (exception) to get your plan to cover a drug when it is not on the plan's formulary. See question #3 in the next section of this document for more details.

(7) What do I have to do if I decide that I want to stay in my current plan for 2010? Nothing. You will stay enrolled in your current plan unless you sign up for a new plan.

(8) If I decide to change plans, how and when should I do it? You can enroll in a new plan by contacting the plan you want to enroll in or by calling 1-800-MEDICARE (TTY:1-877-486-2048) or by visiting www.medicare.gov.

You can change your plan for 2010 by enrolling in a new plan between November 15 and December 31, 2009. However, **it is best to make the change as early as possible to ensure that you can get the prescriptions you need without delay on January 1, 2010.** There is no fee for changing to a new plan. **Do not dis-enroll from your 2009 plan if you enroll in a new plan for 2010.** You will automatically be dis-enrolled from your 2009 plan when you enroll in a new plan for 2010.

Enrollment Period Overview and Options			
	November 15 - December 31, 2009		Jan. 1 - Mar. 31, 2010
	Part D*	Medicare Advantage (MA)*	Medicare Advantage (MA)*
People who have Medicare Part A <u>OR</u> Part B, <u>but not both</u>	Add, switch or drop prescription drug coverage	Not available.	Not available.
People who have Medicare Part A <u>AND</u> Part B and have: Original Medicare and prescription drug coverage	Maintain Original Medicare and add, switch or drop prescription drug coverage	Join an MA plan with or without prescription drug coverage	Join an MA plan with prescription drug coverage or join an MA private fee-for-service plan without drug coverage and keep existing prescription drug plan
Original Medicare and no prescription drug coverage	Maintain Original Medicare and add, switch or drop prescription drug coverage	Join an MA plan with or without prescription drug coverage	Join an MA plan without prescription drug coverage
An MA plan with Medicare prescription drug coverage	Switch to Original Medicare with the option of joining a prescription drug plan	Switch to another MA plan with or without prescription drug coverage	Switch to another MA plan with drug coverage or switch to Original Medicare but cannot add prescription drug coverage

Enrollment Period Overview and Options for People with Extra Help		
	Nov. 15 - Dec. 31, 2009	Jan. 1 - Mar. 31, 2010
People who no longer qualify for Extra Help in 2010	Add, switch or drop a prescription drug plan or an MA plan	Add, switch or drop a prescription drug plan or join an MA plan during this special enrollment period for this group
People who qualify for Extra Help	Switch to another Medicare drug plan or an MA plan at any time as long as they continue to get Extra Help.	

***Important Note:** It is not advised to drop prescription drug coverage UNLESS you can get other prescription drug coverage that is at least as good as Medicare's coverage (creditable coverage).

(9) If I'm in a Medicare Advantage Plan with drug coverage, but am not happy with the health coverage, can I drop my Medicare Advantage Plan and return to Original Medicare by itself and add a drug plan? Yes, you can switch plans during the Part D Annual Open Enrollment Period from November 15 through December 31, 2009.

You can also switch plans during the Medicare Advantage Open Enrollment Period from January 1 through March 31, 2010. During this period you can switch from your Medicare Advantage Plan with drug coverage to the Original Medicare Plan but you must also join a separate stand-alone drug plan. The booklet *Medicare & You 2010* has important information about Medigap protections for people switching from Medicare Advantage Plans to Original Medicare.

(10) What if I change plans, but find that I don't like my new plan? In general, you can only switch to another plan from November 15 to December 31 each year. However, there are a few special exceptions that allow you to change to a new plan during 2010, such as if you move out of the service area, lose your employer drug coverage, enter or leave a nursing facility, or if you qualify for *Extra Help*. That is why it is so important to review your options before enrolling.

(11a) If I previously applied and qualified for Extra Help (Low-Income Subsidy), do I qualify in 2010? If you applied and qualified for *Extra Help* at any time and are receiving Extra Help now, Social Security **may** have contacted you to review your eligibility status for 2010. In late August 2009, Social Security mailed letters to people who were selected for review and included a form to complete called "*Social Security Administration Review of Your Eligibility for Extra Help*" (Form SSA-1026). You had 30 days to complete and return this form. Any changes in the amount of Extra Help you will receive will be effective in January 2010.

If you qualified for Extra Help in 2009, but were not selected for a review, you will not receive a form from Social Security and there should be no change in the amount of Extra Help you receive. If you are unsure of your Extra Help status, call 1-800-MEDICARE (TTY:1-877-486-2048).

If you have been notified by Social Security that you are no longer eligible for Extra Help in 2010, you will still be enrolled in your plan. After January 1, 2010, you will have to pay monthly premiums and your share of the drug costs. However, during a one-time Special Open Enrollment period, you can change Part D plans between January 1 and March 31, 2010. This will be an important opportunity for you to change to a new plan if you find that your existing plan is not your best option.

(11b) If I automatically qualified for Extra Help in 2009, will I qualify in 2010? If you automatically qualified for Extra Help in 2009, you will continue to automatically qualify in 2010 if you:

- Receive both Medicare and Medicaid;
- Have your Medicare Part B premiums paid by your state because you belong to a Medicare Savings Program; OR
- Receive both Medicare and Supplemental Security Income (SSI).
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Medicare beneficiaries who automatically qualified in 2009, but who will not automatically qualify in 2010, should have received a notice on grey paper from Medicare [CMS Publication No. 11198] in September 2009.

(12) Have the rules for Extra Help changed in 2010? Yes. Social Security will no longer count life insurance you have as a resource when deciding if you qualify for Extra Help. They will also not count help you receive from others with your household expenses to decide if you get Extra Help.

You should know though that some states may still count life insurance and the help you receive from others to decide if you are eligible for your state's Medicare Savings Programs (MSP). These programs can help pay for your Medicare Part B premiums and other Medicare costs.

If you applied for Extra Help in the past and were turned down because your income or savings were too high, these changes mean that you may be able to get Extra Help in 2010 if you apply again after January 1, 2010. Call 1-800-772-1213 or visit www.socialsecurity.gov or www.benefitscheckup.org.

If you apply for Extra Help, Social Security will send the information to your state's Medicaid agency to start the process for getting you into your state's MSP. If you do not want your information to go to the state, there is a box you can check on the application for Extra help.

(13) If I received Extra Help in 2009 and qualify again in 2010, will my drug costs change? Probably yes, You will have an increase in drug co-payments of no more than 30 cents per prescription. In addition, the co-payment levels are changing in 2010, you should have received a letter on orange paper from Medicare [CMS Publication No. 11199] in September telling you your new co-payment amounts.

(14) What if I did not join a Medicare Part D Plan when I was first eligible, but I would like to join one now? You can enroll in a plan during the Annual Open Enrollment. You may have to pay a premium penalty if you did not have coverage that is at least as good as Medicare's coverage ("creditable coverage") during the first/initial period that you were eligible to enroll. If you have to pay a premium penalty, most people will have to pay it for the rest of their life.

The penalty will be added to your monthly Medicare private Part D plan premium.

If you qualify for Extra Help with your Medicare prescription drug coverage, you can enroll anytime and pay no late enrollment penalty.

(15) Can I get free help to make decisions about Medicare Part D Plans? Yes. Every state has a State Health Insurance Assistance Program (SHIP) that offers free one-on-one counseling and assistance to people with Medicare, and their families. SHIP offices are located throughout each state. To find contact information for the SHIP office closest to your community, visit www.shiptalk.org or call 1-800-MEDICARE (TTY:1-877-486-2048).

Questions You May Have After Enrollment

(1) I enrolled in a Part D plan but I haven't heard anything. Is this normal? No. You should have received a welcome letter and a prescription card from the plan. Contact the plan right away to confirm that you are enrolled.

(2) I enrolled in a drug plan in December and got a letter welcoming me into the plan, but nothing else. I have nothing to show the pharmacist. How can I get prescriptions filled without a card? Contact your plan immediately. If you need to get your prescription filled before your card arrives, bring the letter you received from the plan that confirms you have enrolled with you to the pharmacy. If you don't have a letter, ask your pharmacist to call 1-800-MEDICARE (TTY:1-877-486-2048). The customer service representative should be able to tell the pharmacist in which plan you are enrolled. If you continue to have problems, you should contact your local SHIP office. You can locate your local SHIP office by visiting www.shiptalk.org or call 1-800-MEDICARE (TTY:1-877-486-2048).

(3) Will my plan cover a drug that I need to take even if it is not on their formulary? Maybe. You, your authorized representative or your doctor can ask for a "coverage determination" (exception) to get your plan to cover a drug when it is not on the plan's formulary. Your plan can tell you how and what you need to do. Your doctor can help you with some steps in the process. The plan must decide within 72 hours (or 24 hours for an expedited review) if they will cover the drug. If they decide not to cover the drug, they must send you a written notice. You also have a right to appeal their decision.

Note: If your drug is not on the formulary, but you are able to get it covered by the plan under the plan's exceptions process, the money you spend on the drug is counted toward qualifying for catastrophic coverage [See question #5 in the previous section.]

(4) I am having problems with my old Part D Plan. I have enrolled in a new Part D Plan but my old plan still deducts a premium and it has been doing this for months now. I have called the old plan several times but I still can't resolve the problem. What should I do? Report billing errors to 1-800-MEDICARE (TTY:1-877-486-2048) as well as to the plan. Since your plan has not stopped billing you after you notified it of the error, you may wish to file a complaint (grievance). Ask the plan's customer service representative to send you a complaint form or tell you how to find one on the plan's website. You can also file a complaint (grievance) with Medicare by calling 1-800-MEDICARE.