

# Medicare Prescription Drug Coverage (Part D)

Information for people on Medicare and Medical Assistance  
or those who receive help with Medicare Part B costs

MN Work Incentives Connection Fact Sheet # 15

January 2010

## This information applies to:

Those eligible for Medicare and Medical Assistance, including:

- o Medical Assistance with co-pays only
- o Medical Assistance with a spenddown
- o Medical Assistance for Employed Persons with Disabilities (MA-EPD)

Those eligible for a Medicare Savings Program (i.e. receiving help in paying Medicare Part B costs):

- o Qualified Medicare Beneficiaries (QMB)
- o Service-Limited Medicare Beneficiaries (SLMB)
- o Qualified Individuals (QI)

## How does it work?

To receive Medicare Prescription Drug coverage (Part D), you must be enrolled in a Prescription Drug Plan. You receive your medications through one of the pharmacies that have a contract with the Prescription Drug Plan you choose.

## Which medications are covered?

Prescription Drug Plans can have different formularies or lists of medications they cover. If a Plan wants to change the medications they cover, they must give you 60 days' notice. You can ask for an exception and appeal the Plan's decision if you don't agree with it.

## Choosing a Plan—what do I need to do?

If you are not already enrolled in a Medicare Prescription Drug Plan, you will be randomly assigned to one. However, that Plan may not meet your prescription drug needs. **In order to ensure adequate coverage, you will want to research the drug plans to be sure your medications will be covered.**

For assistance in choosing a Prescription Drug Plan:

- Call Minnesota's Linkage Line at 1-866-333-2466 (TTY 1-800-627-3529).
- Consult the Medicare web site, [www.Medicare.gov](http://www.Medicare.gov).
- Review your 2008 "Medicare and You Handbook".
- Call Medicare at 1-800-633-4227. (TTY: 1-877-486-2048)

Before you call or go on-line to get information about Prescription Drug Plans:

- Make a list of your medications, including: the name of each medication; dosage; how often you take it; whether you take it orally or by injection; and how much it costs under your current plan.
- Have your Medicare card in front of you

## What if I already have a Medicare Prescription Drug Plan?

People who have both Medicare and Medical Assistance or a Medicare Savings Program can change Medicare Prescription Drug Plans at any time.

However, you should review your options at least once a year. November or December is the best time to do this because your plan's costs or the medications they cover may be changing at the beginning of the next year. Check more often if your doctor prescribes a new medication or your Prescription Drug Plan notifies you of changes during the year. You may find a better deal with another plan.

## Things to consider in choosing a Medicare Prescription Drug Plan:

- Does the Plan cover the medications I need?
- Will the Plan allow me to use the pharmacy of my choice?

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- If I need a special medication, what is the Plan's policy regarding exceptions and appeals?

### **What will my costs be?**

If you are eligible for Medical Assistance or a Medicare Savings Program--Qualified Medicare Beneficiary (QMB), Service Limited Medicare Beneficiary (SLMB) or Qualified Individual (QI)--you are **automatically eligible for "Extra Help"** with Medicare Prescription Drug costs. You do not have to apply for "Extra Help", but should receive a letter, saying you are automatically eligible for this assistance. This means you will have low out-of-pocket costs for Medicare Prescription Drug coverage.

You will have a co-pay for each medication. Co-pays are between \$1.10 and \$6.30 per prescription. There is no monthly cap on Medicare co-pays, but after you

have received \$6,440 worth of prescription drugs in the calendar year (paid by you and Medicare combined), your co-pays stop.

As long as you choose a prescription drug plan that has been approved as a "Benchmark" or "low cost" plan, you will not have a monthly premium for your prescription drug coverage. If you choose a plan that is not considered "Benchmark" or "low cost" you will have to pay more.

### **If you have questions:**

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- Consult the Medicare web site, [www.Medicare.gov](http://www.Medicare.gov).
- Call Medicare at 1-800-633-4227 (TTY: 1-877-486-2048).



**For more information, call the MN Work Incentives Connection:  
651-632-5113 or 1-800-976-6728  
(TTY: 651-632-5110 or Minnesota Relay – 711)**