

MAKING MEDICARE MAKE SENSE

Answers To Some of The Most Commonly Asked Medicare Questions

Q: Since Most Medicare Prescription Drug Plans (Part D plans) Have a Temporary Limit on What They Will Cover, Can You Give Us Some Tips on How to Bridge What is Known as the Medicare Prescription Drug Coverage Gap?

A: Most Medicare Prescription Drug Plans have a temporary limit on what they will cover for prescription drugs, or what is known, as the “coverage gap.” The good news is that all Medicare drug plans provide coverage if you have an unexpected illness or injury that results in extremely high drug costs. This is called “catastrophic” coverage. It assures that once you paid \$4,550 out-of-pocket for drug costs this calendar year, almost all of your drug costs above that amount are covered.

So, if your plan has a coverage gap, which most plans do, when your total drug spending by the plan and you reaches \$2,830 then you will enter the coverage gap where you would be responsible for 100% of the costs of your drugs (unless the plan you are in offers some coverage for your drugs during the coverage gap- which is an enhanced plan). And then, as mentioned above, when *your* total out-of-pocket costs reach \$4,550, then almost all of your drug costs above that amount would be covered by the plan, except for a small copayment for each drug until the end of the year

Now, none of this applies to you, if you are receiving the full extra help under the Limited Income Subsidy program, or what is known as LIS assistance. You would continue to pay the same copayment or coinsurance amount during a coverage gap if your plan has one.

Now, if you do have a coverage gap in your prescription drug plan, here are some ways you can avoid or delay entering the gap, and continue to save money on drug costs while in the gap:

- **Consider switching to generic, over-the-counter (OTC), or other lower-cost drugs.** Ask your doctor about generic, over the counter, or less-expensive brand-name drugs that would work just as well as the ones you’re taking now. Switching to lower-cost drugs may be enough to help you avoid the coverage gap and can save you hundreds or thousands of dollars a year.
- **Cost savings information through the use of mail-order pharmacies, generics, or less-expensive brand-name drugs is also available by visiting the “Compare Medicare Prescription Drug Plans” section of www.medicare.gov.**
- **Keep using your Medicare drug plan card, even while in the coverage gap.** Using your drug plan card ensures that you’ll get the drug plan’s discounted rates and that the money you spend counts toward your out-of-pocket costs to get you out of the coverage gap quicker.
- **Explore National and Community-Based Charitable Programs** that might offer assistance (such as the National Patient Advocate Foundation or the National

Organization for Rare Disorders). These organizations may have programs that can help with your drug costs. Comprehensive information on federal, state, and private assistance programs in your area is available on the **Benefits CheckUp** (www.benefitscheckup.org) Web site.

- **Look into Pharmaceutical Assistance Programs** (sometimes called Patient Assistance Programs) that may be offered by the manufacturers of the drugs you take. Many of the major drug manufacturers are offering assistance programs for people enrolled in a Medicare drug plan. You can find out whether a Pharmaceutical Assistance Program is offered by the manufacturers of the drugs you take by visiting www.medicare.gov and selecting “Lower Your Costs During the Coverage Gap.” Or you can visit www.Rxassist.org. RXassist offers a comprehensive database of these programs, as well as practical tools, news, and articles so that health care professionals, and patients, (beneficiaries) can find the information they need. All in one place.
- **Look at State Pharmaceutical Assistance Programs (SPAP)** for which you may qualify. There are 23 states and 1 territory offering some type of coverage to help people with Medicare pay drug plan premiums and/or cost sharing. Missouri does have a State Pharmaceutical Assistance Program and it is called Missouri Rx. Here are the benefits of the Missouri Rx program- the State Pharmaceutical Assistance Program:

Benefits of MoRx

- MoRx works with all Medicare Part D plans.
- MoRx pays for 50% of your out-of-pocket costs on medications that are covered by your Medicare Part D plan. This means you will save 50% on your deductible, 50% on your co-pays, including during the coverage gap and beyond. MoRx does not pay for the Medicare Part D plan's monthly premium.
- MoRx uses the formulary of the Medicare Part D plan. Any drug covered by a member's Medicare Drug Plan will also be covered by MoRx.
- Dual eligible members (those who are both Medicare & Medicaid beneficiaries) will continue to have coverage for Medicare-excluded drugs through MO HealthNet. Medicare-excluded drugs include specific over-the-counter drugs, vitamins, minerals, limited cough and cold drugs, benzodiazepines and barbiturates.
- You can use any Missouri pharmacy that works with your Part D plan. (MoRx does not cover mail order services)

To qualify, the income guidelines are: If you are single your annual gross household income should be \$21,660 or less, or if you are married your annual gross household income should be \$29,140 or less.

For information on how to apply, **Contact the MoRx Plan Helpdesk toll-free at 1-800-375-1406.**

And, the last tip I have to help avoid or delay entering your prescription drug plan's coverage gap is to:

- **Apply for Extra Help.** If you have Medicare and have limited income and resources, you may qualify for Extra Help paying for your prescription drugs. Contact Social Security by visiting www.socialsecurity.gov or calling 1-800-772-1213. TTY users should call 1-800-325-0778.

Note: Not all types of coverage will count toward your out-of-pocket costs.

Remember, after you have paid \$4,550 (in 2010) out-of-pocket for drug costs in this calendar year, almost all of your drug costs above that amount are covered. If you want to switch to a plan that offers at least some type of coverage in the gap, you can do so between November 15 - December 31 each year. Your coverage will begin on January 1 of the following year.

For More Information All Medicare drug plans are different, so you should call your plan if you have questions about how the coverage gap will work for you. If you need help finding other resources, such as the ones described above, you can call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling to people with Medicare and their caregivers. In Missouri that program is called, CLAIM and their toll-free number is: **1-800-390-3330**.