

## Medicare is Changing! What You Can Do To Take the Next Step

Beginning January 1, 2006, Medicare will offer insurance coverage to help people pay for prescriptions. Persons with Medicare can sign up for this new drug benefit after November 15, 2005. Everyone on Medicare is eligible, no matter your age, income, health conditions, disabilities or medicines you take. You can sign up for the coverage plan that best fits your needs.\* If you have limited income, you may be able to get extra help paying for coverage. The steps you should take depend upon the coverage you currently have. It is important to understand your options.

The following can help you obtain the information you need to make decisions about your prescription drug coverage. ☐ Do you have **Medicare**? Everyone on Medicare can get drug coverage. If you do not act by May 15, 2006, coverage may cost more in the future. • What you can do: Read your *Medicare* & You 2006 guide when it arrives in October 2005. Read the section on new drug coverage. Check out the other resources listed below. ☐ Do you have a **Medicare Advantage Plan** (HMO)? • Your plan will send you information in October 2005 about your prescription drug plan choices. • What you can do: Read this information.\* Call your plan's customer service number if you have questions. Check on the back of your membership card for the phone number of your plan. You can also look at what other Medicare HMOs in your area are offering and remember that traditional Medicare is also an option. ☐ Do you have a Medicare supplement plan—**Medigap coverage**? • If your plan does not cover drugs, you can keep it and sign up for a separate prescription drug plan. If your plan does cover prescriptions, you will receive a notice in October 2005 about your prescription drug choices. • What you can do: Call your Medigap plan phone number if you have questions. Check on the back of your membership card for the phone number of your plan. ☐ Do you have drug coverage through an **employer** or **retiree benefit**? • Your employer or union will tell you if your present plan will change because of Medicare's new drug coverage. You'll be told if your coverage is at least as good as Medicare's, if your current plan will offer a Medicare prescription plan or if you need to buy one on your own. • What you can do: Call your retiree or employer plan contact if you do not receive this information by the end of October or if you have questions. Check with your plan if you are considering enrolling in a Medicare prescription drug plan. ☐ Do you have **Medi-Cal** in addition to Medicare?

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  - Your Medi-Cal prescription drug coverage ends on December 31, 2005. You will be
    automatically enrolled in a Medicare prescription drug plan beginning on January 1, 2006.
    In early November, you will be notified of which plan you have been automatically enrolled
    into. You have the option of choosing another plan at any time. You must join a Medicare
    prescription drug plan to continue to have your medications covered. However, not all
    plans contract with all pharmacies.
  - What you can do: Read all information sent to you by the Department of Health Services and the federal government. Read what drugs are included in the plan in which you have

been enrolled. If the plan does not cover all of the drugs you need or the pharmacies they contract with, use the resources below to choose another plan anytime after November 15, 2005.

- ☐ Are you enrolled in a **Medicare Savings Program** as a Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) or Qualified Individual (QI)?
  - You will need to join a Medicare prescription drug plan if you want drug coverage. You have until May 15, 2006, to decide on a plan.
  - What you can do: Read all information sent to you by the federal government. Contact the resources below for further information.
- ☐ Are you **low income**, not on Medi-Cal and need help paying for the cost of your drug coverage?
  - Additional federal assistance may be available to you.
  - What you can do: Read all information sent to you by the federal government. If you are
    low income, but <u>not</u> on Medi-Cal, contact Social Security to determine if you qualify for extra
    help (see resources listed below).
- ☐ Do you have **Veterans Administration (VA) or TRICARE** coverage?
  - The VA or TRICARE will send you information on any changes in your prescription coverage. Read this information carefully. If this plan meets your drug needs, you do not need to do anything.
  - What you can do: Call the VA or TRICARE if you do not receive this information by the end of October or if you have questions.

## Other Free Resources

Medicare & You 2006 booklet sent to each Medicare consumer in October 2005.

Call 1-800-Medicare or 1-800-633-4227. (TTY users call 1-877-486-2048).

Call the Social Security Administration at 1-800-772-1213 to determine if you might be eligible for extra help.

Go to www.Medicare.gov or <a href="www.calmedicare.org/changes/partd.html">www.calmedicare.org/changes/partd.html</a> and use the <a href="Compare Medicare Prescription Drug Plans">Compare Medicare Prescription Drug Plans</a> and <a href="Medicare Prescription Drug Plans">Medicare Prescription Drug Program</a> Overview.

If you have both Medi-Cal and Medicare, the Health Consumer Alliance has helpful fact sheets on its Web site: <a href="https://www.healthconsumer.org">www.healthconsumer.org</a>

Speak with family, friends or others you trust for help.

Discuss these issues with your physician or local pharmacist.

Call your local county human services department to apply for Medi-Cal or the Medicare Savings Program or to discuss your current Medi-Cal or Medicare Savings Program needs.

Call the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 to find out about free counseling and local educational presentations.

If you still need help, Medicare experts are available for free counseling sessions at HICAP by calling 1-800-434-0222.

\*If you have good employer health coverage or are in a Medicare HMO, you may not need to make any changes.