

SENIOR BULLETIN: MEDICARE

Medicare drug program to begin January 1st

The new Medicare drug program – “Medicare Part D” – will begin on January 1, 2006. A publication about the new program, entitled “7 steps to understanding Medicare’s new prescription drug program,” was prepared by SHIBA (the Statewide Health Insurance Benefit Advisors), a program of the Washington State Office of the Insurance Commissioner. It provides a good introduction to Medicare Part D. It is posted on the Internet at the following address:

<http://www.insurance.wa.gov/publications/consumer/MedicareDrugProgramHandbook.pdf>

To have a copy mailed to you, call 1-800-562-6900 and ask for the “7 steps” publication.

Many individuals who are either 65 or older or disabled are eligible for both Medicaid and Medicare. They are sometimes referred to as “dual eligibles,” and their situations may be of special concern to many readers of these bulletins. In the past, the Medicaid program has covered most prescription drug costs of dual eligibles since, with limited exceptions, Medicare did not cover drug costs. On January 1, 2006, with limited exceptions, prescription drug coverage under Medicaid will end for dual eligibles. The exceptions relate to certain drugs that Medicare will not cover.

Dual eligibles will be enrolled in one of the competing prescription drug plans automatically. However, the plan in which an individual is automatically enrolled may not be the one that best meets the individual’s needs. Which plan is best for any individual will depend on the specific medications he or she uses. Dual eligibles may switch to a different plan from the one in which they were automatically enrolled by calling 1-800-MEDICARE. There is information about selecting a plan in the attached materials, beginning on page 11.

If there is a concern about how prescriptions will be covered by Medicare in January, it may be prudent to refill prescriptions before the end of December under Medicaid. Medicaid recipients may generally refill their prescriptions once they are 75% used (or in the last quarter of the period for which the prescribed medication was provided).