Information Packet for MPIHP Express Scripts Medicare® Prescription Drug Plan (PDP)

The purpose of this document is to provide straightforward answers about the upcoming change to the prescription drug coverage affecting the Medicare eligible retirees of the Motion Picture Industry Health Plan (MPIHP).

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EXPRESS SCRIPTS MEDICARE PRESCRIPTION DRUG PLAN
FREQUENTLY ASKED QUESTIONS

1. **What's happening?**
   - MPIHP is switching its prescription drug coverage for Medicare-eligible retirees to a Medicare Part D plan.
   - Right now, the MPIHP drug coverage is a non-Medicare plan through Express Scripts.
   - The new plan will also be through Express Scripts, but will be a Medicare Part D plan.
   - The new plan is called **Express Scripts Medicare® Prescription Drug Plan (PDP)**.

2. **Why is this change happening?**
   - Pharmaceutical manufacturers are required to provide incentives and rebates to Medicare Part D plans.
   - In order to gain benefit from these pharmaceutical incentives and rebates, MPIHP must convert its prescription plan into an official Medicare Part D plan.
   - This saves Participants and MPIHP a lot of money.

3. **What are the different "Parts" of Medicare?**
   There are 4 different Parts to Medicare:

   Medicare Part A (Hospital Insurance) helps cover:
   - Inpatient care in hospitals
   - Skilled nursing facility care
   - Hospice care
   - Home health care

   Medicare Part B (Outpatient Medical Insurance) helps cover:
   - Services from doctors and other health care providers
   - Outpatient care
   - Home health care
   - Durable medical equipment
   - Many preventive services

   Medicare Part C (Medicare Advantage):
   - Includes all benefits and services covered under Part A and Part B
   - Usually includes Medicare prescription drug coverage (Part D) as part of the plan
   - Run by Medicare-approved private insurance companies that follow rules set by Medicare
   - May include extra benefits and services for an extra cost

   Medicare Part D (Medicare prescription drug coverage); [this is what is being changed in the Retiree Plan]
   - Helps cover the cost of prescription drugs
   - Run by Medicare-approved private insurance companies that follow rules set by Medicare
   - May help lower your prescription drug costs and help protect against higher costs in the future.

4. **Does this change affect my medical insurance through MPIHP?**
   - No. This change is only for the prescription drug coverage.

5. **When will this change happen?**
   - This new Part D plan will take effect **January 1, 2018.**
   - Moving forward, this will be the **only prescription drug plan** offered to MPIHP's Medicare-eligible retirees and their Medicare-eligible spouse and dependents.

6. **What is meant by "Medicare-eligible"?**
   - Medicare is health insurance for people aged 65 or older; people under 65 with certain disabilities or with End-Stage Renal Disease (ESRD) (permanent kidney failure) may also qualify for Medicare.
   - Medicare health insurance is an "individual insurance" which means each individual is considered separately to see if they meet Medicare eligibility criteria; just because one member of a family is Medicare-eligible does not mean the whole family will have Medicare.
   - If you are 65 or older, and retired, you would be covered through Medicare with the new Express Scripts Medicare Part D drug coverage. Your spouse and dependents who may not be 65 yet, however, would stay covered through your MPIHP Retiree Plan with the regular Express Scripts drug coverage.
   - See eligibility chart at the end of this document.

7. **Who will be affected by this change?**
   - The change applies only to participants, spouses and dependents who are in the MPIHP Retiree Plan, and are Medicare-eligible.
   - If a participant is actively working, even though they may be over age 65, this does not apply to them as they, and their family, would still be in the MPIHP Active Plan.
   - This change in prescription drug coverage applies only to participants in the MPIHP Anthem Blue Cross PPO, Health Net HMO and Oxford POS plans.
   - This change will not affect Medicare-eligible retirees who are in the Kaiser Permanente Medicare Advantage plan as that plan already has a Part D drug plan through Kaiser Permanente.

8. **Will the Express Scripts Medicare PDP benefits be like our existing drug coverage?**
   - The new coverage is a Medicare Part D plan, so there are some Medicare rules that must be followed. But, the MPIHP Board of Directors have contracted with Express Scripts to design the new plan to match the existing plan as closely as possible:
   - There is no monthly premium. (Except for the very few members who have a special merger agreement and pay a premium, this new plan will help keep the premiums lower).
   - Co-pays will remain the same at retail and mail order.
   - You can continue to use Walgreens, Duane Reade, or Happy Harry's for your long-term medications, at the same co-pay as you currently have.
   - We have matched the list of covered drugs as close to our existing list as possible.
   - You will not be required to file paper claims to receive any of your prescription drug benefits for covered drugs if you **use an in-network** pharmacy.
   - You will not have to obtain new written prescriptions from your physician as all existing prescriptions will be transferred over to the new plan.
   - Some people may experience slight improvements to their prescription drug benefits as the new plan will cover PPI's (Proton Pump Inhibitors) and non-sedating antihistamines will now be covered.
   - For a few people who have a lot of medications due to serious illness, the co-pay may actually go down if your out-of-pocket costs exceed $5000- for the year.

9. What are the differences between this new plan and the existing MPIHP Retiree Plan?

- There are Medicare Part D rules that we must follow, but these rules will impact very few of our members.
- The new plan will require more drugs to be "pre-authorized" (PA). This is generally a phone call your doctor or nurse makes to Express Scripts to get the PA. **Most existing PAs will automatically transfer over to the new plan.**
- Medicare has a list of medications that they designate as "high risk" or require "step therapy." This is another area where your doctor must work with Express Scripts Medicare PDP to get approval on these prescriptions. In some cases though, your doctor may need to switch your medication to another medication that Medicare designates as safer, or better.
- Some medications have "quantity limits". Again, your doctor will work with Express Scripts to either get approval for quantities, or find other alternatives.
- If one of these differences are going to impact you, Express Scripts will be contacting you and your doctor before January 2018 to alert your doctor what is needed to accommodate the change.

10. What pharmacies may I use to fill a prescription with Express Scripts Medicare PDP?

- You can continue to use Walgreens, Duane Reade, or Happy Harry's pharmacy to fill short-term or long-term (maintenance) medications.
- You can continue using the Express Scripts home delivery service for your maintenance medications, but it is not mandatory.
- Almost all the pharmacies that are in-network in the current Express Scripts plan are also in-network for the Express Scripts Medicare PDP.
- For a complete list of Express Scripts Medicare in-network pharmacies, please go to the Express Scripts website **www.express-scripts.com.**

11. Is there any action I need to take now?

- If you are currently enrolled in the MPIHP Retiree Plan and are Medicare-eligible, **there is no action required on your part.** You will be **automatically enrolled** in to Express Scripts Medicare PDP.
- **If you already have another Medicare Part D plan outside of your MPIHP coverage, and you want to keep that plan, we advise you to contact MPIHP as soon as possible to be sure MPIHP has record of your other (non-MPIHP) Part D plan.**

12. What are my options if I do not want to enroll in Express Scripts Medicare PDP?

- Enrollment in Express Scripts Medicare PDP is not mandatory, but it will be the **only prescription drug plan offered by MPIHP for Medicare-eligible retirees**.
- You may decide to enroll in a prescription drug plan outside of MPIHP by opting out. MPIHP will not cover the cost of an outside prescription drug plan or Medicare Part D plan.
- Opting out of the Express Scripts Medicare PDP will not affect your other health benefits through MPIHP.

13. What is the opt-out process?

- To opt out of the Express Scripts Medicare PDP offered by MPIHP, you must do so in writing. Call MPIHP's Participant Services Center at (855) 275-4674 to request an **Opt-out form**.

14. What if I already have another Medicare Part D plan that I purchased myself?

- You can stay with your other non-MPIHP Medicare Part D plan; this will not affect your medical coverage through MPIHP.
- We will not be enrolling these members in the MPIHP Express Scripts Medicare PDP.

- We advise that you contact MPIHP as soon as possible to confirm that we have record of your other (non-MPIHP) Medicare Part D plan.

15. What information will I receive from MPIHP and Express Scripts?

- MPIHP will send an introductory letter and basic information about the new **Express Scripts Medicare® Prescription Drug Plan** on **September 28th, 2017.**
- Express Scripts will send you a letter and Benefits Overview on **October 5, 2017.** The letter explains the opt out process
- Express Scripts will also send you a Welcome Kit in early **December 2017.**

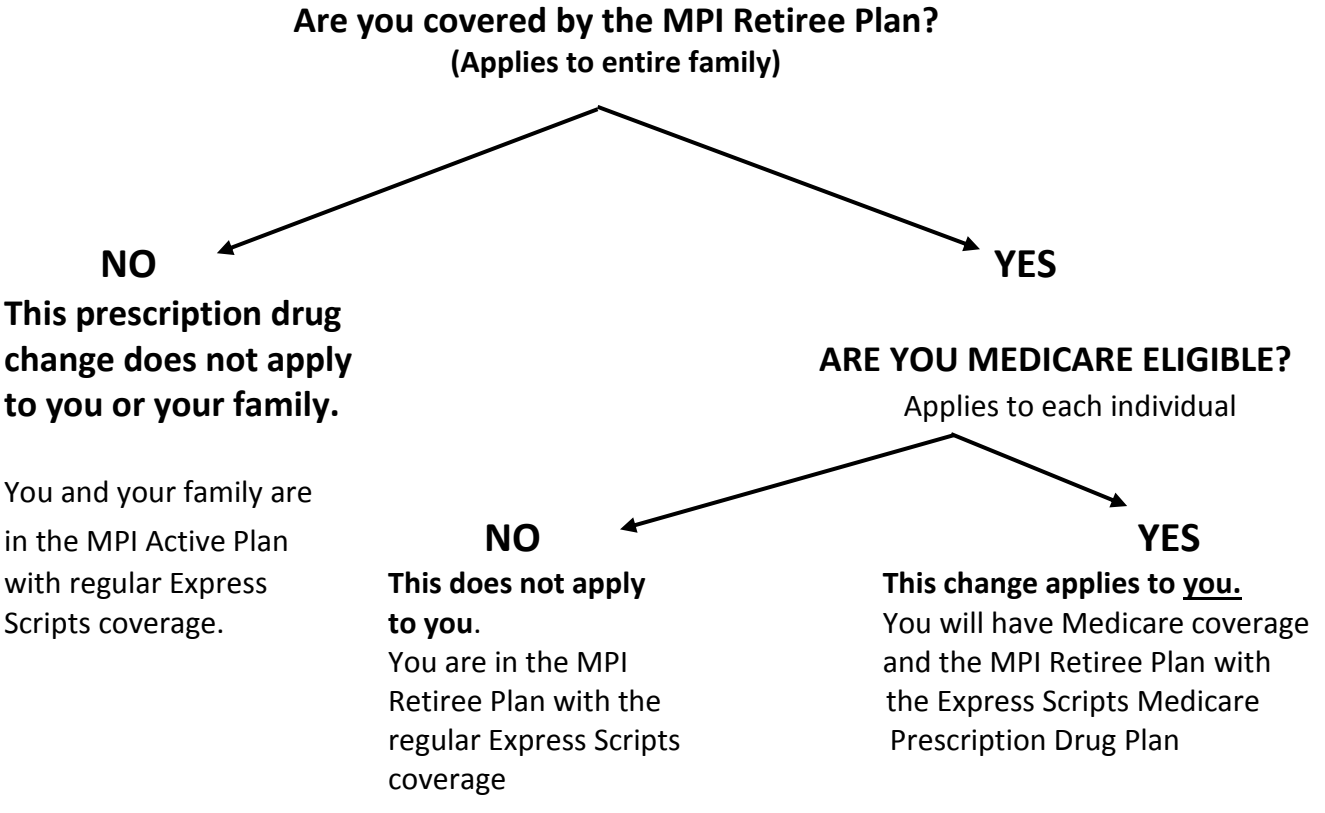
16. Will I get a new Medicare card?

- No, you will not get a new Medicare card, but **you will get a new Express Scripts Part D prescription drug coverage card.**
- The **new prescription drug card** will come in your Welcome Kit in early December.
- Begin using your new card for all your prescription needs starting January 1, 2018.
- The new prescription card **does not replace your MPIHP medical insurance card**.
- Continue to use your medical insurance card for all your medical services.

For additional questions and concerns please refer to the Appendix section that follows.

Note: The Appendix that follows is an excerpt from the Centers for Medicare & Medicaid Services (CMS) document entitled, Medicare & You 2018. It offers general information regarding Medicare & Part D. The information is not specific to the Express Scripts Medicare PDP as specially designed for participants of the MPIHP Retiree Plan. The full *Medicare & You* document can be found at **Medicare.gov.**

ELIGIBILITY FLOW CHART



USEFUL CONTACTS:

Motion Picture Industry Health Plan
Participant Services Center
(855) 275-4674
6:00 am to 7:00 pm PT Monday to Friday

Express Scripts Medicare® PDP Customer Service
(800)797-4887
24 hours a day, 7 days a week
We have free language interpreter services available for non-English speakers:
TTY: **800-716-3231**
Web at **www.express-scripts.com**

Medicare
1-800-MEDICARE (1-800-633-4227)
TTY: **1-877-486-2048**
24 hours a day, 7 days a week
Web at **Medicare.gov**

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WHAT IS MEDICARE

Medicare is health insurance for people 65 or older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

WHAT ARE THE DIFFERENT PART OF MEDICARE

Medicare Part A (Hospital Insurance) helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Medicare Part B (Medical Insurance) helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services

Medicare Part C (Medicare Advantage):

- Includes all benefits and services covered under Part A and Part B
- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- May include extra benefits and services for an extra cost

Medicare Part D (Medicare prescription drug coverage):

- Helps cover the cost of prescription drugs
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- May help lower your prescription drug costs and help protect against higher costs in the future

HOW CAN I GET MY MEDICARE COVERAGE

When you first enroll in Medicare, you'll have Original Medicare, unless you make another choice. Here are the different ways you can get your Medicare coverage:

- You can stay in **Original Medicare**. If you want prescription drug coverage, you'll need to join a Medicare Prescription Drug Plan (Part D). If you don't join a Medicare drug plan when you're first eligible and you don't have other creditable prescription drug coverage, **you may pay a late enrollment penalty if you choose to join later**.
- You can choose to join a **Medicare Advantage Plan (like an HMO or PPO)** if one's available in your area. The Medicare Advantage Plan may include Medicare prescription drug coverage. In most cases, you must take the drug coverage that comes with the Medicare health plan if it's offered. In some types of plans that don't offer drug coverage, you may be able to join a Medicare Prescription Drug Plan.

WHERE CAN I GET MY QUESTIONS ANSWERED

1-800-MEDICARE (1-800-633-4227)

Get general or claims-specific Medicare information, request documents in alternate formats, and make changes to your Medicare coverage.

TTY: 1-877-486-2048 Medicare.gov

Social Security

Find out if you're eligible for Part A and/or Part B and how to enroll, get a replacement Medicare or Social Security card, report a change to your address or name, apply for Extra Help with Medicare prescription drug costs, ask questions about Part A and Part B premiums, and report a death.

1-800-772-1213 TTY: 1-800-325-0778 socialsecurity.gov

Benefits Coordination & Recovery Center (BCRC)

Contact the BCRC to report changes in your insurance information or to let Medicare know if you have other insurance.
1-855-798-2627 TTY: 1-855-797-2627

Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)

Contact a BFCC-QIO to ask questions or report complaints about the quality of care for a Medicare-covered service you got, or if you think Medicare coverage for your service is ending too soon (for example, if your hospital says that you must be discharged and you disagree). Visit Medicare.gov/contacts, or call 1-800-MEDICARE (1-800- 1-800-633-4227) to get the phone number of your BFCC-QIO.

Department of Defense

Get information about TRICARE for Life (TFL) and the TRICARE Pharmacy Program.
TFL 1-866-773-0404 TTY: 1-866-773-0405 Tricare.mil/tfl tricare4u.com
Tricare Pharmacy Program 1-877-363-1303 TTY: 1-877-540-6261 tricare.mil/pharmacy express-scripts.com/Tricare

Department of Veterans Affairs

Contact if you're a veteran or have served in the U.S. military and you have questions about VA benefits.
1-800-827-1000 TTY: 1-800-829-4833 va.gov

Office of Personnel Management

Get information about the Federal Employee Health Benefits (FEHB) Program for current and retired federal employees.
Retirees: 1-888-767-6738 TTY: 1-800-878-5707 opm.gov/healthcare-insurance
Active federal employees: Contact your Benefits Officer. Visit apps.opm.gov/abo for a list of Benefits Officers.

Railroad Retirement Board (RRB) If you have benefits from the RRB, call them to change your address or name, check eligibility, enroll in Medicare, replace your Medicare card, or report a death.

1-877-772-5772 TTY: 1-312-751-4701 rrb.gov

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

Medicare offers prescription drug coverage to everyone with Medicare. Even if you don't take many prescriptions now, you should consider joining a Medicare drug plan. If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage or get Extra Help, you'll likely pay a late enrollment penalty if you join a plan later. Generally, you'll pay this penalty for as long as you have Medicare prescription drug coverage. You must join a plan approved by Medicare to offer Medicare drug coverage. Each plan can vary in cost and specific drugs covered.

THERE ARE 2 WAYS TO GET MEDICARE PRESCRIPTION DRUG COVERAGE:

Medicare Prescription Drug Plans.

These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) plans, and Medicare Medical Savings Account (MSA) plans. You must have Part A **and / or** Part B to join a Medicare Prescription Drug Plan.

Medicare Advantage Plans (like HMOs or PPOs) or other Medicare health plans

You get all of your Part A, Part B, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called "MA-PDs." Remember, you must have Part A **and** Part B to join a Medicare Advantage Plan, and not all of these plans offer drug coverage.

WHEN CAN I JOIN, SWITCH OR DROP MEDICARE DRUG PLAN?

When you first become eligible for Medicare, you can join during your Initial Enrollment Period.

- If you get Part B for the first time during the General Enrollment Period, you can also join a Medicare drug plan.
- During Open Enrollment, between October 15–December 7 each year. Your coverage begins on January 1 of the following year, as long as the plan gets your request during Open Enrollment.

Special Enrollment Periods

You generally must stay enrolled for the calendar year. However, in certain situations, you may be able to join, switch, or drop Medicare drug plans at other times. Some examples are if you:

- Move out of your plan's service area.
- Lose other creditable prescription drug coverage.
- Live in an institution (like a nursing home).
- Have Medicaid.
- Qualify for Extra Help.

5-Star Special Enrollment Period

You can switch to a Medicare Prescription Drug Plan that has **5 stars for its overall star rating** from December 8, 2016 – November 30, 2017. You can only use this Special Enrollment Period once during this timeframe. The overall star ratings are available at Medicare.gov/find-a-plan.

If you have a Medicare Advantage Plan

If your Medicare Advantage Plan includes prescription drug coverage and you join a Medicare Prescription Drug Plan, you'll be disenrolled from your Medicare Advantage Plan and returned to Original Medicare.

How do I switch?

You can switch to a new Medicare drug plan simply by joining another drug plan. **You don't need to cancel your old Medicare drug plan.** Your old Medicare drug plan coverage will end when your new drug plan coverage begins. You should get a letter from your new Medicare drug plan telling you when your coverage with the new plan begins.

How do I drop a Medicare drug plan?

If you want to drop your Medicare drug plan and don't want to join a new plan, you can only do so during certain times. You can disenroll by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also send a letter to the plan to tell them you want to disenroll. If you drop your plan and want to join another Medicare drug plan later, you have to wait for an enrollment period. You may have to pay a late enrollment penalty if you don't have creditable prescription drug coverage.

HOW MUCH DO I PAY?

Below are descriptions of what you pay in your Medicare drug plan. **Your actual drug plan costs will vary depending on:**

- Your prescriptions and whether they're on your plan's formulary (list of covered drugs) and depending on what "tier" the drug is in.
- The plan you choose. Remember, plan costs can change each year.
- Which pharmacy you use (whether it offers preferred or standard cost sharing, is out-of-network, or is mail order).
- Whether you get Extra Help paying your Part D costs.

Monthly premium

Most drug plans charge a monthly fee that varies by plan. You pay this in addition to the Part B premium. If you're in a Medicare Advantage Plan (like an HMO or PPO) or a Medicare Cost Plan that includes Medicare prescription drug coverage, the monthly premium may include an amount for prescription drug coverage.

Note: Contact your drug plan (not Social Security or the Railroad Retirement Board (RRB)) if you want your premium deducted from your monthly Social Security or RRB payment. If you want to stop premium deductions and get billed directly, contact your drug plan.

If you have a higher income, you might pay more for your Part D coverage. If your income is above a certain limit ($85,000 if you file individually or $170,000 if you're married and file jointly), you'll pay an extra amount in addition to your plan premium (sometimes called "Part D-IRMAA"). This doesn't affect everyone, so most people won't have to pay a higher amount.

Usually, the extra amount will be deducted from your Social Security check. If you get benefits from the Railroad Retirement Board (RRB), the extra amount will be deducted from your RRB check. **If you're billed the amount by Medicare or the RRB, you must pay the extra amount to Medicare or the RRB and not your plan.** If you don't pay the extra amount, you could lose your Part D coverage. You may not be able to enroll in another plan right away and you may have to pay a late enrollment penalty for as long as you have Part D.

If you have to pay an extra amount and you disagree (for example, you have a life event that lowers your income), visit socialsecurity.gov or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

If your yearly income in 2015 was			**You pay (in 2017)**
File individual tax return	**File joint tax return**		**File married & separate tax return**
$85,000 or less	$170,000 or less	$85,000 or less	Your plan premium
above $85,000 up to $107,000	above $170,000 up to $214,000	N/A	$13.30 + your plan premium
above $107,000 up to $160,000	above $214,000 up to $320,000	N/A	$34.20 + your plan premium
above $160,000 up to $214,000	above $320,000 up to $428,000	above $85,000 up to $129,000	$55.20 + your plan premium
above $214,000	above $428,000	above $129,000	$76.20 + your plan premium

Yearly deductible

This is the amount you must pay before your drug plan begins to pay its share of your covered drugs. Some drug plans don't have a deductible.

Copayments or coinsurance

These are the amounts you pay for your covered prescriptions after the deductible (if the plan has one). You pay your share and your drug plan pays its share for covered drugs. These amounts may vary.

Coverage gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after you and your drug plan together have spent a certain amount for covered drugs. In 2017, once you enter the coverage gap, you pay 40% of the plan's cost for covered brand-name drugs and 51% of the plan's cost for covered generic drugs until you reach the end of the coverage gap. Not everyone will enter the coverage gap because their drug costs won't be high enough.

These costs (sometimes called true out-of-pocket, or "TrOOP," costs) all **count** toward you getting out of the coverage gap:

- Your yearly deductible, coinsurance, and copayments
- The discount you get on covered brand-name drugs in the coverage gap
- What you pay in the coverage gap

The drug plan premium and what you pay for drugs that aren't covered **don't count** toward getting you out of the coverage gap.

Some plans offer additional cost sharing reductions in the gap beyond the standard benefits and discounts on brand-name and generic drugs, but they may charge a higher monthly premium. Check with the plan first to see if your drugs would have additional cost-sharing reductions during the gap.

Catastrophic coverage

Once you get out of the coverage gap, you automatically get "catastrophic coverage." With catastrophic coverage, you only pay a coinsurance amount or copayment for covered drugs for the rest of the year.

Note: If you get Extra Help, you won't have some of these costs.

You can visit the Medicare Plan Finder at Medicare.gov/find-a-plan to compare the cost of plans in your area. For help comparing plan costs, contact your State Health Insurance Assistance Program (SHIP).

Three ways to avoid paying a penalty:

- **Join a Medicare drug plan when you're first eligible.** Even if you don't take many prescriptions now, you should consider joining a Medicare drug plan to avoid a penalty. You may be able to find a plan that meets your needs with little to no monthly premiums.
- **Don't go 63 days or more in a row without a Medicare drug plan or other creditable coverage.** Creditable prescription drug coverage could include drug coverage from a current or former employer or union, TRICARE, Indian Health Service, the Department of Veterans Affairs, or health coverage. Your plan must tell you each year if your drug coverage is creditable coverage.

- **Tell your plan about any drug coverage you had if they ask about it.** If you don't tell the plan about your creditable prescription drug coverage, you may have to pay a penalty for as long as you have Part D coverage.

How much more will I pay?

The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. Currently, the late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" ($35.63 in 2017) by the number of full, uncovered months that you were eligible but didn't join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest $.10 and added to your monthly premium. Since the "national base beneficiary premium" may increase each year, the penalty amount may also increase each year. After you join a Medicare drug plan, the plan will tell you if you owe a penalty and what your premium will be.

What if I don't agree with the penalty?

If you disagree with your penalty, you can ask for a review or reconsideration. You'll need to fill out a reconsideration request form (that your Medicare drug plan will send you) by the date listed in the letter. You can provide proof that supports your case, like information about previous creditable prescription drug coverage.

If you need help, call your plan.

WHICH DRUGS ARE COVERED?

Many Medicare drug plans place drugs into different "tiers" on their formularies. Drugs in each tier have a different cost. For example, a drug in a lower tier will generally cost you less than a drug in a higher tier. In some cases, if your drug is in a higher tier and your prescriber (your doctor or other health care provider who's legally allowed to write prescriptions) thinks you need that drug instead of a similar drug in a lower tier, you or your prescriber can ask your plan for an exception to get a lower copayment for the drug in the higher tier.

Contact the plan for its current formulary, or visit the plan's website. You can also visit the Medicare Plan Finder at Medicare.gov/find-a-plan, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Your plan will notify you of any formulary changes.

Each month that you fill a prescription, your drug plan mails you an "Explanation of Benefits" (EOB) notice. Review your notice and check it for mistakes. Contact your plan if you have questions or find mistakes. If you suspect fraud, call the Medicare Drug Integrity Contractor (MEDIC) at 1-877-7SAFERX (1-877-772-3379).

Plans may have these coverage rules:

- **Prior authorization**—You and/or your prescriber must contact the drug plan before you can fill certain prescriptions. Your prescriber may need to show that the drug is medically necessary for the plan to cover it.

- **Quantity limits**—Limits on how much medication you can get at a time.
- **Step therapy**—You must try one or more similar, lower-cost drugs before the plan will cover the prescribed drug.

If you or your prescriber believe that one of these coverage rules should be waived, you can ask for an exception.

Starting in 2017, almost all prescribers need to be enrolled in Medicare or have an "opt-out" request on file with Medicare for your prescriptions to be covered by your Medicare drug plan. If your prescriber isn't enrolled and hasn't "opted-out," you'll still be able to get a 3-month provisional fill of your prescription. This will give your prescriber time to enroll, or you time to find a new prescriber who's enrolled or has opted out.

Do you get automatic prescription refills in the mail?

Some people with Medicare get their prescription drugs by using an "automatic refill" service that automatically delivers prescription drugs when they're about to run out. To make sure you still need a prescription before they send you a refill, prescription drug plans should get your approval to deliver a new or refilled prescription before each delivery, except when you ask for the refill or new prescription. If you get a prescription automatically by mail that you don't want, and you weren't contacted to see if you wanted it before it shipped, you may be eligible for a refund.

Medication Therapy Management (MTM) Program

If you're in a Medicare drug plan and take medications for different medical conditions, you may be eligible to get services, at no cost to you, through a MTM program. This program helps you understand your medications and use them safely. A pharmacist or other health professional will give you a comprehensive review of all your medications and talk with you about:

- How to get the most benefit from the drugs you take
- Any concerns you have, like medication costs and drug reactions
- How best to take your medications
- Any questions or problems you have about your prescription and over-the-counter medication

Visit Medicare.gov/find-a-plan to get general information about program eligibility for your Medicare drug plan or for other plans that interest you. Contact each drug plan for specific details.

HOW DO OTHER INSURANCE AND PROGRAMS WORK WITH PART D?

Employer or union health coverage—Health coverage from your, your spouse's, or other family member's current or former employer or union. If you have prescription drug coverage based on your current or previous employment, your employer or union will notify you each year to let you know if your prescription drug coverage is creditable. **Keep the information you get.**

Call your benefits administrator for more information before making any changes to your coverage.

Note: If you join a Medicare drug plan, you, your spouse, or your dependents may lose your employer or union health coverage.

COBRA—This is a federal law that may allow you to temporarily keep employer or union health coverage after the employment ends or after you lose coverage as a dependent of the covered employee. There may be reasons why you should take Part B instead of, or in addition to, COBRA coverage. However, if you take COBRA and it includes creditable prescription drug coverage, you'll have a Special Enrollment Period to join a Medicare drug plan without paying a penalty when the COBRA coverage ends. Talk with your State Health Insurance Assistance Program (SHIP) to see if COBRA is a good choice for you.

Medicare Supplement Insurance (Medigap) policy with prescription drug coverage—You may choose to join a Medicare drug plan because most Medigap drug coverage isn't creditable, and you may pay more if you join a drug plan later. Medigap policies can no longer be sold with prescription drug coverage, but if you have drug coverage under a current Medigap policy, you can keep it. If you join a Medicare drug plan, tell your Medigap insurance company so they can remove the prescription drug coverage under your Medigap policy and adjust your premiums. Call your Medigap insurance company for more information.

Veterans' benefits—This is health coverage for veterans and people who have served in the U.S. military. You may be able to get prescription drug coverage through the U.S. Department of Veterans Affairs (VA) program. You may join a Medicare drug plan, but if you do, you can't use both types of coverage for the same prescription at the same time. For more information, visit va.gov, or call the VA at 1-800-827-1000. TTY users should call 1-800-829-4833.

TRICARE (military health benefits)—This is a health care plan for active-duty service members, military retirees, and their families. **Most people with TRICARE who are entitled to Part A must have Part B to keep TRICARE prescription drug benefits**. If you have TRICARE, you don't need to join a Medicare Prescription Drug Plan. However, if you do, your Medicare drug plan pays first, and TRICARE pays second. If you join a Medicare Advantage Plan (like an HMO or PPO) with prescription drug coverage, your Medicare Advantage Plan and TRICARE may coordinate their benefits if your Medicare Advantage Plan network pharmacy is also a TRICARE network pharmacy. Otherwise, you can file your own claim to get paid back for your out-of-pocket expenses. For more information, visit tricare.mil, or call the TRICARE Pharmacy Program at 1-877-363-1303. TTY users should call 1-877-540-6261.

Indian Health Service (IHS)—The IHS is the primary health care provider to the American Indian/Alaska Native (AI/AN) Medicare population. The Indian health care system, consisting of tribal, urban, and federally operated IHS health programs, delivers a spectrum of clinical and preventive health services through a network of hospitals, clinics, and other entities. Many Indian health facilities participate in the Medicare prescription drug program. If you get

prescription drugs through an Indian health facility, you'll continue to get drugs at no cost to you, and your coverage won't be interrupted. Joining a Medicare drug plan may help your Indian health facility because the drug plan pays the Indian health facility for the cost of your prescriptions. Talk to your local Indian health benefits coordinator who can help you choose a plan that meets your needs and tell you how Medicare works with the Indian health care system. **Note:** If you're getting care through an IHS or tribal health facility or program without being charged, you can continue to do so for some or all of your care. Getting Medicare doesn't affect your ability to get services through the IHS and tribal health facilities.

GET HELP PAYING YOUR HEALTH & PRESCRIPTION DRUG COSTS

If you have limited income and resources, you may qualify for help to pay for some health care and prescription drug costs.

Note: Extra Help isn't available in Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa.

Extra Help is a Medicare program to help people with limited income and resources pay Medicare prescription drug costs. You may qualify for Extra Help if your yearly income and resources are below these limits in 2016:

- Single person—income less than $17,820 and resources less than $13,640 per year
- Married person living with a spouse and no other dependents—income less than $24,030 and resources less than $27,250 per year

These amounts may change in 2017. You may qualify even if you have a higher income (like if you still work, live in Alaska or Hawaii, or have dependents living with you). Resources include money in a checking or savings account, stocks, bonds, mutual funds, and Individual Retirement Accounts (IRAs). Resources **don't** include your home, car, household items, burial plot, up to $1,500 for burial expenses (per person), or life insurance policies.

If you qualify for Extra Help and join a Medicare drug plan, you'll:

Get help paying your Medicare drug plan's costs.
Have no coverage gap.
Have no late enrollment penalty.
Have the chance to switch plans at any time. Any change you make will take effect the first day of the following month.

You automatically qualify for Extra Help if you have Medicare and meet any of these conditions:

- You have full Medicaid coverage.
- You get help from your state Medicaid program paying your **Part B premiums** (in a Medicare Savings Program).
- You get Supplemental Security Income (SSI) benefits.

To let you know you automatically qualify for Extra Help, Medicare will mail you a purple letter that you should keep for your records. You don't need to apply for Extra Help if you get this letter.

- If you aren't already in a Medicare drug plan, you must join one to use this Extra Help.
- If you don't join a Medicare drug plan, Medicare may enroll you in one so that you'll be able to use the Extra Help. If Medicare enrolls you in a plan, you'll get a yellow or green letter letting you know when your coverage begins.

- Different plans cover different drugs. Check to see if the plan you're enrolled in covers the drugs you use and if you can go to the pharmacies you want. Visit Medicare.gov/find-a-plan, or call 1-800-MEDICARE (1-800-633-4227) to compare with other plans in your area. TTY users should call 1-877-486-2048.
- If you have Medicaid and live in certain institutions (like a nursing home) or get home- and community-based services, you pay nothing for your covered prescription drugs.

If you don't want to join a Medicare drug plan (for example, because you want only your employer or union coverage), call the plan listed in your letter, or call 1-800-MEDICARE. Tell them you don't want to be in a Medicare drug plan (you want to "opt out"). If you continue to qualify for Extra Help or if your employer or union coverage is **creditable prescription drug coverage**, you won't have to pay a penalty if you join later.

If you have employer or union coverage and you join a Medicare drug plan, you may lose your employer or union coverage even if you qualify for Extra Help. Call your employer's benefits administrator before you join a Medicare drug plan.

If you didn't automatically qualify for Extra Help, you can apply at any time:

- Visit socialsecurity.gov/i1020 to apply online.
- Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- Visit your Medicaid office. Visit Medicare.gov/contacts, or call 1-800-MEDICARE (1-800-633-4227) to get the phone number. TTY users should call 1-877-486-2048.

Drug costs in 2017 for people who qualify will be no more than $3.30 for each generic drug and $8.25 for each brand-name drug. Look on the Extra Help letters you get, or contact your plan to find out your exact costs.

To get answers to your questions about Extra Help and help choosing a drug plan, call your State Health Insurance Assistance Program (SHIP).

WHAT IF I NEED HELP PAYING MY MEDICARE HEALTHCARE COST?

Medicare Savings Programs

If you have limited income and resources, you may be able to get help from your state to pay your Medicare costs if you meet certain conditions.

There are 4 kinds of Medicare Savings Programs:

- **Qualified Medicare Beneficiary (QMB) Program**—If you're eligible, the QMB Program helps pay for Part A and/or Part B premiums. In addition, Medicare providers aren't allowed to bill you for Medicare deductibles, coinsurance, and copayments when you get services and items Medicare covers, except outpatient prescription drugs. Pharmacists may charge you up to a limited amount (no more than $3.70 in 2017) for prescription drugs covered by Medicare Part D. To make sure your provider knows you have QMB, show both your Medicare and Medicaid or QMB card each time you get care. If you get a bill for medical care Medicare covers, call your provider or plan about the charges. Tell them that you have QMB and can't be charged for Medicare

deductibles, coinsurance and copayments. If this doesn't resolve the billing problem, call 1-800-MEDICARE.

- **Specified Low-Income Medicare Beneficiary (SLMB) Program**— Helps pay Part B premiums only.
- **Qualifying Individual (QI) Program**—Helps pay Part B premiums only. You must apply each year for QI benefits and the applications are granted on a first-come first-served basis.
- **Qualified Disabled and Working Individuals (QDWI) Program**— Helps pay Part A premiums only. You may qualify for this program if you have a disability and are working.

The names of these programs and how they work may vary by state. Medicare Savings Programs aren't available in Puerto Rico and the U.S. Virgin Islands.

HOW DO I QUALIFY

In most cases, to qualify for a Medicare Savings Program, you must have:

- Part A
- Monthly income less than $1,010 and resources less than $7,280—single person
- Monthly income less than $1,355 and resources less than $10,930— married and living together

Note: The amounts above are for 2016 and may change each year. Many states figure your income and resources differently, so you may qualify in your state even if your income or resources are higher than the amounts listed above. If you have income from working, you may qualify for benefits even if your income is higher than the limits above.

For more information

- Call or visit your Medicaid office, and ask for information on Medicare Savings Programs. To get the phone number for your state, visit Medicare.gov/contacts. You can also call 1-800-MEDICARE (1-800-633-4227), and say "Medicaid." TTY users should call 1-877-486-2048.
- Contact your State Health Insurance Assistance Program (SHIP).