

## **PART D ENROLLMENT TO BEGIN IN NOVEMBER**

Beginning January 1, 2006 Medicare will help pay for certain prescription drugs under a new section of Medicare called Part D. Any individual, who has Medicare, regardless of their income or assets, is eligible for Part D benefits. However, to receive the prescription drug benefit, eligible individuals will need to take active steps to enroll in a prescription drug plan. The first enrollment period for Part D begins November 15, 2005 and ends May 15, 2006.

Enrollment in the prescription drug benefit is voluntary however people who do not choose to enroll in Part D when they are first eligible may have to pay a higher premium if they decide to join later on. This penalty will be about 1% of the average national premium for each month during which the individual could have been in Part D.

Some individuals may choose not enroll in Part D because they already have prescription drug coverage through another insurance source, such as a retiree policy or through an employer group health plan. So long as that coverage is considered to be “creditable coverage”; coverage that is equal to or better than the Part D plan coverage, they will not be subject to the premium penalty. Employers and companies who provide such prescription drug coverage are required to notify enrollees if their plan is considered creditable or not by November 15, 2005.

Two types of Part D plans will be offered: Stand-alone Prescription Drug Plans and Medicare Advantage Plans with prescription drug coverage (Medicare Advantage plans are managed care plans through which some beneficiaries receive their Medicare benefits). Individuals who are enrolled in traditional Medicare have the option of choosing a stand-alone plan available in their area. Those individuals who are enrolled in a Medicare Advantage plan which offers Part D prescription drug coverage must enroll in that plan’s prescription drug benefit. If the Medicare Advantage plan does not offer a Part D plan, beneficiaries can choose from the stand alone plans available in their area.

When choosing a Part D plan beneficiaries should consider not only the amount of the monthly premium, but also what drugs are covered under a plan’s formulary and whether their pharmacy participates in the plan’s network. Other factors to consider are whether mail order is available, if the plan requires prior authorization for certain drugs, if there are tiered co-payments, if the plan limits the quantity of drugs covered, and whether the plan offers additional benefits.

General information about the plans available in Connecticut can be found in the “Medicare and You Guide 2006” which was recently mailed to beneficiaries. Information is also available on the internet at [www.medicare.gov](http://www.medicare.gov). Specific information regarding plan formularies (the list of drugs covered by a particular plan) is available by contacting the plans directly and should be available on the Medicare website in November. Beneficiaries and caregivers can also get assistance by contacting CHOICES, the State of Connecticut’s Health Insurance Counseling Program at 1-800-994-9422 or by contacting

the Center for Medicare Advocacy at 1-800-262-4414 or by visiting the Center's website at [www.medicareadvocacy.org](http://www.medicareadvocacy.org).

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The Center for Medicare Advocacy, Inc. is a national, non-partisan education and advocacy organization that promotes fair access to Medicare and health care. The Center's national office is in Mansfield with offices in Washington DC and throughout the country. For more information contact Attorney Lara Stauning at (860)456-7790 or visit the Center's website: [www.medicareadvocacy.org](http://www.medicareadvocacy.org). Se habla español.