Important Drug Coverage Rules

The following information can help answer common questions as you begin to use your coverage.

To Fill a Prescription Before You Get Your Membership Card

Within 2 weeks after your plan gets your completed application, you will get a letter from the plan letting you know they got your information. You should get a welcome package with your membership card within 5 weeks or sooner. If you need to go to the pharmacy before your membership card arrives, you can use any of the following as proof of membership in your Medicare drug plan:

- A letter from the plan
- An enrollment confirmation number that you got from the plan, the plan name, and telephone number

You should also bring your Medicare and/or Medicaid card, proof of any other prescription drug coverage, and a photo ID. If you qualify for Extra Help, see page 80 for more information about what you can use as proof of Extra Help. If you don't have any of the items listed above, and your pharmacist can't get your drug plan information any other way, you may have to pay out-of-pocket for your prescriptions. **If you do, save the receipts and contact your plan to get money back.**

If you want to know how Medicare prescription drug coverage works with other drug coverage you may have, see pages 71–72.

Once you consider your options and choose a plan, join early to give the plan time to mail your membership card, acknowledgement letter, and welcome package before your coverage becomes effective. This way, even if you go to the pharmacy on your first day of coverage, you can get your prescriptions filled without delay. If you don't get these items, call your plan.

Important Drug Coverage Rules (continued)

Plans may have the following coverage rules:

- Prior authorization—You and/or your prescriber (your doctor or other health care provider who is legally allowed to write prescriptions) 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.

Blue words in the text are defined on pages 115–118.

If your prescriber believes that one of these coverage rules should be waived, you can ask for an exception. See pages 90–91.

What Are "Tiers"?

Many Medicare drug plans place drugs into different "tiers." Drugs in each tier have a different cost. For example, a drug in a lower tier will cost you less than a drug in a higher tier. In some cases, if your drug is on a higher tier and your prescriber thinks you need that drug instead of a similar drug on a lower tier, you can file an exception and ask your plan for a lower copayment.

Note: Medicare drug plans must cover all commercially-available vaccines (like the shingles vaccine) when medically necessary to prevent illness except for vaccines that are covered under Part B. Information about a plan's list of covered drugs (called a formulary) isn't included in this handbook because each plan has its own formulary. Formularies can change. Contact the plan for its current formulary, or visit the plan's Web site. You can also visit www.medicare.gov and select "Compare Medicare Prescription Drug Plans."

In most cases the prescription drugs you get in an outpatient setting like an emergency room (sometimes called "self-administered drugs") aren't covered by Part B. Your Medicare drug plan may cover these drugs **under certain circumstances**. You will likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Call your plan for more information. You can also visit www.medicare.gov/Publications/Pubs/pdf/11333.pdf to view the fact sheet, "How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings."

Important Drug Coverage Rules (continued)

Ways to Pay Your Premium

You have choices in the way you pay your Medicare drug plan premium. Depending on your plan and your situation, you may be able to pay your Medicare drug plan premium in one of four ways:

1. **Deducted** from your checking or savings account.
2. **Charged** to a credit or debit card.
3. **Billed** to you each month directly by the plan. Some plans bill in advance for coverage the next month. **Send your payment to the plan (not Medicare). Contact your plan for the payment address.**
4. **Deducted from your monthly Social Security payment.** Contact your drug plan (not Social Security) to ask for this payment option. With this option, your first deductions usually take 3 months to start, and 3 months of premiums will likely be collected at one time. You may also see a delay in premiums being withheld if you switch or leave plans.

For more information about your Medicare drug plan premium or ways to pay for it, contact your drug plan.

Use the following resources to get more information about Medicare prescription drug coverage:

- Contact the plans you are interested in.
- Visit www.medicare.gov/pdphome.asp to get general information, view publications, and compare plans in your area.
- Call 1-800-MEDICARE (1-800-633-4227), and say "Drug Coverage." TTY users should call 1-877-486-2048.
- Contact your State Health Insurance Assistance Program (SHIP) for free, personalized health insurance counseling. See pages 110–113 for the telephone number.