

Prepare & Compare: Medicare Part D Open Enrollment

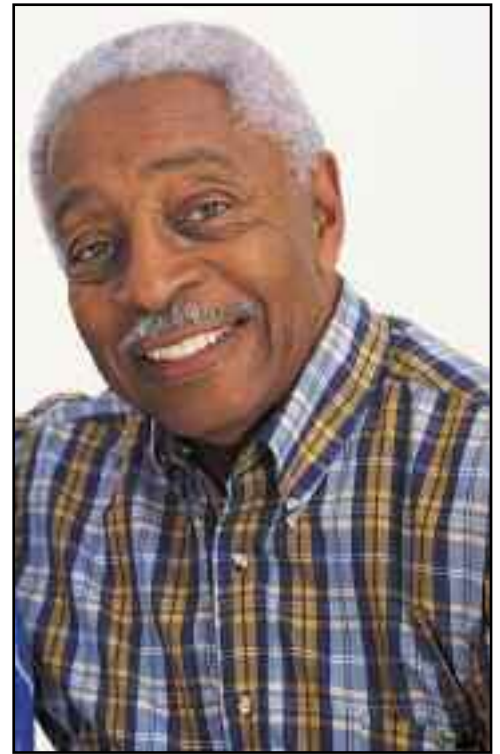
Each year, Medicare prescription drug plans (PDP) may change their benefit and formulary designs. This means your current drug plan may increase your costs, no longer cover your medications, or no longer contract with your local pharmacy next year. Therefore, it is very important to review plan offerings before Open Enrollment each year to ensure that you are enrolled in the best plan for you.

Should I Switch Plans?

In October you should receive a letter from your PDP which explains any changes to your current plan, including changes to the monthly premium, co-payments or the list of drugs covered, also known as the formulary. Below are some important questions to ask that will help you determine if your plan will meet your needs in the coming year.

- Will my deductible, premium or co-payments increase?
- Will all my drugs still be covered?
- Will there be new restrictions (prior authorization, step-therapy, etc.) on my drugs?
- Will my pharmacy still be in the plan network?
- Have I been happy with the plan's customer service?

If you decide your current plan will meet your needs next year, then you do not need to re-enroll in your plan. Your coverage will continue without interruption. Even if you like your current coverage, you may still want to compare other plans in your area because there may be more options that cost less and offer additional coverage.



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I Need to Switch. How Do I Find a New Plan?

After answering the questions above, you may decide that switching to another PDP is necessary. You have one opportunity to switch plans during Open Enrollment, November 15 through December 31. To decide which plan is best for you, compare the costs, coverage and formularies of the plans in your area by using the Medicare Prescription Drug Plan Finder (www.medicare.gov) or by calling 1-800-MEDICARE. The questions below can guide you in comparing plans:

- Which of my medications are covered on the plan's list of drugs, called a formulary? Which of my medications will not be covered?
- Does my doctor need to get prior authorization to prescribe any of my medications?
- Does the plan require me to try a different medication before I can receive a medication I'm currently prescribed (called "step therapy")?
- What information does my doctor need to provide to get approval for my medication(s) to be covered (also known as an exception)?
- Does the plan provide me with my medication during this exception process?
- How much is the premium for the plan(s) offered in my area?
- How much are the co-payments for each prescription?
- In addition to co-payments, am I required to pay part of the cost of my medications?
- Is there a coverage gap? If so, is there any coverage during the gap?
- Is my pharmacy in the plan network?
- Is there a pharmacy mail-order program that will send drugs directly to your home?

Tips

Get a free copy of NMHA's consumer workbook. *Get Educated, Get Enrolled* can guide you as you compare plans and choose a new PDP. To request a copy, call the NMHA Resource Center at 1-800-969-6642. English and Spanish versions of the workbook are also available at www.nmha.org/medicare.

Talk to your doctor or case manager now. Discuss with your doctor any changes in your current plan, such as increased co-pays and changes on the plan's list of covered drugs.

Don't be Late. Enroll by December 8 so you can have your prescription drug card and get the medication you need on January 1.

Ask for Help. There are many people and groups who can answer your questions, help you apply for *Extra Help* or join a plan, and help you get your medications. Call the NMHA Resource Center for a list of people who can help you.

Check the Internet. If you need additional information about Open Enrollment or other information on Medicare Part D, visit www.nmha.org/medicare or www.mentalhealthpartd.org.