

FREQUENTLY ASKED QUESTIONS MEDICARE PRESCRIPTION DRUG COVERAGE

Q: What is Medicare prescription drug coverage?

A: Medicare prescription drug coverage (Medicare Part D) is the prescription drug benefit that became available to Medicare Part A and Part B beneficiaries beginning January 1, 2006. Congress created it under the Medicare Prescription Drug Improvement and Modernization Act, which President Bush signed into law on December 8, 2003.

Q: Who is eligible for the new Medicare coverage?

A: All individuals eligible for Medicare Part A or who is currently enrolled in Part B are eligible for the Medicare prescription drug benefit. If you qualify for Medicaid, the government automatically enrolls you in a Medicare Part D plan.

Q: Am I required to sign up for a Medicare prescription plan?

A: No. Enrollment in a Medicare prescription plan is voluntary. No action is required on your part if you want to continue your current coverage through the Christian Brothers Employee Benefit Trust. Your current coverage is as good as, if not more generous than, the standard Medicare plan.

Q: How can I get a Medicare prescription drug plan?

A: Medicare prescription drug coverage will be offered to Medicare-eligible individuals through private plans. You can choose to:

- Sign up for a benefit through a Medicare prescription drug plan; **or**
- Participate in a Medicare health care plan like Medicare Advantage (formerly Medicare + Choice) that includes a prescription drug benefit (MA-PD).

Visit <http://www.medicare.gov/> to learn more about these options and to find private plans in your area.

Q: When can I enroll in the Medicare prescription drug program?

A: Enrollment begins on October 15, 2017, and ends December 7, 2017.

Q: What happens if I decide to enroll in a Medicare prescription drug plan after the enrollment period?

A: Unless you had been covered by a Medicare-approved plan, such as your plan through the CBEBT, you may be required to pay a higher monthly premium.

Q: Do I have to re-enroll in the Medicare prescription coverage annually?

A: No, you remain enrolled until you choose to withdraw from your plan.

Q: What is the *standard* benefit provided under the new Medicare plan?

A: In 2018, you will pay:

- A monthly premium, this will vary depending on the type of plan you choose
- The first \$405 in out-of-pocket drug costs (deductible), this is an increase from 2017 (\$400)
- Twenty-five percent of total drug costs between \$405 and \$3,750
- The greater of either: \$3.35 copayment for generics/preferred multi-source drugs and \$8.35 copayment for other drugs; or 5 percent coinsurance after reaching the \$5,000 out-of-pocket limit

For example, after you have met your \$405 deductible, you pay \$25 if your prescription costs \$100, and the Part D plan covers the rest. Once you reach \$3,750 in drug costs, you pay the total cost of your prescription until you have paid \$7,508.75 in total drug costs, meaning you have paid \$5,000

and reached the out-of-pocket limit. After you have reached this limit, you pay \$5 for a \$100 prescription and the Part D plan covers the rest. Please see the table below.

Medicare Part D Standard Benefit 2018			
You Pay 100%	Medicare Pays 75%	You Pay 100% ("donut hole") Enrollees will receive a 65% discount on the total cost of their brand-name drugs and will pay a maximum of 44% copay on generic drugs	Medicare Pays 95%
	You Pay 25%		You Pay 5% ¹
\$0	\$405	\$3,750	\$7,508.75 ²
Total Rx Costs			

¹ You pay the greater of \$3.35 copayment for generic/preferred multi-source drugs and \$8.35 copayment for all other drugs; or 5 percent coinsurance.

² The annual true out-of-pocket (TrOOP) threshold of \$7,508.75 is based on your paying \$5,000 in cost-sharing expenses.

Q: How do I know if the new Medicare coverage will benefit me?

A: The Medicare prescription drug plans may save you money on your prescription drugs if your annual drug costs are at least the total cost of the monthly premium plus the \$405 deductible.

Q: What should I do to compare the benefits offered through Medicare Part D to those offered through the CBEBT plan?

A: You will need to obtain:

- A list of your current medications, including strength and dosage.
- A copy of your current prescription drug plan, including any and all applicable deductibles, co-insurance amounts and co-pay amounts.
- The most recent annual explanation of benefits (EOB) from Express Scripts. You can find this EOB at www.mycbs.org/health or you can request it by phone at 1-800-718-6601.
- A record of the amount, if any, you pay for CBEBT coverage.

Calculate the projected out-of-pocket cost of your prescription medications under the Medicare Part D plan. Compare this cost with your out-of-pocket expenses have been under the CBEBT prescription drug plan.

Q: Which prescription drugs will be covered under the Medicare prescription drug program?

A: Virtually all drugs approved by the U.S. Food and Drug Administration (FDA) may be covered. The Medicaid program and most commercial programs exclude certain drugs from coverage, such as drugs used for cosmetic purposes, weight loss, fertility and symptomatic relief of cold and cough. When they become available, check the formularies (the lists of covered medications) for each Medicare prescription drug plan in your service region to determine whether a specific prescription drug is covered.

Q: As a retiree, can I retain my medical/prescription drug coverage through CBEBT if I enroll in Medicare Part D?

A: **No.** If you are retired, not actively employed, and enroll in Part D, you are neither eligible to continue medical/prescription drug coverage through the CBEBT nor eligible to re-enroll in the future.

Q: As a retiree, if I am currently enrolled in the dental and/or vision plans offered through CBEBT, may I continue to be enrolled for these benefits if I enroll in Medicare Part D?

A: Yes. You may retain dental and/or vision benefits even if you enroll in Medicare Part D. Please contact your member Employer for details.

Q: Does the prescription drug plan offered through CBEBT cover as much as or more than the standard Medicare prescription drug program?

A: Yes. The prescription drug plans through the CBEBT have been certified to cover as much as or more than the standard Medicare plan.

Q: Will low-income assistance be available for Medicare prescription drug plans?

A: Yes. You may be eligible for extra help if you have limited income and resources. Medicare will send eligible low-income beneficiaries information on how to apply for this assistance.

If you receive the Social Security Administration (SSA) application for extra assistance, fill it out and return it as soon as possible. If you do not receive an application but think you may qualify for assistance, call 1-800-772-1213 (TTY 1-800-325-0778), visit www.socialsecurity.gov on the Web, or apply at your State Medical Assistance office. Once you have submitted your application, the SSA will mail you a letter informing you whether you qualify for extra help.

Q: Where can I get more information about Medicare prescription drug coverage?

A: For more information on Medicare prescription drug coverage, read the *Medicare & You 2018* handbook, which should be mailed to you. Along with the handbook, you should have received information on Medicare Part D and Medicare Advantage plans that are available in your area. After October 2017, if you have not received the handbook and you need help:

- Visit www.medicare.gov on the Web and get personalized information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Have your Medicare card, a list of drugs you take, and the name of your pharmacy ready when you call.
- Get a free copy of the booklet *Your Guide to Medicare Prescription Drug Coverage* (CMS Pub. No. 11109) on www.medicare.gov or by calling 1-800-MEDICARE.
- Call your State Health Insurance Assistance Program for free personalized health insurance counseling. Find the telephone number for your state office in the *Medicare & You 2018* handbook.
- Contact your local Office on Aging and ask about local events explaining the new Medicare plan. For the telephone number of the Office on Aging nearest you, visit www.eldercare.gov on the Web.

Information provided by Christian Brothers Health Benefit Services