What are Medicare prescription drug plans?
In January 2006, the Medicare Prescription Drug Program, sometimes referred to as “Medicare Rx”, “Medicare Advantage,” or "Medicare Part D,” became available for everyone who has Medicare Part A and/or Part B. Private insurance companies sell Medicare Prescription Drug Plans (PDPs) or Medicare Advantage (MA-PD) plans approved by Medicare. Everyone with Medicare is eligible to enroll in Medicare prescription drug coverage, regardless of income or assets, and coverage is voluntary.

Medicare Fraud
Unfortunately, not everyone who contacts you about switching to a Medicare drug plan has the best intentions. To protect yourself from scam artists intent on taking advantage of your situation, here are some additional tips to avoid becoming a victim:

• Beware of door-to-door sales people. Agents cannot solicit business at your home without an appointment. Do not let uninvited agents into your home.

• Check with your state’s insurance department to make sure the salesperson is a licensed agent.

• Do not give out personal information, such as Social Security numbers, bank account numbers or credit card numbers to anyone you have not verified as a licensed agent. People are not allowed to request such personal information in their marketing activities and cannot ask for payment over the Internet. They must send you a bill. Once you decide to purchase a plan and have verified that the agent is licensed, you may give the agent personal information to assist in enrollment and billing.

• Verify that the plan you have chosen is an approved Medicare plan. All of the approved plans are available at www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227).

More Information
For more information about your Medicare prescription drug options, visit these online sources:

• Connecticut Department of Social Services: www.ct.gov/medicarerx
• Medicare Prescription Drug Plan Finder, www.medicare.gov
• Department of Social Services, Aging Services Division: www.ct.gov/agingservices
• Connecticut Insurance Department: www.ct.gov/cid
• Social Security: www.socialsecurity.gov
• Center for Medicare Advocacy: www.medicareadvocacy.org
• Call CHOICES at 1-800-994-9422 to speak to a counselor at the Area Agency on Aging serving your area of the state.

CHOICES counselors are trained and certified to assist you with your Medicare issues and concerns. They can also help you with comparing Medicare prescription drug plans, getting Extra Help to pay for your premiums, deductible, and co-pays and enrolling you into the plan of your choice.
**Medicare Prescription Drug Plan FAQs**

**What if I am already enrolled in a Medicare prescription drug plan?**

Plan features might change from year to year. So, carefully examine all available plans during each annual enrollment period, because your current plan may no longer best meet your needs. Be sure to check the features of your plan, including the list of drugs covered, the premium, deductible, and cost-sharing you pay, and any coverage gap. If you are satisfied with your current plan, you do not need to do anything to keep your plan. If you take no action, you will remain in your current plan. If you enroll in or make changes to your plan during the annual enrollment period, your new coverage automatically begins Jan. 1, 2009.

**What if I am enrolled in a Medicare Advantage (MA-PD) plan with prescription drug coverage?**

Medicare Advantage (MA-PD) plans might also make changes to important features of your plan from year to year, including the list of drugs covered, the premium you pay, deductibles and cost-sharing requirements, and provider networks. Carefully review your plan options during each open enrollment season. If you take no action, you will automatically remain in your current plan. There are 32 Medicare-approved Medicare Advantage (HMOs, PPOs, and PFFSs) plans in Connecticut for 2009. These are sometimes called MA-PD plans. They offer prescription drug coverage and hospital and medical coverage together in one plan.

**What if I already have prescription drug coverage?**

A Medicare prescription drug plan might provide more coverage than a Medicare supplemental insurance (Medigap) policy or employer-provided prescription drug coverage that you may currently have. If Medicare considers your existing coverage to be “creditable” — meaning, coverage that is as good as the standard Medicare prescription drug coverage benefit — you are permitted to keep your current coverage without incurring future penalties. Check with your employer or Medigap plan before dropping an employer-provided prescription drug coverage or Medigap plan because you may not be able to get it back. If you do not enroll in a Medicare drug plan when you are first eligible for Medicare, and you do not have other creditable prescription drug coverage, you may be subject to a penalty if you decide to enroll at a later time.

**What are my options if I want to enroll in a Medicare prescription drug plan?**

You can enroll in a stand-alone prescription drug plan (Medicare Part D) or you can choose a Medicare Advantage (MA-PD) plan (Medicare Part C) that includes a drug benefit. Compare plans and select the one that best meets your individual needs annually. Here are a few things to consider:

- See if all of your prescriptions are on the plan’s list of drugs (called a formulary).
- Check to see if your preferred pharmacy is on the list.
- Find out what co-payments you will be responsible for paying when filling a prescription.
- Are the premium, deductible, and cost-sharing requirements for your preferred plan affordable?
- Is there a coverage gap where you are responsible for all of the costs, and is this affordable?
- If it is a Medicare Advantage (MA-PD) plan, what are the network rules and will your current providers be covered?
- How does enrollment in the new plan impact coverage you may already have (including employer-sponsored prescription drug coverage or a Medigap plan) or your enrollment in traditional Medicare.

If costs are a major concern, find out if you quality for Extra Help. If you do, you will save money on premiums, deductibles, and co-pays. If you have Medicaid (Title 19) or a Medicare Savings Program (QMB, SLMB, or ALMB), you automatically qualify for Extra Help. If you have ConnPACE and your income is below $15,600* (single) or $21,000* (couple), you must apply for Extra Help. *These amounts will be updated in 2009.

**New Marketing Rules**

Beginning Oct. 1, 2008, new federal rules are in place to protect consumers against abuses in the marketing and sales of Medicare prescription drug plans and Medicare Advantage (MA-PD) plans. According to these new rules, individuals who contact you about any type of private Medicare coverage:

- Must be licensed by the state. Verify a license at www.ct.gov/cid/verifylicense.
- May not make unsolicited contacts with prospective beneficiaries (i.e., door-to-door sales, cold calls, or approaching you in a parking lot).
- Must have an appointment in advance before coming to your home.
- Must arrange with you in advance the type of products that will be discussed during a scheduled sales appointment. At the appointment, the salesperson may not try to sell you other types of insurance coverage other than the type(s) agreed upon in advance.
- May not try to sell you non-health care related products (like a life insurance policy or an annuity) during a sales or marketing presentation of a Medicare prescription drug or Medicare Advantage (MA-PD) plan.
- May not attempt to sell you a plan in certain health care settings, such as in a doctor’s office or in a pharmacy.
- May not attempt to sell you a plan at an educational event.
- May not offer you free meals at promotional or sales events.
- May not offer you gifts or other promotional items whose value is in excess of $15.