

Where can I get help?

You have a choice in your prescription drug coverage. Trained benefits counselors and planners can help you make an informed choice, at no cost to you.

- ◆ Trained **HICAP** (Health Insurance Counseling and Advocacy Program) **counselors** provide unbiased information about Medicare and related issues.

HICAP Counselors: 1-800-434-0222

- ◆ Get accurate Medicare information for Californians:



CalMedicare.org 
Medicare information for Californians
www.CalMedicare.org

- ◆ Find a benefits planner in your area and learn more about benefits on **Disability Benefits 101.**

disability benefits 101 
WORLD INSTITUTE - DISABILITY
www.db101.org

- ◆ **Talk to your doctor** about the drugs you take and whether there are substitutes that would also work.

Developed by Disability Benefits 101 With Funding From:

- ◆ Alliance Healthcare Foundation
- ◆ The California Endowment
- ◆ California Health Incentives Improvement Project

If You Use Medicare and Medi-Cal, Your Drug Coverage *Will Change* on **January 1, 2006.**

Are You Ready?



Medicare's new Prescription Drug Benefit will replace your Medi-Cal prescription drug coverage.

Be prepared. Find out about your options and how to get help.

Have information about your health coverage **organized and available** so you can learn how the new drug benefit may work for you.

3

My Medicines. Find out and write down the names of all the prescription drugs you take now. Each Medicare Prescription Drug Plan has a list of drugs it covers, often called a **formulary**. Having a list of the drugs you need makes it easier to figure out which plans might suit your needs. Any information you can provide will be helpful.

The first line is just an example. Attach an extra sheet if necessary.

<i>Brand Name</i>	<i>Generic Name</i>	<i>Dosage Amount</i>	<i>How Often Taken</i>
Example: Lipitor	Atorvastatin	80mg	Daily

What if I don't do anything?

- ◆ Many people will be **randomly assigned** to one of the new Medicare Prescription Drug Plans. You might be assigned to a Plan that doesn't cover the medicines you take.
- ◆ You could **run out** of the prescription drugs you use and not be able to get refills on time.

When does all this happen?

- ◆ By **Summer 2005**, all Medicare/Medi-Cal dual eligibles will get a letter explaining the coming changes.
- ◆ Starting in **October 2005**, dual eligibles will get a letter assigning them to a Medicare Prescription Drug Plan. You can keep the Plan you're assigned to or choose another.
- ◆ Starting **November 15, 2005**, all Medicare beneficiaries can start to choose one Plan from at least two options.

Fill out the worksheet and take it with you to any meetings.

Take Control of your Drug Transition Planning

HICAP Counselors: 1-800-434-0222

- ◆ Fill out this simple worksheet.
- ◆ Take it with you when you meet with a benefits counselor or planner.
- ◆ This information can help you and someone you work with understand your options.

1 My Health Coverage. Find out and write down all the health coverage programs you use now. **Check all that apply.**

I am enrolled in:

- Medicare Part A** (hospitalization)
- Medicare Part B** (medical coverage)
- Medigap** (Medicare Supplemental Insurance Policy) private insurance.
 - ◆ Circle your Medigap plan: A B C D E F G H I J
- Medicare Advantage HMO.**
 - ◆ Which HMO? _____
- Medicare Savings Program**
 - ◆ I am enrolled in: (*circle one*): QMB SLMB QI-1 QDWI

- Medi-Cal**
 - ◆ Do you have a **share of cost** with Medi-Cal? \$____/month
- Employer-sponsored health coverage**, including retiree coverage.
 - ◆ Employer: _____
 - ◆ Plan provider: _____
- I am enrolled in a **drug plan or program** that pays for my drugs.
 - ◆ What plan or plans? _____
 - ◆ My **co-pay** for drugs is: \$ _____
 - ◆ I pay a **monthly premium**: \$ _____
- Other health coverage:**
 - ◆ _____
 - ◆ _____

2 My Income and Assets (optional). **If you're enrolled in Medi-Cal now, skip this section.** Financial help with Medicare drug costs is available for some people. Others may qualify for Medi-Cal or other programs. You may choose to share financial information to help the people you work with figure out if you might be eligible.

Income: include all sources of earned and unearned income, including work, pension, disability benefits, Social Security, etc.

Assets: include cash, savings and retirement accounts, etc. Leave out the home you live in and the car you drive.

<i>My Income</i>	
<i>Source</i>	<i>Monthly \$</i>

<i>My Assets</i>	
<i>Asset</i>	<i>Value (\$)</i>

Go on to Part 3