

## **What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Have a Transplant and Employer or Retiree Drug Benefits**

If you have a transplant, your doctor may prescribe drugs to prevent or treat anemia, bone disease, depression, diabetes, heart problems, high blood pressure, high cholesterol, infection, and organ rejection. To stay healthy and protect your transplant, you must take prescribed drugs in the right dose at the right time. Your doctors need to know all your drugs.

If you have Medicare and your employer, union, or COBRA plan doesn't pay the full cost of your drugs or some drugs aren't covered, Medicare Part D can help you pay for your prescribed drugs that are not covered by Part A or Part B if you join a plan. Anyone with Medicare can join, even if you have a transplant.

Medicare *Part B* will still cover 80% of the cost of anti-rejection (immunosuppressive) drugs if you had Medicare Part A when you got your transplant, you had your transplant in a Medicare approved transplant program, and you have Medicare Part B. If you didn't qualify for Medicare Part A when you got your transplant or if you didn't have your transplant in a Medicare approved transplant program, your anti-rejection drugs have not been covered by Part B, but may be covered under Part D.

If you have **employer, union, or COBRA drug benefits**, you will get a notice about how those benefits compare to Part D. If your drug plan is not as good as Medicare Part D, ask your benefits administrator how joining a Part D plan will affect your other health coverage. Healthcare for kidney disease is costly. *Don't do anything to risk your health coverage. If you have a COBRA plan and are thinking about signing up for Medicare to get Part D, you should know that your employer can drop your COBRA plan if you apply for Medicare.*

If you have Medicare *and joining Part D will not affect your health coverage*, you can join from November 15 to December 31. and your plan will start January 1. If you get Medicare after January, your first chance to join a Part D plan is during the same 7-month period you can sign up for Part B. Wait to join and you could pay a higher premium. In most cases,

you'll only be able to join or change plans from November 15 to December 31 each year. Your new plan will start the next January 1.

If you have limited income and resources, you may get extra help to pay for your Medicare Part D plan and drug costs. Apply for extra help on Social Security's website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call (800) 772-1213 or (800) 325-0778 for TTY. With extra help, you could pay a few dollars for each covered drug you buy. Otherwise, you will pay the premium plus a deductible and co-payments or coinsurance and, depending on your plan, you may pay the full cost for covered drugs you buy during the coverage gap before Medicare will pay 95% for the rest of the year.

Companies sell Medicare-approved plans. Some are standard plans; enhanced plans cover more but cost more. Companies can't sell Part D plans door-to-door. Look for the Medicare-approved symbol on mailings.

All plans must cover certain drugs, like anti-depressants or drugs to prevent transplant rejection. Standard plans cannot cover over-the-counter drugs, vitamins (except Vitamin D), and a few others. A plan's list of covered drugs is called a formulary. Generics may be cheaper. Ask your doctor if you can take a generic *before* you buy it.

If you choose to join a plan, choose a kidney-friendly one. Your doctor can help you know what drugs to look for. Make a list with drug names, doses, and number you take a month. Ask your doctor if you're taking the best drugs to stay healthy. Ask what other drugs you may need if your health or treatment changes and look for them on formularies. Compare plans and costs. Choose one that covers all or most drugs you take now or you may need later if you need dialysis or get another transplant. Check to see what drug stores you can use. Mail order may save money on drugs you take all the time.

Review plans in your current annual *Medicare & You* booklet. , visit the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov), or call the Medicare Helpline at 1-800-MEDICARE (1-877-486-2048 TTY). Ask Medicare how you can get in-person help through your State Health Insurance Assistance Program or visit [www.shiptalk.org](http://www.shiptalk.org).

Apply with the insurance company, use the Medicare Prescription Drug Plan Finder or call the Medicare Helpline. Guard your personal numbers. You can

give them to Social Security, the Medicare helpline, or plans *if you call them*. Report any concerns to the Medicare Helpline.

Your Medicare drug plan must give you a list of rights when you enroll. If you need a drug that's not on the list, your doctor can ask for an "exception" for the plan to cover a drug you need. You have the right to appeal a denial.

Your healthcare team wants you to know all you can about Part D so *you* can make the best choice to meet your needs. Be aware that most of what you read is for the "average" person with Medicare. You can find what you need to help you make an informed decision at [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org). Libraries have the Internet if you don't. Ask a neighbor or loved one to help you get what you need on their computer.

The Kidney Medicare Drugs Awareness and Education Initiative is a service of the kidney community, designed to provide timely, consistent, reliable, and up-to-date information about Medicare and Medicare prescription drug coverage (Part D).