

What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Have a Transplant and Live in a Nursing or Long-term Care Home

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.

Starting January 1, 2006, 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] pay 80% for anti-rejection 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 have 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 starting January 1, 2006.

If you live in a **nursing home** and have Medicare and Medicaid pays for your drugs, starting January 1, 2006, Medicare Part D will pay for all your covered drugs. If you have Medicare and Medicaid and live in **another type of long term care home**, you will pay a small co-pay. You can change plans at any time.

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 Web site at www.socialsecurity.gov or call (800) 772-1213 or (800) 325-0778 for TTY. With extra help, you could pay as little as \$1 for each generic or \$3 for each brand name drug you buy. If you do not get extra help, you will pay a monthly premium and \$3,600 in 2006 for covered drugs before Medicare will pay 95% the rest of 2006.

If you have Medicare in 2005, you can join from November 15, 2005 to May 15, 2006. If you join between November 15, 2005 and December 31, 2005, your plan will start January 1, 2006. If you join before May 15, 2006, your plan will start the first day of the month after you join. If you get Medicare after January 2006, you can join a Part D plan during the same 7 month period you can sign up for Part B. Wait to join and you could pay a higher premium. 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.

Most long-term care homes use a certain drug store. You can switch to a plan that contracts with that pharmacy when you enter a long-term care facility. You can also switch plans when you leave a long-term care facility.

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

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All plans must cover certain drugs, like anti-depressants or drugs to prevent transplant rejection. Standard plans don't cover everything, including over-the-counter drugs, vitamins (except Vitamin D), cold medicines and a few other drugs. A plan's list of covered drugs is called a formulary. Generics may be cheaper but 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. Ordering drugs by mail may save money on drugs you take all the time.

Review plans in *Medicare & You 2006*. Due to a printing error "If I can qualify for extra help, will my full premium be covered" has YES for all plans. To be sure which plans do, visit the Medicare Prescription Drug Plan Finder at 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.

Apply with the insurance company that sells the plan you like, use the Prescription Drug Plan Finder or call the Medicare Helpline. Guard your personal information. 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 health care 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. Libraries have Internet access 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).

If you'd like additional information, we can be reached online at www.kidneydrugcoverage.org or through the National Kidney Foundation at 30 East 33rd Street, New York, NY 10016, 212-889-2210/800-622-9010.