

What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Have a Transplant and Medicare and a Medigap Plan with Drug Coverage

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, 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 pay 80% of the cost of Medicare Part B covered 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 by Part D. Part D can also cover other drugs, such as those to treat high blood pressure, viruses, heart and bone problems which can be costly

If you have a **Medigap plan** and you get your anti-rejection drugs under Medicare Part B, your Medigap plan should pay the remaining 20% which can be very costly. Don't do anything to risk your Medigap coverage. If you drop a Medigap plan before you get another one, you may not be able to get another one. If your Medigap plan has coverage for other drugs, it may not be as good as Part D. Since you can't have a Medigap plan with drug coverage and Part D, you have three options: 1) join Part D and keep your same Medigap plan without drugs and pay a lower premium; 2) join Part D and switch to a Medigap plan that costs less and does not cover drugs; 3) keep your current Medigap plan with drug coverage and pay a premium penalty if you join Part D later.

If you have Medicare you can join between November 15 and 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. 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 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 and depending on your plan, you may pay the full cost for your covered drugs 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 Part D 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 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, 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.

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. 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).