

## Important Dates to Remember

*November 15, 2006 - December 31, 2006*

The Annual Enrollment Period for 2007 prescription drug coverage.

*Sign up before December 8, 2006 to ensure prompt drug coverage and optimal pharmacy service.*

*January 1, 2007*

Changes to your coverage will take effect, including changes your current plan may make.



## Resources

[National Council on Aging - My Medicare Matters](#)

Designed to help individuals learn more about the Medicare Prescription Drug Coverage

English: [www.mymedicarematters.org](http://www.mymedicarematters.org)

Spanish: [www.mimedicareimpota.org](http://www.mimedicareimpota.org)

[State Health Insurance Assistance Programs \(SHIP\)](#)

Offers one-on-one information and assistance to Medicare beneficiaries and their families

[www.shiptalk.org](http://www.shiptalk.org)

[Social Security Agency \(SSA\)](#)

Toll Free: 1.800.772.1213

TTY: 1.800.325.0778

[www.socialsecurity.gov/prescription](http://www.socialsecurity.gov/prescription)

[Eldercare](#)

Links those in need of assistance to state and local area agencies on aging and community-based organizations that serve older adults and their caregivers

Toll Free: 1.800.677.1116

[www.eldercare.gov](http://www.eldercare.gov)



# Getting the Most Out of Medicare Prescription Drug Coverage

## Things to Consider



## Selecting a Plan: Considerations

When selecting a plan, you should consider cost, convenience, and coverage. The total annual cost is very important.

## Determine Total Annual Cost

Here is the part you pay for your prescription medications:

$$\begin{aligned} & \text{Monthly Premiums} \\ & + \text{Copays or Coinsurance} \\ & + \text{Deductible} \\ \hline & = \text{Total Annual Cost} \end{aligned}$$

## Find the Plan That's Right for You

You or a loved one can follow the Six Simple Steps in this brochure to find the plan that you think is best for you.

## Need Help or Have Questions?

See the back panel of this brochure for helpful patient resources.



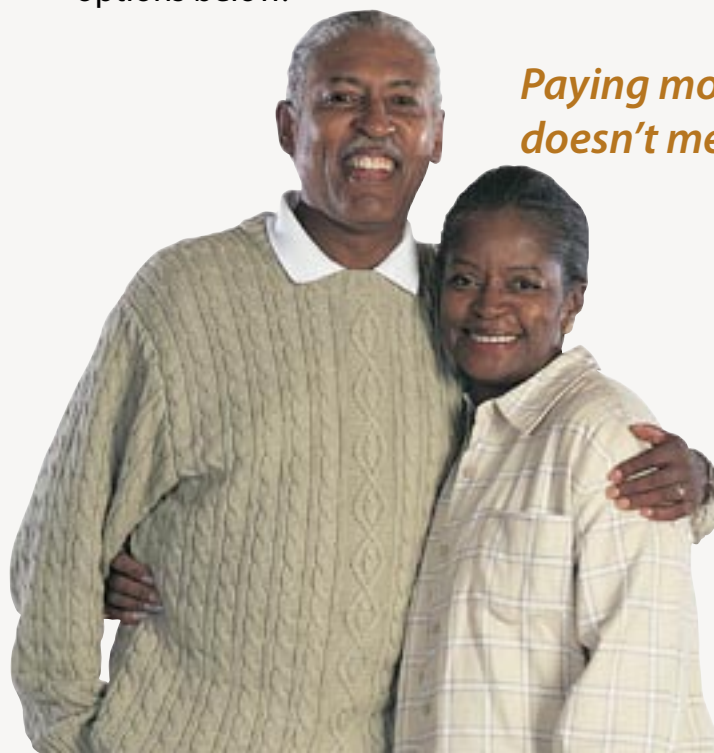
## Six Simple Steps

1. Go to [www.medicare.gov](http://www.medicare.gov) and click "Find and Compare Plans".
2. Enter your medications and dosages in the *Plan Finder*. An operator at 1-800-MEDICARE can complete this service for you if you do not have access to the internet.
3. The *Prescription Drug Plan Finder* will provide details on plans in your area so you can compare information about plans.
4. Select a few possible plans.
  - Is the call answered quickly? Is the representative helpful and courteous in answering coverage questions?
  - Are there restrictions on relevant medications, such as prior authorization requirements or step therapies?
  - What is their policy for members who travel part of the year?
5. Call each plan's Customer Service line for more information.
6. Decide on the right plan for you and sign up using the options below.

Medicare.gov Prescription Drug Plan Finder  
Below is a sample of what you will find with the Medicare prescription drug plan finder. Plans X, Y, Z are examples only. Enter in plan information on the drug plan finder to compare actual plans online.

	Plan X	Plan Y	Plan Z
<b>Cost Summary</b>			
Total Annual Drug Cost	\$1,000	\$987	\$1,196
Monthly Drug Premium	\$20.00/month	\$12.50/month	\$18.94/month
Annual Deductible	\$0.00	\$700.00	\$0.00
<b>Monthly Drug Costs (after deductibles, but before your total drug costs reach the initial coverage limit)</b>			
Drug #1	\$20.00	\$17.00	\$20.00
Drug #2	\$15.00	\$17.00	\$15.00
Total Monthly Cost	\$35.00	\$34.00	\$35.00
<b>Monthly Drug Costs (after your total drug costs reach the initial coverage limit, but before your total out-of-pocket expense cap of \$3,000)</b>			
Drug #1	\$144.00	\$60.00	\$86.70
Drug #2	\$93.41	\$80.76	\$108.04
Total Monthly Cost	\$237.41	\$140.76	\$194.74
<b>Monthly Drug Costs (after your total out-of-pocket expense reaches \$3,000)</b>			
Drug #1	\$5.00	\$5.00	\$5.00
Drug #2	\$5.00	\$5.00	\$5.00
Total Monthly Cost	\$10.00	\$10.00	\$10.00
<b>Pharmacy &amp; Mail Order Information</b>			
Pharmacy Network	3 network pharmacies in your area	2 network pharmacies in your area	1 network pharmacy in your area
Mail Order Availability	Available	Available	Available
<b>Drug Formulary Information</b>			
Drug #1	Tier 2	Non-Preferred Preferred Brand 1	Tier 2
Drug #2	Tier 3		Not on Formulary B

*Paying more for coverage doesn't mean it's a better plan.*



### Options for Signing Up

- Call the plan directly
- Call 1-800-MEDICARE
- Visit the web site of the plan sponsor
- Visit [www.medicare.gov](http://www.medicare.gov)
- Submit a paper form provided by the plan sponsor