

Information about Medicare Prescription Drug Benefit (Part D) for People who receive both Medicare and Medicaid (Dual Eligibles)

Eligibility	Dual Eligibles are people who receive both Medicaid and Medicare. Clients are age 65 or older and/or are blind or disabled with income less than \$798/month \$9,750 a year for a single person. Some individuals who are in waiver programs have higher income levels (\$1,797 a month).
Characteristics of beneficiaries	Elderly, people with developmental disabilities, mental illness, HIV-AIDS, and physical disabilities
What will happen on January 1, 2006?	Prescription drugs under Medicaid are terminated as of December 31, 2005. All other Medicaid services will continue. The only way for a Dual Eligible to receive prescriptions drugs as of January 1, 2006 is to receive Medicare Part D.
What actions do I need to take to join a Medicare Prescription Drug Plan	As a Dual Eligible, the federal Medicare prescription drug program will randomly and automatically pre-assign you to a Prescription Drug Plan in October 2005. All Dual Eligibles will be able to choose a different Prescription Drug Plan beginning on November 15, 2005.
Where do I get help in choosing a Prescription Drug Plan	Medicare has a toll free number: 1-800-Medicare. You can also go on the Internet: www.Medicare.gov which will have a prescription drug finder tool to determine which plan is best for you. You may also call in New Jersey the State Health Insurance Program (SHIP), who has counselors to assist you. (Toll-free in NJ 1-800-792-8820).
How often can I switch Plans	Dual Eligibles may switch plans once a month. Do not disenroll from your plan. Instead, select a new plan. This selection automatically disenrolls you from your previous plan. This will prevent any coverage gaps.

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(Continued)**

What will I have to pay for prescription drugs at the Pharmacy?	Nothing. Medicare Part D does require co-payments for duals of \$1 for generic drugs and \$3 for brand name. However, in New Jersey Medicaid will pay the “in-network pharmacists” the co-payment for dual eligibles.
Do some plans provide more coverage than others?	Yes. You may have to pay a monthly premium if you change to a plan that has an "enhanced" benefit or if the new plan's basic premium is over a certain amount. Currently, in New Jersey there are a number of plans that dual eligibles will not be charged a monthly fee. These plans are: First Health Premier; Health Net Orange; Horizon Medicare RX Plans 1 and 2; Humana PDP Standard S5884-062; PacifiCare Saver Plan; PacifiCare Select Plan; Prescription Pathway Bronze Plan 4; SilverScript; Medicare RX Rewards; AARP MedicareRX Plan; United Medicare MedAdvance; WellCare Signature.
Can I get my prescriptions at any pharmacy?	<p>No. The Prescription Drug Plan that you are assigned to or choose will give you a list of which pharmacies are “in-network”. You must use your in-network pharmacy for the Medicaid to cover the co-pay.</p> <p>In the event of an emergency, you may be able to fill a prescription in a pharmacy not in the network (out of network). If you use an out of network pharmacy and it is not an emergency, you will be responsible for 100% of the cost of the drug and any co-payments.</p> <p>Some Prescription Drug Plans may designate “preferred pharmacies”, which is different that in or out of network pharmacies. Dual Eligibles are entitled to use either preferred or non-preferred pharmacies.</p>
Will I be able to get a drug that is excluded from the Prescription Drug Plan?	<p>Yes. Prescription Drug Plans will have a formulary, meaning that some prescription drugs will be excluded. However, New Jersey has ensured that Dual Eligibles will cover most of the non-formulary drugs that the Prescription Drug Plans do not cover.</p> <p>In addition, Medicaid will continue to pay for Benzodiazepines (e.g. Ativan, Diastat), barbiturates and over the counter medications that are currently paid for by Medicaid. .</p>
What happens if a medication is not covered by my Drug Plan	First, if a physician can switch to a medication that is on the formulary (covered by the Drug Plan), the physician should do so. Second, if the physician does not switch the medication, the plan or the New Jersey Medicaid will provide an emergency supply until the physician requests an exemption from the drug plan. Third, if the plan still does not cover the medication, Medicaid will cover the costs, if the prescription is medically necessary.