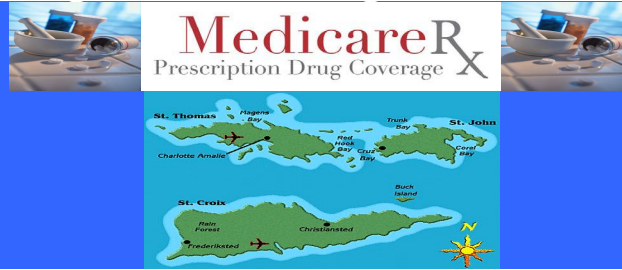


An Important Message on Medicare Prescription Drug Plans Coming to the U.S. Virgin Islands in 2006



What are Medicare Prescription Drug Plans?

Beginning January 1, 2006, Medicare Prescription Drug Plans (PDPs) will be available to people with Medicare. Insurance companies and other private companies will work with Medicare to offer these drug plans. They will negotiate discounts on drug prices. In the Virgin Islands, you will be able to choose a plan offered by these two companies; Member Health Inc. (i.e., Community Care Rx Basic, Choice, or Gold) and United Health Care's AARP Medicare Rx Plan (*see pages 4 - 5 for information on each plan and how to join a plan*).

Medicare Prescription Drug Plans provide insurance coverage for prescription drugs. Like other insurance, if you join you will pay a monthly premium and pay a share of the cost of your prescriptions. Costs will vary depending on the drug plan you choose. For people with both Medicare and full coverage from the Virgin Islands Medical Assistance Program (Medicaid), you will get help with paying the premium, deductible, and co-payments.

Drug plans may vary in what prescription drugs are covered, how much you have to pay, and which pharmacies you can use. All drug plans will have to provide at least a standard level of coverage set by Medicare. However, some plans might offer more coverage and additional drugs for a higher monthly premium. When you join a drug plan, it is important for you to choose one that meets your needs.

When can I join a Medicare Prescription Drug Plan?

If you currently have Medicare Part A and/or Medicare Part B, you can join a Medicare Prescription Drug Plan between November 15, 2005, and May 15, 2006. If you join by December 31, 2005, your Medicare Prescription Drug Plan coverage will begin on January 1, 2006. If you join after that, your coverage will start the first day of the month after the month you join. For example, if you join a plan in February 2006, your coverage will begin March 1, 2006. You can also join or change plans once each year between November 15 and December 31.

Even if you don't use a lot of prescription drugs now, you still should think about joining a plan. If you don't join a plan by May 15, 2006, and you don't have a drug plan that has on average, coverage at least as good as a Medicare Prescription Drug Plan, you will have to pay a penalty.

What if I already have prescription drug coverage from Medical Assistance Program (MAP), the Dept. of Human Services Pharmacy Assistance Program (PAP), Medigap Policy (Medicare supplement insurance), an employer/union, or TRICARE, Veteran's Administration (VA) Benefits, Federal Employee Health Benefits (FEHB)?

If you have coverage from:

- Both Medicare and the Medical Assistance Program (MAP), see page 2.
- The Dept. of Human Services Pharmacy Assistance Program (PAP), see page 2.
- TRICARE, VA, FEHB, see page 2.
- A Medigap Policy (Medicare Supplement Insurance - i.e., AARP, MetLife), see page 3.
- Employer/former employer (i.e., Virgin Islands Government), see page 4.

What do I need to do if I have Medicare and full coverage from the Virgin Islands Medical Assistance Program (MAP)?

Your Medicaid (Medical Assistance Program - MAP) prescription drug coverage is changing. Medicare, not MAP, will start paying for your prescription drugs beginning January 1, 2006. MAP will still cover other care that Medicare doesn't cover. The last day that MAP will pay for your prescription drugs is December 31, 2005.

In 2006, MAP will be using Medicare and local funds to assist you with paying your premium, deductible, and co-pays for the prescription drug plan you are enrolled in. In order to get this help, you will have to enroll in a Medicare Prescription Drug Plan (*see page 4 for information on the plans available in the Virgin Islands*). If you fail to enroll in a plan by December 31, 2005, MAP will automatically assign you to a plan.

For more information, contact MAP in St. Thomas at (340) 774-4624 and in St. Croix at (340) 773-1311, ext. 3097.

What do I need to do if I receive prescription assistance from the Dept. of Human Services Pharmaceutical Assistance Program (PAP)?

The Department of Human Services State Pharmaceutical Assistance Program provides financial assistance for prescription drug coverage for seniors. Starting January 1, 2006 The Pharmaceutical Assistance Program (PAP) will provide extra financial assistance to Medicare beneficiaries to help with their drug costs associated with the new Medicare Part D prescription drug coverage.

Eligible Pharmaceutical Assistance Program and Medicare beneficiaries with limited income and resources may be eligible for "extra help" to pay their Medicare prescription drug costs. If you have limited income and meet the following annual income guideline: \$18,000 (single) or \$30,000 (married) you may qualify for help from the **Department of Human Services State Pharmaceutical Assistance Program**. The "extra help" will cover the monthly premium, co-pays and the annual deductible expected to be associated with the Medicare Prescription Drug Plan. Individuals with Medicare with chronic or catastrophic illness can receive extra financial help in paying the premium, co-pay, deductible and other required out-of-pocket expenses. In order to get the "extra help," you must first enroll into a Medicare Prescription Drug Plan (*see page 4 for information on the plans available in the Virgin Islands*).

For more information on "extra help" call the Department of Human Services State Pharmaceutical Assistance Program at 774-5265 ext. 2 in St. Thomas/St. John or 773- 2323 ext. 2023 in St. Croix.

Or visit our offices: St. Thomas: Knud Hansen Complex
1303 Hospital Ground

St. Croix: 3011 Golden Rock
Christiansted

What do I need to know if I have drug coverage from TRICARE, the Department of Veteran's Affairs (VA), or the Federal Employee Health Benefits Program (FEHB)?

As long as you still qualify, your TRICARE, VA, or FEHB prescription drug coverage is not changing. You should contact your benefits administrator or FEHB insurer for information about your TRICARE, VA, or FEHB coverage before making any changes. It will almost always be to your advantage to keep your current coverage without any changes. If you lose your TRICARE, VA, or FEHB coverage and you join a Medicare Prescription Drug Plan after May 15, 2006, in most cases, you won't have to pay a penalty, as long as you join within 63 days of losing TRICARE, VA, or FEHB coverage.

What do I need to know if I have a Medigap (Medicare Supplement Insurance) Policy that covers prescription drugs and I have the Original Medicare Plan (Medicare Part A & Part B)?

Medigap policies are changing. You won't be able to buy new Medigap policies that cover prescription drugs after January 1, 2006. This fall (September 15 – November 14, 2005), your Medigap insurance company will notify you by mail descriptions of your choices for prescription drug coverage. Read the notice carefully before making any decisions. Provided below are brief overviews of your options.

Options

#1: It's your choice whether to enroll in a Medicare Prescription Drug Plan. If you decide to enroll in one of the new plans, you can keep the Medigap policy you have now without the prescription coverage. You will need to tell your insurance company when your new Medicare prescription drug coverage starts, so they can remove the prescription drug coverage from your Medigap policy and adjust your premium.

#2: If you enroll in a Medicare Prescription drug plan by May 15, 2006, you can switch from the Medigap policy that you have now to a Medigap policy that doesn't include prescription drug coverage. The premiums for Medigap policies that never included prescription drug coverage could increase more slowly than a policy that has prescription drug coverage removed. You can choose from any Medigap Plan A, B, C, F, K, or L that your current insurance company sells. Plans K and L are new Medigap policies that will be made available starting in 2005.

You can choose this option even if you already told your Medigap insurance company that you want to keep your existing Medigap policy with drug coverage removed. If you are still within 63 days from the start of your Medicare prescription drug coverage, you can make the choice to switch to one of these other Medigap policies.

#3: If you choose to keep the Medigap policy you have now with the prescription drug coverage included, you don't need to do anything. However, as explained above, you should find out how your Medigap premium might be affected, and keep in mind that if you don't enroll in a Medicare prescription drug plan by May 15, 2006, you will probably have to pay a penalty for the Medicare prescription plan if you decide to enroll in one later.

Most prescription drug coverage offered by Medigap policies, on average, is **not at least as good as** Medicare prescription drug coverage. This means, in most cases, if you keep Medigap prescription coverage, and don't join a Medicare drug plan by May 15, 2006, you will have to pay a penalty if you choose to join later. Your next chance to join a Medicare Prescription Drug Plan will be November 15 – December 31 of each year. Your coverage would begin January 1 of the following year. Contact your Medigap insurance company before you make any changes to your prescription drug coverage. If you have your Medigap policy from a current or former employer or union, call your benefits administrator.

What do I need to do if I have Medigap (Medicare Supplement Insurance) policy that does not cover prescription drugs and I have the Original Medicare Plan (Medicare Part A & B)?

To have Medicare help pay for your drugs, you must join a plan that provides Medicare prescription drug coverage. You can choose and join the plan that meets your needs. If you don't use a lot of prescription drugs now, you should still consider joining. As we age, most people need prescription drugs to stay healthy. For most people, joining now means you won't have to pay a penalty if you choose to join later. Your premium will be higher if you wait to join after May 15, 2006 because of the penalty. You can first join a drug plan from November 15, 2005 – May 15, 2006. In most cases, if you don't join during this period, your next chance in 2006 to join will be November 15, 2006 - December 31, 2006 and you will have to pay a penalty. This means you pay a higher monthly premium for as long as you have Medicare prescription drug coverage. Contact your Medigap insurer for information about your policy.

What if I have prescription drug coverage from an employer or union?

If your employer or union plan provides on average, coverage at least as good as a Medicare Prescription Drug Plan you can...

- keep your current drug plan. If you join a Medicare Prescription Drug Plan later you will not have to pay a penalty, or
- drop your current drug plan and join a Medicare Prescription Drug Plan, but you may not be able to get your employer or union drug plan back.

If your employer or union plan covers less than a Medicare Prescription Drug Plan you can...

- keep your current drug plan and join a Medicare Prescription Drug Plan to give you more complete prescription drug coverage, or
- just keep your current drug plan. But, if you join a Medicare Prescription Drug Plan later, you will have to pay a penalty, or
- drop your current drug plan and join a Medicare Prescription Drug Plan, but you may not be able to get your employer or union drug plan back.

You employer will notify you between September 15 – November 14, 2005 to let you know if your plan provides, on average, coverage at least as good as a Medicare Prescription Drug Plan.

PLEASE NOTE: You may not be able to drop drug coverage without withdrawing from employer or union health coverage. Once coverage is dropped, beneficiary may not be able to get back in.

What do the Medicare Prescription Drug Plans in the Virgin Islands look like?

Company Information	Plan Name	Monthly Premium	Amount You Pay for Each Prescription (Co-pay/Co-insurance)	Yearly Deductible for Drug Coverage
Member Health, Inc. Community Care Rx (S5803) (Approved by Medicare) 1-866-684-5353 TTY 1-877-730-4192 or Visit www.communitycareRx.com	CCRX Basic (211)	\$32.06	\$0 - Generic Drug (Tier 1) 25% - Preferred Brand Name Drug (Tier 2) 45% - Non-Preferred Brand Name Drug (Tier 3)	\$250
	CCRX CHOICE (215)	\$40.16	\$4 - Generic Drug (Tier 1) \$20 - Preferred Brand Name Drug (Tier 2) \$40 - Non-Preferred Brand Name Drug (Tier 3)	\$250
	CCRX Gold (213)	\$44.01	\$4 - Generic Drug (Tier 1) \$25 - Preferred Brand Name Drug (Tier 2) \$50 - Non-Preferred Brand Name Drug (Tier 3)	\$100
United Health Care Insurance Company (S5820) (Approved by Medicare) 1-888-867-5564 TDD: 1-866-684-5351 or Visit www.AARPMedicareRx.com	AARP Medicare Rx Plan (038)	\$29.55	\$5 - Generic Drug (Tier 1) \$28 - Preferred Brand Name Drug (Tier 2) \$56 - Non-Preferred Brand Name Drug (Tier 3) 25% - Specialty Drugs	\$0

After the yearly drug costs paid by both you and the plan reach \$2,250, there is a coverage gap where you pay 100% of your drug costs. Once you have spent \$3,600 out-of-pocket (not including your monthly premiums) for prescription drugs, you will pay a co-pay/co-insurance of \$2 for generic drugs or \$5/5% (whichever is greater) for brand name drugs.

What should I think about before enrolling into a plan?

- **Coverage:** Does the plan cover the prescription drugs you take? You will have to look at the plan's formulary to find out what drugs are covered.
- **Cost:** How much is the monthly premium and your share of the cost of prescriptions?
- **Convenience:** What local pharmacies are apart of the plan's network? Is your favorite pharmacy apart of the plan's network?
- **Security now and in the future:** Even if you don't take a lot of prescription drugs now, you should still think about enrolling into a plan between November 15, 2005 and May 15, 2006, because if you enroll after this period, you will have a pay a penalty for as long as you have Medicare prescription coverage.

Note: *When enrolling into a plan, you will need to have your Medicare card, Social Security number and the names of the prescription drugs you take.*

How can I enroll into a Medicare Prescription Drug Plan?

People with Medicare can enroll by calling the plan directly, through a personal representative who "stands in the shoes" of a person with Medicare and has authority to act on his or her behalf. This authority comes from state law (e.g., Power of Attorney, guardian) or other applicable law (e.g., tribal or military law). Or through the assistance of others such as, a spouse, relative, friend, caregiver, or advocacy group volunteer.

You can also enroll online or get personalized information at www.medicare.gov on the web, or by calling 1-800-MEDICARE (1-800-633-4227) to help you make your best choice. TTY users should call 1-877-486-2048.

Or

Call VI SHIP (Virgin Islands State Health Insurance Assistance Program) in St. Croix at (340) 772-7368 or in St. Thomas at (340) 714-4354 for more information.

How do I protect myself from identity theft and fraud?

Identity theft is a serious crime that happens when someone uses your personal information without your consent to commit fraud or other crimes. Your personal information can include your name; Social Security, Medicare, bank account, or credit card numbers. Medicare is working hard to protect you from identity theft. To help protect yourself when dealing with plans and others about Medicare prescription drug coverage:

Keep all personal information, such as your Medicare number, safe.

- Protect your Medicare number as you would your credit card information.
- Don't give out your personal information until you are sure that a person is working with Medicare and their product is approved by Medicare. People who are really working with Medicare:
 - can't come to your home uninvited to sell or endorse any Medicare-related product, but they can call you about their plan.
 - can't enroll you into a drug plan or ask you to pay for a drug plan over the telephone. Note: VI SHIP and other local organizations may help you enroll over the telephone.
 - can't ask for payment over the web. The plan must send you a bill if you enroll over the web.

If you think someone is misusing your personal information, call

- 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048), or
- the Fraud Hotline of the HHS Office of the Inspector General at 1-800-447-8477, or
- the Federal Trade Commission's ID Theft hotline at 1-877-438-4338 to make a report (TTY users should call 1-866-653-4261).

This publication is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings. It was printed and circulated by VI SHIP in partnership with Virgin Islands Medical Institute, Inc., Bureau of Health Insurance & Medical Assistance, and the Dept. of Human Services. VI SHIP is locally administered by the Office of the Lieutenant Governor and federally funded by the Centers for Medicare & Medicaid Services (CMS). Sources: CMS Pub No. 11065 (Rev. Feb. 2005), CMS Pub. No. 11113 (June 2005), CMS Basic Questions and Answers About Medicare Prescription Drug Coverage, REACH 2005 – Module 10-April 19, 2005, Medicare & You 2006 Handbook.



LOCAL HELP FOR PEOPLE WITH MEDICARE

