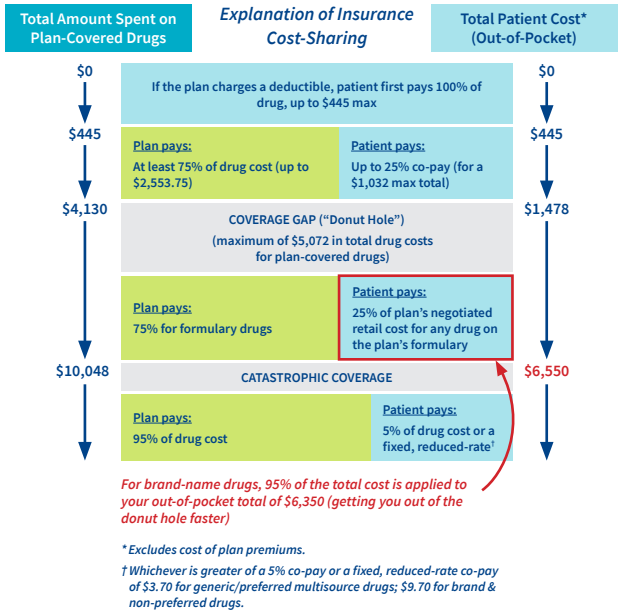
MEDICARE'S PRESCRIPTION INSURANCE: DON'T MISS OUT

Medicare Part D is a voluntary, government sponsored prescription drug benefit provided by private insurance and managed care companies. Their prescription drug plans (called PDPs) help people eligible for Medicare with the cost of their prescriptions.

These PDPs cover part or all of the cost of most prescription drugs. Similar to Part B, Medicare Part D participants must enroll and pay monthly premiums (which continue to shrink), sometimes an annual deductible, and a share of the cost of prescriptions (through co-pays). Premiums, deductibles, copays, and drug choices vary among the PDPs.

Healthcare communities usually contract with one pharmacy, such as Forum Extended Care, that has special knowledge of the needs of their residents. Forum participates in most Part D plans in your area. Facility staff or Forum's reimbursement experts can provide information to help residents and families evaluate PDPs. If you are a resident unable to enroll on your own, you may authorize a representative to enroll you in a plan that meets your needs.

2021 Medicare Part D



For brand-name drugs, 95% of the total cost is applied to your out-of-pocket total of $6,350 (getting you out of the donut hole faster)

** Excludes cost of plan premiums.*

† Whichever is greater of a 5% co-pay or a fixed, reduced-rate co-pay of $3.70 for generic/preferred multisource drugs; $9.70 for brand & non-preferred drugs.

IMPORTANT RESOURCES

Forum Extended Care Services:	(800) 447-7108 Option 2
Medicare & "Extra Help":	(800) MEDICARE www.medicare.gov
State Health Insurance Assistance Programs	
Indiana:	(800) 452-4800
Illinois:	(800) 548-9034
Wisconsin:	(800) 242-1060
Social Security:	(800) 772-1213

(800) 447-7108

forumpharmacy.com

Forum 50 YEARS EXTENDED CARE SERVICES

Improving resident care by making meds easier

012-002-V20 10/20

Important Medicare Part D

and Prescription Information

for Skilled Nursing & Assisted Living Residents and Their Families

ACHC ACCREDITED ACHC

Forum 50 YEARS+ EXTENDED CARE SERVICES

Frequently Asked Questions

Q: Will Part D cover all my drug costs?

A: Some, but not all. Those who do not qualify for Extra Help have monthly premiums and medication co-pays. After fulfilling a deductible (if required), plans pay at least 75% of the initial cost of covered drugs. This is followed by a "gap" period (called the "donut hole"), which has decreased over time; patients now pay only a 25% co-pay for medications on the plan's list of approved drugs. Once a beneficiary's out-of-pocket costs reach catastrophic coverage, the co-pay is reduced to only 5% (or a low fixed cost) for prescriptions the rest of the year.

Coverage varies. Some plans only pay for drugs listed on their formulary. Some cover most or all prescriptions, but co-pays may be higher for "nonpreferred" or "non-formulary" drugs. Learn more about which plan "fits" best by checking PlanCompare on the Medicare website or by contacting one of Forum's Part D specialists.

Q: What if I can't afford a Part D plan?

A: Beneficiaries with low incomes may qualify for Medicare's Extra Help to pay for a PDP. They get continuous coverage for lower or no cost, depending on income and assets. The Social Security Administration has resources to help families evaluate need. An application is required each year. For more information or to apply, visit contact Medicare or Social Security; information is listed on the back of this brochure.

Q: What if I have Medicaid?

A: Medicare Part D is responsible for providing prescription drug coverage of Medicaid-Medicare dually eligible recipients. There are no premiums, deductibles, or co-pays for beneficiaries in nursing facilities.

Several PDPs "benchmarked" for Medicaid-Medicare recipients are available. Some limit access to many of the drugs used in these facilities. Fortunately, you may switch among benchmarked plans to get better coverage.

It's important that you provide facility and/or pharmacy staff with copies of your PDP information upon admission to the facility.

Q: What if I'm Medicaid-pending?

A: Enroll in a "benchmarked" PDP as soon as possible. State programs do not pay for drug costs incurred prior to going on Medicaid—so each pending resident is responsible for his or her pharmacy bill. Minimize it by applying for Social Security's Extra Help and joining a PDP. You will still be responsible for pharmacy bills until coverage begins, plus co-pays after that,

but they can be used as part of your medical spend-down and should be eliminated a month or two after you are approved for Medicaid.

Q: What if I already have prescription insurance?

A: If you received a letter of "creditable coverage," you do not need Part D. But consider enrolling in a PDP if that coverage is better than what you now have or if you have a Medigap plan. Medicare Advantage plans also incorporate prescription drug coverage; you may stay with your current plan or switch to another during the enrollment period.

Q: When does prescription coverage start?

A: In general, coverage takes effect the 1st day of the month *after* the month in which you join.

Q: Can I switch PDPs?

A: Beneficiaries living in the community or in assisted/supportive living can enroll in or switch plans only during open enrollment: from Oct 15 to Dec 7 of each year. Coverage is effective January 1 of the next year. Nursing facility residents are eligible to change plans once every 3 months.

Q: Is this a limited-time offer?

A: If you don't have "creditable coverage" and did not join a PDP in 2006—or when you became Medicare-eligible—you may pay more for premiums. (Those with creditable coverage are not penalized in this way.) If you have Medigap or no prescription insurance, consider joining a Part D plan now.