

CMS REMINDS MEDICARE BENEFICIARIES TO REVIEW AND COMPARE THEIR CURRENT DRUG COVERAGE

Thursday, September 25, 2008

Today, CMS Acting Administrator Kerry Weems announced the 2009 Medicare prescription drug and Medicare Advantage plan options. Approximately 97 percent of beneficiaries enrolled in a stand-alone prescription drug plan (PDP) will have access to Medicare drug and health plans in 2009 whose premiums would be the same or less than their coverage in 2008.

"As we enter the fourth year of the Medicare Part D prescription drug program, we continue to see high satisfaction rates among beneficiaries and high participation among plans," said Weems. "However, plans do change their offerings from year to year. Some beneficiaries may see significant premium increases or changes, such as reduced coverage in the gap, if they stay in the same prescription drug plan in 2009. We encourage individual beneficiaries to review how their plans are changing and what other options are available to them to determine which plan best meets their needs."

In every state, beneficiaries will have access to at least one prescription drug plan with premiums of less than \$20 a month, except for beneficiaries living in Alaska who will have access to one prescription drug plan at \$23 a month. Those who qualify for the full Medicare subsidy will pay no premiums or deductibles in these plans. The national average monthly premium for the basic Medicare drug benefit in 2009 is projected to average approximately \$28.

Beneficiaries will continue to have access to prescription drug plans that offer a wide range of design options, including zero deductible plans. Plans with coverage in the gap for generics are available in every state.

In 2009, 100 percent of beneficiaries will have access to a Medicare Advantage plan. Many beneficiaries will continue to have access to Medicare Advantage plans that have prescription drug coverage (MA-PDs) and more than 93 percent of people with Medicare will have access to a MA-PD for a \$0 premium and with a \$0 drug deductible.

Marketing of 2009 plans will begin October 1 under new marketing requirements. "These new requirements are meant to protect Medicare beneficiaries from deceptive or high-pressure marketing tactics by insurance companies and their agents," said Weems.

This fall CMS will be conducting numerous outreach events to help new beneficiaries and help those already enrolled understand their plan choices. "We want to make sure that every beneficiary knows where to go for individualized advice and counseling," said Weems.

Details about the specific plans in each region will be available mid-October at www.medicare.gov and 1-800-MEDICARE. Open enrollment for prescription drug coverage begins November 15 and ends December 31. Beneficiaries who want to review their current coverage as well as the other options available to them will

have access to information and assistance from many sources including:

- * A notice of any coverage changes from their current prescription drug plan, by October 31st ,
- * The enhanced Medicare Drug Plan Finder, available in mid-October;
- * Toll free information available 24/7 at 1-800-MEDICARE (1-800-633-4227);
- * The annual Medicare & You 2009 handbook that explains Medicare coverage, to be mailed in October; and
- * Local organizations such as the State Health Insurance Assistance Programs and thousands of other Medicare partner organizations that will provide personalized assistance throughout the fall.

The list of national stand-alone prescription drug plans and state specific fact sheets can be found at: <http://www.cms.hhs.gov/center/openenrollment.asp>

The Link to the 2009 Landscape Data:
<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/>

“Beneficiaries should expect to hear from the health and prescription drug plans in their communities and should be assured that CMS has new oversight tools available to ensure they have a positive experience,” said Weems.

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