

Important Information About Your Prescription Drug Coverage

This information is for any member of your household who has **both** Medicare and Medicaid (Oregon Health Plan) coverage.

On January 1, 2006, the Oregon Health Plan (OHP) will stop paying for your prescription drugs. Instead, a new federal program called the Medicare Prescription Drug program will pay for your drugs. This drug benefit will be Part D of your Medicare coverage starting January 1. Medicare requires co-payments for Part D drug coverage. Most of the plans that will provide a drug benefit will charge a co-payment from \$1 to \$5.

OHP will continue to pay for all other covered health services.

What this means to you

Medicare will enroll you in a Prescription Drug Plan (Plan). This is done so you can be in the Medicare Prescription Drug program. Medicare will tell you the Plan they are enrolling you in. They will also tell you how to change plans. Your Plan will send you information about your drug benefit. Look at the information and see if the Plan covers the prescription drugs you take and lets you use your current pharmacy.

You may change to a different Plan beginning November 15, 2005.

To help you compare Plans, Medicare is making a Web page that will let you see which Plans cover the prescription drugs you need. The Web page address is:

www.medicare.gov/

We can help

Use the material included in this letter to decide if the Plan you've been enrolled in is the best Plan for you:

- A checklist and list of things to consider when comparing Plans
- A worksheet to list your current drugs and any drugs your doctor may prescribe for you, and the pharmacies you use.

Once you have read the materials and written down your drugs, contact any of the following for help comparing the Plans that cover your drugs:

- The local office listed in Field ⑥ of your OMAP Medical Care Identification (ID)
- DHS MMA Helpline at 1-877-585-0007; 1-800-735-2900 (TTY)
- Medicare at 1-800-633-4227.

Questions?

-  If you have any questions about this information, call the Department of Human Services at 1-877-585-0007; 1-800-735-2900 (TTY).
-  If you need this information in a larger print size or different format, call your worker.

Checklist to Use When Comparing Prescription Drug Plans (Plans)

Use the checklist below to help you choose a Plan:

- Write the names of all the drugs that you have taken and the pharmacies you have used in the last six months on the attached worksheet. Your pharmacy may be able to help you with this.
 - Ask your doctor about any other drugs that have been prescribed for you that you weren't able to fill at the pharmacy.
-

Tips to Use When Comparing Plans

To choose the best Plan for yourself, compare the Plan you've been enrolled in and other available Plans. Go to the www.medicare.gov/ website or call 1-800-633-4227 to find out which Plans cover the drugs and use the pharmacies that you put on the the attached worksheet.

Consider the following:

Coverage -- Look for a Plan that covers *all* of your prescription drugs. If none of the Plans cover *all* of your prescription drugs, look for one that covers your most important prescription drugs.



Convenience -- Find out which Plans your current pharmacy works with.



Your Prescription Drug History

Fill out this section like the example on the first line. Use a blank piece of paper if you need more space.

Medicine you take	Why do you use this medicine (diabetes, blood pressure, etc.)?	How many times per day do you take this medicine?	What strength or dose is the medicine? (20 mg, 100 mL, etc.)
example Lipitor	cholesterol	2 times a day	10 mg

Pharmacies You Use

Write the name(s) of the pharmacies you use in each of the columns below. Use a blank piece of paper if you need more space.

--	--	--	--