



# Medicare participants grapple with selecting best drug plans

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Esther Notrica dreads this time of year when she must review dozens of Medicare prescription drug plans to figure out which one works best for her.

"It's very complicated," said Notrica, a 74-year-old Buckhead retiree, who takes 12 medications daily for high blood pressure, diabetes and arthritis, among other ailments. "I don't know if I'm picking the right plan or if I'm paying too much money."

Open enrollment for the popular Medicare Part D, which covers prescription drugs, began this week and runs through Dec. 31. During this period, people with Medicare can review and, if necessary, change their current health care plan, including prescription drug coverage.

About 1.17 million Georgians are eligible to receive Medicare, which provides medical coverage for people 65 and older and the disabled. Of that number, roughly 85 percent have some kind of drug coverage either through Medicare Part D or an employment or retiree plan.

In Georgia, Medicare beneficiaries have more than 40 plans from which to choose.

A recent study by the Henry J. Kaiser Family Foundation found that Medicare Part D beneficiaries can expect to see some changes in their 2010 coverage. For instance, most of the plans -- 60 percent -- will charge a deductible, which is what people have to pay before their drug coverage kicks in. The standard deductible for those plans will be \$310 annually.

In 2009, 45 percent of the prescription plans carried a deductible, up from 42 percent in 2006, when the federal government launched the program.

On average, premiums are also rising. The Kaiser report found that if participants stay in their current plan, premiums will rise 11 percent to \$38.94 on average. Other estimates say the increases will be smaller.

While \$5 may not sound like a big jump "that's an extra \$5 a month on top of what might be higher co-payments. Or maybe the plan is switching a drug from preferred status to non-preferred. All those little costs can add up," said Juliette Cubanski, a principal policy analyst at the foundation

An Atlanta-Journal Constitution review of options shows plan participants will have to navigate a virtual sea of premiums, co-pays and deductibles to determine which plan fits their medical needs. In some cases, they

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may find some medications not covered by certain plans.

A majority of the most popular national plans increased premiums and shared costs for next year, according to a recent AARP Public Policy Institute analysis of Medicare Part D prescription drug plans. More plans will require co-payments of about \$100 for some brand name drugs, the report said.

Even after attending a Medicare education session held for residents at her senior living high-rise, Notrica was flustered.

"I don't understand it," she said. "They should make it simple."

Debbie Britt, executive director for Fayette Senior Services, said her office generally gets several calls from seniors seeking help. " 'Tis the season," said Britt. "People will be filling out their forms and will have all these choices. They're going to have questions." On Dec. 15, FSS will host a program on health care fraud and Medicare Advantage insurance plans. Participants will also get information about other Medicare plans.

Experts advise Medicare participants to review each plan carefully and be mindful of overall costs. Participants can go to the Medicare Web site to find their monthly and annual price tags and which drugs are covered. Consumers go through a series of steps. First, they include their personal information, then punch in the name of their prescription drugs and dosages.

"Plan costs and coverage change each year so all people with Medicare should check to make sure that their plan still meets their needs and budget," said Erika Lawson, coordinator for Georgia's State Health Insurance Assistance program (SHIP), which is known as GeorgiaCares. GeorgiaCares provides free assistance and information for recipients of Medicare and Medicaid and their caregivers.

"The trend in prices is what hasn't changed," said Cheryl Matheis, AARP senior vice president, health strategy. "Every year at this time, all Medicare Part D plans put out their prices for the next year and every year we see that prices are higher. And the reason that prices are higher is that prescription drug prices keep going up."

Experts say consumers should look at such factors as annual costs, which medications are covered, and whether the plan offer brand names or generics, which are cheaper. Consumers should also consider mail order drugs, often less expensive since enrollees can order in bulk.

Gaps in coverage should also be weighed. The majority of standalone Medicare prescription drug plans require participants to pay 100 percent of the costs after they incur \$2,830 in spending. Coverage picks up again once prescription drug costs exceed \$6,440.

Cubanski, from the Kasier Family Foundation, said participants in Medicare Part D may find some beneficial aspects of health care reform. Under the House bill, the coverage gap -- or doughnut hole -- would be gradually phased out. Beginning in 2010, under that version, people would have an additional \$500 worth of coverage before the gap begins. That would increase each year and eventually, by 2019, the coverage gap would be eliminated. Additionally, participants who reach the coverage gap would receive a 50 percent discount on brand name medications. "That represents a significant saving," she said.

Both CVS and Walgreens pharmacists are available to help.

Mahesh Patel, a district manager with CVS in the Atlanta market, said Medicare participants can visit any CVS location or visit the company's Web site to get information about the prescription drug forms. "I highly recommend that all seniors have a consultation with their pharmacist," said Patel. He estimates that by switching plans, some participants can save as much as \$600 a year. When his mother, who lives in Tucker, switched plans last year, she saved \$400.

Patel advises people not to procrastinate.

"There's going to be more people inquiring about the plans," he said. "Avoid confusion and delay. Start early. Don't wait until the last week of December. "

Several sources are available to help. They include:

[www.Medicare.gov](http://www.Medicare.gov) or call 1-800-Medicare

GeorgiaCares at 1-800-669-8387. Counselors will be available to answer questions. Times may vary from office to office.

[www.CVS.com/medicare](http://www.CVS.com/medicare)

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