

Learn more about Medicare prescription drug coverage

To find out more about Medicare prescription drug coverage, look in your “Medicare & You” handbook or the “Your Guide to Medicare’s Prescription Drug Coverage” booklet. View or download these booklets by visiting www.medicare.gov. You can also learn more about Medicare prescription drug coverage and get personalized help comparing plans by doing the following:

- Visit www.medicare.gov and select “Compare Drug Plans.”
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your **State Health Insurance Assistance Program (SHIP)**. To get their number call 1-800-MEDICARE. You can also visit www.medicare.gov, and select “Find Helpful Phone Numbers and Websites.” Then, search by the word “organization” or “SHIP.”

Have your Medicare card, a list of your drugs and their dosages, and the name of the pharmacy you use available.



Section 4: Getting the Help You Need

Medicare is here to help you get the information you need.

This section includes information about the following:

- Help for people with limited income and resources
- Your rights as a person with Medicare
- Your Medicare **appeal** rights
- Information about mental health

Help for people with limited income and resources

Extra Help paying for Medicare prescription drug coverage (Part D)

You may qualify for Extra Help, also called the low-income subsidy, from Medicare to pay costs for a **Medicare drug plan** if your yearly income and resources are below certain levels. For more information, call Social Security at 1-800-772-1213, or visit www.socialsecurity.gov. TTY users should call 1-800-325-0778.

State Pharmacy Assistance Programs

Many states have State Pharmacy Assistance Programs (SPAPs) that help certain people pay for prescription drugs based on financial need, age, or medical condition. Each SPAP makes its own rules about how to provide drug coverage to its members. Depending on your state, the SPAP will help you in different ways. To find out about the SPAP in your state, call your **State Health Insurance Assistance Program (SHIP)**. To get their number, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also visit www.medicare.gov.

Medicare Savings Programs

States have programs that pay Medicare premiums and, in some cases, may also pay Part A and Part B **deductibles** and **coinsurance**. These programs help people with Medicare save money each year. To qualify, you must meet certain conditions.

Words in **red** are defined on pages 21–23.

Your rights as a person with Medicare

As a person with Medicare, you have certain guaranteed rights. Your rights include the right to participate in treatment decisions, to know your treatment choices, and to have your personal and health information kept private. You also have the right to **appeal** Medicare decisions about coverage of your services, supplies, and prescriptions. See below. Read more about these rights and protections in the following publications:

- “Your Medicare Rights and Protections”—Visit www.medicare.gov/Publications/Pubs/pdf/10112.pdf.
- “Medicare & You” handbook—Visit www.medicare.gov/Publications/Pubs/pdf/10050.pdf.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Your Medicare appeal rights

If you have **Original Medicare**, you can file an appeal if you think Medicare should have paid, or didn't pay enough, for an item or service. If you file an appeal, ask your doctor or provider for any information related to the bill that might help your case. Your appeal rights are on the back of the Medicare Summary Notice that is mailed to you from a company that handles bills for Medicare. The notice will also tell you why your bill wasn't paid and what appeal steps you can take.

For more information about your Medicare appeal rights and how to ask for an appeal, do the following:

- Look at the “Your Medicare Rights and Protections” booklet or your “Medicare & You” handbook on the web. See above.
- Call 1-800-MEDICARE.
- Visit www.medicare.gov, and select “Medicare Appeals.”

Mental health resources

If you have questions or concerns about your mental health, talk to your doctor or other health care provider.



For more information about Medicare mental health benefits and coverage, you can call the following:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Your **State Health Insurance Assistance Program (SHIP)**. To get their phone number call 1-800-MEDICARE. You can also visit www.medicare.gov, and select “Find Helpful Phone Numbers and Websites.” Then, search by the word “organization” or “SHIP.”

To find out more about mental health or to find mental health treatment in your community, talk to your doctor or other health care provider. You can also contact the following organizations:

- National Alliance on Mental Illness (NAMI)—Visit www.nami.org. You can also call the HelpLine at 1-800-950-NAMI (1-800-950-6264), or email NAMI at info@nami.org.
- Mental Health America—Visit www.mentalhealthamerica.net. You can also call 1-800-969-6642. TTY users should call 1-800-433-5959.
- Substance Abuse & Mental Health Services Administration (SAMHSA)—Visit www.samhsa.gov. SAMHSA has a treatment facility locator and a mental health services locator on its Web site.
- National Institute of Mental Health, National Institutes of Health—Visit www.nimh.nih.gov.
- National Council on Community Behavioral Healthcare—Visit www.nccbh.org.

Section 5: Words to Know

Appeal—An appeal is the action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan. You can appeal if Medicare or your plan denies one of the following:

- Your request for a health care service, supply, or prescription that you think you should be able to get
- Your request for payment for health care or a prescription drug you already got
- Your request to change the amount you must pay for a prescription drug

You can also appeal if you are already getting coverage and Medicare or your plan stops paying.

Coinsurance—An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Coverage Determination—The first decision made by your Medicare drug plan (not the pharmacy) about your drug benefits, including the following:

- Whether a particular drug is covered
- Whether you have met all the requirements for getting a requested drug
- How much you're required to pay for a drug
- Whether to make an exception to a plan rule when you request it

If the drug plan doesn't give you a prompt decision, and you can show that the delay would affect your health, the plan's failure to act is considered to be a coverage determination. If you disagree with the coverage determination, the next step is an appeal.

Deductible—The amount you must pay for health care or prescriptions, before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Exception—A type of Medicare prescription drug coverage determination. A formulary exception is a drug plan's decision to cover a drug that's not on its formulary or to waive a coverage rule. A tiering exception is a drug plan's decision to charge a lower amount for a drug that is on its non-preferred drug tier. You must request an exception, and your doctor or other prescriber must send a supporting statement explaining the medical reason for the exception.

Lifetime Reserve Days—In Original Medicare, these are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Medically Necessary—Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

Medicare-approved Amount—In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges.

Medicare Health Plan—A plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan.

Medicare Part A (Hospital Insurance)—Coverage for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance)—Coverage for certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare Prescription Drug Plan (Part D)—A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Medicare Savings Program—A Medicaid program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance.

Medigap Policy—Medicare Supplement Insurance sold by private insurance companies to fill “gaps” in Original Medicare coverage.

Original Medicare—Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

**U.S. DEPARTMENT OF
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To get this booklet in Spanish, call 1-800-MEDICARE
(1-800-633-4227). TTY users should call 1-877-486-2048.

My Health.
My Medicare.

¿Necesita usted una copia de esta guía en Español?
Llame GRATIS al 1-800-MEDICARE (1-800-633-4227).
Los usuarios de TTY deberán llamar al 1-877-486-2048.