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CHOOSING A MEDICARE PART D PLAN: EASIER SAID THAN DONE

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Today is the first day of the rest of the life of Medicare Part D. Beginning today, November 15th, people with Medicare can enroll in a Part D plan. Most will have dozens and dozens of plans to choose from. And each plan is different. Even if people can figure out what this Part D program means, and can navigate through their options, this much choice may not mean they get better drug coverage.

“Low income people on Medicaid and state pharmaceutical assistance plans may find themselves worse off under Medicare Part D than they are now,” says Judith Stein, Executive Director of the Center for Medicare Advocacy, Inc. “This puts a burden on state legislators to act with state funds and on individuals to make alternative plans in the event they can no longer afford necessary medication.”

According to a recent study by the Center for Medicare Advocacy, the “Top 100” drugs list on the Part D plan comparison charts from the Medicare Agency is not necessarily a good indicator that the drugs a given individual needs will be covered by the plan. “We checked,” said Stein “and only about 50% of the drugs on the “Top 100” list were the drugs needed by low income people.”

Another unintended consequence may befall retirees of all incomes who currently have health care and drug coverage from former employers. They may find that if they enroll in Part D they will lose the rest of their retiree health coverage.

“The key is to take time to review all possible consequences of joining or not joining a Part D plan,” says Stein, “And this may be easier said than done, given the dozens of plan options and the myriad variations within each plan.”