



Information Partners Can Use on:

Joining and Switching Medicare Drug Plans

Medicare Prescription Drug Coverage

As of June 2006

When can someone join a Medicare drug plan?

People can join Medicare drug plans when they first become eligible for Medicare Part A and/or Part B, during the period that starts three months before the month they turn age 65 and ends three months after the month they turn age 65. People who get Medicare due to a disability can join a Medicare drug plan three months before and after their 24th month of cash disability benefits.

When does a person's coverage become effective once they join?

For people who join a Medicare drug plan during the three months before their Medicare coverage begins, their drug coverage is effective the first day that their Medicare Part A and/or Part B coverage begins. For people who join a Medicare drug plan during the month their Medicare coverage begins or during the three months after, their drug coverage is effective the first day of the month after the month they join. The plan they join will notify them of the anticipated enrollment effective date.

Encourage people to join early in the month. Joining early in the month gives the Medicare drug plan time to mail important information to new plan members before their coverage becomes effective, like their membership card and welcome package. This way, people who go to the pharmacy on their first day of coverage can get their prescriptions quickly and accurately.

What if someone wants to change plans after joining?

Before a person's enrollment becomes effective, they can change their mind and either cancel enrollment, or join a different plan. If they join a different plan, it will automatically cancel the first one. The person doesn't need to cancel the first plan unless they don't want Medicare drug coverage at all. If the person doesn't want Medicare drug coverage at all, they must contact the plan and cancel enrollment before the effective date.

After a person's enrollment becomes effective, they can switch to a new plan or drop Medicare drug coverage (disenroll) only if they have a valid enrollment opportunity available to do so.

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In addition, it is important to remember the following:

- Individuals are generally limited to making changes (enrolling, switching, or disenrolling) to their Medicare drug coverage between November 15 and December 31 of each year, with coverage effective January 1 of the following year.
- In certain circumstances, some individuals have a special opportunity to enroll in or switch to another Medicare drug plan at other times. For example, individuals who are eligible for both Medicare and Medicaid (also called “dual-eligibles”) can enroll in or switch plans at any time. Another example is that individuals who permanently move out of their drug plan’s service area may join another plan that serves their new area.

See the tip sheet “Understanding When People Who Qualify for Extra Help Can Enroll in a Medicare Drug Plan” at www.cms.hhs.gov for more information about when these individuals can join and switch plans.

It is also important to remember that enrolling in a new drug plan, when allowed as described above, will automatically disenroll the individual from their current Medicare plan. This includes individuals who are enrolled in most Medicare Advantage Plans. The person doesn’t need to request disenrollment from the current plan unless they want to drop Medicare drug coverage completely. In that case, the individual must request disenrollment by contacting the current plan or 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What else do people with Medicare need to know?

People who are eligible for a Medicare Advantage Plan

- They have an additional opportunity to join a Medicare Advantage Plan through June 30, 2006. If they are already a member of a Medicare Advantage Plan, they can join another plan or switch to the Original Medicare Plan. They cannot add or drop Medicare prescription drug coverage after May 15, 2006.
- If they have questions about this coverage, they should contact their plan.

People who have health coverage from an employer or union

- Joining a Medicare drug plan may change how their current coverage works. They should read the communications they get from their employer or union before making any changes. If they have questions, they can visit the plan’s website, or contact the office listed in the communications.

People who move into a nursing home or other type of long-term care facility

- They can switch plans or join a plan that best suits their needs. They can also make changes if they live in or move out of the facility.

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People who have a Medigap (Medicare Supplement Insurance) policy

- They should read the information from their Medigap company describing their choices for prescription drug coverage. They should contact their Medigap insurance company before making any changes to their prescription drug coverage.
- Most prescription drug coverage offered by Medigap policies, on average, is not at least as good as Medicare prescription drug coverage. This means if they kept Medigap prescription coverage and didn't join a Medicare drug plan by May 15, 2006, they will likely have to pay a penalty if they choose to join later.

Note: This tip sheet isn't a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.