

## Ask the Welfare Fund – April 2007

Question: I am an EA in Region 3. It's been a hard winter for my 2 year old son. He has been sick every month, and we have been to the pharmacy for an antibiotic 3 times already. I know our prescription drug plan changed January 1<sup>st</sup> so I can get a medication three times locally before I have to use the mail order program. If he gets sick and needs an antibiotic again how fast can I get a prescription from the mail order pharmacy?

Answer: Good news! For antibiotics and other medications that you must take immediately, or which must be closely monitored to ensure you are getting a proper dose, you do not need to use the mail order pharmacy. You may continue to get your medication through the local pharmacy, paying the appropriate percentage co-payment after you have satisfied the deductible.

Question: I am an Assistant Principal. My husband is retired, and covered under my health plan. He will be 65 in June, and just received a notice from Medicare that will be covered by Part A when he turns 65, and offering him the opportunity to enroll in part B. I am not ready to retire, and will not be 65 for many years. Should he enroll in Medicare Part-B?

Answer: He should probably not enroll in Medicare part-B until you retire. Since he is covered as your dependent, Medicare Part-B will be secondary to your city health plan. When you retire, he will be required to enroll in Part-B, and will need to complete an SEP Form (Special Enrollment Period form) to avoid incurring penalties on his Part-B premium. The SEP form is certified by the Department of Education Health and Welfare office, and, when presented to the Social Security Administration, will allow him to enroll in Part-B without penalty. There may be special reasons why he should enroll in Part B, so please call me to discuss this in greater detail.

Question: I am a Medicare-eligible retiree. I just received my January statement of my prescription drug usage, and I'm confused. It says that I am in the GHI – PDP plan and that after my first \$ 2,250 of drug costs I may be required to pay up to 100% of the drug cost until I meet my out-of-pocket maximum. I read everything the Welfare Fund and GHI send me, and I thought I was in the GHI Enhanced Medicare Part-D plan, and only pay 60% after \$ 2,250. When did this change? What did I miss?

Answer: Nothing changed, and you did not miss anything. GHI and Express Scripts used a new version of the report provided by Medicare. The new version is a "one-size-fits-all" letter. See the article on page XXX for a more complete description of what happened.