

DRAFT - Prescription Drug Coverage – For MA-only Plans

Prescription Drug Benefit	What You Pay
<p>Limited coverage for outpatient prescription drugs. The following outpatient prescription drugs are covered:</p> <ul style="list-style-type: none"> • Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision. • Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare. • Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia. • Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia. • Injectable Drugs: Most injectable drugs administered by a licensed medical practitioner. • Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility. • Some Oral Cancer Drugs: If the same drug is available in injectable form. • Oral Anti-Nausea Drugs: If you are getting covered oral cancer drugs. <p>Not Covered: This plan does not cover Medicare Part D prescription drugs.</p>	<p>All PBP questions about deductibles, coinsurance, etc., and resulting SB sentences, are the same as those used in the 2005 PBP/SB.</p>

Prescription Drug Coverage – For PDP Plans and MA – PD Plans

Prescription Drug Benefit	What You Pay
<p>All benefits are payable only when we determine that they are medically necessary.</p> <p><u>HPMS Question: Does your plan have a drug Formulary?</u></p> <ul style="list-style-type: none"> - If answered “No” then, no sentence is generated. - If answered “Yes”, the following sentence would generate: “This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan’s formulary, go to [insert web address] on the web.” <p><u>The following sentences would generate for MA-PD plans ONLY:</u></p> <p>The following outpatient prescription drugs are covered. <Plan Marketing Name> also covers other outpatient prescription drugs.</p> <ul style="list-style-type: none"> • Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision. • Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare. • Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia. • Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia. • Injectable Drugs: Most injectable drugs administered by a licensed medical practitioner. • Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility. • Some Oral Cancer Drugs: If the same drug is available in injectable form. • Oral Anti-Nausea Drugs: If you are getting covered oral cancer drugs. <p>Not Covered:</p> <p><u>The following sentence would generate for PDP plans ONLY:</u></p> <p>“This plan does not cover Medicare Part B prescription drugs.”</p>	<p>All PBP questions about deductibles, coinsurance, etc., and resulting SB sentences for Part D Coverage, are included in a separate attachment.</p>