Chapter 6: What you pay for your Medicare and NJ FamilyCare (Medicaid) drugs

Introduction

This chapter tells what you pay for your outpatient drugs. By “drugs,” we mean:

* Medicare Part D drugs, **and**
* Drugs and items covered under NJ FamilyCare (Medicaid)**.**

Because you’re eligible for NJ FamilyCare, you get Extra Help from Medicare to help pay for your Medicare Part D drugs.

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| --- |
| **Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.” |

Other key terms and their definitions appear in alphabetical order in the last chapter of this *Evidence of Coverage*.

To learn more about drugs, you can look in these places:

* Our *List of Covered Drugs*.
* We call this the *Drug List*. It tells you:
* Which drugs we pay for
* If there are any limits on the drugs
* If you need a copy of our *Drug List*, call Member Services. You can also find the most current copy of our *Drug List* on our website at <URL>.
* **Chapter 5** of this *Evidence of Coverage*.
* It tells how to get your outpatient drugs through our plan.
* It includes rules you need to follow. It also tells which types of drugs our plan doesn’t cover.
* When you use the plan’s “Real Time Benefit Tool” to look up drug coverage (refer to **Chapter 5,** **Section B2**), the cost shown is an estimate of the out-of-pocket costs you’re expected to pay. You can call [*insert if applicable:* your Care Manager] or Member Services for more information.
* Our *Provider and Pharmacy Directory*.
* In most cases, you must use a network pharmacy to get your covered drugs. Network pharmacies are pharmacies that agree to work with us.
* The *Provider and Pharmacy Directory* lists our network pharmacies. Refer to **Chapter 5** of this *Evidence of Coverage* more information about network pharmacies.

[*Plans should refer to other parts of the Evidence of Coverage using the appropriate chapter number and section. For example, "refer to* ***Chapter 9****,* ***Section A****." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the Evidence of Coverage*. *Plans can always include additional references to other sections, chapters, and/or member materials when helpful to the reader.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template*.]

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# The *Explanation of Benefits* (EOB)

Our plan keeps track of your drug costs and the payments you make when you get prescriptions at the pharmacy. We track two types of costs:

* Your **out-of-pocket costs**. This is the amount of money you, or others on your behalf, pay for your prescriptions. This includes what you paid when you get a covered Part D drug, any payments for your drugs made by family or friends, any payments made for your drugs by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs).
* Your **total drug costs**. This is the total of all payments made for your covered Part D drugs. It includes what our plan paid, and what other programs or organizations paid for your covered Part D drugs.

When you get drugs through our plan, we send you a summary called the *Explanation of Benefits*. We call it the EOB for short. The EOB isn’t a bill. The EOB has more information about the drugs you. The EOB includes:

* **Information for the month**. The summary tells what drugs you got for the previous month. It shows the total drug costs, what we paid, and what you and others paid for you.
* **Totals for the year since January 1.** This shows the total drug costs and total payments made for your drugs since the year began.
* **Drug price information**. This is the total price of the drug and changes in the drug price since the first fill for each prescription claim of the same quantity.

We offer coverage of drugs not covered under Medicare.

* To find out which drugs our plan covers, refer to our *Drug List*. [*Insert if applicable:* In addition to the drugs covered under Medicare, some prescription and over-the-counter drugs are covered under NJ FamilyCare. These drugs are included in the *Drug List*.]

# How to keep track of your drug costs

To keep track of your drug costs and the payments you make, we use records we get from you and from your pharmacy. Here is how you can help us:

1. Use your Member ID Card.

Show your Member ID Card every time you get a prescription filled. This helps us know what prescriptions you fill and what you pay.

1. Make sure we have the information we need.

Give us copies of receipts for covered drugs that you paid for. You can ask us to pay you back for the drug.

Here are examples of when you should give us copies of your receipts:

* When you buy a covered drug at a network pharmacy at a special price or use a discount card that isn’t part of our plan’s benefit
* When you pay a copay for drugs that you get under a drug maker’s patient assistance program
* When you buy covered drugs at an out-of-network pharmacy
* When you pay the full price for a covered drug under special circumstances

For more information about asking us to pay you back for a drug, refer to **Chapter 7** of this *Evidence of Coverage*.

1. Send us information about payments others make for you.

Payments made by certain other people and organizations also count toward your out-of-pocket costs. For example, [*plans with an SPAP include:* payments made by a State Pharmaceutical Assistance Program], payments made by an AIDS drug assistance program (ADAP), the Indian Health Service, and most charities count toward your out-of-pocket costs.

1. Check the EOBs we send you.

When you get an EOB in the mail, make sure it’s complete and correct.

* **Do you recognize the name of each pharmacy?** Check the dates. Did you get drugs that day?
* **Did you get the drugs listed?** Do they match those listed on your receipts? Do the drugs match what your doctor prescribed?

**What if you find mistakes on this summary?**

If something is confusing or doesn’t seem right on this EOB, please call us at <plan name> Member Services. [*If applicable:* You can also find answers to many questions on our website: <URL>.]

**What about possible fraud?**

If this summary shows drugs you’re not taking or anything else that seems suspicious to you, please contact us.

* Call us at <plan name> Member Services.
* Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free.
* [*Plans can also insert additional State-based resources for reporting fraud*.]

If you think something is wrong or missing, or if you have any questions, call Member Services. [*Plans that allow members to manage this information online can describe that option here*.] Keep these EOBs. They’re an important record of your drug expenses.

# You pay nothing for a one-month or long-term supply of drugs

With our plan, you pay nothing for covered drugs as long as you follow our rules. Refer to **Chapter 9** of this *Evidence of Coverage*to learn about how to file an appeal if you‘re told a drug won’t be covered. To learn more about these pharmacy choices, refer to **Chapter 5** of this *Evidence of Coverage* and our *Provider and Pharmacy Directory*.

## C1. Getting a long-term supply of a drug

[*Plans that don’t offer extended supplies, delete this section*.]

For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is [*insert if applicable:* up to] a <number of days>-day supply. There’s no cost to you for a long-term supply.

For details on where and how to get a long-term supply of a drug, refer to **Chapter 5** of this *Evidence of Coverage* or our *Provider and Pharmacy Directory*.

# What you pay for Part D vaccines

[*Plans can revise this section as needed*.]

**Important message about what you pay for vaccines:** Some vaccines are considered medical benefits and are covered under Medicare Part B. Other vaccines are considered Medicare Part D drugs. You can find these vaccines listed in our *Drug List.* Our plan covers adult Medicare Part D vaccines at no cost to you.

## D1. What you need to know before you get a vaccine

[*Plans can revise this section as needed*.]

We recommend that you call Member Services if you plan to get a vaccine.

* We can tell you about how our plan covers your vaccine.

## D2. What you pay for a vaccine covered by Medicare Part D

What you pay for a vaccine depends on the type of vaccine (what you‘re being vaccinated for).

* Some vaccines are considered health benefits rather than drugs. These vaccines are covered at no cost to you. To learn about coverage of these vaccines, refer to the Benefits Chart in **Chapter 4** of this *Evidence of Coverage*.
* Other vaccines are considered Medicare Part D drugs. You can find these vaccines on our plan’s *Drug List*. If the vaccine is recommended for adults by an organization called the **Advisory Committee on Immunization Practices (ACIP)** then the vaccine will cost you nothing.

Here are three common ways you might get a Medicare Part D vaccine.

1. You get the Medicare Part D vaccine and your shot at a network pharmacy.

* For most adult Part D vaccines, you’ll pay nothing.
* For other Part D vaccines, you pay nothing for the vaccine.

1. You get the Medicare Part D vaccine at your doctor’s office, and your doctor gives you the shot.

* You pay nothing to the doctor for the vaccine.
* Our plan pays for the cost of giving you the shot.
* The doctor’s office should call our plan in this situation so we can make sure they know you only have to pay nothing for the vaccine.

1. You get the Medicare Part D vaccine medication at a pharmacy, and you take it to your doctor’s office to get the shot.

* For most adult Part D vaccines, you’ll pay nothing for the vaccine itself.
* For other Part D vaccines, you pay nothing for the vaccine.
* Our plan pays for the cost of giving you the shot.

[*Insert any additional information about your coverage of vaccines*.]