

## *How much will I have to pay for my prescriptions under the demonstration?*

Under this demonstration, you must pay some of the costs for your medications, but in many cases, your costs could be significantly less than you are paying now. And, the more expensive the drug, the greater your savings.

Plus, if your income is less than 150 percent of the federal poverty level (FPL) and you have limited financial resources, you will have even lower cost-sharing requirements and your savings will be greater.

*For more information and to receive an application:*

- Call (866) 563-5386 between 8 a.m. and 7:30 p.m. (ET) Monday through Friday. TTY users should call (866) 563-5387, or
- Visit [www.medicare.gov](http://www.medicare.gov) on the Web.

## *Drugs and Conditions Covered Under the Medicare Replacement Drug Demonstration\**

### Anti-cancer

Targretin, Iressa, Hexalen, Gleevec, Thalomid, Arimidex, Aromasin, Femara, Nolvadex, Tamoxifen, Fareston, Mesnex

### Rheumatoid Arthritis

Humira, Kineret, Enbrel\*\*

### Multiple Sclerosis

Copaxone, Rebif, Avonex, Betaseron

### Pulmonary Hypertension

Tracleer

### Secondary Hyperparathyroidism

Hectoral

### Post-Menopausal Osteoporosis

(Homebound Patients Only)

Miacalcin, Actonel, Evista, Fosamax

### Paget's Disease

Fosamax, Actonel

### CMV Retinitis

Valganciclovir

### Hepatitis C

Pegasys, PEG-Intron

### Acromegaly

Somavert

*\* Coverage of specific drugs is limited to certain conditions. This list is subject to update.*

*\*\* Enbrel is also covered for Psoriatic Arthritis.*



A new way to help with the costs of some of your prescriptions

# **COST-SHARING OPTIONS**

## **Who qualifies for a low-income subsidy?**

To qualify for financial assistance, your annual income must be less than 150 percent of the federal poverty level. For most of the United States, your income must be less than \$13,965 for an individual or \$18,735 for a couple.\*

In addition, the value of your financial assets, such as a bank accounts, IRAs, stocks, bonds, etc., must be less than \$10,000 for an individual or \$20,000 for a couple.

If you qualify for financial assistance, Medicare will pay for most of your out-of-pocket costs. In some cases, you may pay as little as \$5 per prescription.

More detailed information on the financial assistance that may be available is provided in the application form or you can call our demonstration call center at 1 (866) 563-5387. You may apply for financial assistance at any time as long as funding is available.

\* The income limits are higher in Alaska and Hawaii.

## **If I don't qualify for any financial assistance, how much will I have to pay?**

Under the standard benefit level for this demonstration, you will have the following out-of-pocket costs:

### **In 2004:**

- An annual deductible of \$85.
- A total of \$1,200 in out-of-pocket costs until you reach the “catastrophic limit.”
- Once your total out-of-pocket costs reach \$1,200 in 2004, you will pay the greater of 5 percent or a fixed \$5 copayment (\$2 for generic drugs)

### **In 2005:**

- An annual deductible of \$250.
- A total of \$3,600 in out-of-pocket costs until you reach the “catastrophic limit.”
- Once your total out-of-pocket costs reach \$3,600 in 2005, you will pay the greater of 5 percent or a fixed \$5 copayment (\$2 for generic drugs).

*Below is an example of what you might pay under the standard benefit option (Level I) for a prescription that costs \$1,000 per month if you enrolled in the demonstration in October 2004. The amount shown below includes the deductible and all levels of coinsurance, even after the catastrophic limit has been reached.*

*Low-income beneficiaries will qualify for even greater savings.*

<b>Month</b>	<b>You Pay</b>
<b>2004</b>	
October .....	\$ 505
November .....	\$ 710
December .....	\$ 50
Your Payment in 2004: .....	\$ 1,265
Your Savings in 2004: .....	\$ 1,735
<b>2005</b>	
January .....	\$ 438
February.....	\$ 250
March.....	\$ 812
April.....	\$ 1,000
May .....	\$ 1,000
June .....	\$ 145
July .....	\$ 50
August.....	\$ 50
September .....	\$ 50
October .....	\$ 50
November .....	\$ 50
December .....	\$ 50
Your Payment in 2005: .....	\$ 3,945
Your Savings in 2005: .....	\$ 8,055