

Rx IQ: Do You Know How To Save At The Pharmacy Counter?

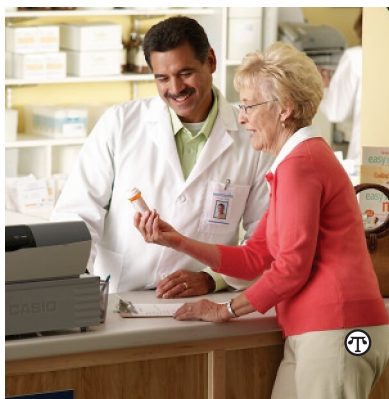
(NAPSA)—The prolonged recovery of the U.S. economy has forced all Americans to re-evaluate their personal and household budgets and scrutinize their spending habits to find much-needed opportunities to pinch pennies. For Medicare beneficiaries on a fixed income, finding cost savings can be even more critical to ensure that their necessary health-care expenditures will fit in their budget.

For most adults over the age of 65, prescription medications are one of those necessary expenditures. Fortunately, beneficiaries can take advantage of new savings at the pharmacy counter next year. In 2012, those enrolled in a Medicare prescription drug plan or a Medicare Advantage plan with drug coverage who hit the coverage gap, commonly referred to as the “doughnut hole,” will pay only 50 percent of the price of brand-name drugs and only 86 percent of the price of generic drugs. Beneficiaries may pay even less if their plan has more coverage in the gap. These discounts will gradually increase each year until the coverage gap is closed in 2020.

Whether they’re evaluating their current prescription drug coverage during the Annual Election Period (Oct. 15–Dec. 7) or are new to Medicare and enrolling in a prescription drug plan for the first time, beneficiaries can save even more money at the pharmacy counter by being mindful of a few additional tips as they compare Part D plans or Medicare Advantage plans with prescription drug coverage to find one that best suits their health and financial needs for 2012.

• **Look at the overall cost of a plan.** It’s easy to focus only on your monthly premium when you compare plans, but you should also look at your other plan expenses like annual deductibles, co-pays and coinsurance. For example, a plan with a low premium might cost you more over the course of the year if you have to meet a large deductible or pay a higher co-pay for your prescriptions.

• **Review the drug formulary.** Are the medications you take included on the formulary, or approved drug list, without a prior authorization or step therapy requirement? If not, they may not be covered under the plan, and



you may have to pay for them out of your pocket.

• **Consider the plan’s network of pharmacies.** Will the plan’s network of pharmacies make it easy and convenient for you to access your medications? Some plans require that you visit certain “preferred” pharmacies to access your drugs at the lowest cost. Find out if the plan offers a mail-order option, which may reduce your copay costs and make it more convenient to get your drugs.

• **Learn if the plan offers special programs to help you save even more money.** Some insurers, including UnitedHealthcare, have created programs to lower their members’ out-of-pocket costs on their drugs.

“Finding cost savings on health-care expenses is critical for millions of Medicare beneficiaries,” said Tom Paul, chief executive officer of UnitedHealthcare Medicare & Retirement, which is the largest business dedicated to meeting the health and well-being needs of seniors and other Medicare beneficiaries. “For that reason, UnitedHealthcare has developed Pharmacy Saver, a program that allows our members to access hundreds of generic drugs at prices even lower than their co-payments, sometimes as low as \$2 for a 30- or even 90-day supply.”

To learn more about Medicare prescription drug coverage and how to select the plan that’s right for you, visit www.MedicareMadeClear.com, www.Medicare.gov or call (800) MEDICARE (TTY 1-877-486-2048; 24 hours a day, seven days a week). For more information on the Pharmacy Saver program and to find participating pharmacies in your area, visit www.PharmacySaver.com or www.UnitedPharmacySaver.com.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Quantities may be limited by retailer based on their dispensing policy.

Plans are insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor.