



FREQUENTLY ASKED QUESTIONS MEDICARE PRESCRIPTION DRUG COVERAGE

Q: What is Medicare prescription drug coverage?

A: Medicare prescription drug coverage (Medicare Part D) is the prescription drug benefit that became available to Medicare Part A and Part B beneficiaries beginning January 1, 2006. Congress created it under the Medicare Prescription Drug Improvement and Modernization Act, which President Bush signed into law on December 8, 2003.

Q: Who is eligible for Part D coverage?

A: All individuals eligible for Medicare Part A or who are currently enrolled in Part B are eligible for the Medicare prescription drug benefit. If you qualify for Medicaid, the government automatically enrolls you in a Medicare Part D plan.

Q: Am I required to sign up for a Medicare prescription plan?

A: Enrollment in a Medicare prescription plan is voluntary. No action is required on your part if you continue your current coverage through the Christian Brothers Employee Benefit Trust and your plan is Creditable. If your prescription plan is creditable, this means your coverage is as good as, if not more generous than the standard Medicare plan.

Q: How can I get a Medicare prescription drug plan?

A: Medicare prescription drug coverage will be offered to Medicare-eligible individuals through private plans. You can choose to:

- Sign up for a benefit through a Medicare prescription drug plan; or
- Participate in a Medicare health care plan like Medicare Advantage (formerly Medicare + Choice) that includes a prescription drug benefit (MA-PD).

Visit <http://www.medicare.gov/> to learn more about these options and to find private plans in your area.

Q: When can I enroll in the Medicare prescription drug program?

A: Enrollment begins on October 15, 2026, and ends December 7, 2026.

Q: What happens if I decide to enroll in a Medicare prescription drug plan after the enrollment period?

A: Unless you have been covered by a Medicare-approved plan, or your prescription drug plan is considered Non-Creditable, you may be required to pay a higher monthly premium.

Q: Do I have to re-enroll in the Medicare prescription coverage annually?

A: No, you remain enrolled until you choose to withdraw from your plan.

Q: What is the standard benefit provided under the Medicare plan?

A: In 2027, you will pay:

- A monthly premium, this will vary depending on the type of plan you choose
- The first \$700 in out-of-pocket drug costs (deductible) is paid by the member, this is an increase from (\$615) and mostly applicable on drugs within Tiers 3-5.
- Copays or Coinsurance on retail cost of prescriptions until an Out of Pocket total of \$2400 has been reached. (Initial Coverage Phase; Member pays 25%/Part D plan pays 65%/Manufacturer pays 10%)

- The Coverage Gap Phase included in previous years has been eliminated. Members now transition directly from Initial Coverage to Catastrophic Coverage.
- Once in the Catastrophic Coverage Phase, the member pays no costs. (Part D plan pays 60%, and the Government pays either 40% or 20% depending on the applicability of the drugs, with manufacturers paying a possible 20%).

Medicare Part D Standard Benefit 2027		
You Pay 100% - Annual Deductible	Initial Coverage	Catastrophic Coverage
	Copays or Coinsurance	
\$0	\$700	\$2,400
Total Rx Costs To Member		

Q: How do I know if the Medicare coverage will benefit me?

A: The Medicare prescription drug plans may save you money on your prescription drugs if your annual drug costs are at least the total cost of the monthly premium plus the \$700 deductible.

Q: What should I do to compare the benefits offered through Medicare Part D to those offered through the CBEBT (creditable) prescription drug plan?

A: You will need to obtain:

- A list of your current medications, including strength and dosage.
- A copy of your current prescription drug plan, including any and all applicable deductibles, co-insurance amounts and co-pay amounts.
- The most recent annual explanation of benefits (EOB) from Express Scripts. You can find this EOB at www.mycbs.org/health or you can request it by phone at 1-800-718-6601.
- A record of the amount, if any, you pay for CBEBT coverage.

Calculate the projected out-of-pocket cost of your prescription medications under the Medicare Part D plan. Compare this cost with your out-of-pocket expenses have been under the CBEBT (creditable) prescription drug plan.

Q: Which prescription drugs will be covered under the Medicare prescription drug program?

A: Virtually all drugs approved by the U.S. Food and Drug Administration (FDA) may be covered. The Medicaid program and most commercial programs exclude certain drugs from coverage, such as drugs used for cosmetic purposes, weight loss, fertility and symptomatic relief of cold and cough. When they become available, check the formularies (the lists of covered medications) for each Medicare prescription drug plan in your service region to determine whether a specific prescription drug is covered.

Q: As a retiree, can I retain my medical/prescription drug coverage through CBEBT if I enroll in Medicare Part D?

A: If you are retired and participate in a CBEBT Creditable prescription drug plan and enroll in Part D, you are neither eligible to continue medical/prescription drug coverage through the CBEBT nor eligible to re-enroll in the future.

- Q: As a retiree, if I am currently enrolled in the dental and/or vision plans offered through CBEBT, may I continue to be enrolled for these benefits if I enroll in Medicare Part D?
- A: Yes. You may retain dental and/or vision benefits even if you enroll in Medicare Part D. Please contact your member Employer for details.
- Q: Does the creditable prescription drug plan offered through CBEBT cover as much as or more than the standard Medicare prescription drug program?
- A: Yes. The creditable prescription drug plans through the CBEBT have been certified to cover as much as or more than the standard Medicare plan.
- Q: Will low-income assistance be available for Medicare prescription drug plans?
- A: Yes. You may be eligible for extra help if you have limited income and resources. Medicare will send eligible low-income beneficiaries information on how to apply for this assistance.

If you receive the Social Security Administration (SSA) application for extra assistance, fill it out and return it as soon as possible. If you do not receive an application but think you may qualify for assistance, call 1-800-772-1213 (TTY 1-800-325-0778), visit www.socialsecurity.gov on the Web, or apply at your State Medical Assistance office. Once you have submitted your application, the SSA will mail you a letter informing you whether you qualify for extra help.

- Q: Where can I get more information about Medicare prescription drug coverage?
- A: For more information on Medicare prescription drug coverage, read the *Medicare & You* handbook, which may have been mailed to you or you can retrieve it online. Along with the handbook, you should have received information on Medicare Part D and Medicare Advantage plans that are available in your area. After October 2026, if you have not received the handbook and you need help:
- Visit www.medicare.gov on the Web and get personalized information.
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Have your Medicare card, a list of drugs you take, and the name of your pharmacy ready when you call.
 - Get a free copy of the booklet *Your Guide to Medicare Prescription Drug Coverage* (CMS Pub. No. 11109) on www.medicare.gov or by calling 1-800-MEDICARE.
 - Call your State Health Insurance Assistance Program for free personalized health insurance counseling. Find the telephone number for your state office in the *Medicare & You* handbook.
 - Contact your local Office on Aging and ask about local events explaining the Medicare plan. For the telephone number of the Office on Aging nearest you, visit www.eldercare.gov on the Web.

Information provided by Christian Brothers Health Solutions