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## 73 Options for Medicare Plan Fuel Chaos, Not Prescriptions

By JOHN LELAND

**W**hen Mildred Fruhling and her husband lost their prescription drug coverage in 2001, they suddenly faced drug bills of \$7,000 a year. Mrs. Fruhling, now 76, began scrambling to find discounts on the Internet, by mail order, from Canada and through free samples from her doctors.

"It's the only way I can continue to have some ease in my retirement," she said.

Last week, when the federal government rolled out a new discount drug program, Mrs. Fruhling studied her options with the same thoroughness. What she found, she said, was confusion: 73 competing drug discount cards, each providing different savings on different medications, and all subject to change.

"I personally feel I can do better on my own," she said. But she added, "At this point, I don't think anyone can make an evaluation."

Even before they go into effect on June 1, the cards — which are approved by Medicare but offered by various companies and organizations — have been the subject of heated political debate, an AARP advertising campaign about how confusing they are and anxious speculation from those they are supposed to help. Among retirees of different income groups interviewed last week, the initial reaction was incomprehension.

"Even the person who came to explain it to us didn't understand it," said Mary Shen, 77, at the Whittaker Senior Center on Manhattan's Lower East Side. "It's not fair to expect seniors, who have enough difficulties already, to have to figure this out."

Shirley Brauner, 75, pushed a metal walker through the center's lunchroom. "All I've got to say is they confuse the elderly, including me," she said. "I'm furious. They're taking advantage of the seniors. How can the seniors understand it?"

The prescription drug discount cards are a prelude to the Medicare Prescription Drug, Improvement and Modernization Act, which will provide broad drug coverage starting in 2006. The federal government projects that 7.3 million of Medicare's 41 million participants will sign up for the cards.

Those who wish to do so, however, face the daunting task of choosing the right card.

"What it's like is a bunch of confusion," said Katharine Roberts, 77, who said she had not been to a movie in six years, in part because of her drug expenses. "You might find you really need three cards, and you can only choose one."

The cards are a 19-month stopgap measure to provide discounts of 10 percent to 25 percent for Medicare participants who have no other prescription drug coverage. In addition, low-income

participants are eligible for subsidies of \$600 a year.

The Department of Health and Human Services approved 28 companies or organizations to issue cards; among them are AARP, insurance companies and health maintenance organizations. Cards cost up to \$30 a year. Each card provides different discounts on different drugs, and is accepted by different pharmacies. Participants can choose only one.

To help people sort through the options, Medicare and a company called DestinationRx set up a database on its Web site, medicare.gov, that lists the prices charged under various plans for whatever medications a user types in. People can get similar help by telephone at 1-800-MEDICAR. But some providers complained that the prices on the site were inaccurate, and some cards are not listed at all.

For many retirees, it is too much.

"I'm 85, do I have to go through this nonsense?" asked Florence Daniels, a retired engineer who said she received less than \$1,000 a month from Social Security, of which she paid \$179 a month for supplemental medical insurance. She gets drugs through a New York State program, which provides any prescription for \$20 or less. To make ends meet and afford her drugs, she said she bought used clothing and put off buying new glasses. Some of her friends travel by bus to Canada to buy drugs; others do without, she said.

Ms. Daniels did not use the government Web site to compare drug cards, in part because she cannot afford a computer. "I'm trying to absorb all the information, but it's ridiculous," she said. "Not just ridiculous, it's scary. If there was a single card and it was administered by Medicare, and it got the cost of drugs down - wonderful, marvelous. But with these cards, the only thing we know is that we'll have to pay money to other people to administer what we can get and can't get."

The discount program, which is financed largely by the cards' sponsors, reflects the Bush administration's desire to open Medicare to market principles without allowing participants to import drugs from other countries, which many Democrats favored.

Mark B. McClellan, an administrator at the Center for Medicare and Medicaid Services, said the complexity of the plan encouraged competition. "We're seeing more plans offering better benefits," he said, estimating that people will be able to save 15 percent or more using the cards.

But the complexity of choices will keep many people away from the program, said Marilyn Moon, director of health at the American Institutes for Research, a nonprofit research organization in Washington.

Often, the discount provided by the cards is not as good as what people can get from existing state programs, union plans or consumer groups, said Robert M. Hayes, president of the Medicare Rights Center, a nonprofit organization that helps individuals with Medicare problems.

Sydney Bild, 81, a retired doctor in Chicago, compared the discount cards with the prices he paid ordering his drugs by mail from Canada. Dr. Bild pays \$4,000 to \$5,000 a year for five medications. When he checked the government Web site, he said the best plans were about 50 percent to 60 percent higher than what he was paying.

But Dr. Bild said his main objection to the new plans was that companies could change prices on drugs, or change the drugs covered. Medicare requires plans to cover only one drug in each of 209 common

categories. Consumers can change cards only once a year. Committing to a card is "like love - it's a sometime thing," Dr. Bild said. "What if I chose one? They could drop my drugs two weeks later."

Companies began soliciting customers for their discount drug cards last week. When the first pamphlets arrived at Beverly Lowy's home in New York City, Ms. Lowy said, she looked at them carefully. She does not have drug coverage and last year spent about \$3,000 on prescription drugs. But the more brochures she read, Ms. Lowy said, the less clear things became.

"You really have to be a rocket scientist," Ms. Lowy, 71, said. "It takes time, energy, and you don't even save money. I thought, 'This one is offering this, this one is offering that.' Finally I decided this isn't for me."

At the Leonard Covello Senior Center in East Harlem, the new cards seemed opaque. Ramon Velez, 72, a retired taxi driver, said he had watched AARP advertisements in which people read the dense language of the federal Medicare bill.

"I was laughing at the people in the ads, but it's true," Mr. Velez said. "Everyone's confused."

Mr. Velez receives \$763 a month from Social Security, and often skips his psoriasis medication because he cannot afford the \$45 co-payment under his Blue Cross/Blue Shield plan. He wondered if the new drug cards could save him money.

"But it's very confusing," he said. "I'd go to the Social Security office to ask about the cards, but I don't think they'd know."

Alejandro Sierra, 67, a retired barber, paced around the center's pool table. Mr. Sierra takes six medications for diabetes and complications from cataracts and colon cancer, and sometimes skips a medication because he cannot afford it.

"I'm interested in the cards," he said. "But I can't figure it out on the computer, because I can't see."

Carlos Lopez, the director of the center, said the cards had so far produced little but anxiety. Mr. Lopez asked participants to bring any applications to him before signing them, and warned them about people selling phony cards.

"They're not nervous, but concerned," he said. "They feel, why now? Why do I suddenly need a card for medications?"