

The PSC-CUNY Welfare Fund works closely with our retired members to remind them they have choices about prescription drug coverage that can reduce their out-of-pocket costs. We know every dollar counts and we always search for ways to save.

For retired members who are prescribed intravenous medications – such as pain relief drugs, chemotherapy medications or antibiotics – the Fund has identified a way to keep more money in your pocket.

Intravenous medications can be administered in two ways. You can use your CVS SilverScript card, which is a Medicare Part D-based plan, and administer the medication at home. Or, you can use regular Medicare Part B and have the medication administered at a doctor's office, hospital outpatient department or at an infusion center.

The Medicare Part B option can save you money. Here's how:

Intravenous medications administered in a clinical setting are covered at 80% of the Medicare-approved amount, leaving 20% coinsurance for the patient, unless supplemental insurance applies. The federal Center for Medicare Services (CMS) [specifically approves](#) Part B for intravenous medications.

Let's consider an intravenous drug that costs \$1,000 and is administered twice annually. Here's a cost breakdown:

If annual deductibles* have not yet been met:

- **Drug Cost:** \$1,000
- **Medicare Part B Annual Deductible:** \$240.
- **Remaining Amount:** \$760
- Medicare covers **80%** → **\$608**
- Member pays **20%** coinsurance → **\$152**
- **Additional Costs:**
- Annual **GHI SeniorCare deductible:** \$50
- Per visit **copay:** \$15

Therefore, the total member annual responsibility (\$152 + \$50 + \$30 (2 visits) = \$232 annually
GHI SeniorCare pays the remaining \$71.60 per dose.

** Note that the \$240 Medicare Part B annual deductible and the \$50 annual Senior Care deductible can be met easily, since it can include costs like office visits, x-rays, blood work or physical therapy.*

Now, let's break down the out-of-pocket costs of the same \$1,000 drug using a **Medicare Part D** (like SilverScript) plan and self-administering the medication.

Medicare Part D covers self-administered prescription drugs, including some intravenous medications that can be taken at home. Coverage varies by plan, based on the drug formulary, tier pricing, and out-of-pocket expenses such as copays and deductibles.

Cost breakdown for the \$1,000 drug, administered twice annually:

- **No annual deductible**
- **Member copay: 25% (\$250 per dose, \$500 total).** Unlike the Medicare Part B deductible, this copay only applies to medications.
- **Out-of-pocket limit: \$2,000**—coverage changes once this threshold is met.

The Fund hopes you will consider this strategy, **which can save you money on your intravenous medications**. Discuss this option with your physician and contact the Fund at communications@psccunywv.org with any questions. Because of the complex calculations involved, please do not phone our office. Email us and we can help you determine your potential savings.

Thank you,

The PSC-CUNY Welfare Fund