

Seniors Speak Out on Medicare Drug Benefit

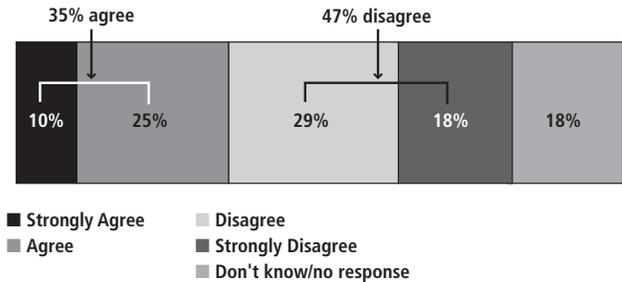
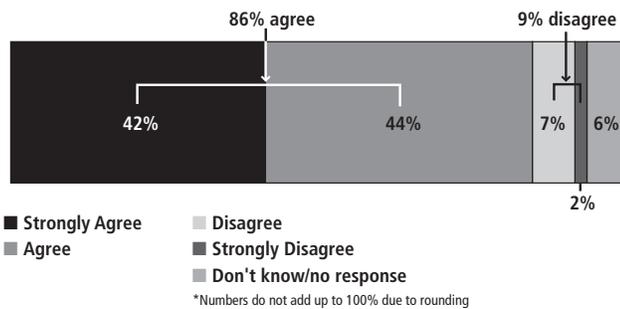
A new Roper survey of 500 adults aged 65 and over (see *Survey Methodology* on reverse) found that older Americans have strong feelings about their rights and choices under the new Medicare Prescription Drug Benefit to be implemented in 2006.

According to the survey results, **Medicare Beneficiaries Want:**

1. Meaningful Choices in Prescription Medications Without Higher Co-payments

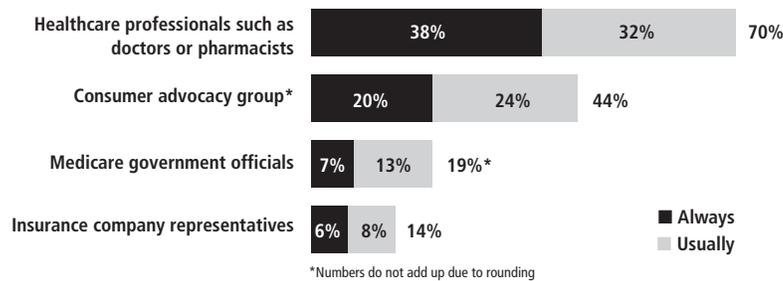
“Drug plans should give doctors and patients the ability to choose from a variety of different medicines available to best treat a patient’s illness.”

“Depending on the amount, you would be willing to pay a higher co-pay to have more medications covered by your prescription drug plan.”



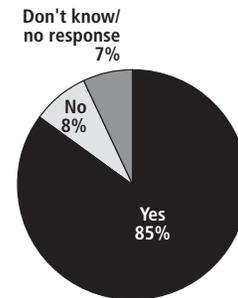
2. Doctors and Health Care Professionals to Decide What Medications are Covered

Percentage that trust the following sources to decide what medications are to be covered in a new Medicare health plan always or usually.



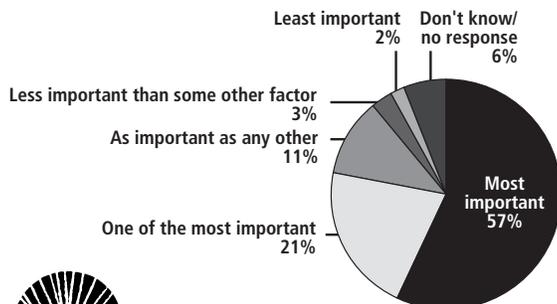
3. Written Instructions for Appealing Denials of Coverage

Percentage who would like—at the time coverage is denied—written instructions about how to appeal the denial of coverage for a medicine prescribed by their doctor.



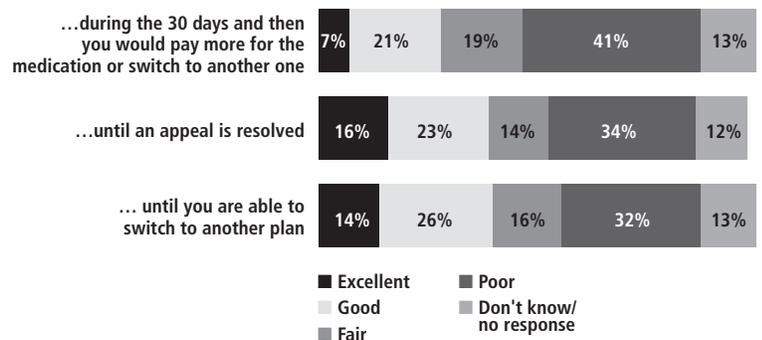
4. Their Doctor’s Drug Recommendations to be Considered in the Appeals Process

Percentage who think the recommendation of a particular drug by a doctor should be an important consideration in appeal review by Medicare health plans.



5. Coverage Maintained as Long as Possible if Medication is Dropped from Formulary

Percentage who say each option is excellent, good, fair or poor if their Medicare plan no longer covered their medication but was willing to cover it for this amount of time.



Survey Methodology

These findings are based on telephone interviews with 500 adults age 65 and older. The survey questions were included in Roper’s national weekly telephone omnibus, supplemented by interviews among adults 65 and older from Roper’s national database. The sampling error for the 65 plus population is +/- four percentage points and is higher among other populations and subgroups. The survey was commissioned by the Lupus Foundation of America and its purpose is to obtain this public’s reaction to recent changes to the Medicare health plan and possible options if drug coverage is denied.

Sample Characteristics

Age	
Under 65	—
65 - 74	51%
75 +	47%
Sex	
Men	43%
Women	58%
Region	
Northeast	21%
Midwest	22%
South	36%
West	20%
Covered by Medicare?	
Yes	93%
No	7%
Education	
High school grad or less	66%
Some college	14%
College grad or higher	17%
Mean Income (\$)	30,470

Percentages may not add up to 100 due to rounding or non-responses.

Questions

- Q2. Generally prescription drug plans do not cover medications prescribed for a specific medical condition. How much do you agree or disagree with the following statement?
- “Drug plans should give doctors and patients the ability to choose from a variety of different medicines available to best treat a patient’s illness”
 - “Depending on the amount, you would be willing to pay a higher co-pay to have more medications covered by your prescription drug plan.”
- Q3. To what extent, if at all, would you trust each of the following groups to decide what medications are to be covered in a new Medicare health plan? Would you trust each group’s judgment always, usually, sometimes, rarely, or never? Let’s start with (read list)
- Q4. Under the new Medicare Prescription Drug Program people have the right to appeal whenever they are denied coverage for a medicine their doctor has prescribed. Do you believe this program should provide written instructions on how to appeal such a decision at the time coverage is denied, or not?
- Q5. Given all the factors a plan considers when reviewing an appeal, how much influence do you believe the doctor’s recommendation for a particular medicine should have? Would you say it should be the most important consideration, one of the most important considerations, as important as any other factor, less important than some other factor or of least importance?
- Q6. Under the new Medicare Prescription Drug Plan a medicine you are using can be dropped from the plan with 30 days notice to you, potentially leaving you without this medication for several months. We would like your opinion on the following options that could be offered. Do you believe this would be an excellent, good, fair or poor option if the plan covered your medication.