

A Moving Experience: Extensio ad absurdum



Image by Arek Socha from Pixabay

Medicare madness is enough to drive you bonkers in the US. Add the IRS and Social Security to the mix, and catatonia in American society is within reach of the entire population.

Let's start with the place where all roads end—Medicare. I take two daily meds, one to compensate for my bisphosphonate-weakened bones (<https://medium.com/@cflisi/undying-kafka-style-in-kosovo-520bc207b285>) and one to regulate my thyroid: I was born with half a thyroid and it needs a boost to work properly. In Italy, I paid exactly €2 per month for each med.

Here it is not only WAY more expensive, but it's like airline fares: the price of each changes daily depending on the day, the chosen pharmacy, and the website where I do the price checking. My bone drug is classified Tier 3, meaning it costs more than Tier 1 or 2 because Medicare has decided that it is more exotic. My thyroid med is one of the most commonly prescribed drugs in the US, a banal Tier 1 taken by seven percent of all Americans.

This year (2023) Medicare says we have to pay a deductible of \$505 out-of-pocket before supplemental Part D drug coverage kicks in. Once it does, we have to pay 25% of covered costs up to the initial coverage limit. Since I only have two meds, I am not likely to reach the \$505 mark that would trigger my supplemental insurance. So for my latest refill, I decided to see what prices were available on GoodRX.

Today the posted price for a 90-day supply of my bone med ranged from \$34.85 to \$224.50. This is the SAME DRUG, the same strength and quantity, and all at “normal” local pharmacies, no boutique chains or old-fashioned family-owned emporia. Price of the Tier 1 thyroid med ranged from \$2.52 to \$16.10 for a 30-day supply.

How can a medication cost SIX TIMES in one pharmacy what it costs in another IN THE SAME TOWN, half a mile away?

Equally mind boggling: My husband is a diabetic who uses a sensor called Freestyle Libre to monitor his glucose levels on a continuing basis. After a 15-month battle with Medicare, I finally ensured his access to this little plastic disc that he wears on his arm. It has to be replaced every two weeks and a new supply arrives by mail at the beginning of every month. Hubby doesn't pay for it, as a result of my lengthy battle.

We noticed an information sheet in his most recent shipment. It said that two sensors, i.e., 28 days' worth, normally cost \$420.00. That comes out to \$15 PER DAY for a tiny plastic monitor. What does a diabetic do who hasn't the funds or the fortitude to fight the government for more than 450 days? Die, I guess.

Let's turn to the IRS. Ever since Covid, they don't answer the phone . . . just like everyone else. Our tax advisor here suggested we create a personal account with the IRS to facilitate access to our previous returns as our former accountant in Italy is MIA (more like Missing in InAction). It seemed a straightforward process. Basic information, a password, confirmation of that password, reconfirmation of that password, and, oh yes, a front and back photo of my driver's license.

A bit of back and forth with the password problematics, but that got sorted out. However, after half an hour unsuccessfully spent trying to upload the pictures of my driver's license and the system refusing to process them, I thought it might be helpful to talk to their tech

support. Maybe my Mac pix didn't work in their PC world? Maybe Virginia's dreary black and white license photo didn't trigger the right algorithmic response? Good luck finding a live phone number, much less someone to answer the phone. This turned out to be an exercise in abject futility, so I gave up and turned to an equally impossible bureaucratic behemoth—Social Security.

I had learned recently that the spouse of a Social Security recipient is entitled to a percentage of the benefits of said recipient. That entitlement may be up to ½ of the latter's monthly payment. I had long known that was the case, but ONLY (I wrongly assumed) upon the death of the latter. Turns out that the non-earning, or lower-earning, spouse can collect at the same time as the higher earning spouse. Now you can't double dip. If, say, Minnie is receiving \$100 a month, Mickey is entitled to \$50. If Mickey already receives \$75 from his own Social Security, he can't collect another \$50. But if he is receiving \$35 from the government, he will receive an additional \$15 thanks to Minnie.

Since my husband spent most of his working career outside the US, his American Social Security was smaller than mine. There was enough of a difference to make us want to link his account to my (i.e., his) benefits as quickly as possible.

Online I went, and found the form needed to get this correction underway. But there was one hurdle: first I needed to set up a personal account with Social Security. Oh boy. Here we go again. No photo issue this time, but the password protection process was laden with complicated redundancies. I accept that safeguards protect us, the users, but the system requested an obscure second back-up. I chose the only workable backup option and the system scolded me: this is a bad choice for a back-up. Says you, I thought. If that option is unacceptable, why does your system offer it as an alternative?

I consoled myself with the fact that no photo had been requested, and answered the first tranche of basic questions. Then the system stalled and I received the following message:

We are sorry for the inconvenience, but we cannot process your request online because some information we have on file is different than the information you provided. If you live within the U.S., our territories or commonwealths, you may call our toll-free number.

My first reaction was to focus on the egregious grammatical mistake. The sentence should be *“information we have on file is different FROM the information you provided.”*

My second reaction was “Talk about redundancies. NOW what do I do?” A squaring of shoulders and gritting of teeth, and I dialed the number. And waited. And waited. More than 50 minutes later, a slow-talking woman answered the phone, annoyed that we had connected near the end of her working day. Never mind how annoyed *I* was to have been kept on hold for almost an hour. Another 45 minutes of my husband and I repeating the same information (we each had to do it) and the woman announced that we were now eligible to speak with someone else for a “final interview” to process our claim. That won’t happen till June, though, because “we are backed up.”

So if we can hold out for two more months, maybe we will have enough money to cover our Tier 3 drugs for the rest of the year. Won’t be enough to cover the psychiatric hospital for more than a day though.

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