

MEDICARE D PRESCRIPTION DRUG COVERAGE INFORMATION FOR CONSUMERS - 2021

THE BASICS

Medicare provides an optional prescription drug benefit, Medicare Part D. All persons who qualify for Medicare are eligible to apply for Part D, regardless of income or resources, health status, or current prescription expenses. Medicare administers the Part D program, but contracts with private insurance companies to market their own prescription drug plans to the public. Most insurance companies provide several Part D plan options with differing premiums, deductibles and coverage.

Once enrolled in a Part D prescription drug plan (PDP), you will receive a membership card to present at your pharmacy whenever you fill a prescription. The pharmacy will charge you a pre-determined co-payment and will then bill your Part D insurance provider for the remaining cost.

SELECTING A MEDICARE D PRESCRIPTION DRUG PLAN

There are three things to consider when selecting a Medicare Part D drug plan: **Coverage**, **Convenience** and **Cost**.

COVERAGE: Each insurance company publishes a list (formulary) of all the brand-name and generic medications their plans cover. Companies may change their formularies each year, dropping or adding coverage for some medications. It is essential that you choose a plan that covers all or most of your current medications, and that you review your plan's formulary each year when it becomes available.

Some insurance companies offer their plans only in certain states. If you spend part of the year in another state, choose a plan that will cover you there as well.

CONVENIENCE: Make sure the pharmacy you want to use is on the plan's list of preferred pharmacies. Some plans also offer the option for you to order your prescriptions by mail.

COST: Like other insurance plans, you pay a monthly **premium** and have an annual **deductible**. In Nebraska in 2021, premiums range from \$0 - \$104.70. The amount will vary depending on which Part D plan you choose. For example, some plans may offer more coverage for a higher monthly premium.

All annual prescription drug plans have **four benefit periods**. You progress through these benefit periods as the amount you and the plan pay for your medications accumulates:

During the **Initial Deductible Period**, you pay 100% of the cost. In 2021, the deductible is \$445.

During the **Initial Coverage Period**, drug costs are split between you and the plan. In 2021, you pay 25%, and the plan pays 75% of covered generic and brand-name drugs.

During the **Coverage Gap Period**, you continue to pay 25% of the cost of both generic and brand-name drugs, plus a small portion of the pharmacy dispensing fee. The plan pays 75% of the cost of generic drugs and 5% of the cost of brand-name drugs. The drug manufacturer provides a 70% discount on brand-name drugs.

The **Catastrophic Benefit Period** is reached when **your total out-of-pocket spending** reaches \$6,550 (in 2021). Once you reach this period, you will pay no more than 5% of the cost for both generic and brand-name drugs for the remainder of the calendar year.

If you have limited income and resources, you may qualify for “Extra Help”, and you may not have to pay a deductible, premiums or co-payments. You can apply for or get more information about “Extra Help” by logging on to the Social Security website at <https://secure.ssa.gov/i1020/start> or by calling 1-800-772-1213.

ENROLLING IN, SWITCHING AND DROPPING A MEDICARE DRUG PLAN:

To search for, and/or enroll in, a Part D plan, go to the Medicare website at <https://www.medicare.gov/> or call Medicare at 1-800-633-4227. You will be asked for your state(s) of residence and the names and dosages of the medications you take. You will then be provided a complete list of Part D plans for which you can apply, along with information about their premiums, deductibles, co-payments and preferred pharmacies in your area.

You should enroll in a Part D plan when you first become eligible for Medicare at age 65. If you do not, you must wait for the annual open-enrollment period. You will then have to pay a higher monthly premium that increases for every month you have delayed enrollment.

The annual open-enrollment period is October 15 – December 7, with coverage running from midnight January 1 to midnight December 31 of the next year. You may join, switch or drop a Part D plan at other times only in the following situations: if you move out of your plan’s service area, if you lose drug coverage under your retirement, job or union benefit plan, if you qualify for low-income assistance or if you move to an assisted living or nursing facility.

Every year, as the open enrollment period approaches, you should compare your Part D plan’s benefits for the next year to those offered by other plans. Each year, insurance companies change the cost and coverage of their plans, and you may want to switch to another plan in the coming year. You can do this by contacting the insurance company in whose plan you wish to enroll, or by contacting Medicare at the website or phone number above. Your new insurance plan will mail you enrollment materials and a membership card. You don’t have to notify your current Part D plan provider. You will be automatically dropped from that plan when coverage in your new Part D plan begins.

ADDITIONAL FACTS:

MEDICARE D PLANS COVER ONLY PRESCRIPTION MEDICATIONS, not over-the-counter medications. Part D plans also do not pay for medications purchased from foreign pharmacies.

IF A MEDICATION YOU TAKE ISN'T ON YOUR PLAN'S FORMULARY, your Part D plan will pay for a one-time 30-day supply. This allows your doctor time to look for another drug in that formulary that may work equally well. If you have already tried similar drugs in the formulary without success, your doctor may contact your drug plan to request an "exception". If this request is approved, the plan will cover the drug. Exceptions can also be requested for a plan's limits on dosages or quantities of drugs dispensed.

IF YOU ARE ELIGIBLE FOR BOTH MEDICARE AND STATE MEDICAID, Medicare will automatically enroll you in a Medicare D drug plan. You will pay a minimal amount out-of-pocket for each covered prescription, and you will likely pay little or nothing for premiums and deductibles.

IF YOU CURRENTLY GET PRESCRIPTION COVERAGE FROM THE VETERANS ADMINISTRATION, TRICARE OR THE FEDERAL EMPLOYEE RETIREMENT PROGRAM, it may be best to keep your current prescription coverage. But, in some cases, adding a Medicare D plan can provide additional coverage and savings, especially if you qualify for "Extra Help" due to limited income and assets. Always check with your current insurance carrier before joining a Medicare D plan.

IF YOU HAVE PRESCRIPTION COVERAGE FROM A FORMER OR CURRENT EMPLOYER OR FROM A UNION, joining a Medicare D drug plan might cause you to lose all of your employee/retiree or union benefits. Contact your employer or union benefits administrator for information.

MEDICARE ADVANTAGE PLANS (also known as "Medicare C") may offer a more economical alternative to a stand-alone Medicare D plan. Medicare Advantage plans bundle Medicare A, B and D coverage and may add additional benefits, such as dental and vision services and gym membership. However, they are marketed by private insurance companies and may restrict your choice of health care providers, hospitals and pharmacies.

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