

MEDICARE PART D PRESCRIPTION DRUG PLAN



REAL TALK
MEDICARE

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PART D PREMIUMS

DEDUCTIBLE PERIOD

You pay the full cost on your prescriptions until your deductible has been met.

COVERAGE GAP

(also called the Part D “Donut Hole”)

When you and your plan have jointly spent **\$4,020** on covered prescriptions, not including your Part D premium, you'll pay:

- **25%** on brand name drugs
- **25%** on generic drugs

INITIAL COVERAGE PERIOD

After you meet your deductible, you pay a copay or coinsurance and your Part D plan pays for part of your drug costs.

CATASTROPHIC COVERAGE

When you have spent **\$6,350** on covered prescriptions:

- You pay **5%** of retail cost (or a minimum **\$3.60** copay on covered generics or an **\$8.95** copay on covered brand-name drugs, whichever is greater).
- Your plan pays **15%**.
- Medicare pays **80%**.

WHAT YOU NEED TO KNOW ABOUT PRESCRIPTION DRUG COVERAGE

Stage 1

DEDUCTIBLE

Until you have reached your deductible, you'll pay the full discounted cost for your covered drugs. Some plans have a **\$0 deductible**.

Stage 2

INITIAL COVERAGE

After you have reached your deductible, you'll pay only part of the cost for your covered drugs.

Stage 3

COVERAGE GAP

After you have paid a total of **\$4,020**, you'll pay only part of the cost for your covered drugs until you reach **\$6,350**.

Stage 4

CATASTROPHIC COVERAGE

Once you have paid **\$6,350** you are out of the coverage gap, and you'll only pay a small amount for your covered drugs for the rest of the year.

See the Evidence of Coverage (EOC) for complete coverage information.

ADDITIONAL MEDICARE PLAN OPTIONS

Federal Government requires members to have minimal drug coverage!

PRESCRIPTION DRUG PLANS

- Have specific lists of covered drugs
- Are sold by private insurance companies
- Can have monthly premiums
- Co-Insurance
- Tiered co-pays

TWO-WAYS TO OBTAIN

- Option 1:
Enroll in a stand-alone PDP plan
- Option 2:
Enroll in a Medicare Advantage plan that includes Part D



2020 PART D 4 COVERAGE STAGES

\$435 MAX. DEDUCTIBLE (SOMETIMES WAIVED*)

INITIAL COVERAGE



Once you and your plan spend **\$4,020** combined on drugs (including deductible)

COVERAGE GAP



You'll pay no more than **25%** of the cost for prescription drugs until your out-of-pocket spending is **\$6,350**, under the standard drug benefit.

CATASTROPHIC



Once your out-of-pocket spending reaches **\$6,350**, you'll automatically get "catastrophic coverage." You'll pay no more than **5%** of the cost for covered drugs for the rest of the year.



PART D - IF YOUR YEARLY INCOME IN 2018

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	FILE MARRIED & SEPARATE TAX RETURN	YOU PAY EACH MONTH IN 2020
\$87,000 OR LESS	\$174,000 OR LESS	\$87,000 OR LESS	YOUR PLAN PREMIUM
ABOVE \$87,000 UP TO \$109,000	ABOVE 174,000 UP TO \$218,000	NOT APPLICABLE	\$12.20 + YOUR PLAN PREMIUM
ABOVE \$109,000 UP TO \$136,000	ABOVE \$218,000 UP TO \$272,000	NOT APPLICABLE	\$31.50 + YOUR PLAN PREMIUM
ABOVE \$136,000 UP TO \$163,000	ABOVE \$272,00 UP TO \$326,000	NOT APPLICABLE	\$50.70 + YOUR PLAN PREMIUM
ABOVE \$163,000 AND LESS THAN \$500,000	ABOVE \$326,000 AND LESS THAN \$750,000	ABOVE \$87,000 AND LESS THAN \$413,000	\$70.00 + YOUR PLAN PREMIUM
\$500,000 OR ABOVE	\$750,000 AND ABOVE	\$413,000 AND ABOVE	\$76.40 + YOUR PLAN PREMIUM

PART B - IF YOUR YEARLY INCOME IN 2018

For what you pay in 2020

**YOU PAY EACH MONTH
IN 2020**

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	FILE MARRIED & SEPARATE TAX RETURN	
\$87,000 OR LESS	\$174,000 OR LESS	\$87,000 OR LESS	\$144.60
ABOVE \$87,000 UP TO \$109,000	ABOVE 174,000 UP TO \$218,000	NOT APPLICABLE	\$202.40
ABOVE \$109,000 UP TO \$136,000	ABOVE \$218,000 UP TO \$272,000	NOT APPLICABLE	\$289.20
ABOVE \$136,000 UP TO \$163,000	ABOVE \$272,00 UP TO \$326,000	NOT APPLICABLE	\$376.00
ABOVE \$163,000 AND LESS THAN \$500,000	ABOVE \$326,000 AND LESS THAN \$750,000	ABOVE \$87,000 AND LESS THAN \$413,000	\$462.70
\$500,000 OR ABOVE	\$750,000 AND ABOVE	\$413,000 AND ABOVE	\$491.60

YOUR PLAN MAY ALSO HAVE THESE DRUG COVERAGE RULES:

PRIOR AUTHORIZATION (PA)*

Some drugs require prior authorization. Your doctor must first show a medical need for you to use the drug before the plan will cover it.

QUANTITY LIMITS (QL'S)*

This places a limit on how much you can get at one time.

STEP THERAPY (ST)*

You must first try another drug on the plan's formulary before you can move up a "step" to a higher tier drug.

*The above are for safety purposes with your health in mind.



WHAT YOU NEED TO KNOW ABOUT PRESCRIPTION DRUG COVERAGE

FORMULARY	DRUG TIERS	NETWORK	TRANSITION PROCESS
<p>A list of drugs covered by your plan.</p>	<p>Each drug belongs to a tier, which determines how much you'll pay for that drug.</p>	<p>The pharmacy options you have for getting your prescription drug</p>	<p>You may get a one-time fill of a drug that isn't covered on the formulary</p>

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