NAVIGATING MEDICARE PART D OPTIONS

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'LANNING YOUR RETIREMENT FROM INDIANA UNIVERSITY

Housekeeping

- Session will not be recorded; however, a PDF of the slides is available on the Road to Retirement website at <a href="h
- All attendees have been placed on mute. If you have technical issues, please message an IUHR representative in the chat for assistance.
- Watch the chat for helpful links to additional information.
- Please put all questions in the Q&A box. Do not put any questions related to a personal situation in the Q&A.
- At the end of today's session, you will be asked to complete a brief survey.

PART D







*A Division of the Indiana Department of Insurance

Minimum Coverage Once Eligible*

*Must have:

Original Medicare

-Part A

-Part B

-Part D or other creditable drug insurance.

*Medicare enrollment can be delayed if covered under you (or your spouse's) employer group health from a company larger than 20 employees (100 employees if on Medicare due to disability).

Option 1

Original Medicare

-Part A

-Part B

-Part D

Optional, but recommended:

Medicare Supplement (Medigap)
OR other secondary insurance
coverage - such as IU Retiree Blue
Plan

Option 2

Medicare Advantage Plan (MA)

Must be enrolled into Medicare Part A and B (benefits provided by Advantage plan)

Most plans will include a Part D plan built-in.

*If you choose a plan without Part D, you will need to have creditable drug insurance from outside of Medicare.

Part D Medicare Prescription Drug Coverage

Medicare drug plans:

- Approved by Medicare
- Run by private companies
- Available to everyone with Medicare

Two ways to get coverage:

- Medicare Prescription Drug Plans (PDP)-Works with Original Medicare
- Medicare Advantage Plans with prescription Part D drug coverage included (MAPD)

NOTE: Part D enrollment can be delayed if enrolled into other creditable drug coverage (IU employer plan)

Part D Eligibility Requirements

You must have Medicare Part A and/or Part B to join a Medicare Prescription Drug Plan (PDP)

You must have BOTH Medicare Part A and Part B to join a Medicare Advantage Plan

Just like Medicare Advantage plans, must live in the plan's service area

You must proactively apply to join a plan. Only individuals with Medicaid assistance may be auto-enrolled into a Part D plan.

How Medicare Part D Works

As of 2006, all Medicare beneficiaries are required to have Part D (PDP or MAPD) or other creditable drug insurance from an alternate source (VA Drug plan, employer or retiree drug plan etc).

For Part D, beneficiary is responsible for:

- Paying the plan a monthly premium
 - Part D in Advantage plans could be \$0 on a zero-premium Advantage plan or will be a portion of the total Advantage plan premium
- Paying any deductibles and copayments at the pharmacy

Part D built into advantage plans tend to have lower deductibles and overall drug costs.

Part D Late Enrollment Penalty

Penalty if you delay or go without coverage

Can't go longer than 63 days without Part D or creditable coverage once eligible for Medicare

If you do, pay a penalty for as long as you have coverage

- 1% of base beneficiary premium (\$34.70 in 2024)
 - For each full month eligible for Medicare but do not have a Part D plan or creditable drug insurance.
 - 1 month past 63 days= 1% (~\$.35); 2 months=2%; 3 months=3%.....etc
 - Penalty calculators available online
 - PDP/MAPD is responsible for collecting the penalty once enrolled

If your yearly income in 2022 was: File married & File **individual** tax File **joint** tax return **You pay** (in 2024) return separate tax return \$103,000 or less \$206,000 or less \$103,000 or less Regular plan premium above \$103,000 up to above \$194,000 up to N/A \$12.90 + your plan premium \$129,000 \$246,000 above \$129,000 up to above \$246,000 up to N/A \$33.30 + your plan premium \$161,000 \$306,000 above \$161,000 up to above \$306,000 up to \$53.80 + your plan premium N/A \$193,000 \$366,000 above \$193,000 and above \$366,000 and less above \$97,000 and less \$74.20 + your plan premium than \$750,000 than \$403,000 less than \$500,000 \$750,000 or above \$403,000 or above \$81.00 + your plan premium \$500,000 or above

Part D Medicare Prescription Drug Plans

- Can be flexible in benefit design
 - What drugs are covered, deductible amount, drug tiers etc
- Must offer at least a standard level of coverage
- Vary in costs and drugs covered
- Benefits and costs may change each year
- Plans must cover certain drugs in protected categories



Drugs Excluded By Law Under Part D

- Drugs for anorexia, weight loss, or weight gain
- Erectile dysfunction drugs when used for the treatment of sexual or erectile dysfunction
- Fertility drugs
- Drugs for cosmetic or lifestyle purposes
- Drugs for symptomatic relief of coughs and colds
- Prescription vitamin and mineral products
- Non-prescription drugs



Medicare Drug Plan Costs

Costs vary by plan.

In 2024, most people will pay:

- A monthly premium (could be \$0/mo on some MA plans)
- A yearly deductible (\$0-\$545)

Copayments or coinsurance:

- 25% or LESS in "Initial Coverage Period"
- 25% for covered brand-name drugs in the coverage gap
- 25% for covered generic drugs in the coverage gap
- Reduced copays after meeting \$8000 TrOOP (catastrophic coverage)

DEDUCTIBLE PHASE	INITIAL COVERAGE PHASE	COVERAGE GAP (Donut Hole)	CATASTROPHIC COVERAGE PHASE
You will Pay	You will Pay	You will Pay	You will Pay
Up to \$545/year	A copay (\$) or a coinsurance (%) usually 25% or less of the retail cost of the drug.	25% of the retail cost for both Generic drugs and Brand Name drugs.	New for 2024\$0 copays!
\$545 is the maximum deductible a plan can charge; some plans may have a lower deductible or even no deductible at all. A deductible is an amount you owe before the insurance plan pays anything. **Many plans will not make you pay towards the deductible for Tier 1 and Tier 2 prescriptions	If the total retail cost of all your drugs after one or more refills in the year reaches \$5,030 then you will move to the next phase, the coverage gap.	You will continue to pay a full 25% until you reach another limit of \$8000 True Out of Pocket Cost (TrOOP). **Within this limit are costs shared by you, the plan, and the pharmaceutical manufacturers. Your share will average around \$3100 of this limit to leave the coverage gap.	Once you reach Catastrophic Coverage you will pay no copays for both generic and brand name drugs.

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act

2023

2024

2025

2026

2027

2028

2029

Requires drug companies to pay rebates if drug prices rise faster than inflation

Eliminates 5% coinsurance for Part D catastrophic coverage

Adds \$2,000 out-of-pocket cap in Part D and other drug benefit changes

•10 Medicare Part D drugs

•15 Medicare Part D drugs

Implements negotiated prices for certain high-cost drugs:

15 Medicare
 Part B and
 Part D drugs

20 Medicare Part B and Part D drugs

Limits insulin cost sharing to \$35/month in Part B & D

Reduces costs and improves coverage for adult vaccines in Medicare Part D, Medicaid & CHIP Expands
eligibility
for Part D
Low-Income
Subsidy full
benefits up to
150% FPL

Further delays implementation of the Trump Administration's drug rebate rule to 2032

2024-2030: Limits Medicare Part D premium growth to no more than 6% per year



How To Save Money On Part D

- Locate pharmacies that are "preferred" on your plan
- Use coupons like GoodRx
 - Only drugs paid for by your part D plan are tracked and get you closer to the donut hole
- Research pharmaceutical manufacturers discount programs
- See if you qualify for "Extra Help" for your Part D costs through Social Security
- Ask you doctor to change you to cheaper alternatives or options that are on your plan's formulary



Drug Coverage Through Other Parts of Medicare

Part D does not cover all prescriptions ALL the time.

Whether Medicare Part A, Part B, or Part D covers a drug depends on:

- Medical necessity
- Health care setting
- How the drug is administered
- Medical indication (why you need it, like for cancer)
- Any special drug coverage requirements
 - Such as immunosuppressive drugs following a transplant

Part A Prescription Drug Coverage

Part A generally pays for:

- All drugs during a covered inpatient stay received as part of treatment in a hospital or skilled nursing facility
- Drugs used in hospice care for symptom control and pain relief only



Part B Prescription Drug Coverage

Part B covers limited outpatient drugs:

- Most injectable and infusible drugs given as part of a doctor's service
- Drugs used at home with some types of Part B covered durable medical equipment
- Insulin pumps/nebulizers
- Some oral drugs with special coverage requirements like
- Certain oral anti-cancer and antiemetic drugs
- Immunosuppressive drugs, under certain circumstances



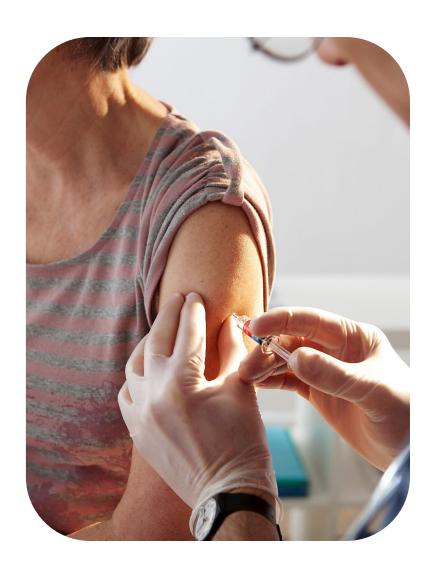
Part B Prescription Drug Coverage

Part B covers certain immunizations as part of Medicare-covered preventive services:

- Flu shot
- Pneumococcal shot (to prevent pneumonia)
- Hepatitis B shot

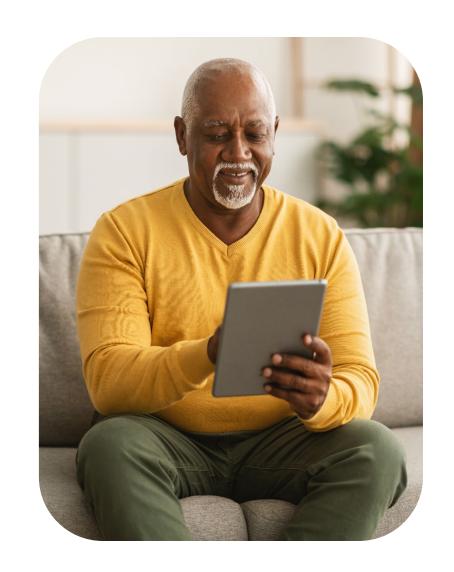
Part B may cover certain vaccines after injury or exposure to a disease:

- Tetanus shot
- Rabies



When You Can Join or Switch Part D Plans

- Initial Enrollment Period
- SEP when losing current creditable coverage
- Medicare's Open Enrollment Period is October 15-December 7 each year, coverage starts January 1
- Additional special enrollment periods



When You Can Join or Switch Part D Plans

Special Enrollment Periods (SEP):

- You move out of your plan's service area
- You have Medicaid and Medicare
- You have a quarterly SEP if you qualify for Extra Help
- Your plan leaves the Medicare Program or reduces its service area
- You leave or lose employer or union coverage
- You enter, live at, or leave a long-term care facility (like a nursing home)
- Other exceptional circumstances

Note: Each SEP has different allow timeframes to make changes. Please see the link below or search online for document to see all SEPs

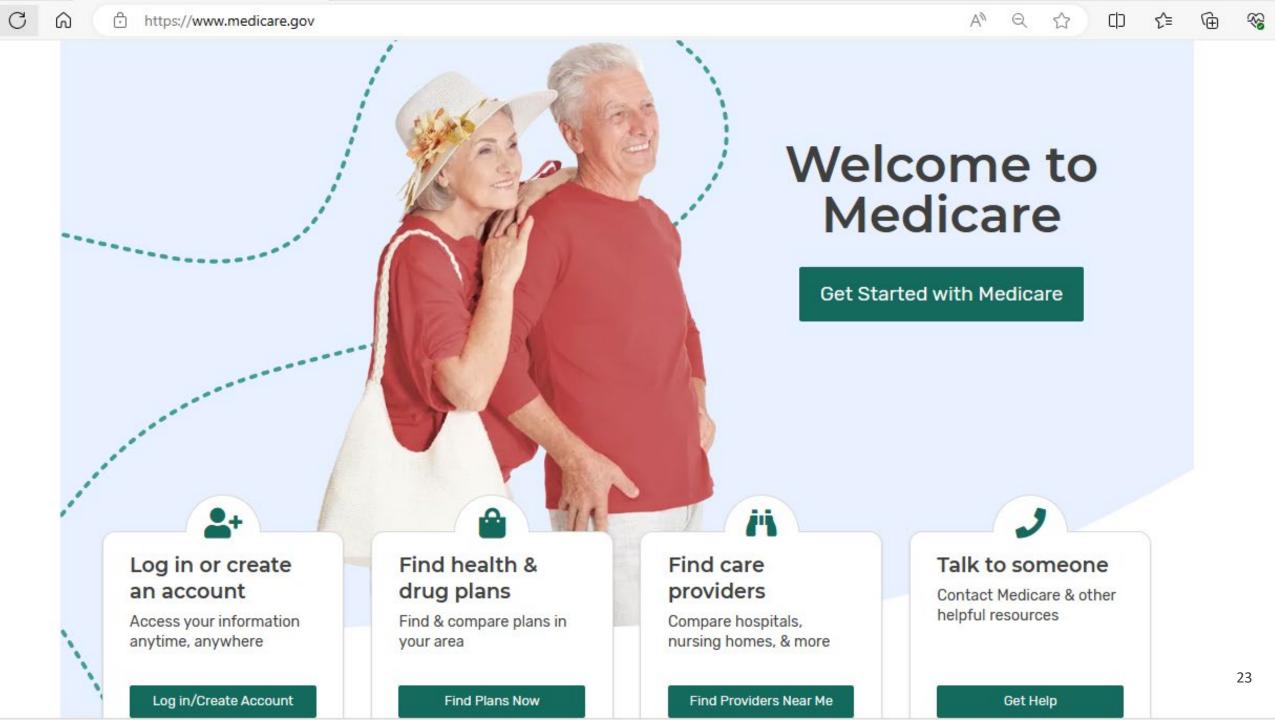
Choosing A Part D Plan

To compare plans by computer or phone:

- Use the Medicare Plan Finder at: <u>Explore your Medicare coverage options</u>
- Mymedicare.gov
- Call 1-800-MEDICARE (1-800-633-4227)
- Contact your State Health Insurance Assistance Program (SHIP) for help comparing plans

To join a Part D Plan:

- Enroll at Medicare.gov
- Call 1-800-MEDICARE (1-800-633-4227)
- Enroll on the plan's website or call the plan
- Complete a paper enrollment form



SilverScript SmartSaver (PDP)

Aetna Medicare | Plan ID: S5601-190-0

Star rating: ★★★☆☆

MONTHLY PREMIUM

\$4.80 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2023)

\$14.40 Only includes premiums for the months left in this year when you don't enter any drugs

DEDUCTIBLE

\$505.00 Drug deductible

PHARMACIES

Add your drugs & pharmacies
Select pharmacies to see which

DRUGS

Add your prescription drugs
Enter drugs you take regularly
estimated drug + premium co

Enroll

Plan Details

Add to compare

For More Information

- SHIP telephone: 1-800-452-4800
 - TTY users should call 1-800-846-0139
- SHIP website: www.medicare.in.gov
- 1-800-MEDICARE (1-800-633-4227)
 - TTY users should call 1-877-486-2048
- Medicare & You 2023 handbook
- www.medicare.gov

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Upcoming Road to Retirement Sessions

March 1 – Prepare for the Reality of Healthcare in Retirement

March 7 – Social Security Overview

March 8 – IU Faculty: All You Need to Know about Phased Retirement, Supplemental Retirement Plans, and the Roth Option

March 22 – Fundamentals of Retirement Income Planning

April 5 – The Psychology of Retirement

May 15 – PERF—Understand the Two Parts of the Plan

Register at: hr.iu.edu/benefits/road-to-retire.html







