

How to Call 1-800-Medicare to Compare Medicare Drug Plans

Call or go online at www.medicare.gov to pick a plan

1. Review the **Definitions** and **Frequently Asked Questions** (pages 2-4) included in this handout.

2. Gather the following:

- | | |
|--|---|
| <input type="checkbox"/> Medicare card | <input type="checkbox"/> Pharmacy names & zip code (Select up to 5 pharmacies to find best pricing) |
| <input type="checkbox"/> List of prescription drugs (the name, dosage, quantity) | <input type="checkbox"/> Pencil & paper, if desired |

3. Call **1-800-Medicare (1-800-633-4227)**.

Date & time of call:

Representative's Name:

4. Tell the representative what plan type you want:

☐ Part D (Drug coverage only) or ☐ Advantage Plan

5. The representative can review your current plan's cost if you have one, & compare with lower cost plans:

	Current Plan	Lower Cost Plan
	Plan:	Plan:
	Phone:	Phone:
Yearly drug + premium cost		
Are all my drugs covered?		
Are there any drug restrictions?		
Is my pharmacy in network?		
What is the monthly premium?		
What are my drug copays?		

****Information provided by Medicare is an estimate, and it is recommended you verify any information provided by Medicare with the plan directly.***

6. Talk with the representative to ensure you have a valid enrollment period to enroll in a Part D Plan or Advantage Plan. Ask the representative when the coverage will start.

7. A representative (Medicare or the plan's rep) can help you enroll by phone:

Confirmation Number:

Definitions

Yearly drug + premium cost The amount of all out of pocket expenses including the monthly premiums, deductible, & prescription copays for the entire year – making it easy to identify the lowest cost plan for you. If you are looking at your drug costs outside of Medicare's Open Enrollment period, this figure will estimate costs for the first of the following month until December 31 of the current year.

Drug Plan (Part D) is prescription coverage offered by private insurance companies approved by Medicare. This type of coverage is for prescription drugs only and does not cover health or medical expenses. Each plan has different premiums, deductibles, benefits and pharmacy network.

Medicare Advantage Plans or Medicare Part C Plans are one type of Medicare health plan offered through private insurance companies approved by Medicare. With this type of coverage, your Medicare benefits including your hospital, medical and often times drug coverage are managed by a private insurance company. In addition to reviewing your Advantage Plan drug coverage, make sure you also review the Advantage Plan health benefits including the health plan deductible, copays for medical services, out of pocket maximum, provider network (make sure your doctors/clinics/hospitals are covered), etc. Generally, with these plans you have to stay within a provider network, you will have copays for medical services and in some cases, you may need referrals to see specialists or prior approval for medical services.

(Medicare Advantage Plans are different than Medicare Supplements. If you are thinking of dropping your Medicare Supplement, be aware you will likely be required to pass medical underwriting if you want to re-enroll in a Medicare Supplement later on. If you do not pass the medical underwriting, the Medicare Supplement could deny you coverage.)

Premium A monthly fee the plan charges for coverage.

Drug Deductible The amount you must pay each year for your prescriptions before your Medicare drug plan pays its share.

Copayments or co-insurance The amount you pay for drugs at the pharmacy after the plan has paid its share.

Quantity limit A restriction used by drug plans that limits coverage of a particular drug to a specific amount. For example, only allowing plan members 60 tablets per 30 days. This is only an issue if you need more than the plan's limit. You may pay for the full cost of the drugs exceeding their quantity limit (unless an exception is made).

Prior authorization You must get approval from a plan before you fill your prescription in order for the prescription to be covered by your plan. Your prescriber may need to show that the drug is medically necessary for the plan to cover it. Plans may also use prior authorization when they cover a drug for only certain medical conditions it is approved for, but not others.

Frequently Asked Questions

What is Medicare's Open Enrollment Period?

This is the time each year when anyone on Medicare can drop, add or change Advantage Plan or Part D coverage. The enrollment period runs from October 15- December 7 each year. For some people, this is the only time they can make changes to their coverage. Any changes made during that period are not effective until January 1 of the following year. It's important to review and compare Advantage Plan or Part D coverage each year as plans can change their cost, benefits, network of providers plus other plans can come to the market.

**Medicare Supplements & Wisconsin's SeniorCare Program are not affected by the Open Enrollment Period.*

Why should I review and compare my drug coverage every year?

It's to your advantage to review your drug coverage each year to make sure all your medications as well as your pharmacy will be covered in the new year. Less than 10% of beneficiaries are in the most cost-effective plan for their needs. You may be able to save hundreds of dollars a year on drug costs by simply reviewing and comparing your options. As stated above, for some people Open Enrollment is the only time during the year they are able to make changes to their coverage.

What is a valid enrollment period?

Outside of Medicare's Open Enrollment period, a person is only able to add, drop or change coverage if they are in their Initial Enrollment Period (new to Medicare) or they have Special Enrollment Period. A Special Enrollment Period allows a person to make changes to coverage when certain events happen in your life, like you move or lose other insurance coverage.

Won't a drug plan with a lower premium be cheaper than a plan with a higher premium?

No! Or not necessarily. It's best to look at the "Yearly drug + Premium" cost. The "Yearly drug + Premium" cost will add up all your out of pocket expenses including your monthly premiums, deductible and prescription copays so you can compare plans easily. Sometimes you will find that your combined out of pocket cost for the year are actually cheaper with a plan that might have a higher premium than other plans.

How long do I have to stay in the plan?

Generally, people will remain in the same plan for the full year. Most people are only able to add, drop or make changes to their coverage during the Open Enrollment Period. Outside of this period, a person would have to have to meet the criteria for a Special Enrollment Period to make add, drop or change plans.

What if one of my drugs aren't covered?

If your drug is not covered, you may have to pay the full cost. Here's some other ideas:

1. Look for another plan that covers all of your medications if possible.
2. See if the generic/brand name version (if you are able to use this version) is covered.
3. Check with your doctor's office to see if they can help you find a comparable drug covered by the plan
4. You can request that the plan makes an "exception" and cover the drug. Coverage is not guaranteed.
5. Another option if your pharmacy allows would be use drug coupons which doesn't run through insurance but gives generous discounts.
6. Check with the manufacturer of the drug for any coupons or financial assistance programs.

How can I try to lower my prescription drug costs?

- Compare Medicare drug plans to find a plan with lower drug costs (see attached step by step instructions to call 1-800-MEDICARE)
- Ask about generic drugs—your doctor can tell you if you can take a generic drug instead of a brand-name drug or a cheaper brand-name drug
- Look into using a preferred in-network pharmacy or a mail-order pharmacy
- Find out if the company that makes your drug offers help paying for it

- Apply for Extra Help, a program to help pay drug costs for people with limited income and resources. You can contact Social Security to apply: 1-800-772-1213
- Find out if Wisconsin's SeniorCare drug program for people 65+ could help with your drug costs (call the ADRC and ask to speak with an Elder Benefit Specialist)

I don't take prescription drugs – do I need drug coverage?

If you are on Medicare (even just Medicare Part A), you need to have a form of *creditable drug coverage* otherwise you may incur a Part D Penalty. You are penalized every month you go without creditable drug coverage. This is a lifelong penalty. If you get prescription drug coverage through a Medicare Part D Plan or your Medicare Advantage Plan you meet this requirement. Drug coverage through Wisconsin's SeniorCare Program and the VA is also considered creditable. If you receive your drug coverage through an employer plan, check with your employer's Human Resource Department to see if the drug coverage is considered creditable. To make it simple- you should have a form of creditable drug coverage while on Medicare even if you do not take any medications otherwise you may incur a penalty for going without.

What is Wisconsin's SeniorCare program?

SeniorCare is Wisconsin's drug program for people 65 and older. SeniorCare has a \$30 enrollment fee which provides you with coverage for 12 months (there is no monthly premium). How much you pay out of pocket for medications depends on your income. Those who have higher incomes must pay more for drugs before they receive reduced copays. SeniorCare does not provide coverage outside of Wisconsin nor does it cover Part D vaccines such as the shingles shot. You can apply for SeniorCare anytime of year. For more information on SeniorCare or to request an application please call the SeniorCare Hotline at 1-800-657-2038.

Who can I call if I have additional questions?

- Medicare: 1-800-633-4227 open 24/7 during open enrollment
- Aging and Disability Resource Center of Chippewa County: 715-726-7777
- Wisconsin's Medigap Helpline: 1-800-242-1060
- Part D Helpline - *Over Age 60*: 1-855-677-2783
- Part D Helpline - *Ages 18-59*: 1-800-926-4862

What other ways can I compare my coverage options?

Online at www.medicare.gov or call 1-800-Medicare.

