Types of Part D Plans: Prescription Drug Plans & Medicare Advantage Prescription Drug Plans

2022 Part D plan costs

When to enroll or change your Part D plan

What to do if your drug is not covered by your Part D plan

Need information about Medicare drug plans? Call the Center for Health Care Rights at 800-824-0780

The Center for Health Care Rights is a non-profit organization that provides free information and help with Medicare.
What is Medicare Part D?

Medicare Part D is a prescription drug program for people with Medicare. Part D coverage is provided by private insurance companies. To get Part D coverage, you join or buy a Part D plan.

Types of Medicare Part D Plans

There are 2 types of Medicare drug plans:

1. **Prescription Drug Plans (PDP)**
   - These plans only provide drug coverage.
   - Enrollment in a PDP plan does not affect your ability to use your Medicare A and B benefits.

2. **Medicare Advantage Prescription Drug Plans (MAPD)**
   - These plans provide Medicare A, B and D benefits in a managed care plan.
   - Your Medicare benefits are assigned to the plan and you must use the plan network medical providers.
Your Monthly Premium
- You will pay $0 to $160.20 for your Part D plan premium.

Your Out of Pocket Costs when you use your Part D Drug Plan

Annual Part D Deductible
- If your Part D plan charges a deductible, it cannot be more than $480.

Initial Coverage Period
- You pay 25% of the total cost for generic and brand name drugs.

Coverage Gap “Doughnut Hole”
When your total drug costs reach $4,430, you pay:
- 25% for generic and brand name drugs until your total drug costs are $10,690.20.

Catastrophic Coverage
When your total drug costs reach $10,690.20, you will pay:
- 5% of the cost of the drug; or
- $3.95 for generic drugs and $9.85 for brand name drugs.

Your Part D plan will send you information to help you keep track of your Part D drug costs.
How to Choose a Part D Drug Plan

- Choose a plan that covers all your prescriptions at the lowest price.
- If you need help, call 1-800 Medicare or call the Center for Health Care Rights at 1-800-824-0780.

I have prescription drug coverage. Do I need a Medicare Part D Drug Plan?

- You do not need a Part D plan if your drug coverage is as good as a standard Part D plan. This is called creditable coverage.
- Drug coverage provided by the Veterans Administration and TRICARE for Life is creditable coverage.

I don’t have drug coverage. Do I have to buy a Part D Drug Plan?

- You do not have to enroll into a Part D plan. However, if you enroll at a later time, you will have to pay a penalty for late enrollment.
- The late enrollment penalty is 1% for every month you are not in a Part D plan or do not have creditable coverage. The penalty is in effect for life.
When can I enroll or change my Part D Drug Plan?

You must use a Part D enrollment period to enroll into a plan or change your Part D plan.

Initial Enrollment Period

- A 7 month period that starts 3 months before you become eligible for Medicare and ends 3 months later.

**Example:**
Bob becomes Medicare eligible when he turns 65 in March. His initial enrollment period starts December and ends in June.

Annual Election Period or “Open Enrollment”

- October 15 through December 7 of each year.
### When can I enroll or change my Part D Drug Plan?

#### Medicare Advantage Open Enrollment Period
- Between January 1- March 31, you can make the following changes if you have a Medicare Advantage Prescription Drug (MAPD) plan:

<table>
<thead>
<tr>
<th>Medicare Advantage Prescription Drug Plan</th>
<th>Example Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A different Medicare Advantage Plan</td>
<td>with drug coverage</td>
</tr>
<tr>
<td>A different Medicare Advantage Plan</td>
<td>with no drug coverage</td>
</tr>
<tr>
<td>Original Medicare</td>
<td>with a Part D prescription drug plan</td>
</tr>
<tr>
<td>Original Medicare</td>
<td>with no Part D prescription drug plan</td>
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</tbody>
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#### Special Enrollment Periods
- When certain events happen, you can enroll or change your Part D plan. For example:
  - You lose your employer or retiree drug coverage;
  - You move outside your Part D plan service area;
  - You have had a recent nursing home stay.

Call **Center for Health Care Rights at 1-800-824-0780** for more information about special enrollment periods.
I have Medicare and Medi-Cal. Do I need a Part D drug plan? How much will I have to pay?

- If you have Medicare and Medi-Cal, you must have a Part D plan. If you do not sign up for a Part D plan, Medicare will assign you to a plan.

- If you have Medicare and Medi-Cal, you will automatically be enrolled in the Extra Help program, which lowers Part D prescription drug costs.

- Your Part D plan copayments will be no more than $1.35 for generic drugs and $4.00 for brand name drugs.

- Call Center for Health Care Rights at 1-800-824-0780 if you need help choosing a Part D plan.

What can I do if my Part D plan does not cover a drug I need?

- Your doctor should file an exception request with your drug plan that explains why you need a drug that is not on the plan’s list of covered drugs.

- Your plan should review this request in 72 hours. If you have a serious medical condition, ask for a faster review that takes 24 hours.

- If your plan denies the exception request, you can appeal.

- Contact Center for Health Care Rights at 1-800-824-0780 if you need help.
Need information or help with Medicare Part D plans?

- Call Medicare’s toll-free hotline at 1-800-633-4227
- Go to Medicare’s website at www.medicare.gov
- Call the Center for Health Care Rights at 1-800-824-0780

We are here to help you!

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