2023 Medicare Part D

Prescription Drug Coverage

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

2023 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 (CHCR) is a California non-profit organization that provides free information and help with Medicare. CHCR is the Health Insurance Counseling and Advocacy Program (HICAP) for Los Angeles County. HICAP can be reached statewide at 800-434-0222.
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 $172.50 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 $505.

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 $4,660, you pay:
- 25% for generic and brand name drugs until your total drug costs are $11,206.28.

Catastrophic Coverage
Once your out-of-pocket costs reach $7,400 you leave the coverage gap and you pay:
- 5% of the cost of the drug; or
- $4.15 for generic drugs and $10.35 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:

- A different Medicare Advantage Plan with drug coverage
- A different Medicare Advantage Plan with no drug coverage
- Original Medicare with a Part D prescription drug plan
- Original Medicare with no Part D prescription drug plan

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 $1.45 for generic drugs and $4.30 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!