

PRESCRIPTION DRUG PLAN (PDP)


Recommendations by Representatives of the Office of Jeff Schaffer

2023

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Why we help you for FREE:

Prescription Drug Plans (PDPs) have the potential to be the most time-consuming and complicated part of the entire Medicare Process. Further, it REALLY requires annual review and serious attention every year, as you will learn.

If that's not enough, most PDPs only pay Agents 25¢ per month for a PDP renewal. Yes, you read that correctly, 25 cents, or \$3.00 for the year. In some cases, they might pay \$3.00 per month the first year, but you can imagine that none of this is a livable wage. In fact, we make exactly \$0.00 (zero dollars) on most PDPs. I share this so that you know that every word written within this brochure and every moment we spend assisting you with this, is genuinely for the sake of helping YOU, and not to enrich us.

This is why so few Agent's take the time to directly assist clients in any meaningful way, with the PDP aspect of their Medicare Planning.

But our take is different. We want to teach you.

If you are trusting us to help you with your other Medicare Planning (such as **Medicare Supplements**, or **Advantage Plans**), then I feel that it is our duty to guide you as much as possible to complete your necessary Medicare Planning.

By EDUCATING YOU about PDPs

and other Prescription Drug Benefit Options, you will know what to look for, and how to compare and enroll yourself.

This is important, because you will need to do this, every year.

This PDP Guide makes this Process SO VERY EASY,

as compared to going it alone!

I hate to be a naysayer, but here is the reason this PDP Brochure is so important:

You have the impression that PDP Insurance Carriers have your best interest at heart... **THEY DO NOT.**

Further, these PDP Carriers DO NOT Communicate upcoming changes well-enough for most clients to KNOW if they are losing coverage, or being shifted to a different plan.

You have to be **Proactive** and a **Self-Advocate** by **Taking the Initiative** to shop EVERY YEAR yourself, between **October 15th & December 7th**. We recommend that you use **Medicare.gov**.

A CAUTIONARY TALE: TWO STORIES THAT OUR CLIENTS EXPERIENCED:

The Carrier Changed the Plan and The Client NEVER Saw it Coming

A PDP Client was perfectly content on his chosen PDP Plan for the present year and decided to simply STAY on that plan, and just roll it into the next Calendar Year. * He was paying **\$22.70/month** and it covered his present prescriptions. Then in January, he was not drafted at all for the premium. Upon further review and a visit to Medicare.gov, it showed that he had NO PDP in place for the new year. In contacting the Carrier, they said that they believed he had taken out a new PDP, which is why they cancelled him. But in fact, the carrier had told Medicare that they were terminating all of their PDP plans of this type, and were intending to auto-enroll him, and others, into a different PDP plan from their arsenal. The carrier also claimed that they sent letters to all PDP clients. But our client was emphatic that no notice was ever received by him, not by mail and not by email. But since the **Open Enrollment Period** had passed (**Oct 15th – Dec 7th**) his ONLY option was to accept the new plan.

The new Premium to be drafted is now **\$85/month** (almost 4 x what he was expecting). And if he were to decide to cancel it, he would trigger a permanent ongoing penalty in the amount of 1%/month for every month that he might go without Qualified coverage (so 12% if he went without it for a year).

*It cannot be assumed that any present PDP plan will remain in force or continue with the same benefits or the same prescription formulary, into the new year. On the contrary, assume that you will need to enroll into a different plan every year.

Carrier plays a little Three-card Monte.

For several years, many Medicare Beneficiaries were on a certain Carrier's PDP Plan, because it was the best plan for their lists of prescriptions and the premiums were reasonable (**\$13.20/month**). It was called the "**Walmart Rx (PDP)**". And year after year these clients looked at their prescriptions and at the premiums and decided, each year, to stay on this "**Walmart**" branded plan. So basically, there was no action necessary because the carrier, each year, would automatically map them to the new year's **Walmart** Plan. It was the ONLY such plan this carrier offered, using the **Walmart** name, though the carrier actually had several other PDP Plans.

One year, upon review of the various plans on the market, it was once again clear to many, that the **Walmart PDP** would again be the best. So, as in year's past, these insureds stayed where they were, expecting to be mapped to the **Walmart** Plan for the new year. They weren't.

Come January, notices arrived that showed that they were instead mapped to a DIFFERENT Plan (called the "**Premier PDP Plan**") and the premiums drafted were **\$58.60**, not **\$13.20**.

The carrier had created a SEPARATE "Walmart Plan" that would have required a formal request by each insured, to be enrolled, but few understood this so most were simply stuck with the more expensive plan for a full year. Lesson Learned: please go in, eyes wide open.

THIS IS A WARNING TO REMIND YOU TO SHOP YOUR PRESCRIPTION DRUG PLAN EVERY YEAR!
DO NOT RELY-ON, OR EXPECT, A CALL FROM US EVERY YEAR

If you are already on a PDP Plan, **Medicare Beneficiaries** must take a proactive approach to shop for a new PDP for the next year. Do this EVERY YEAR. The most common mistake is when someone likes the PDP they are on, and thus decides to **STAY** on their present plan. The plan will likely change and the formulary as well. Expect to change plans, every year.

This is **NOT** necessarily true for **Medicare Supplements**, but it is imperatively true for PDPs.

In order to maintain your BEST and most comprehensive Prescription Drug Plan coverage, year by year, it will take **YOUR INVOLVEMENT**. You really do have to stay ahead of this, but it should not be too difficult. We need you to **Self-Advocate** - - - almost to the point that you do not need us, for this.

We are here to assist and give recommendations and guidance as necessary, but...

WE CANNOT BE RESPONSIBLE TO DO THIS FOR YOU, NOR TO REMIND YOU TO DO IT,

Even though we may try.

We WANT to help you, but we have to leave the responsibility to you, to initiate this process EVERY YEAR, and complete this process every year. We also have to leave the responsibility of your final Plan Choice to you as well. And because we generally do not directly ENROLL you in the PDP (i.e. we are not usually listed as your servicing agent, nor are we paid to do so by the carrier) you will have to call the carrier or Medicare, if there is a problem or delay, as they will not talk to us without you on the phone. They don't associate us with your plan.

Regarding Prescription Drug Plans (PDP's), know this:

1. PDP's can change their Formulary (drug list) and Plan Design every year, and you might not ever know ahead of time, nor will they tell us (your agent). The proverbial rug could be pulled out from under you and you will be stuck with whatever you have, for a year, with no recourse. Therefore, YOU have to proactively compare the PDP plans yourself. We recommend using **Medicare.gov** for this. That said, no system, including Medicare itself, is completely accurate. Medicare refers to their estimates as just that...estimates.
2. The Open Enrollment Time is once per year, ONLY, and runs from **October 15th to December 7th**. The **Effective Date** for such a PDP is the subsequent **January 1st**.

While we will TRY to send reminders - - - please don't count on that. **Mark your own calendar**. Set your own Alarm. Know the Enrollment Dates and do this early. Don't wait until December. **Do it WITH or WITHOUT US**, if necessary.

If you need to have your **Spouse, Adult Children, Friend** or other **Advocate** help you, then please share this Notice and Brochure with them now, so that they are well-versed and **ALERTED**...ready to Help.

Steps in summary:

- Shortly after **October 15th**, every year, login to **Medicare.gov** and update your personal list of Prescriptions that you anticipate taking in the upcoming Calendar Year.
- **Choose a Preferred Pharmacy** (and note that the Pharmacy Choice may affect your Prescription Costs and PDP Plan Choice Options, so try various Pharmacies to compare).
- **Compare your Present PDP to the many other PDPs** offered, and choose the one that includes your Drugs and has the **Lowest combination of Drug Cost + Premiums** for the Calendar Year, cumulatively. You are welcome to ask our input and opinions about carriers - - - some carriers don't behave as well as others... **ENROLL BEFORE December 7th**, and **PRINT and KEEP the Confirmation Code**.



PRESCRIPTION DRUG PLAN (PDP) GUIDELINES

THREE Basic Steps

1 FIRST | **ENROLL IN MEDICARE**

2 SECOND | **CREATE Your Medicare.gov Account**

3 THIRD | **CHOOSE a Prescription Drug Plan (PDP)**

1 FIRST

ENROLL IN MEDICARE through the Social Security Administration

ENROLL IN ORIGINAL MEDICARE through the SOCIAL SECURITY ADMINISTRATION

There are basically THREE Periods when you might enroll in ORIGINAL MEDICARE:

- **Initial Enrollment Period (IEP).**
- **General Enrollment Period (GEP).**
- **Special Enrollment Period (SEP)**

Please see Page 6-7 of our MEDICARE BROCHURE for more details on this.

- You enroll into **Medicare (Part A and Part B)** through the **Social Security Administration (SSA)** office.
 - You may be able to sign up online at www.ssa.gov, or directly at your local SSA Office.
 - You may call them as well at **800-772-1213**. If you call, and if they accommodate your enrollment over the phone, make sure to write down, with whom you spoke, the date and time of the conversation and what was said.
 - You might have a better experience by looking up your LOCAL SSA office phone number and calling them.
- You should aim to start this first step, **60-90 days ahead of the 1st of the month that you turn age 65**.
 - Monthly **Part B Premiums** are paid to Medicare and vary based on income. Part B Premiums can be drafted from your Social Security Checks if you draw Social Security.
 - Medicare Supplements and Prescriptions Drug Plans are paid separately. And whereas Medicare Supplements can only be drafted from your bank account or paid by mail, most Prescription Drug Plans (PDPs) are usually drafted from your personal bank account, but may be set up to draft from your Social Security Checks as well. It takes about two months to get this started, so ALWAYS PAY DIRECT to the carrier for your PDP, until you can see those deductions from your SS check, begin.

They will **mail** your **MEDICARE CARD** to you.

It used to take about two weeks, but today, sometimes takes 3-4 weeks to receive.

You will need your **MEDICARE CARD NUMBER** in order to do this **SECOND** step below.

If you are **NEW to Medicare** and don't receive your card timely, then you MAY be able to access it by logging into your **SSA.gov** account or by calling SSA at **800-633-4227**.

2 SECOND | CREATE Your Medicare.gov Account

If you already have a Medicare.gov Account, then SKIP THESE NEXT FEW STEPS.

Instead, Log-In to your Medicare.gov Account, and

go to the 3 THIRD Section (Page 14) in this Guide, below, titled: CHOOSE a Prescription Drug Plan (PDP)

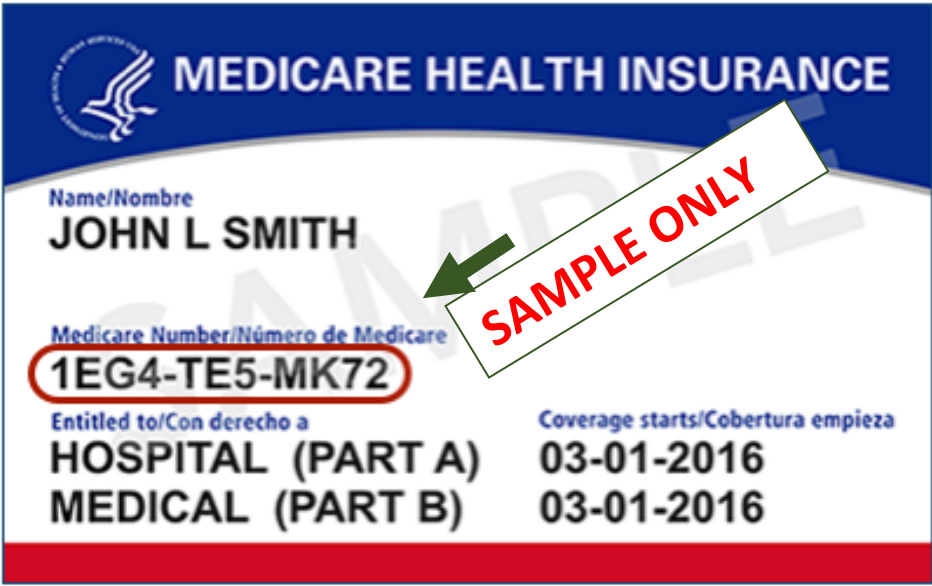
STEP 1

Find your **MEDICARE CARD NUMBER** as illustrated on this example:

Medicare Card

Check your red, white, and blue Medicare card. Enter your Medicare Number as it appears on your Medicare card, with or without dashes. Check carefully, since letters can look similar to numbers. (The letters B, I, L, O, S and Z are not used in Medicare Numbers.)

If you're new to Medicare and don't have your Medicare card yet, you can get your Medicare Number by [logging into your Social Security account](#). If you need help registering, contact us at 1-800-633-4227. TTY: 1-877-486-2048.



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

STEP 2

Go to www.Medicare.gov

Click **Log in / Create Account** link bottom left of the screen (as highlighted here):

The screenshot shows the Medicare.gov homepage. At the top left, the "Medicare.gov" logo is highlighted in yellow. In the top right, there are navigation links for "Basics", "Health & Drug Plans", and "Providers & Services", along with "Chat" and "Log in" buttons. A red "Alert" banner at the top left contains the text: "Boost your protection from COVID-19. Find out how Medicare can help." Below the alert, a blue callout box on the left says "Open Enrollment starts October 15" with a "Preview 2023 Plans" button. The main header area features a large image of a man in a straw hat and a white shirt, with the text "Welcome to Medicare" and a "Get Started with Medicare" button. At the bottom, there are four service cards: "Log in or create an account" (with a red arrow pointing to it and a red circle around the "Log in/Create Account" button), "Find health & drug plans", "Find care providers", and "Talk to someone". A hand cursor icon is positioned over the "Log in/Create Account" button. A vertical "Feedback" button is on the right side.

STEP 3

Click the link that says “create an account now” as highlighted here:

The image shows a screenshot of the Medicare.gov website. At the top left is the Medicare.gov logo. Below it is a dark blue banner with the text "See how Medicare is responding to Coronavirus". The main heading is "Log in to your account". Below the heading is the text "No account? Get a more personalized experience" followed by a link "create an account now." which is highlighted in yellow and circled in green. A green arrow points to this link. Below the heading are two input fields: "USERNAME" and "PASSWORD". Below the input fields is a green "Log in" button. Below the button is a link "Trouble logging in?". At the bottom of the page is a note: "Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure." A red arrow points from the "create an account now." link to a popup window. The popup window contains the following text: "The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare beneficiaries to set up a secure account on Medicare.gov and provide personalized Medicare information to the beneficiary. 1851(d) of the Social Security Act (42 U.S.C. 1395w-21(d)) authorizes CMS to provide information and coverage options to Medicare beneficiaries on an internet site. CMS may use and disclose beneficiaries information as specified in the System of Records Notice (SORN) "1-800 Medicare Choice (HELPLINE)," System No. 09-70-0535, 66 FR 16679, March 27, 2001 and as permitted by the Privacy Act of 1974. Providing the requested information is voluntary; however, failure to provide this information may prevent creating an account." At the bottom of the popup are two buttons: "Cancel" and "OK". A red arrow points from the "OK" button to the bottom right of the page.

STEP 4

Enter this information as requested to Create your account:

Create an account
Step 1 of 3
Your Medicare information
All fields required.
MEDICARE NUMBER
[Where can I find my Medicare Number?](#)
[Text Input Field]
Part A Coverage Start Date
[Where can I find my Part A start date?](#)
Use the format MM/YYYY
MONTH / YEAR
[Month Input] / [Year Input]
Don't have Part A?
[Switch to Part B](#)
[Cancel] [Next]

MEDICARE HEALTH INSURANCE
Name/Nombre
JOHN L SMITH
Medicare Number/Número de Medicare
1EG4-TE5-MK72
Entitled to/Con derecho a
HOSPITAL (PART A) Coverage starts/Coertura empieza
MEDICAL (PART B) **03-01-2016**
03-01-2016

Create an account
Step 2 of 3
Your basic information
All fields required.
LAST NAME [Text Input] SUFFIX [None v]
DATE OF BIRTH
Use the format MM/DD/YYYY
MONTH / DAY / YEAR
[Month Input] / [Day Input] / [Year Input]
ZIP CODE OR CITY
[Text Input]
EMAIL ADDRESS
[Text Input]
CONFIRM EMAIL ADDRESS
[Text Input]
Don't have an email address?
We'll send information about your account by mail to the address on file.
 I don't have an email address.
Agree to the statement below
 By checking this box, you certify that the information listed is true and complete to the best of your knowledge.
[Back] [Next]

Security Notice
By logging in, you're accessing data on a U.S. Government Information System that is owned and operated by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare.
• Any information in this system is for use by authorized Medicare.gov users only.
• Your visit may be monitored, recorded, and subject to audit. We do this to protect the security of this system and data.
• If you access, use, or share another's information, you may face civil and criminal penalties, including disciplinary action.
[Cancel] [OK]

See Next Page
To Set Up USERNAME and PASSWORD
↓

STEP 5 Create USERNAME and PASSWORD

Follow the instructions below, pertaining to number of characters and the types of characters that may be used in creating a good USERNAME and PASSWORD:

Username guidelines

Do's:

- Must be 8-30 characters long with no spaces
- Can have letters, numbers, and these special characters: @ ! . - _ \$
- Must have at least 4 letters
- Can be your email address

Don'ts:

- Can't include your Medicare Number or Social Security number
- Can't be the same as your password
- Can't have a special character as the first or last character

Password guidelines

Do's:

- Must be 8-16 characters long
- Must have at least 1 letter
- Must have at least 1 number
- Must have 1 or more of these special characters: @ ! \$ % ^ * ()
- Must be different from your last 6 passwords

Don'ts:

- Can't contain your username
- Can't include your Medicare Number or Social Security number

IMPORTANT:

WRITE DOWN (or remember) these:

- USERNAME
- PASSWORD
- SECRET ANSWER to this question. And use the same upper-case and lower-case letter format.

Create an account

Step 3 of 3

Your account details

All fields required.

Create Username

Your username can be your email address, but can't be your Social Security Number or your password.

USERNAME

- Must be 8-30 characters, with at least 4 letters, and no spaces
- Can only use these symbols @ ! . - _ \$ (but not as the first or last character)
- Can't include your Medicare Number

Create Password

Your password can't be your username, Social Security Number, or a password you've used before.

PASSWORD

- Must be 8-16 characters long
- Must have at least 1 letter, 1 number, and 1 of these symbols: @ ! \$ % ^ * ()
- Can't include your Medicare Number

 Show

CONFIRM PASSWORD

 Show

Secure your account

SECRET QUESTION

 ▼

SECRET ANSWER

Select a **SECRET QUESTION** to Answer for Security.

SECRET QUESTION

 ▼

- What is your favorite vacation spot?
- In what city did you first meet your spouse?
- What country would you most like to visit?
- What is the title of your favorite book?
- What is the name of the first street you lived on?
- What was the name of your first pet?
- What is your best friend's last name?

STEP 6

You're All Set!

So now, just Login using your new **USERNAME** and **PASSWORD**, and then we'll move to the steps of entering your Prescriptions.

Log in

No account? Get a more personalized experience – [create an account now.](#)

You're all set!
You can now log in and start using your account. You'll also get a confirmation letter in the mail within the next 10-14 days to the address listed in your account.

USERNAME

PASSWORD

Log in

Trouble logging in?

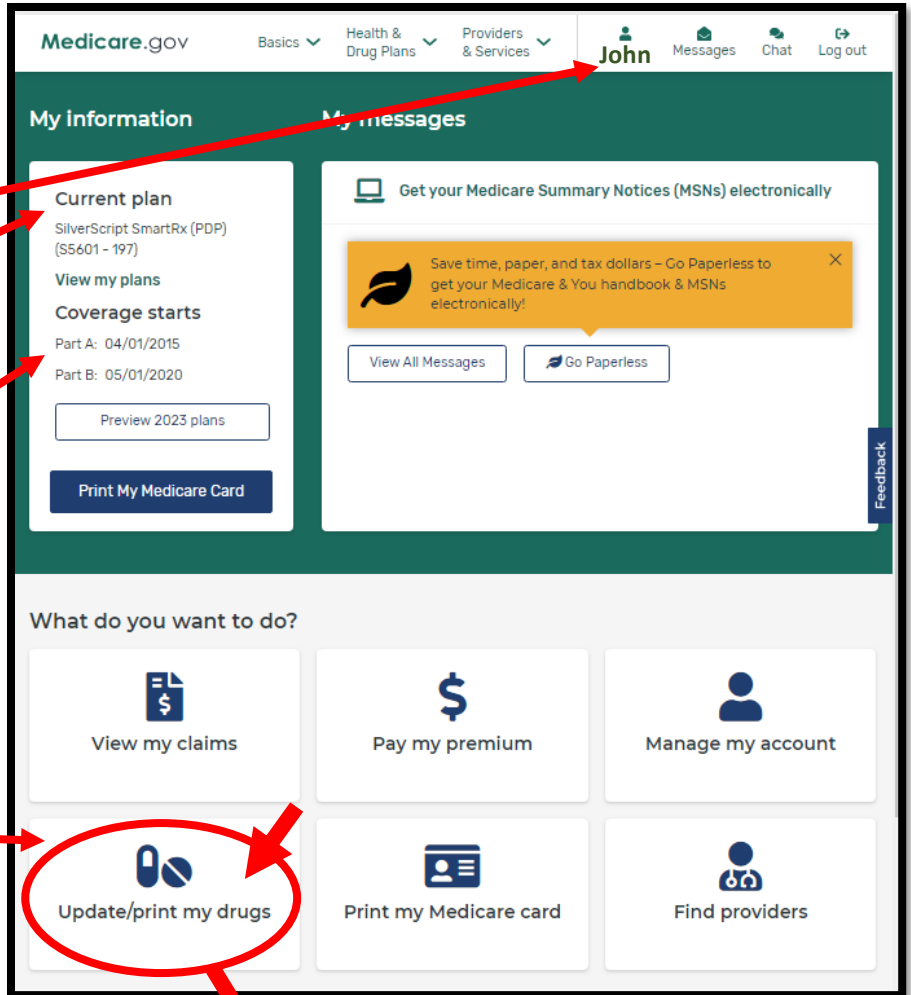
[Forgot username and password](#)
[Find my account](#)

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

3 THIRD | CHOOSE a Prescription Drug Plan (PDP)

Once Logged-In, you see a big green Home Screen

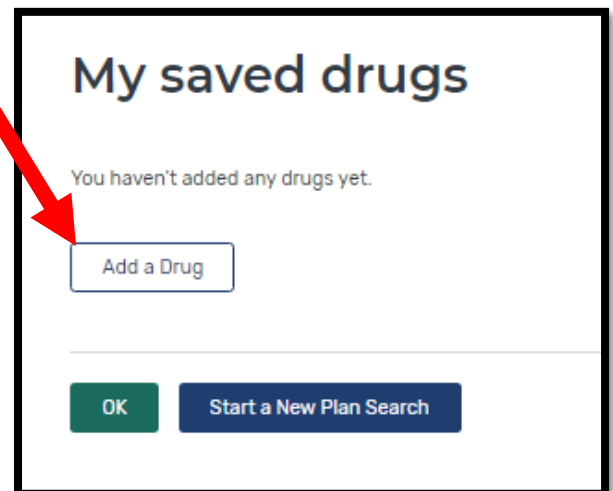
- Confirm that you are logged-in. You should see YOUR NAME on the top right near the "Messages."
- If you already have a PDP then it should be listed in the top left under the Title "Current Plan."
- This would also show your Effective Dates of your Part A and Part B.



What we are here to do:

STEP 1

1. Update your Drugs,
2. Compare Prescription Drug Plans (PDPs)
3. Then Choose the Lowest-Cost PDP each year.



Now, Please Pick ONE:

Option 1

If you are:

**NEW to Medicare &/or
Getting a PDP for the First Time**

Then, Go to **Page 16**

Option 2

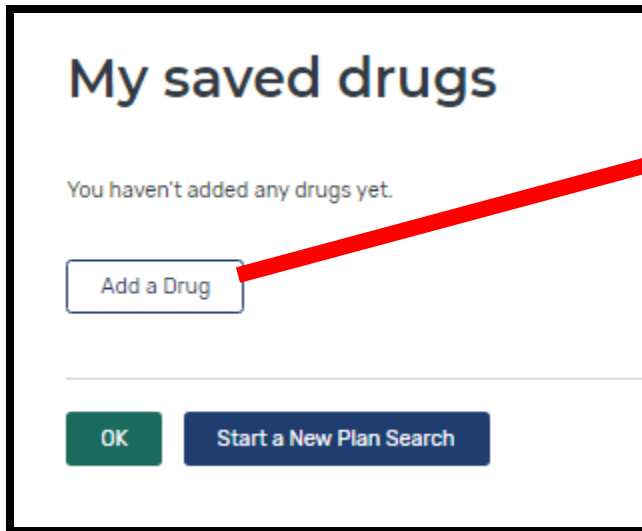
If you are:

**RETURNING to Medicare
to Update your Drug List
to Possibly Change your PDP for
Next Year**

Then, Go to **Page 27**

NEW to Medicare & Getting a PDP for the First Time

STEP 2

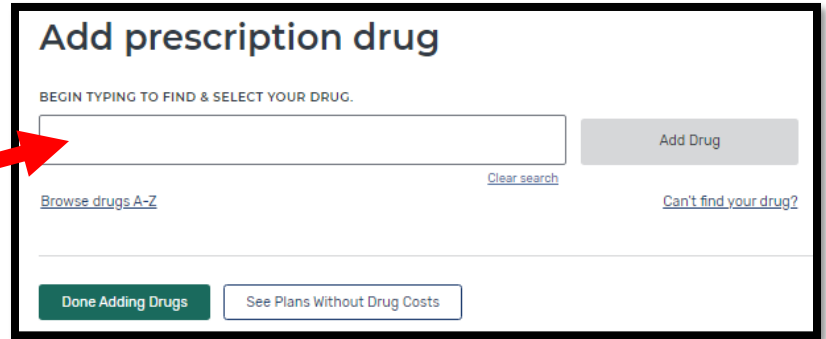


My saved drugs

You haven't added any drugs yet.

Add a Drug

OK Start a New Plan Search



Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Search input field

Clear search

Add Drug

Browse drugs A-Z

Can't find your drug?

Done Adding Drugs

See Plans Without Drug Costs

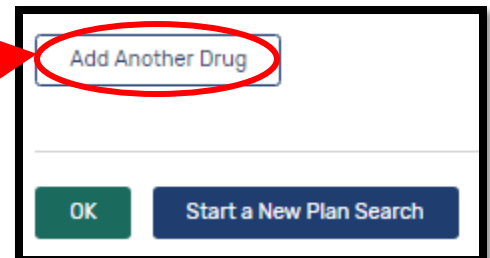
In this field, start to type your first prescription name. As you type, you might see a drop-down menu list of prescription options. Choose the prescription name that matches your prescription

the best - - - it might even show the Dosage, next to the name (like milligrams) - - - so be very accurate in your selection. Your Prescription Drug Plan options depends entirely on this input being completely correct.

DETAILS and ACCURACY Count:

- **VERY SPECIFIC Drug NAME** (if you take a Generic, use the actual Generic name, in full...not the Brand Name.
- **Dosage** (mg, mcg, etc....), and
- **Frequency** (# of pills or units needed per 30, 60 or 90 days)

Continue to "Add Another Drug" until done.



Add Another Drug

OK Start a New Plan Search

Once you have entered all of your prescriptions, review to confirm:

- You have **ALL** of your prescriptions entered, and
- You have them all entered **CORRECTLY**.

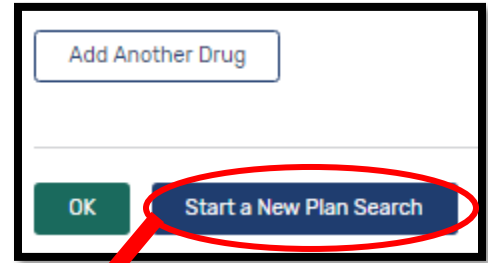
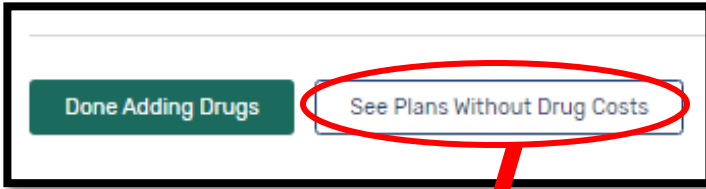
Treat this like a self-audit, because the next step is to Select your PDP.

NOTE: If your prescriptions change mid-year, you cannot change your PDP until the next **Medicare Open Enrollment**, at the end of the year.

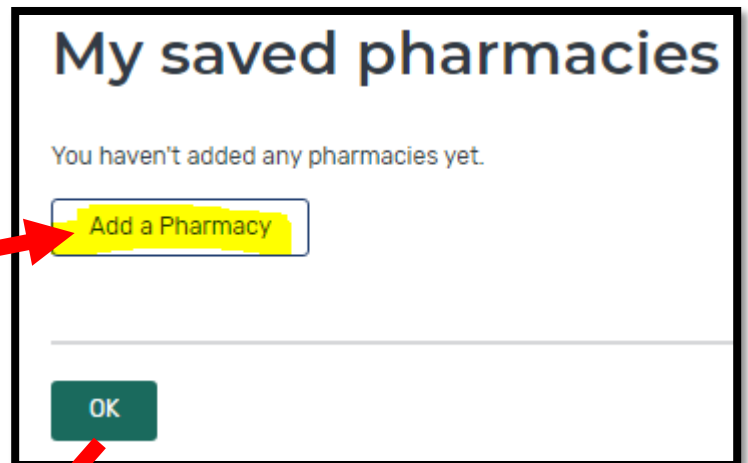
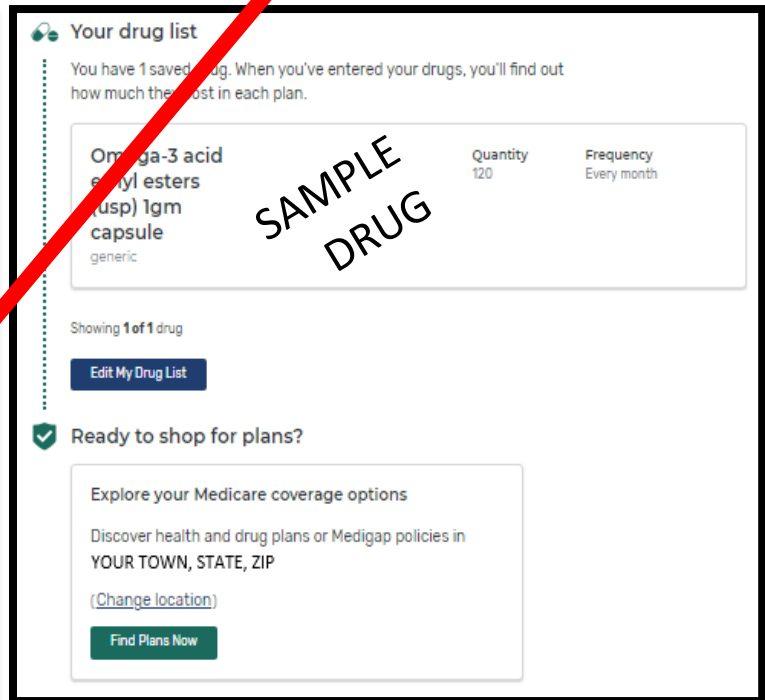
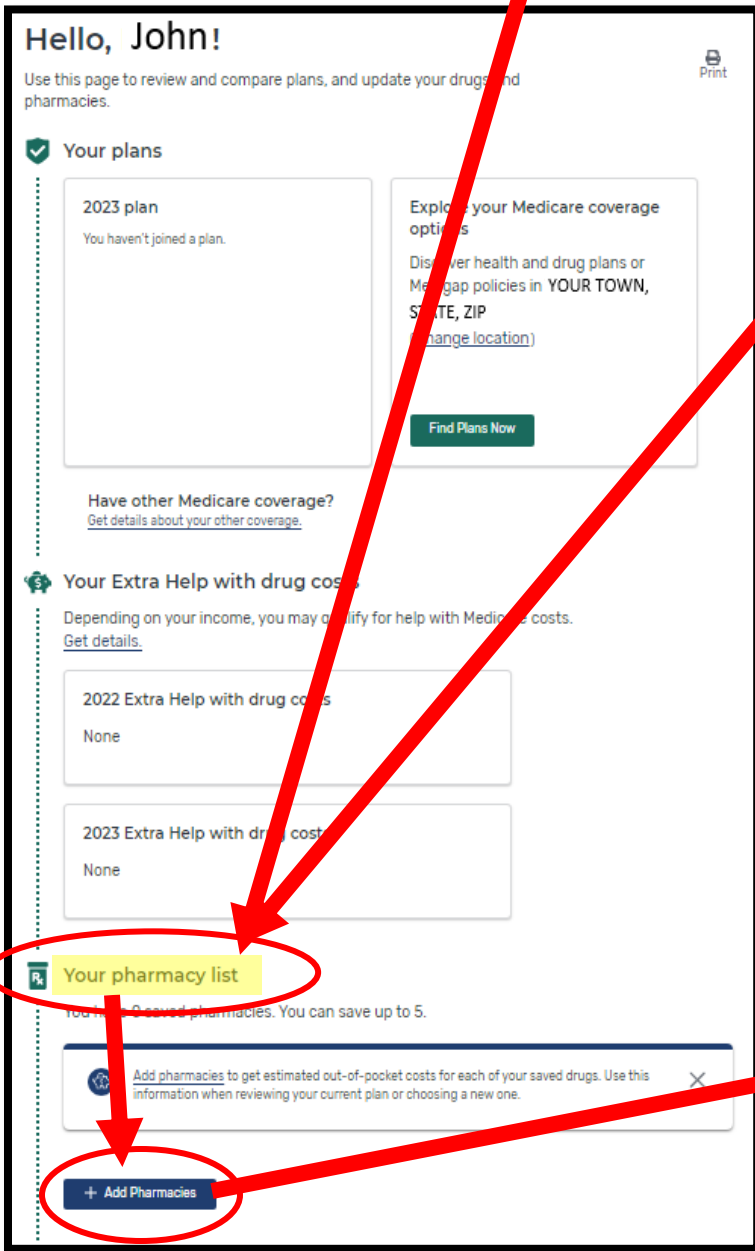
STEP 3

1. You'll see one of these buttons next:

- Either "See Plans Without Drug Costs" (if you Added no Prescriptions)
- or "Start a New Plan Search" (if you have Added Drugs)



2. Go to **ADD PHARMACIES**



3. Enter Zip Code

Enter a ZIP code

Please enter a ZIP code so we can tailor results to you.

ZIP CODE

Continue

Continue

Enter a ZIP code

Please enter a ZIP code so we can tailor results to you.

ZIP CODE

Continue

Select your county

ZIP, YOUR TOWN, STATE

Continue

4. Confirm County →

5. Find and Select Your Preferred Pharmacy (up to a total of 5 to Compare, or 4 + mail-order)

Medicare.gov

< Back to drug selection

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the best cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE NAME OF PHARMACY (OPTIONAL)

Find Pharmacy

Filter by: Distance: 1 mile

Showing 1-8 of 8 pharmacies near 76180

Pharmacy Name	Address	Phone	Add Pharmacy
Mail-order Pharmacy	Add both mail-order and retail pharmacies to find the lowest cost.		<input type="checkbox"/>
1. Cvs Pharmacy #07628	7200 Boulevard 26, Richland Hills, TX 76180	(817) 284-3469	<input type="checkbox"/>
2. Kroger Pharmacy	7201 Boulevard 26, North Richland Hills, TX 76180	(817) 281-8310	<input type="checkbox"/>
3. Best Rx Pharmacy			<input type="checkbox"/>

Map showing streets: Ceresco Dr, Karen Dr, Marilyn Ln, North Richland Middle School, Snow Heights Elementary School, Rivers Dr, Oliver Dr, Georgia Ave, Bladen St, Mackay Dr, Victoria Ave, Vinland Rd.

6. Click - Done.

Walmart Pharmacy 10-4509

Benbrook Pharmacy

Walgreens #6593

Cvs Pharmacy #06981

Mail Order Pharmacy

Done

STEP 4

1. Select  Drug plan (Part D)

2. Click 

3. Sort by: **Lowest drug + Premium Cost**

4. The first few PDP plans shown, are the least costly to you for the remainder of the calendar year (from, your **Effective Date** through **December 31st** (based on the Rx you entered). **Ask us about carrier reputation, and otherwise, just select one, and we'll help you enroll.**

- **We can enroll you**, and be available to help throughout the year.
- **Or**, you may enroll yourself (by clicking Enroll), but...We won't be available to help you or assist during the calendar year.

What type of 2023 coverage are you looking for?

Medicare Advantage Plan

Drug plan (Part D)

Drug plan (Part D) + Medigap policy

Medigap policy only

What type of 2020 coverage are you looking for?

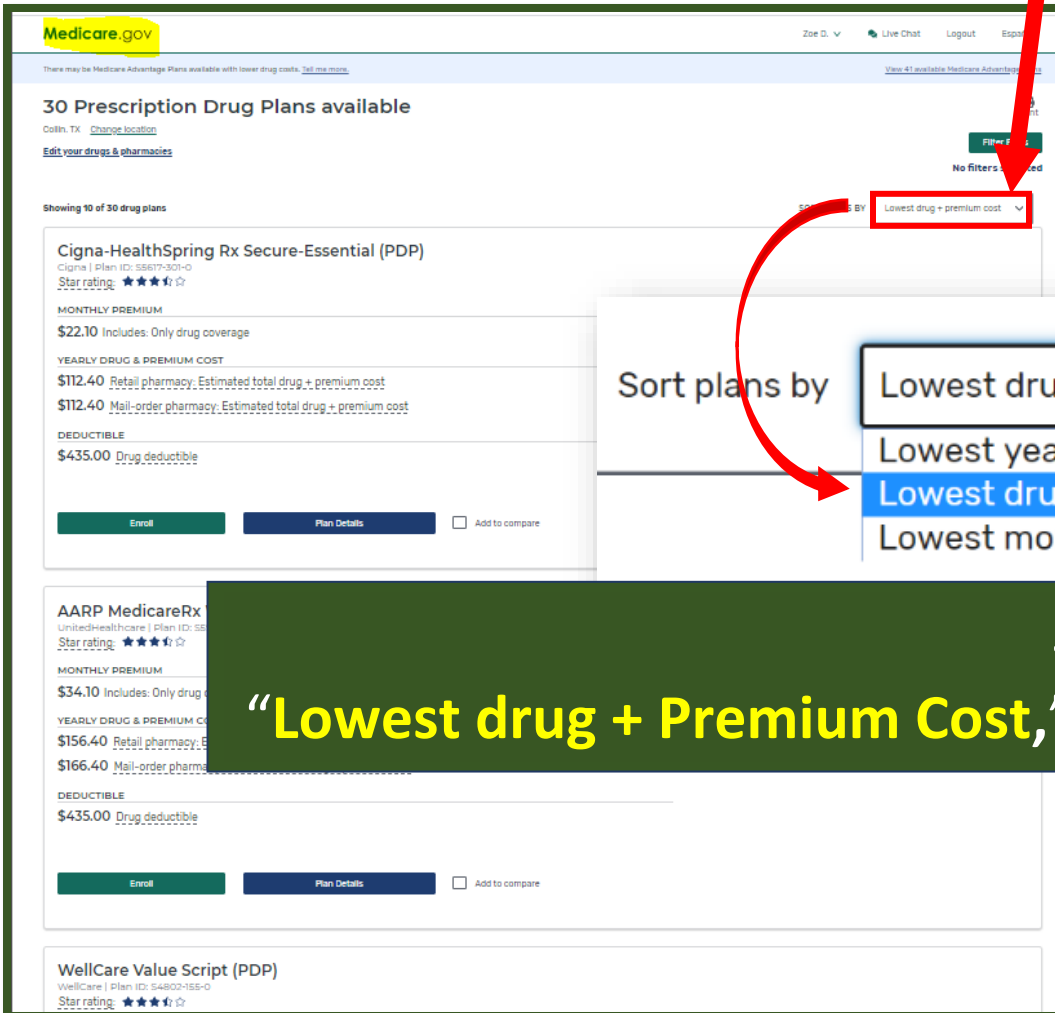
Medicare Advantage Plan

Drug plan (Part D)

Adds drug coverage to Original Medicare.

Drug plan (Part D) + Medigap policy

Medigap policy only



Medicare.gov

30 Prescription Drug Plans available

Showing 10 of 30 drug plans

Sort plans by **Lowest drug + premium cost**

Cigna-HealthSpring Rx Secure-Essential (PDP)
Cigna | Plan ID: 55677-503-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$22.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST
\$112.40 Retail pharmacy; Estimated total drug + premium cost
\$112.40 Mail-order pharmacy; Estimated total drug + premium cost

DEDUCTIBLE
\$435.00 Drug deductible

AARP MedicareRx
UnitedHealthcare | Plan ID: 55677-503-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$34.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST
\$156.40 Retail pharmacy; Estimated total drug + premium cost
\$166.40 Mail-order pharmacy; Estimated total drug + premium cost

DEDUCTIBLE
\$435.00 Drug deductible

WellCare Value Script (PDP)
WellCare | Plan ID: 54902-155-0
Star rating: ★★★★★

Sort plans by:
“Lowest drug + Premium Cost,” to compare.

WHAT TO LOOK AT To Compare One Plan to Another

Remember, these plans are already listed in order, LOWEST COST to HIGHEST COST.

So again, it combines your Estimated Deductible, Copays, Coinsurances, PLUS (+) your Premiums for that Period (which runs through December 31st). It's basically, you **Bottom Line Out-Of-Pocket**.

They state it like this: **LOWEST DRUG + PREMIUM COSTS**

When we compare, we look at each PDP's **Retail Pharmacy Estimated Total Drug + Premium Cost**

YEARLY DRUG & PREMIUM COST
\$112.40 Retail pharmacy: Estimated total drug + premium cost
\$112.40 Mail-order pharmacy: Estimated total drug + premium cost

Medicare.gov

30 Prescription Drug Plans available

Collin, TX [Change location](#)

[Edit your drugs & pharmacies](#)

Showing 10 of 30 drug plans

SORT PLANS BY: Lowest drug + premium cost

Cigna-HealthSpring Rx Secure-Essential (PDP)
Cigna | Plan ID: 55617-301-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$22.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST
\$112.40 Retail pharmacy: Estimated total drug + premium cost
\$112.40 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$435.00 Drug deductible

Enroll Plan Details Add to compare

AARP MedicareRx Walgreens (PDP)
UnitedHealthcare | Plan ID: 55921-403-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$34.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST
\$156.40 Retail pharmacy: Estimated total drug + premium cost
\$166.40 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$435.00 Drug deductible

Enroll Plan Details Add to compare

WellCare Value Script (PDP)
WellCare | Plan ID: 54802-155-0
Star rating: ★★★★★

**Call Us with Questions:
800-800-9099
817-347-9150**

DRILL DOWN & DOUBLE CHECK

This may be the **MOST IMPORTANT SECTION** of this PDP Guide

Hazard Ahead

There are so many little nuances that you will not see, but which will leave you, or lead you, in the wrong direction, to a completely wrong plan-choice.

Because this is the piece, of the **Traditional Medicare** approach, that requires your attention EVERY YEAR around October 15th, it is imperative that you review these additional points so that you are not tripped-up and burned by them later.

The Open Enrollment Period (OEP) is a one-shot deal each year. If you mistakenly default or choose a plan that is not a good match, you are stuck for the entirety of the next year.

We will refer to these as **Hazards**, as they are things which may cause harm.



Thank you for your patience in walking through these next few pages. We don't know ALL the pitfalls, but we list several of them, and clearly, they are important.

Generally, we are no longer directly involved, in a formal way, with your **Medicare Prescription Drug Plan (PDP)**. We are not enrolling your PDP as an "agent" or representative to you, but rather, we hope to serve as a guide to help you to do so yourself (*through Medicare.gov*). That said, we are here as needed, to make recommendations and answer questions, and we are happy to do as much hand-holding as you require.

Lastly, if you uncover something else, like these hazards we mention, that we should share with others, please let us know and we'll work it in with our next revision.

Hazard #1

Some Insurance CARRIERS are bureaucratic nightmares

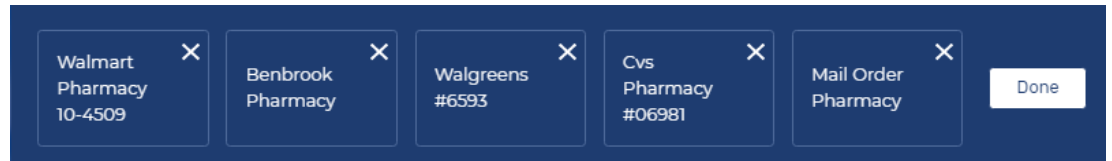
ASK US - - - WE'LL TRY TO TELL YOU WHICH ONES. We don't always know which Carrier is going to be impossible to deal with or unreachable by phone, but we will tell you the ones that we do know to avoid: you don't need the headaches, and the cost difference is usually negligible (maybe \$5 – 20 per year). We are happy to make recommendations, so that you may make a well-informed decision.

Hazard #2

CHOICE of Pharmacies (Pick Several to Compare)

As you have seen in the instructions above, you may **choose up to 5 local pharmacies, OR 4 local pharmacies and the Mail-Order Option, to compare.** The bottom-line-cost-comparison, which is listed as "**LOWEST DRUG + PREMIUM COSTS,**" can be greatly affected by the pharmacies that

you use. The cost of filling a prescription at one pharmacy, may be much greater than the



cost at another pharmacy. But if you don't add them to your list of pharmacies to compare, or, if you are not willing or wanting to go to another pharmacy, then you may never see or receive that better pricing.

For example, **CVS** may cost more, but if you like their drive-thru option, and they are near your house, you might prefer them. Whereas, **Drug Emporium Pharmacy** might require you to come inside their store, but they could save you almost **\$190 per year**. You have to decide if you are willing to go to another pharmacy, and if it's worth the cost-savings to you. In either case, ADD them to the comparison list, so you can see the cost difference. See below for more details:

EXAMPLE:

CVS

vs.

Drug Emporium

Estimated total drug + premium cost
You will pay **\$2,035.04** per year on drug + premium costs.
Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in February
- You'll enter the **coverage gap** in June
- You won't exit the **coverage gap**

Estimated total drug + premium cost
You will pay **\$1,845.29** per year on drug + premium costs.
Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in February
- You'll enter the **coverage gap** in June
- You won't exit the **coverage gap**



Hazard #3

Pharmacies that are “OUT-OF-NETWORK”

Even when you include a pharmacy to compare, as recommended above, you still have to double check to see if each of those pharmacies is considered **In-Network** or not. See illustration below, but suffice it to say that you must click “**view your pharmacies**” on EACH PDP Plan listed, to check the PDP plans, individually, to SEE which pharmacies may be “**Out-of-Network**” and which others are **Preferred In-Network**, or **Standard In-Network**.

Pharmacies

Change Pharmacies

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

[More about pharmacy cost levels](#)

SAVON PHARMACY #4124	✓	Preferred in-network pharmacy
BEST VALUE CUSTOM MEDS	✗	Out-of-network pharmacy
CVS PHARMACY #07801	✓	Preferred in-network pharmacy
MIRA VISTA APOTHECARY	✓	Standard in-network pharmacy
TDDC PHARMACY	✓	Standard in-network pharmacy

Again, you may see, that **certain Pharmacies cover your Drugs at even LOWER COPAYS than other Pharmacies**. Therefore, you can decide where to pick up your prescriptions.

EXAMPLE (repeated):

CVS

vs.

Drug Emporium

Estimated total drug + premium cost

You will pay **\$2,035.04** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in February
- You'll enter the **coverage gap** in June
- You won't exit the **coverage gap**

Estimated total drug + premium cost

You will pay **\$1,845.29** per year on drug + premium costs.

Based on current drug costs, it's estimated that:

- You'll meet your **\$445.00 deductible** in February
- You'll enter the **coverage gap** in June
- You won't exit the **coverage gap**

(You could save a couple-hundred dollars, or even a few-thousand)



Hazard #4

Medications that are NOT Covered

You may have LISTED your medications in Medicare.gov, or you may have CONFIRMED that all your medications LISTED are correct. Hopefully you also made sure that the details were right, such as dosages (like mg, mcg, ml, etc.) and frequencies of use (like 30 per month or 180 every 90 days, etc.).

But, despite that, sometimes certain medications default as **NOT-COVERED** by the Medicare.gov PDP system, and you might never know it.

The system lists the **Prescription Drug Plans (PDPs)** in order from lowest-cost, to highest cost.

So, if a **PDP** leaves-out a drug, then clearly, that **PDP** will be cheaper, and listed first. But that would be wrong. If a **PDP** does not cover your drugs, then what good is it?! It's incomplete coverage at best.

So, you **HAVE TO LOOK** - - - Look and make sure that the cheapest PDPs are covering (including) all of your prescriptions!

Drill-down and double-check **EACH PLAN** that you are considering, starting with the cheapest, to make sure that your drugs are all covered and not listed as "**NOT COVERED!**"

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Amlodipine besylate 2.5mg tablet	Tier 1			
Estring 2mg ring	Not covered			
Olmesartan medoxomil 40mg tablet	Tier 2			
Premarin 0.625mg/gm cream	Tier 3			

Do you see this?

We have it **highlighted** and circled in **Bold-RED**, but they will NOT - - - so you really have to look. This is one of the biggest potential **hazards** if you don't catch it and choose wisely before your Open Enrolment ends.

Here is where you go to check those PHARMACIES and PRESCRIPTIONS as discussed above:

Let's say that you believe that you have zeroed-in on the best plan for you. Before you Enroll, please look at these TWO links on that Plan's Page, to learn more:

1) PHARMACIES, &

2) DRUGS

In the **EXAMPLE** below, the sub-heading under the word **PHARMACIES** (highlighted), begins to shed light on the story, as it says that only "4 of the 5" Pharmacies are In-Network.

Another **EXAMPLE** (**NOT SHOWN HERE**) is under the heading **DRUGS** it might say that "**Some Drugs Selected are NOT COVERED.**" Please Pay Careful Attention to watch for this, but also, be aware, that sometimes it does NOT give this advanced warning (it should but it may not).

Acme Premier Enhanced Rx Plus (PDP)

Acmegroup | Plan ID: S1234-123-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$65.90 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$11,014.98 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$445.00 Drug deductible

PHARMACIES

4 of 5 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Click on the PHARMACY Link and scroll through the ENTIRE Section (Up and Down) to gain more valuable insight.

- Look under each Pharmacy Name and notice the Drug Costs (as illustrated twice above).
- You can easily see which Pharmacies WON'T work with this Plan.

Pharmacies

[Change Pharmacies](#)

See the cost level to fill your drugs at the pharmacies you chose. You can also change pharmacies to see the cost level of other pharmacies in your area to find the lowest cost pharmacy.

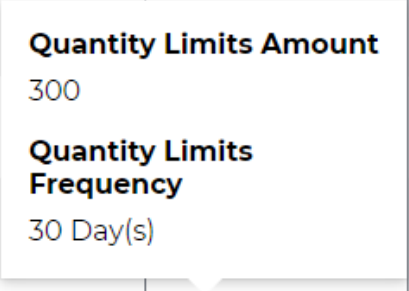
[More about pharmacy cost levels](#)

SAVON PHARMACY #4124	✓	Preferred in-network pharmacy
BEST VALUE CUSTOM MEDS	✗	Out-of-network pharmacy
CVS PHARMACY #07801	✓	Preferred in-network pharmacy
MIRA VISTA APOTHECARY	✓	Standard in-network pharmacy
TDDC PHARMACY	✓	Standard in-network pharmacy

Hazard #5

Prior Authorizations, Quantity Limits & Step Therapy

As you scroll up and down under the DRUGS link (as illustrated above), sometimes you'll find **Prior Authorization** requirements, **Quantity Limits** or **Step Therapy** requirements, like this one listed here:

Selected drugs	Tier	<u>Prior authorization</u>	<u>Quantity limits</u>	Step therapy
Atorvastatin calcium 20mg tablet	Tier 1			
Carbidopa-levodopa 25-100mg tablet	Tier 2			
Famotidine 40mg tablet	Tier 2			
Rasagiline mesylate 1mg tablet	Tier 3			
Testosterone 50 MG/5GM(1%) gel	Tier 3	Yes	 Yes	

Quantity Limits, on Amounts and Frequency

How to Try and Overcome (if possible):

Have the PDP company provide a **Prior Authorization Form** for your physician to complete, requesting an exception to this limit.

Step Therapy

If **STEP THERAPY** is a requirement, you may attempt to work around it with the **Prior Authorization Form** and a letter or phone call from your doctor (possibly explaining that you have already tried other drugs and they just don't work as well). Otherwise, you may have to follow the **Step Therapy** Approach, of trying a couple other (less-costly) drugs first, before the PDP Carrier is willing to cover the cost of your requested Prescription Brand.

HIGH Tier-Designation (Such as Tier 4 or Tier 5 Drugs)

How to Try and LOWER the Tier Level (if possible):

Contact the Coverage Determination Department. No guarantees, but one client learned that his carrier would CONSIDER lowering the Tier-Designation for one of his expensive drugs, from a **Tier 4** to a **Tier 2**, if he would write to the carrier's **Coverage Determination Department**. He did, and they did! They Lowered his Tier-Level for that Drug. That was with CIGNA, but may have been a fluke. This was news to us, and makes no logical sense. Even still, be aware that this is a possibility.



Hazard #6

THIS Hazard only pertains to New Enrollees who are just signing up for Medicare PDP, for the first time, AND it happens to be, during the Last Quarter of the calendar Year (October-December).

THE PROBLEM:

If you need a PDP for THIS YEAR (such as to be effective **October 1st, November 1st, or December 1st**), but then you also need to compare plans for the upcoming year, to be Effective **January 1st**, please note that the MEDICARE SYSTEM has had trouble distinguishing between the two plans.

If the CURRENT YEAR PDP is enrolled-in, too close to the separate PDP to start NEXT YEAR, on **January 1st**, the system may only recognize ONE of the TWO plans and disregard the other, even though they show different effective dates and plan years.

It could be that IF you enroll yourself in next year's plan first, (to be effective **January 1st**), and then enroll into THIS year's PDP plan for yourself, to finish out this Calendar Year (Oct, Nov, and or Dec), that the earlier year plan, may overwrite the January 1st PDP. It should not, as the year is specified in the enrollment and the confirmation, but it does.

THE SOLUTION (hopefully):

- 1) Enroll in the earliest needed PDP FIRST (the one for THIS YEAR - - - for this last quarter of the year).
- 2) And if possible, wait a few days, or a week, to enroll in the PDP for the subsequent year (the one to begin January 1st).

In either case **print or screen-shot a copy of the CONFIRMATION PAGE at the end of each of the two enrollments** and KEEP THOSE COPIES HANDY. They are your only proof to resolve such a problem later.

SIDE NOTES:

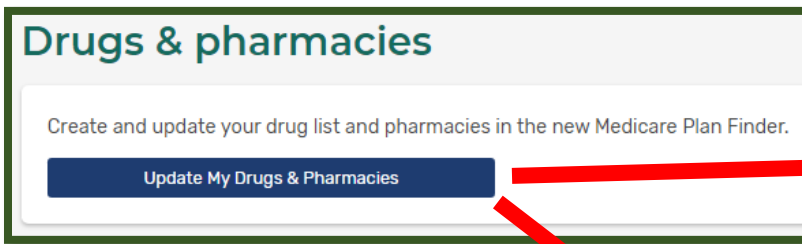
GoodRx.com

It may be prudent to ALWAYS shop for a better deal, even if you do have a Prescription Drug Plan. Many insureds, keep the **GoodRx.com** App on their phones. Anytime they are picking up a Prescription, they pull it up and double check to see if **it might be cheaper, that day, to simply buy it outright via this GoodRx.com app.**


RETURNING to Medicare to Update your Drug List to Possibly Change your PDP for Next Year

STEP 2a



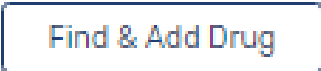
RETURNING to Medicare.gov, you will see one of two Views:

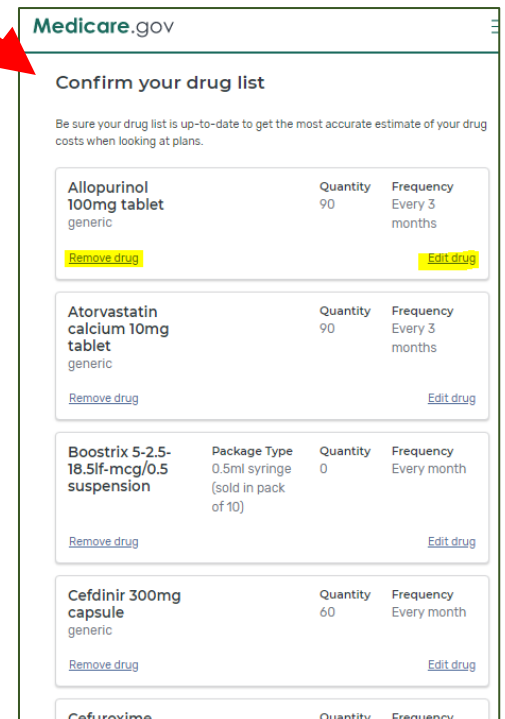


1. ONE VIEW might show a simplified list of your Rx, next to Check-Boxes.

- Review these, and keep the Rx that you will use next year, and remove those that you don't think you will use next year.
- ADD any additional drugs by clicking the button, at the bottom: 

2. SECOND VIEW might list your Rx history in more detail.

- Review these, and keep the Rx that you will use next year, or EDIT the Drug as needed...  or Remove drugs that you don't think you will use next year. 
- ADD any additional drugs by clicking the **Find & Add Drug** button, at the bottom 



STEP 2b

If you need to ADD DRUGS:

Find & Add Drug

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

[Clear search](#)

In this field, start to type your first prescription name. As you type, you might see a drop-down menu, list of prescription options. Choose the prescription name that matches your prescription the best - - - it might even show the Dosage, next to the name (like milligrams) - - - so be very accurate in your selection. Your Prescription Drug Plan options depends entirely on this input being completely correct.

DETAILS and ACCURACY Count:

- **VERY SPECIFIC Drug NAME** (if you take a Generic, use the actual Generic name, in full...not the Brand Name.
- **Dosage** (mg, mcg, etc....), and
- **Frequency** (# of pills or units needed per 30, 60 or 90 days)

Once you have entered all of your prescriptions, review to confirm:

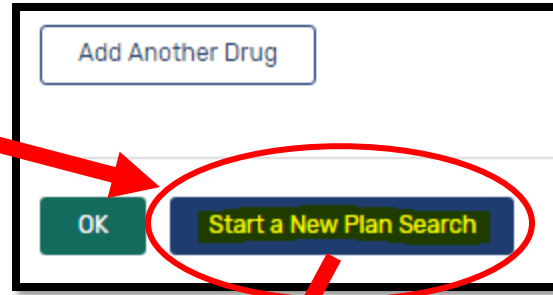
- You have **ALL** of your prescriptions entered, and
- You have them all entered **CORRECTLY**.

Treat this like a self-audit, because the next step is to Select your PDP.

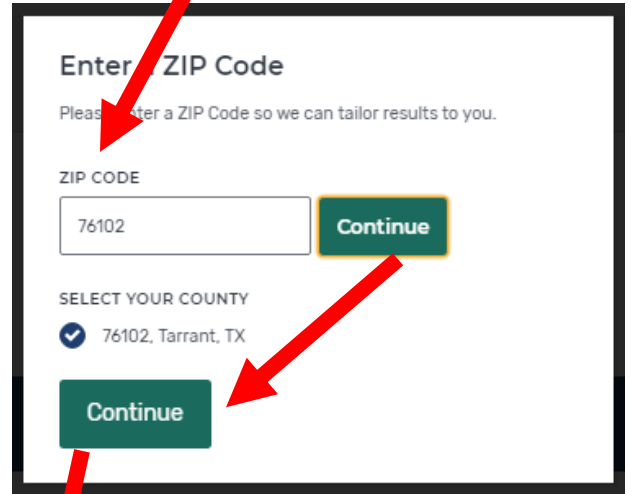
NOTE: If your prescriptions change mid-year, you cannot change your PDP until the next **Medicare Open Enrollment**, at the end of the year.

STEP 3

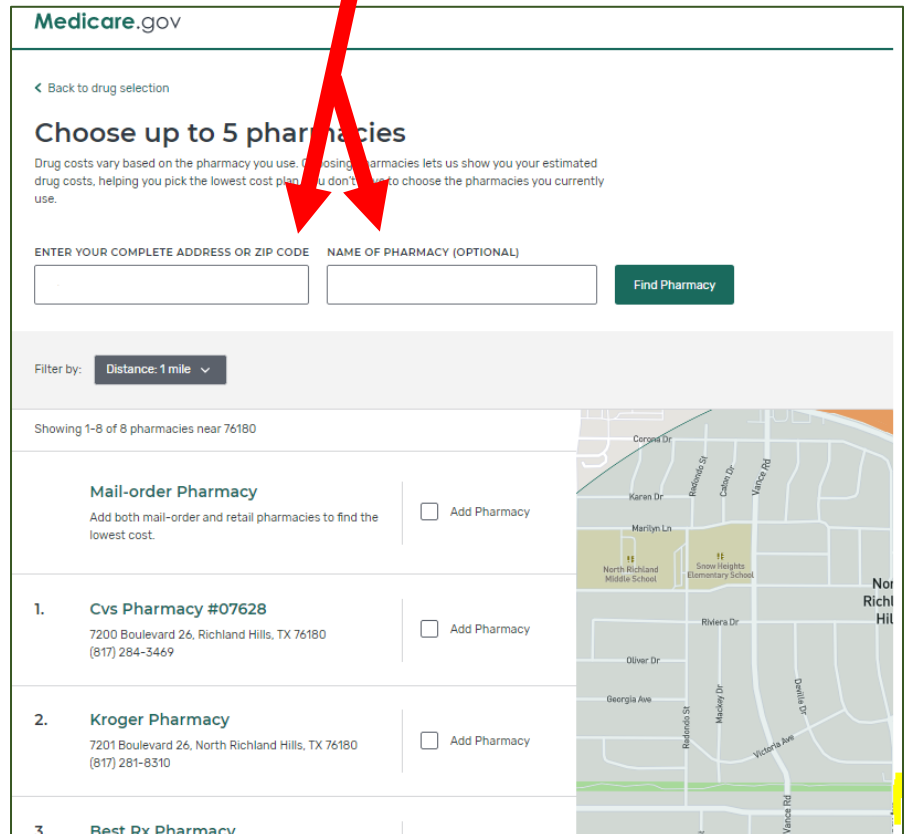
1. Once Done Adding ALL Prescriptions, Click **Start a New Plan Search**



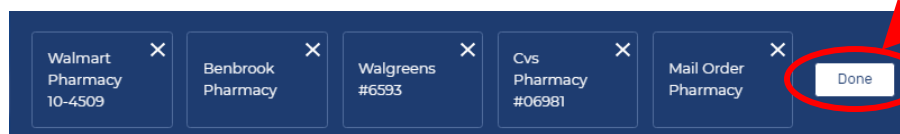
2. Enter Zip Code
3. Confirm County



4. Find and Select Your Preferred Pharmacy (up to a total of 5 to Compare, or 4 + mail-order)



5. Click - **Done**.



STEP 4

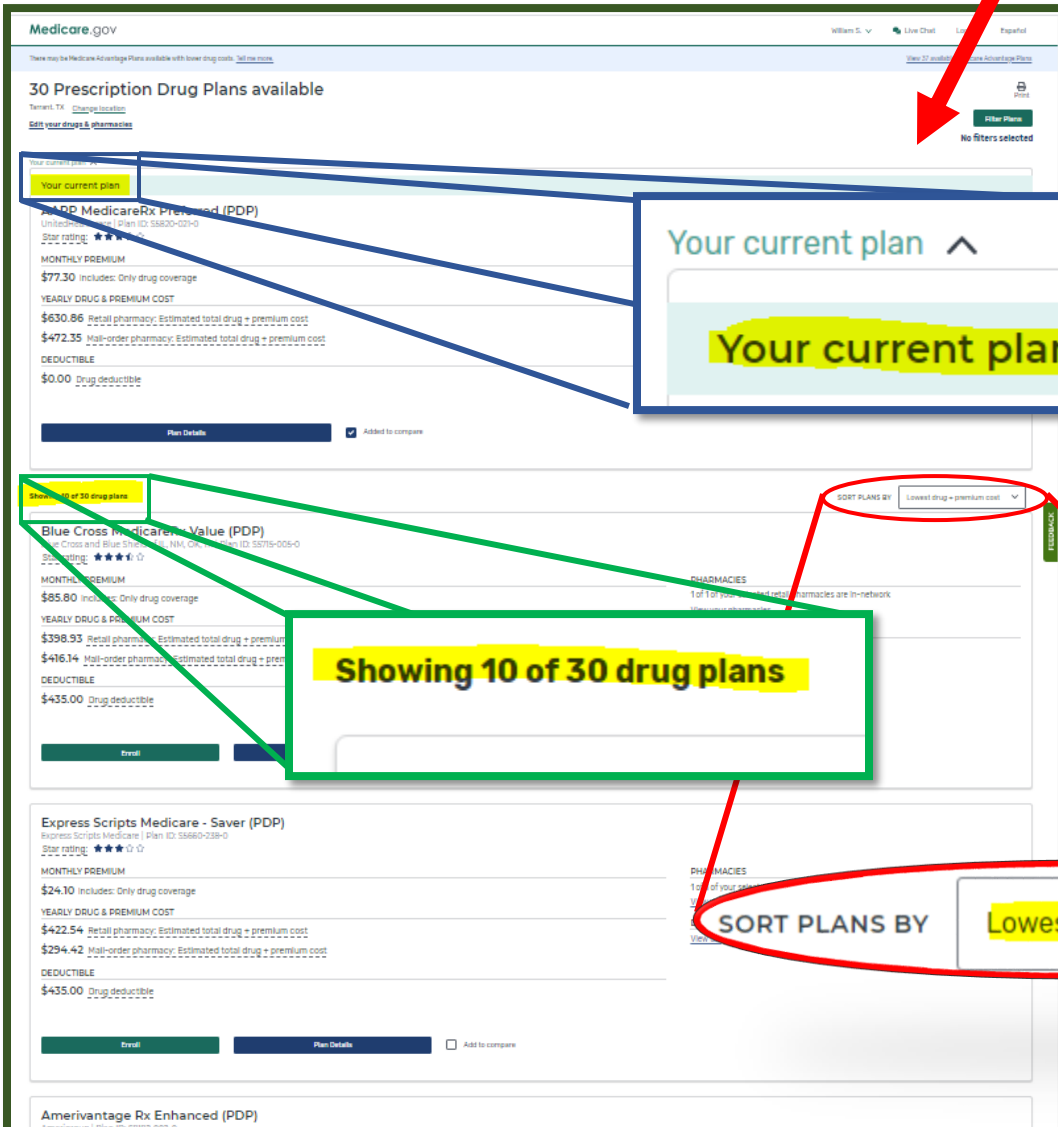
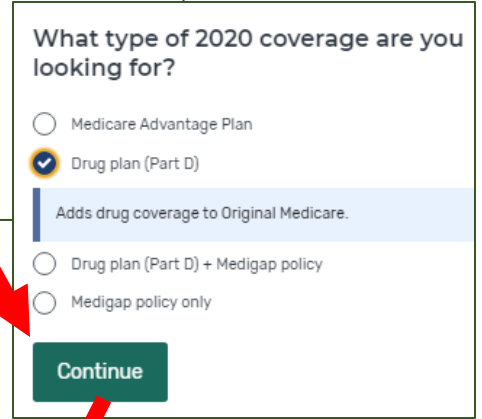
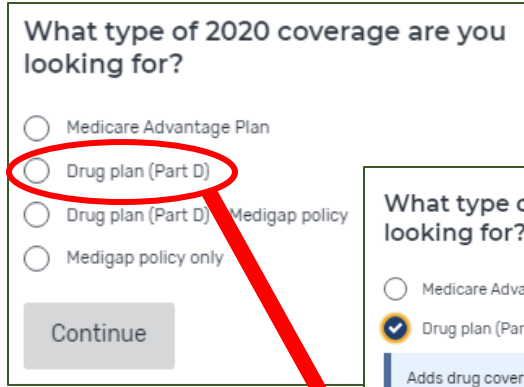
1. Select  Drug plan (Part D)

2. Click 

3. Sort by: **Lowest drug + Premium Cost**

4. The first few PDP plans shown, are the least costly to you for the remainder of the calendar year (from, your **Effective Date** through **December 31st** (based on the Rx you entered). Ask us about **carrier reputation**, and otherwise, just select one, and we'll help you enroll.

- **We can enroll you**, and be available to help throughout the year.
- **Or** you may enroll yourself (by clicking Enroll), but...We won't be available to help you or assist during the calendar year.



IMPORTANT NOTE:

You may enroll in a new PDP every year between **October 15th - December 7th** to be effective, the subsequent **January 1st**.

We recommend you Review Annually.

Before you ENROLL, Review Pages 20-26, "DRILL DOWN & DOUBLE CHECK"

WHAT TO LOOK AT To Compare YOUR Plan to Another

Remember, these plans are already listed in order, with **YOUR PDP Plan listed first** and all the other PDPs listed **LOWEST COST to HIGHEST COST**, after.

So again, this comparison combines your Estimated Deductible, Copays, Coinsurances, PLUS (+) your Premiums for all of next year (which runs through January 1st through December 31st). It's basically, you **Bottom Line Out-Of-Pocket for the upcoming Calendar Year**.

They state it like this: **LOWEST DRUG + PREMIUM COSTS**

When we compare, we look at each PDP's **Retail Pharmacy Estimated Total Drug + Premium Cost**

YEARLY DRUG & PREMIUM COST
\$112.40 Retail pharmacy: Estimated total drug + premium cost
\$112.40 Mail-order pharmacy: Estimated total drug + premium cost

30 Prescription Drug Plans available
Tarrant, TX [Change location](#)
[Edit your drugs & pharmacies](#)

Your current plan: **AARP MedicareRx Preferred (PDP)**
UnitedHealthcare | Plan ID: 55830-021-0
Star rating: ★★★★★
MONTHLY PREMIUM: \$77.30 (includes: Only drug coverage)
YEARLY DRUG & PREMIUM COST
\$630.86 Retail pharmacy: Estimated total drug + premium cost
\$472.35 Mail-order pharmacy: Estimated total drug + premium cost
DEDUCTIBLE: \$0.00 (Drug deductible)

Blue Cross MedicareRx Value (PDP)
Blue Cross and Blue Shield of IL, NM, OK, TX | Plan ID: 55715-005-0
Star rating: ★★★★★
MONTHLY PREMIUM: \$85.80 (includes: Only drug coverage)
YEARLY DRUG & PREMIUM COST
\$398.93 Retail pharmacy: Estimated total drug + premium cost
\$416.14 Mail-order pharmacy: Estimated total drug + premium cost
DEDUCTIBLE: \$435.00 (Drug deductible)

Express Scripts Medicare - Saver (PDP)
Express Scripts Medicare | Plan ID: 55660-238-0
Star rating: ★★★★★
MONTHLY PREMIUM: \$24.10 (includes: Only drug coverage)
YEARLY DRUG & PREMIUM COST
\$422.54 Retail pharmacy: Estimated total drug + premium cost
\$294.42 Mail-order pharmacy: Estimated total drug + premium cost

Showing 10 of 30 drug plans. Sort by: **Lowest drug + premium cost**

**Call Us with Questions:
800-800-9099
817-347-9150**

Before you ENROLL, Review Pages 20-26, "DRILL DOWN & DOUBLE CHECK"

BE AWARE

Things that Trip You Up While Trying to Compare PDPs

EXAMPLE 1

What if my Prescription does not come up when I type in the name?

Problem (Real Life Example)

In this example, we typed in the name **Losartan**, and it did not show up on the formulary for the PDP Plan.

Solution

Then we typed in another name that was on the same prescription bottle, Hydrochlorothiazide, it DID show up, on the formulary. So, a little trial and error sometimes helps, when you don't initially find the Rx.

Hydrochlorothiazide / losartan 50-12.5mg tablet generic	Quantity 30	Frequency Every month
---	----------------	--------------------------

EXAMPLE 2

The ACTUAL Out-Of-Pocket Cost (or copay) was not exactly the same as what I found on Medicare.gov.

Problem (Real life Example)

The Drug Price on **Medicare.gov**, was different than the Drug Price on **United Healthcare (UHC)**. On Medicare.gov, Potassium Chloride was \$21.03 but on United Healthcare, the actual pricing was \$26.65. This difference was small, but sometimes it can be much larger. And unfortunately, we cannot predict or control when these variances occur.

Solution

The best way to avoid as many of these discrepancies as possible is to double check and triple check the most minute details: Make sure that all the variables, you are looking at, are correct:

- **Effective Date**
- **Zip Code**
- **Preferred Pharmacy**
- **Plan Name** (Some plans have similar names, but are different, like: Value Plan vs. Value Plus Plan).

BOTTOM LINE

- **Control the Controllables:** Enter your prescriptions as accurately as possible.
- **Remember “Garbage-in, Garbage Out.”** Whatever is entered is all that this system has, to calculate quotes and compare plans.
- **These are JUST Estimates.** We can't do anything about that fact. Why is that? It may be the sheer volume of Rx's along with the variables of dosage and usage. But we will see variations in some of these numbers at times and sometimes, we cannot ever understand the reason. This is true for this Medicare.gov system as well as other third-party systems. I wish there was a more certain system, but we have not seen one.

YOUR MEDICARE PRESCRIPTION DRUG PLAN (PDP)

**This is very important and requires your involvement.
We are here to assist you, and guide you, but largely to teach you.
Please call us with any questions and
we'll work on this together,
for your good.**

Thank you for your trust and patience.