

Medicare Part D simplified...

Medicare Part D is prescription drug coverage. It helps pay for the medications your doctor prescribes. Original Medicare (Parts A and B) does not cover prescription drugs. Many people who choose Original Medicare add a prescription drug (Part D) plan or choose a **Medicare Advantage** plan that includes Part D.

What Does Medicare Part D Cover?

Medicare Part D Plans are required to cover certain common types of drugs, but each plan may choose which specific drugs it covers. The drugs you take may not be covered by every Part D plan. You need to review each plan's drug list, or *formulary*, to see if your drugs are covered.

What is Medicare Part D formulary?

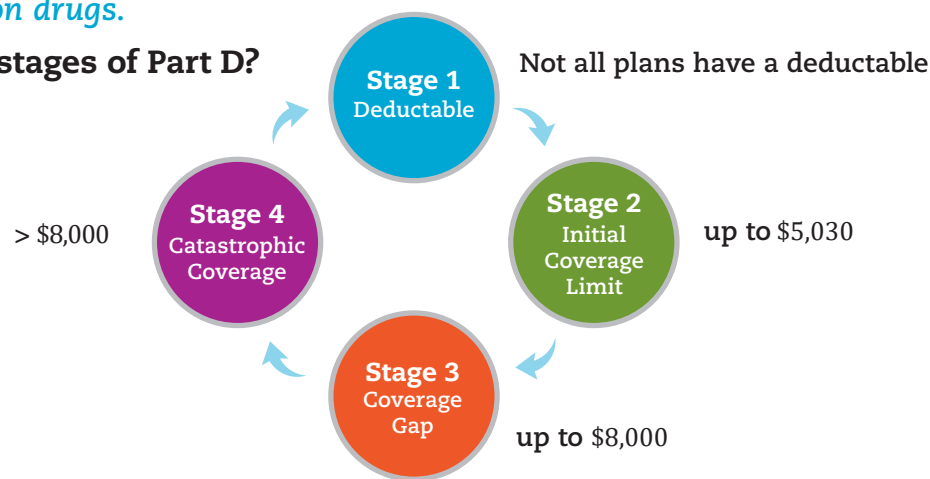
A Medicare Part D drug list (Formulary) is a list of drugs covered by a plan. Formularies are developed to meet the needs of most members based on the most commonly prescribed drugs, including certain prescription drugs that Medicare requires that we cover.

What do Part D plans cost?

In Connecticut, Part D stand-alone plans range from \$0.50 to \$155 per month. Most Medicare Advantage plans include Part D prescription coverage.

Consider having a conversation with your Provider on available lower cost prescription drugs.

What are the stages of Part D?



Stage 4 – You'll pay nothing for your covered Part D drugs for the rest of the calendar year.

What is total drug costs?

If you and your plan spend a combined \$5,030 on covered prescription drugs in 2024, you reach the coverage gap stage. During this stage, you'll pay up to 25% of your plan's cost for covered brand-name and generic drugs.

What is True out of pocket (TrOOP)?

True out-of-pocket (TrOOP) costs refer to your Medicare Prescription Drug Plan's maximum out-of-pocket amount. This is the maximum amount you would need to spend each year on medications covered by your prescription drug plan before you reach Stage 4 of the Prescription Drug Stages.

Questions? Contact our Medicare Education Department
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