

Medicare D Overview

Medicare beneficiaries receive their prescription drug insurance through the Medicare D program. Unlike the traditional Medicare Program (Part A for hospital benefits, Part B for clinic benefits), Part D (for drug benefits) is a public-private partnership. Parts A and B are funded and administered by the federal government, provide the same benefits at the same cost for all beneficiaries, and don't change from year to year. Medicare D is publicly funded and privately administered. There are multiple plans available and not all costs and benefits are the same.

With so many plans available, patients can sign up for a different Part D plan once a year. This period is called open enrollment and goes from October 15 to December 7. During this time, patients can enroll in a plan that will start in January. If a currently enrolled patient does not take action, they will automatically be re-enrolled in their current plan.

Every Part D plan charges patients 3 ways: through premiums (the cost to carry the insurance), copays (the amount paid at the pharmacy register), and deductibles (the amount the patient has to spend each year before the benefits start). These vary widely across plans. Some plans offer \$0 copays, but charge a large premium. Other plans have low monthly premiums, but have large copays. The only way to compare apples to apples is to look at how much a year's worth of medications will cost the patient, including all premiums, copays, and deductibles.

The plans can change what they charge their members and which medications they cover each year. A medication that a patient has been stable on for years may not be covered on January 1 of the new year. Patients are encouraged to check with their pharmacy every year to help them find the best plan for them. Pharmacies can help the patient find the best plan for them that takes into account which pharmacy they use and which medications they take.

Please note: some people choose Medicare Part C, also called an advantage plan, as an alternative to Original Medicare. Advantage plans are run by private companies and include hospital ("A"), clinic ("B"), and drug ("D") benefits. This document only pertains to Part D as an add on to Original Medicare, not drug coverage included in an advantage plan.

Six Locations to Serve You!

Cambridge

109 W. Main Street. Cambridge, WI 53523
Phone: 608-423-3231
Fax: 608-423-7128

Deerfield

10 Liberty St. Deerfield, WI 53531
Phone: 608-764-1500
Fax: 608-764-1600

Columbus

100 South Ludington St. Columbus, WI 53925
Phone: 920-623-2701
Fax: 920-623-3706

McFarland

4880 Larson Beach Rd. McFarland, WI 53558
Phone: 608-838-7455
Fax: 608-838-8329

Cottage Grove

429 W Cottage Grove Rd. Cottage Grove, WI 53527
Phone: 608-839-3335
Fax: 608-839-3336

Monona

5711 Monona Dr. Monona, WI 53716
Phone: 608-221-8151
Fax: 608-221-4682



Myths and Facts About Medicare D

Myth

Couples should automatically sign up for the same Medicare Part D because it will be cheaper.

Fact

Unless they each take the same medications as each other, automatically choosing the same Part D plan may lead to higher costs for the couple.

Myth

Every Part D plan costs the same.

Fact

Costs to the patient vary widely between plans.

Myth

All Part D plans cover the same medications.

Fact

Each Part D plan has their own formulary, a list of medications they will cover.

Myth

Once a medication is covered by a Part D plan, it will always be covered.

Fact

Formularies change from year to year, so a medication that a patient picks up in December might not be covered by that same insurance in January.

Myth

Part D is the cheapest way for all seniors to get their medications.

Fact

Wisconsinites are fortunate to have access to SeniorCare, a prescription drug plan for patients 65 and older offered by the state of Wisconsin. It is more cost effective than Medicare Part D, but benefits are based on income. This is often the best option for low-income seniors.
