



*Sycamore
Agent*

John Knepper
www.SycamoreAgent.com

815-333-3344
John@SycamoreAgent.com

Medicare Part D (Prescription Drug Plan) Selection Procedure

For Calendar Year 2024

(and November & December, 2023)

Disclaimers:

This document has been prepared by John Knepper for use by his clients. It has not been reviewed or approved by CMS (the Centers for Medicare & Medicaid Services). CMS is the federal entity that regulates Medicare.

This document was developed in September, 2023. The illustrations and directions reflect how the website worked at that time.



Things to keep in mind...

This procedure should be completed when a person initially enrolls in Medicare, and it should be completed every year during the Annual Election Period (more commonly known as the “Open Enrollment Period”) between October 15 and December 7. It is during this window of time that you can choose the best plan option for the next calendar year.

Drug prices can change during the Prescription Drug Plan (PDP) coverage period! CMS allows PDPs to change prices when appropriate. You have no recourse if this happens.

When you enroll in a PDP, you are making a commitment for a calendar year (January thru December, or from whichever month you are starting Prescription Drug Coverage thru December of that same year).

You can change PDPs only under very limited circumstances, such as if you move out of Illinois, or if the PDP is unexpectedly discontinued.

The website assumes that you will start coverage on the first day of the month following the day you are completing the process. So, if you are starting PDP coverage, say, on June 1st, you will get the most accurate results if you are completing the process in May. The results of this procedure will reflect all the costs for the months of June thru December. If you complete the process in April, your results will include an extra month (May) in the analytical results.

The illustrations and associated directions reflect completing this procedure using a computer and the Firefox browser. It may be possible to complete this process using an iPad or other tablet. It is unlikely that this procedure could be completed using a smart phone. If you don't have access to a computer, I recommend that you take advantage of computers at your local library or at a friend's or relative's home.

Special Note for individuals starting in November or December:

During the months of October and November, 2023, you will have the option of looking at 2023 or 2024 plans. The system defaults to 2024. If you are starting Part D in November or December, you must select the 2023 time frame for viewing.

Special Note for individuals who spend a significant amount of time outside the state of Illinois:

For individuals who spend several months out of the state, it is important that you enroll in a plan that is available in both locations. You can determine this by running this procedure twice, with different zip codes for each run.

You should take notes on which plans are best for each location and compare those notes after you have completed both runs.

You will be able to change locations when you get to the screen that displays all the plans that are available. There is a “Change Location” link at the top of that screen.

Special note for individuals who move out of Illinois:

Because Prescription Drug Plans are geographically limited, if you move from Illinois to some other state, your plan may not move with you. In this case you have a Special Enrollment Period of 63 days to complete this procedure for your new location. If you don't enroll in a new plan in your new permanent location, your Illinois plan will be terminated and you may be subject to a penalty fee.



Illustration 1

The screenshot displays the Medicare.gov website interface. At the top left is the Medicare.gov logo. To the right are navigation links: Basics, Health & Drug Plans, and Providers & Services. The main content area is divided into two columns. The left column is titled 'Log in' and contains a 'USERNAME' input field, a checkbox for 'Save my username for next time' (with a warning not to check on public devices and a 'What's this?' link), a 'PASSWORD' input field with a 'Show' toggle, a 'Log in' button, and a link for 'Forgot your username or password?'. The right column is titled 'Create an account' and includes a sub-header 'Your secure Medicare account lets you access your information anytime.' followed by three checklist items: 'Get a summary of your current coverage', 'Add your drugs & pharmacies', and 'Use your saved drugs & pharmacies to compare plan costs'. A 'Create Account' button is at the bottom of this column. Below the main content area, there is a section for 'Using a shared or public device?' with instructions to log out and close browser windows, and a link to 'Terms and Conditions'.

In order to get to this website, you should enter “www.MyMedicare.gov” in the URL line at the top of your browser.

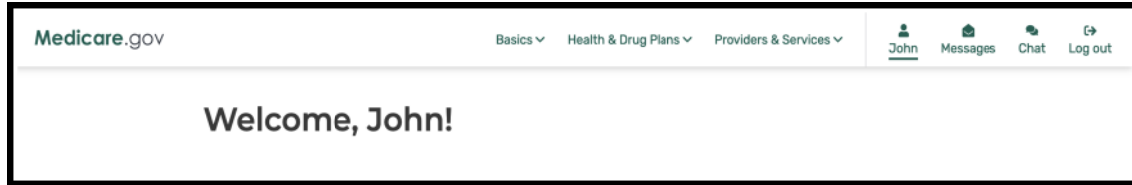
If you have never used this website, click on “Create Account” to store your personal data. Follow the instructions on the website to establish your unique web page. Nobody else will be able to access your information without your username and password.

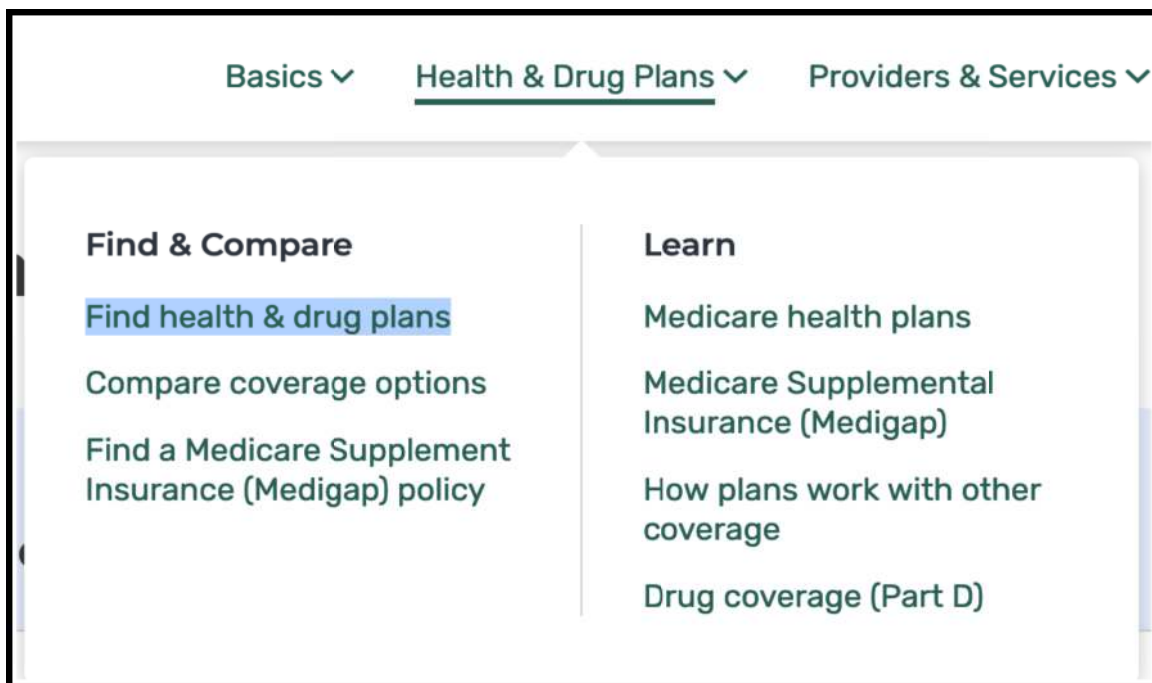
When you have created your account, enter your username and password and click on the “Log in” button.

This website is a valuable tool for many reasons. In addition to determining which Part D plan is most cost effective, you can see claim history, order a new Medicare card, and access many other functions.



Illustration 2





Clicking the “Log in” button on the previous screen will bring you to the “Welcome” screen.

This screen will display your current coverage information and provide you with a host of options. You can check claims, pay premiums, get a Medicare card,

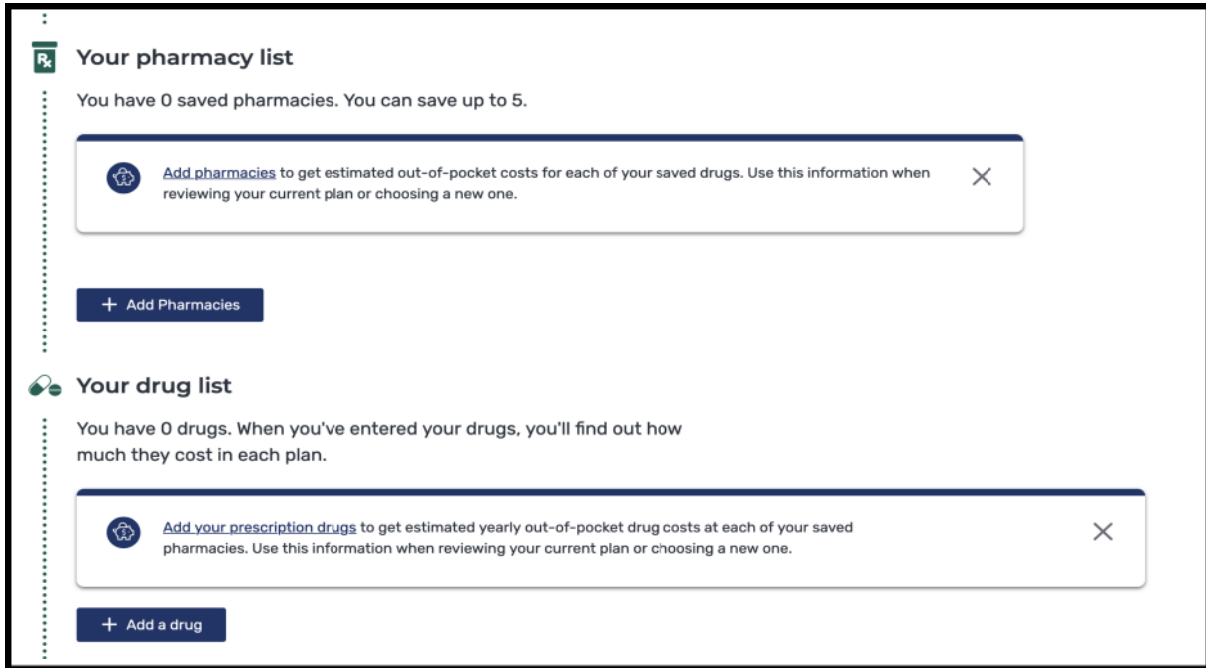
Click on the “Health & Drug Plans” link at the top of the page, then on the “Find health & drug plans” button that shows up in the drop down menu.

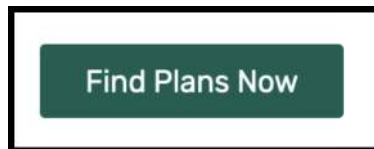
Special Note:

When using this website, you should avoid using the browser's back and forward arrows. When going back to a previous screen, always check to see if there is a link somewhere on the screen that would look something like “<Back to ...”. Use this link instead of the browser's back arrow.



Illustration 3





Scrolling down the next screen past the “Your other plans” and “Your Extra Help with drug costs” sections, you will get to the “Your pharmacy list” and “Your drug list” sections.

Click on the “+ Add Pharmacies” button to add up to five pharmacies that you could use, including Mail Order. (Illustrations for this process follow on the next page)

Click on the “+ Add a drug” button to add the specific prescriptions that you take. (Illustrations of this process follow the pharmacy page).

When both your pharmacy list and your drug list illustrate your preferences, click on the “Find Plans Now” to continue to the next phase.

Note: In future months or years you will be able to modify your pharmacy and drug lists to reflect your changing preferences and prescription requirements. This will allow you to choose the most cost effective Part D plan in the future without having to reenter all your pharmacy and prescription information.



Illustration 4

Clicking on the “+ Add Pharmacies” button brings you to this screen. Clicking on the “Add a Pharmacy” button to enter your pharmacy preferences. You may select up to 5 pharmacies. I highly recommend selecting as many as you could possibly see yourself using. These pharmacies are a major factor in determining which Part D plan will be most cost effective.

Many PDP divides pharmacies into categories; Preferred, Standard, and Out-of-network. A Preferred pharmacy in one PDP, may not be preferred for other PDPs. You will get the best prices with a “Preferred” pharmacy.

There is no way to know which pharmacies will be “Preferred” at this stage of the analysis. Hence, it is important that you know all the options and select several pharmacies.

If you wish to consider Mail-order Pharmacy alternatives, be sure to mark “Mail-order Pharmacy” as one of your selections.

If you change your mind later about which pharmacies you wish to investigate, you can modify this pharmacy list.

Note: when you enter your zip code, you will be presented with all the participating pharmacies that fall within the designated distance. If there are very few, you can click on the “Distance...” button to expand the range.

Simply click in the box next to the five pharmacies you wish to include in your analysis. As you click on the pharmacies, they will be listed at the bottom of the screen. Click on “Done” when you have finished indicating your selections.



Illustration 5

My saved drugs

You haven't added any drugs yet.

Add a Drug

Done Adding Drugs

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

lis

lisinopril

Lialda

Librax

Add Drug

[Can't find your drug?](#)

Clicking on the “+ Add a drug” button on the “Hello...” screen brings you to this screen.

If you take no prescriptions, click on “Done Adding Drugs” button, which will take you back to the “Hello...” screen, then click on the “Find Plans Now” button.

To add a prescription, simply start typing the name of the drug in the big box entitled “Begin Typing to Find & Select Your Drug”. With each letter you enter, a list of possible drugs will appear below the box. Entering more letters fine tunes the selection.

When the list includes the drug you wish to add, click on that drug name and then click the “Add Drug” button to the right of the big box.



Illustration 6

Tell us about this drug

Lisinopril

DOSAGE

10mg tablet

QUANTITY FREQUENCY

30 Every month

Add to My Drug List Cancel

Adjust the Dosage, Quantity, and Frequency for the specific drug, and then click on the “Add to My Drug List” button. This will take you back to your “My saved drugs” list where you can enter another drug or click on the “Done Adding Drugs” button.

For prescriptions that are taken “as needed” make your best guess by tailoring the Quantity and Frequency fields.

If you take a generic drug for a more expensive brand name drug, you might have to enter the brand name. For example, you cannot add apixaban; the system will only take Eliquis.

Clicking on the “Done Adding Drugs” button takes you back to the “Hello...” screen.

Special Note:

If you have a prescription that is administered in your doctor's office or at an outpatient clinic (such as a Cortisone or Prolia injection), do not add that prescription to this list. The prescriptions that are entered into this system should only be those drugs that you obtain from a pharmacy (or mail order) and which you administer to yourself.

If you do not find the drug that you are looking for, it may not be a prescription that is covered by Medicare Part D. It may be a prescription that is covered by Medicare Part B (ask your doctor or pharmacist if this is the case). Alternatively, it may be a prescription that is not approved by Medicare, such as one that is considered “experimental” by Medicare. In this case, you may have to find an alternative source for that prescription.



Illustration 7

Find Plans

First, enter your ZIP code:

ZIP CODE

Select your county

DeKalb, IL Kane, IL

Next, select the type of plan you want:

Medicare Advantage Plan (Part C)
A Medicare-approved plan from a private company that offers an alternative to Original Medicare. With a Medicare Advantage Plan, you'll get your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage through your plan. Most plans include prescription drug coverage, and some offer extra benefits that Original Medicare doesn't cover (like vision, hearing, or dental services).
You must have both Part A and Part B before you can join a Medicare Advantage Plan.

Medicare drug plan (Part D)
A Medicare-approved plan from a private company that helps cover the cost of prescription drugs. If you have Original Medicare, you can add a Medicare drug plan as a separate, stand-alone plan. If you join a Medicare Advantage Plan, drug coverage is usually included in your plan's benefits.
You must have either Part A or Part B before you can join a Medicare drug plan.

Medigap policy
Extra insurance you can buy from a private company that helps pay your share of costs in Original Medicare. Policies are standardized, and in most states named by letters, like Plan G or Plan K. The benefits in each lettered plan are the same, no matter which insurance company sells it.
[When should I buy Medigap?](#) ⓘ
You must have both Part A and Part B before you can buy a Medigap policy.

[I want to learn more about coverage options before I see plans.](#)

Clicking on the “Find Plans Now” button on the “Hello...” screen takes you to this screen.

Enter your zip code, select your county, and select “Medicare drug plans (Part D)” and then click on the “Next” button.

This will take you to the “Help with your costs” screen. Unless you get help paying for your prescription drugs, select “I don't get help from any of these programs” and click the “Next” button.

(Continued on next page...)



**Sycamore
Agent**

John Knepper
www.SycamoreAgent.com

815-333-3344
John@SycamoreAgent.com

(Continued from previous page)

You will then confirm your drug list (click “Done Adding Drugs”), and your pharmacy list (click on “See Plans”).

Special Note:

If you are curious about Medicare Advantage Plans, click on that option to see the alternatives that are available to you. Keep in mind that you can save money with a Medicare Advantage Plan, if you stay healthy. But, if you need medical services, your options could limit the availability of doctors and hospitals you would prefer, and your Maximum Out-of-pocket cost could be over \$8,850. So, do you feel lucky?



Illustration 8

The screenshot shows the 'Your Plan Summary' page. At the top, there are sections for 'MY LOCATION' (DeKalb, IL) and 'PLAN TYPE' (Select a Plan Type). Below these are filter options for 'Insurance Carrier' and 'Star Ratings', with a 'View all filters' link. At the bottom, it indicates 'Showing 10 of 24 drug plans' and a 'SORT PLANS BY' dropdown menu currently set to 'Lowest drug + premium cost'.

Your current plan

The screenshot displays the details for the 'Cigna Extra Rx (PDP)' plan. Key information includes:

- Plan ID:** S5617-262-0
- Star rating:** 4 stars (represented by four stars, with the last one being a half star)
- MONTHLY PREMIUM:** \$65.40 (Includes: Only drug coverage)
- TOTAL DRUG & PREMIUM COST (for the rest of 2023):**
 - \$343.20 (Retail pharmacy: Estimated total drug + premium cost)
 - \$331.20 (Mail-order pharmacy: Estimated total drug + premium cost)
- DEDUCTIBLE:** \$100.00 (Drug deductible)
- PHARMACIES:** 4 of 4 of your selected retail pharmacies are in-network. (Link: View your pharmacies)
- DRUGS:** (Link: View drugs & their costs)

 At the bottom, there are buttons for 'Enroll', 'Plan Details', and an 'Add to compare' checkbox.

At the top of the “Your Plan Summary” screen are the factors that are being used for the analysis. In general, the only one that you might want to change is the “Sort Plans By” parameter. The default is “Lowest drug + premium cost” which is the best option to use. This will cause the list of plans to be displayed in total cost sequence. That is, all the costs of your prescriptions plus all the monthly premiums for the entire calendar year.

(Continued on next page...)



(Continued from previous page)

If you are currently enrolled in a PDP (ie., this is not your first time enrolling in Part D), then your current plan's information will be displayed at the top of the plan list under the heading "Your current plan", followed immediately by the first section of future available plans. If you are not currently enrolled in a PDP, then the plan list will follow the summary section immediately.

Each plan will be displayed in total cost sequence. The first plan on the list (not including the "current plan" if there is one) will be the plan with the lowest total cost.

Key point - Don't be swayed by the Monthly Premium or the Deductible amounts. These figures have been included in the total cost analysis. The key figure to consider is the Total Drug & Premium Cost for Retail pharmacy; in this example that's \$343.20.

Unless you have a really good reason for not doing so, I recommend that you select whatever plan is listed first. That is the most economical plan.

Note: Each plan will have its own Mail-order capability. When you choose a plan and wish to use Mail-order, you are limited to whichever Mail-order resource that plan uses. You do not need to purchase all your drugs retail or mail order. You can choose to purchase some retail and others mail order.



Illustration 9

[Back to search results](#)

Cigna
Cigna Extra Rx (PDP)

Plan type: Drug plan (Part D) Print

Plan ID: S5617-262-0

[Plan website](#) | Non-members: 1-800-735-1459 | Members: 1-800-222-6700 Enroll

What you'll pay	Total monthly premium	Retail pharmacy: 2023 estimated total drug costs	Mail order pharmacy: 2023 estimated total drug costs
	\$65.40	\$147.00 <small>Covers 2 of 2 drugs</small>	\$135.00 <small>Covers 2 of 2 drugs</small>

PHARMACIES

Check the network status of each pharmacy on your list. You can change pharmacies at any time to find lower costs for drugs. Change Pharmacies

How do pharmacy networks affect what I pay?

WALMART PHARMACY 10-0786	✓ Preferred In-network
OSCO DRUG #3272	✓ Preferred In-network
CVS PHARMACY #17575	✓ In-network
WALGREENS #5603	✓ Preferred In-network
Mail Order Pharmacy	✓ Preferred In-network

Costs vary based on the specific mail-order pharmacy

Clicking on the “Plan Details” button on the summary list brings you to a screen with all the plan details.

At the top of the screen is the key information about the plan; title, type, ID, etc. “What you'll pay” illustrates the monthly premium, the dollar amount you would pay if you purchase all your prescriptions at the most cost effective pharmacy, and the dollar amount you will pay if you purchase all your prescriptions via mail order.

When you have made a final decision and are ready to enroll, you have the option of doing so online via the “Enroll” button, or you can do it over the phone by calling the Non-members phone number displayed on the screen.

(Continued on next page...)



(Continued from previous page)

Scrolling down the screen, you will come to the list of your selected PHARMACIES. Note in this example, four of the pharmacies are “Preferred”. You will get the best prices if you purchase your prescriptions from one of these providers.

Note that you do not have to use just one pharmacy. For example, let's assume that you have several inexpensive prescriptions and just one or two expensive ones. Further, let's assume that you have one pharmacy that is particularly desirable (because of location or service) and that pharmacy is not a “Preferred” pharmacy, but the cost of your inexpensive drugs is about the same at all the pharmacies. You may choose to get all your inexpensive drugs at the “In-network” pharmacy, and save money on your expensive drugs by going to one of the “Preferred” pharmacies.



Illustration 10

YEARLY DRUG COSTS BY PHARMACY					
Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?					
	Walmart Pharmacy 10-0786 ✔ Preferred	Osco Drug #3272 ✔ Preferred	CVS Pharmacy #17575 ✔ In-network	Walgreens #5603 ✔ Preferred	Mail Order Pharmacy ✔ Preferred
Eliquis 5mg tablet	\$135.00	\$135.00	\$141.00	\$135.00	\$135.00
Lisinopril 10mg tablet	\$12.00	\$12.00	\$24.15	\$12.00	\$0.00
Total yearly drug cost	\$147.00	\$147.00	\$165.15	\$147.00	\$135.00
ESTIMATED TOTAL DRUG + PREMIUM COST					
	Walmart Pharmacy 10-0786 ✔ Preferred	Osco Drug #3272 ✔ Preferred	CVS Pharmacy #17575 ✔ In-network	Walgreens #5603 ✔ Preferred	Mail Order Pharmacy ✔ Preferred
Total drug + premium cost (for the rest of 2023)	\$343.20	\$343.20	\$361.35	\$343.20	\$331.20
When you'll meet your deductible	You won't meet your deductible in 2023	You won't meet your deductible in 2023	You won't meet your deductible in 2023	You won't meet your deductible in 2023	You won't meet your deductible in 2023
When you'll enter the coverage gap	You won't enter the coverage gap in 2023	You won't enter the coverage gap in 2023	You won't enter the coverage gap in 2023	You won't enter the coverage gap in 2023	You won't enter the coverage gap in 2023
ESTIMATED TOTAL MONTHLY DRUG COST					
	Walmart Pharmacy 10-0786 ✔ Preferred	Osco Drug #3272 ✔ Preferred	CVS Pharmacy #17575 ✔ In-network	Walgreens #5603 ✔ Preferred	Mail Order Pharmacy ✔ Preferred
October	\$49.00	\$49.00	\$55.05	\$49.00	\$135.00
November	\$49.00	\$49.00	\$55.05	\$49.00	-
December	\$49.00	\$49.00	\$55.05	\$49.00	-

Scrolling down further on the screen you will see the “YEARLY DRUG COSTS BY PHARMACY” display. Note in this example that the drug costs at CVS are higher than the costs at the other retail pharmacies. Note also, that Lisinopril is free if you purchase that drug via Mail Order.

Further down the screen you will see the “ESTIMATED TOTAL DRUG + PREMIUM COST” for each pharmacy option.

Still further down the screen you will see the “ESTIMATED TOTAL MONTHLY DRUG COST” for each pharmacy option. (These figures do not include the monthly premium.) This display is meant to help you budget your prescription costs.

Note: The unfortunate assumption with all of these figures is that you are starting from scratch - that you don't have any drugs on hand when you start the program and you purchase your entire requirements on day one of the analysis.



Illustration 11

ESTIMATED DRUG COSTS DURING COVERAGE PHASES					
The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs. Learn more about coverage phases.					
+ WALMART PHARMACY 10-0786 - DRUG COSTS DURING COVERAGE PHASES					
+ OSCO DRUG #3272 - DRUG COSTS DURING COVERAGE PHASES					
+ CVS PHARMACY #17575 - DRUG COSTS DURING COVERAGE PHASES					
- WALGREENS #5603 - DRUG COSTS DURING COVERAGE PHASES					
	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Eliquis 5mg tablet	\$642.66	\$45.00	\$45.00	\$160.67	\$32.13
Lisinopril 10mg tablet	\$6.06	\$4.00	\$4.00	\$4.00	\$4.15
Monthly totals	\$648.72	\$49.00	\$49.00	\$164.67	\$36.28
+ MAIL ORDER PHARMACY - DRUG COSTS DURING COVERAGE PHASES					
- Collapse more drug coverage					

Scrolling further down the screen you arrive at the most complicated aspect of Medicare Part D - the "ESTIMATED DRUG COSTS DURING COVERAGE PHASES". You may find this interesting, but it really doesn't affect how you choose the most economical PDP.

What you pay for drugs in a year depends on what coverage phase you're in. Once you meet your "deductible," (for 2024, as much as \$545.00 depending on the plan) a drug's cost could vary in each coverage phase. You'll start a new coverage phase once your spending for drugs has reached a certain amount.

Cost after deductible (also called "initial coverage") - You'll pay a percentage of the plan's cost for covered drugs. Once you and your plan spend \$5,030 for 2024 combined on drugs (including deductible), you're in the coverage gap.

Coverage gap (also called "donut hole") - During this phase, your plan doesn't pay for your drugs. You'll pay no more than 25% of the cost for brand-name drugs and generic drugs until you and your plan spend \$8,000 for 2024.

(Continued on next page...)



(Continued from previous page)

Cost after coverage gap (also called "catastrophic coverage") - You'll pay no more than 5% of the cost for covered drugs for the rest of the year.

Two key factors to keep in mind:

1. Tier 1 drugs (and Tier 2 drugs for some plans) are not subject to the deductible.
2. Those \$5,030 and \$8,000 figures include what you personally pay and what your plan pays. This is the accumulation of the Retail cost of each of the prescriptions.

If you click on the big blue button at the bottom of the previous page ("View more drug coverage") you will be treated to a huge amount of information, much of which you don't need to know.

To highlight the points...

Tier – This is the cost category that is assigned to each drug. Each tier has a cost formula that defines how much the plan pays the pharmacy and how much you pay. The tiers categorize prescription costs from low to high. The six tiers for 2024 are:

1. Preferred Generic
2. Generic
3. Preferred Brand
4. Non-Preferred Brand
5. Specialty
6. Select Care Drugs

Part D plans use a variety of prescription drug benefit management tools including:

Prior authorization – Some drugs require prior authorization before you can purchase them. In these cases your physician will need to be involved to convince the PDP that you require the particular prescription.

Quantity limits – Some drugs can only be purchase within certain quantity limits, unless authorization has been obtained from your physician.

Step Therapy – Certain drugs can only be purchased if you have tried less expensive drugs and found that the less expensive drugs are unacceptable (as determined by your physician).

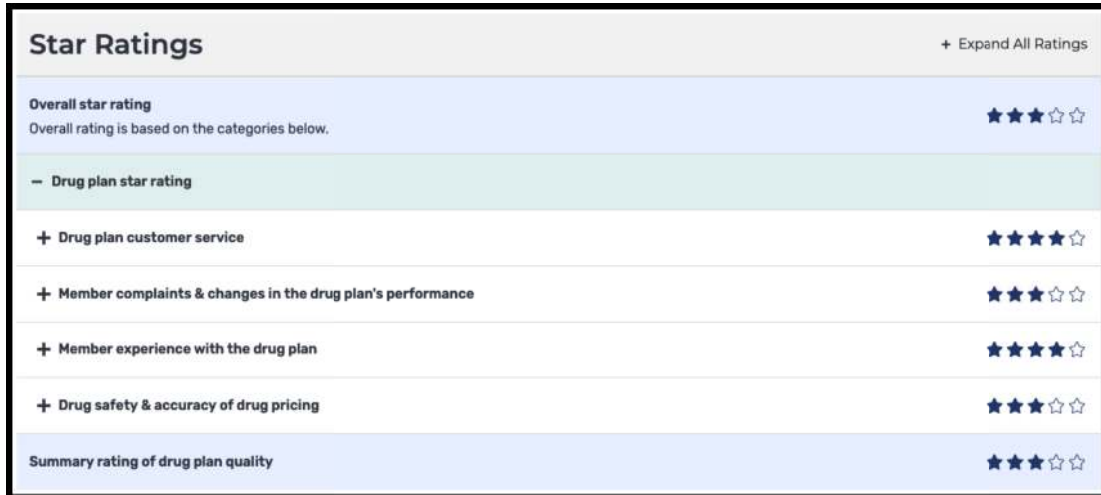
Whenever authorization is required, your doctor must interact with the PDP before a prescription will be sold to you.

Substitution – PDP sponsors may substitute generic drugs for brand name drugs if the generic drugs have the same or lower cost-sharing and certain conditions are met.

Comprehensive Addiction and Recovery Act (CARA) programs – Plans may impose certain limitations on the prescribers or pharmacies a beneficiary can use to manage utilization for beneficiaries who are at risk of misusing or abusing frequently abused drugs, such as opioids.



Illustration 12



Scrolling down to the bottom of the screen, you will see the Star ratings for the plan.

Each year the Centers for Medicare & Medicaid Services (CMS) reviews Medicare Part D plans, and “scores” them with stars for various categories of performance.

PDPs that earn a 2-star rating in any category are put on probation for a year. This ensures a certain level of commitment on the part of each PDP to maintain good standards of service. If the plan doesn't improve during the probation period, the plan will be terminated by CMS.

You can see the specific evaluating criteria by clicking on the “+” signs for each category.

Note: If your plan is terminated for any reason, you will be notified and you would have a Special Enrollment Period during which time you could switch to a different plan of your choosing.