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Medicare Part D (Prescription Drug Plan) Selection Procedure

For Calendar Year 2022

(and November & December, 2021)

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, 2021. The illustrations and directions reflect how the website worked at that time.



Things to keep in mind...

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) of 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, 2021, you will have the option of looking at 2021 or 2022 plans. The system defaults to 2022. If you are starting Part D in November or December, you must choose select the 2021 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.

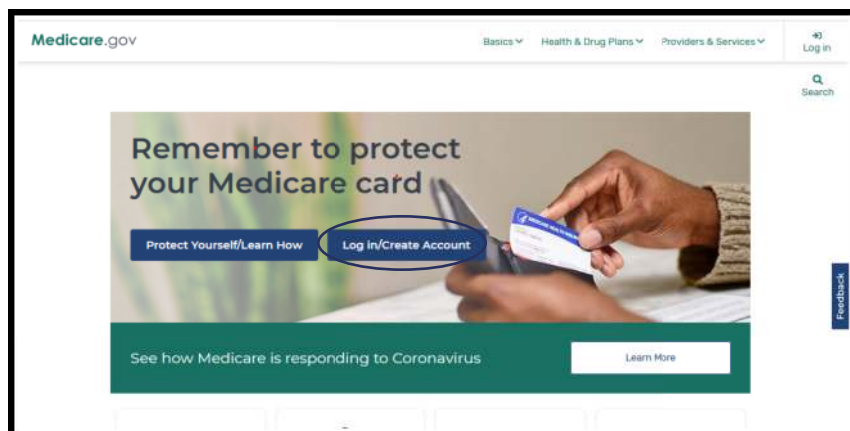
You will be able to change locations when you get to the screen that displays all the plans that are available. There is a "Change Location" link at the top of that screen.

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.



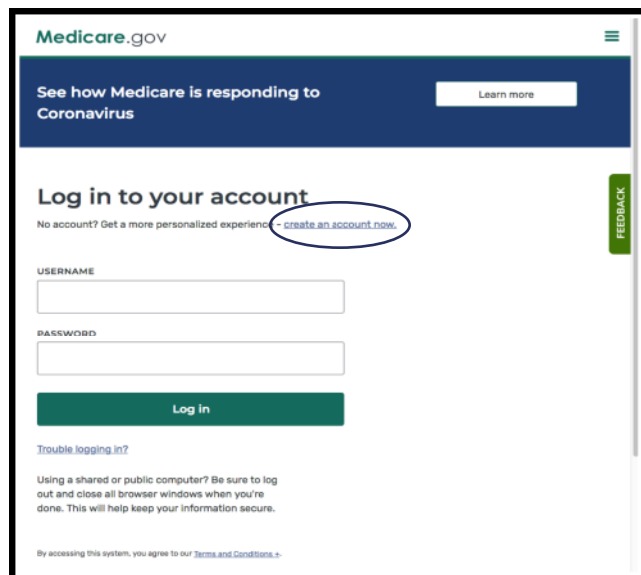
Illustration 1



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.

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

Click on “Log In / Create Account”. This will take you to the second screen, where you will create your own account by clicking on the “create an account now” link in the middle of the screen. 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.

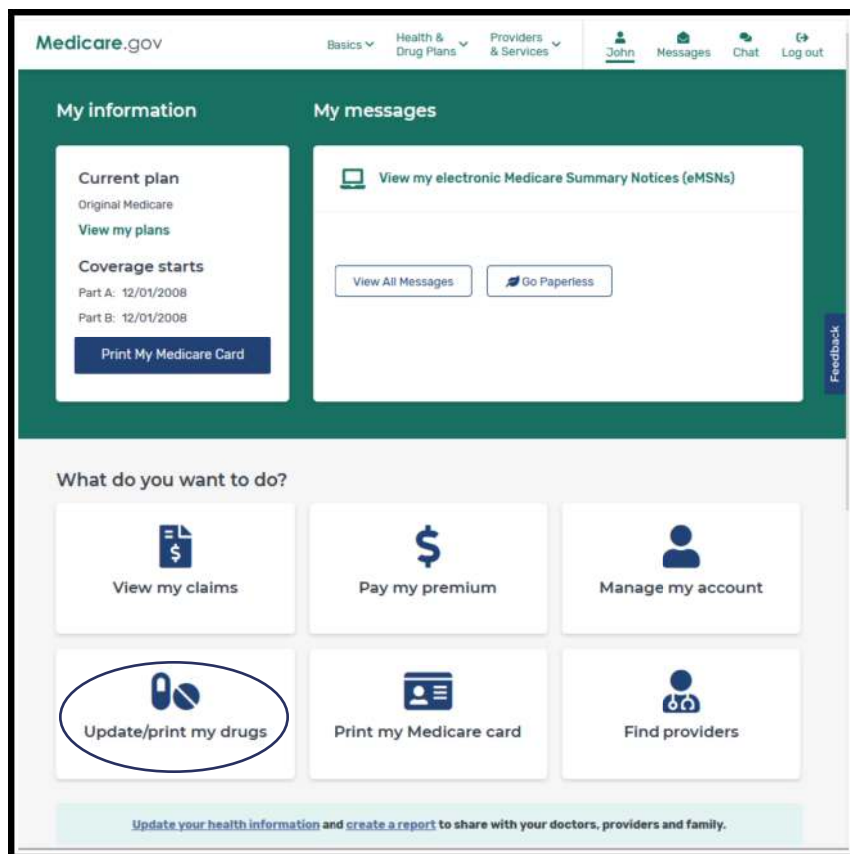


When you have created your account, enter your username and password and click on the “Log in” button.

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



In order to enter your prescriptions, click on the “Update/print my drugs” box.

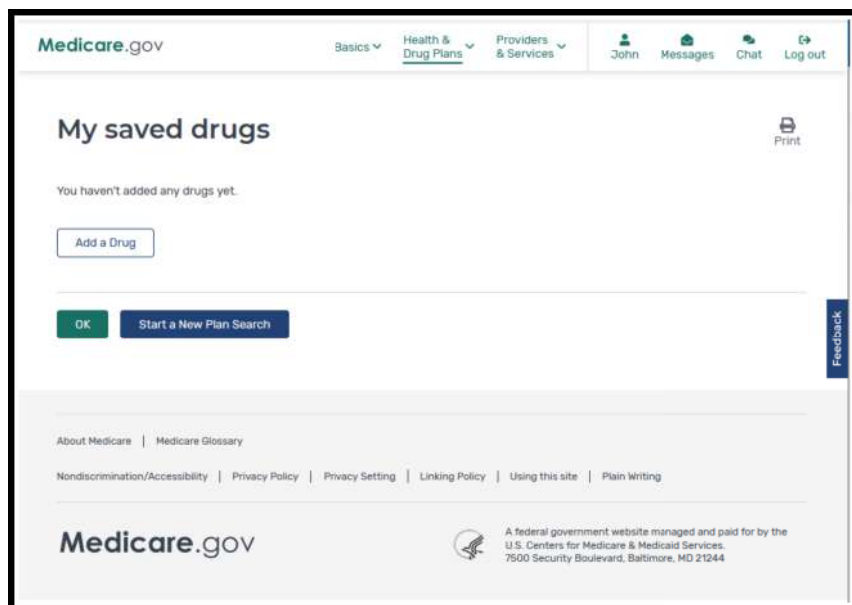
(Pharmacy information will be entered later in the process.)

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



This is the screen that will be used to enter your prescriptions.

For your reference, the “OK” button would take you back to the previous screen.

If you have no prescriptions to enter, click on the “Start a New Plan Search” button.

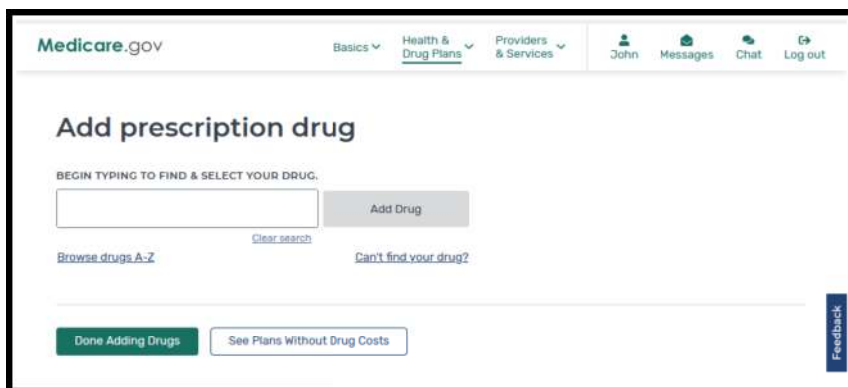
Click the “Add a Drug” button to begin the process of documenting your prescriptions. This process will be completed for each prescription to be recorded.

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.

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



Illustration 4



Begin typing in the “Begin Typing To Find & Select Your Drug” box. As you enter the prescription name, a list of possible entries will appear below the box.

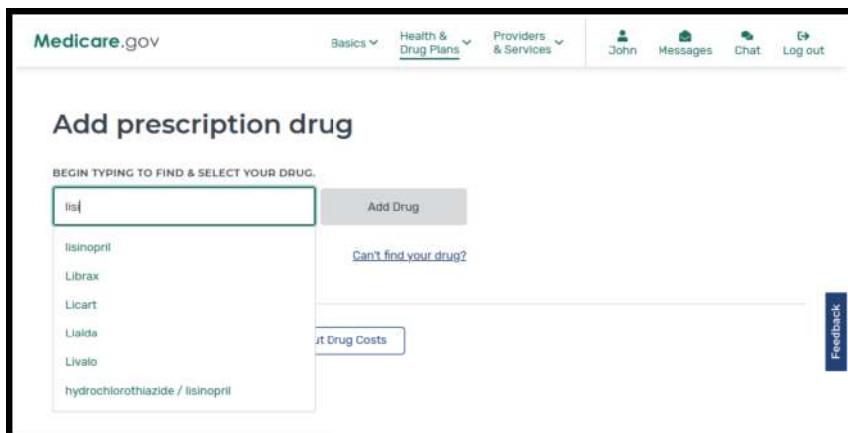
When you see the entry you wish to make, click on it. Then click on the “Add Drug” button to the right of the box.

Special Note:

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.

Special Note:

I have found NorthwestPharmacy.com to be an excellent source for prescriptions that are not approved by Medicare, and/or which have excessively high prices. It is a Canadian mail-order pharmacy.



When you use an out-of-country pharmacy or when you use an in-country pharmacy that is out-of-network, you are outside your Prescription Drug Plan – no prescription that you obtain from such a source will be reflected on your drug history, and will not be credited toward meeting your Medicare Part D Deductible.



Illustration 5

Medicare.gov

Menu

Tell us about this drug

Lisinopril

DOSAGE

20mg tablet

QUANTITY

30

FREQUENCY

Every month

Feedback

Add to My Drug List Cancel

In the “Tell us about this drug” screen adjust the dosage, quantity, and frequency figures to reflect your prescription.

It is important that you enter the correct quantities and frequencies, as these two factors are used to determine how many prescription refills you will have over the course of a year.

If you only take a pill as needed, say, once or twice per month, be sure to enter 1 or 2 in the Quantity field.

If you enter a brand name drug for which there is a generic alternative, the system will present you with the option of entering the brand name or the generic equivalent. Be sure to select the alternative that is consistent with your doctor's orders.

When you have the correct Dosage, Quantity, and Frequency entered, click on the “Add to My Drug List” button.

A generic is available

Symbicort has a lower cost generic version called **budesonide / formoterol**.

Would you like to add **budesonide / formoterol** to your list instead?

Add Generic Add brand instead



Illustration 6

Medicare.gov Menu

Confirm your drug list

Print

Be sure your drug list is up-to-date to get the most accurate estimate of your drug costs when looking at plans.

Eliquis 5mg tablet	Quantity	Frequency	
	60	Every month	
Remove drug		Edit drug	

Lisinopril 20mg tablet	Quantity	Frequency	
generic	30	Every month	
Remove drug		Edit drug	

Drug	Package Type	Quantity	Frequency
Symbicort 160-4.5mcg/act aerosol	10.2gm inhaler	1	Every month
Remove drug			Edit drug

[Add Another Drug](#)

[Done Adding Drugs](#)

Feedback

The “Confirm your drug list” screen will appear after entering each prescription.

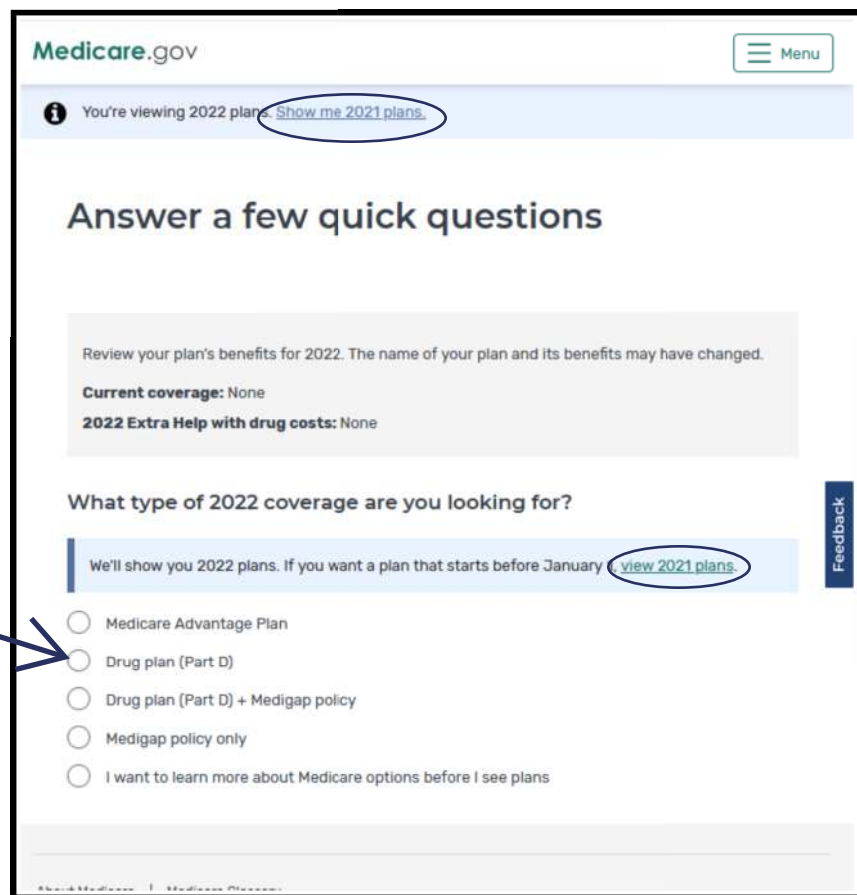
Click the “Add Another Drug” button to add another prescription.

When all your prescriptions have been entered, click the “Done Adding Drugs” button. (In this example, three prescriptions have been entered.)

Notice that if you have an error in your details, you can remove the drug or edit the drug as appropriate. This is what you may want to do in future years as your drug list changes over time.



Illustration 7



You will be presented with five choices for your analysis. For purposes of selecting a Prescription Drug Plan, mark “Drug plan (Part D)”. Do not select “Drug plan (Part D) + Medigap policy”. This option is for states where there are Medicare Supplement plans that include prescription drug (not Illinois).

When you have marked the Drug plan (Part D) option, enter your zip code in the appropriate box. If your zip code is associated with more than one county, you will be asked to select the appropriate one

(In Illinois, the plans are the same for all counties. This county selection step is used when Medicare Advantage plans are being analyzed, as MA plans can be limited to specific counties.)

Click the “Next” button to continue with the Part D analysis.

IMPORTANT NOTE:

If you are completing this procedure during October or November, 2021, be sure you are viewing the appropriate time period. The system defaults to viewing 2022 plans. If you wish to see options for November or December of 2021, click on the “show me 2021 plans” button at the top or the “view 2021 plans” in the middle of the screen.

Special Note:

If you are curious about Medicare Advantage plans, you can select that option and see what MAPD option are available in your area. Let's talk before you decide to enroll in one of these plans. You should be aware of all aspects of this coverage decision.



Illustration 8

The first step in choosing your potential pharmacies is to enter your zip code. If the zip code is used in multiple counties, a pop-up menu will appear so that you can clarify your location.

When you have indicated your geographical location, the system will present a multitude of pharmacies that are reasonably close to that location. This list could be as few as just a couple (if you are in a rural area where there are few pharmacies) or there may be tens of pharmacies listed if you are in a populous area. If too few pharmacies are listed, click on the “Filter” button to increase the geographical area being searched.

You can select up to five pharmacies for your analysis. These are the pharmacies that the system will use in determining the prescription costs. While you are not required to select five pharmacies, it is recommended that you select as many as you would be willing to use.

Each 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.

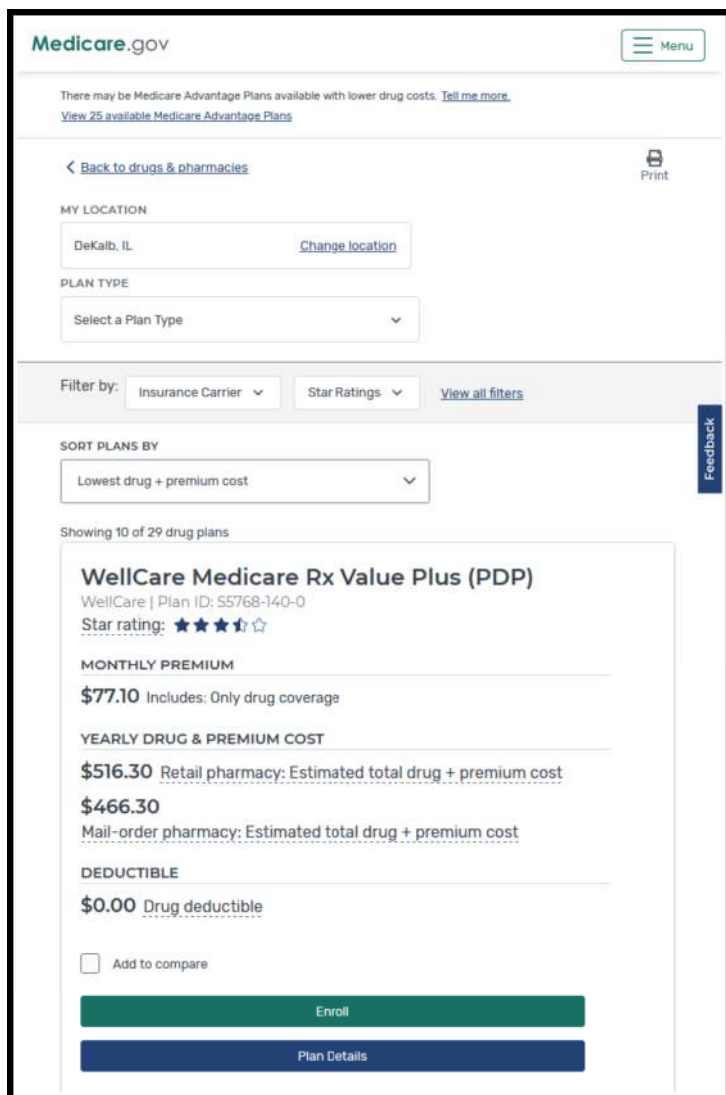
If you wish to consider Mail-order Pharmacy alternatives, be sure to mark “Mail-order Pharmacy” as one of your selections.

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

When you have chosen your pharmacies, click the “Done” button at the bottom of the screen.



Illustration 9



All the plans that are available to you are presented in sequence by “Lowest drug + premium cost” for the entire year. In this illustration, WellCare Medicare Rx Value Plus will provide the most economical plan.

For this WellCare plan, the total cost of coverage for the remaining days of 2021 is \$516.30. This amount includes the monthly premiums for three months, plus the cost of the three prescriptions for the remaining three months of 2021. (This example was generated in late September, 2021, and covers the last three months of that calendar year.)

Note that the Mail-order option (\$466.30) would save money. When you enroll in a PDP, you can choose to acquire some or all of your prescriptions through the mail or at the retail pharmacy. You do not have to get all your drugs the same way.

Note that the deductible for this particular plan is \$0.00. For 2022, the deductible can be as much as \$480. The deductible is not considered for generic drugs (Tier 1). So, if your prescriptions are all generic, it is likely that you will pay nothing for them at the pharmacy.

This illustration presents just the very top of the screen which displays 10 of the 29 drug plans that were available in September, 2021. Each of the other nine plans is displayed below the WellCare plan.

Click on the “Plan Details” button to see more details about the WellCare Medicare Rx Value Plus plan.

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. Don't be swayed by the monthly premium amount – that is only part of the total cost of coverage.



Illustration 10

The screenshot displays the Medicare.gov interface for a WellCare Medicare Rx Value Plus (PDP) plan. At the top, it shows the Medicare.gov logo and a menu icon. Below that, there's a navigation link 'Back to search results' and the plan name 'WellCare Medicare Rx Value Plus (PDP)'. The plan type is identified as 'Drug plan (Part D)' with Plan ID 'S5768-140-0'. There are links for 'Plan website', 'Non-members: 1-866-859-9084', and 'Members: 1-833-207-4241', along with an 'Enroll' button. A summary table shows the 'What you'll pay' section with three columns: 'Total monthly premium' at \$77.10, 'Retail pharmacy: 2021 estimated total drug costs' at \$285.00 (covering 3 of 3 drugs), and 'Mail order pharmacy: 2021 estimated total drug costs' at \$235.00 (covering 3 of 3 drugs). Below this is an 'Overview' section with expandable details for 'PREMIUMS', 'DEDUCTIBLES', and 'CONTACT INFORMATION'. The 'DEDUCTIBLES' section shows a 'Drug deductible' of \$0.00. The 'CONTACT INFORMATION' section lists the plan address: 'Attn: Pre Enrollment, PO Box 31685, Tampa, FL 33631'.

The details for each plan are extensive. This screen and the ones that follow are all accessed by scrolling down on the screen.

This top of the screen view presents the basics of the plan

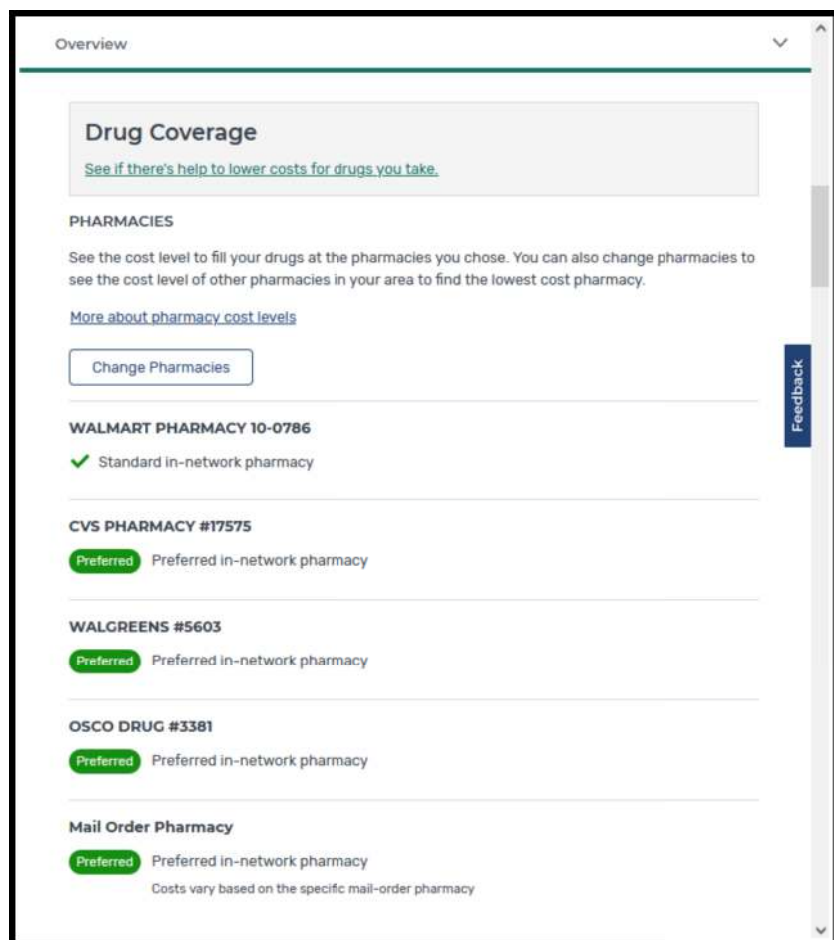
With this plan, you would pay a monthly premium of \$77.10. In addition, you would pay a total of \$285.00 over the course of this analysis (three months) if you purchase your drugs at a preferred retail pharmacy. (So, each month you would pay about one third of \$285.00.) Alternatively, you would pay a total of \$235.00 over the course of the three months if you purchase your prescriptions by mail order.

You do not need to purchase all your drugs retail or mail order. You can choose to purchase some retail and others mail order.

When you have made a final decision to enroll (after you have reviewed the details of the plan), you can do so by clicking on the “Enroll” button at the top of the screen or you can enroll over the phone by using the Non-members phone number.



Illustration 11



Scrolling down the WellCare screen, you will see a view like this illustration.

Here you see that you will get the best retail pricing from CVS, Walgreens, and Osco, as these are all “Preferred” pharmacies. Walmart is a “Standard in-network pharmacy.” You can buy your drugs from Walmart, but the total cost of your drugs will be higher. The “Preferred” and “Standard” designations for the illustrated pharmacies are for this WellCare PDP plan. Other PDPs may have these pharmacies fall into different “Preferred” and “Standard” categories.

Note: If none of the pharmacies are Preferred, you may wish to return to the “Choose up to 5 pharmacies” screen and modify your selections. You can do that by clicking on the “Change Pharmacies” button.

If you purchase a drug from an Out-of-network pharmacy, you will pay the full retail price.

You are not limited to getting your prescriptions from just one pharmacy. In this illustration, you will get the preferred pricing from any one of the four preferred pharmacies that are listed. So if you normally get your drugs from Walgreens because that pharmacy is close to your home, and if you are out of town on vacation in New Mexico, you will get the preferred pricing if you go to any one of the preferred pharmacies near where you are vacationing.



Illustration 12

Drug Coverage

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.

PRESCRIPTION DRUG YOU ARE VIEWING: ←

Total yearly drug cost

Change

Walmart Pharmacy 10-0786
✓ Standard in-network pharmacy
\$299.07

CVS Pharmacy #17575
Preferred Preferred in-network pharmacy
\$285.00

Walgreens #5603
Preferred Preferred in-network pharmacy
\$285.00

Oscor Drug #3381
Preferred Preferred in-network pharmacy
\$285.00

Mail Order Pharmacy
Preferred Preferred in-network pharmacy
\$235.00

Scrolling further down the page, you will see this view that lists the total cost of your prescriptions at each of the selected pharmacies.

As expected, Walmart's total for the remainder of the year is higher than the others. In this illustration, the difference is so little that you might wish to use Walmart anyway if Walmart is more convenient for you.

Note that the figures displayed in this view are for the drug costs only. These figures reflect the total amount you will pay at the pharmacies for all your drugs for the remainder of the year. It does not include the cost of your monthly premiums.

You can see the individual costs at each pharmacy for each of your individual prescriptions by selecting the individual drug in the “PRESCRIPTION DRUG YOU ARE VIEWING” pull-down menu. Just select one of your prescriptions in that menu list and click on the “Change” button.

Scrolling further down the screen, you will see another view that looks just like this one, but which will present the total costs for each pharmacy That will be the “Total yearly drug + premium cost” view.

(I have not included that illustration in this document.)



Illustration 13

Drug Coverage

ESTIMATED TOTAL MONTHLY DRUG COST

October

Walmart Pharmacy 10-0786
✓ Standard in-network pharmacy
\$99.69

CVS Pharmacy #17575
Preferred Preferred in-network pharmacy
\$95.00

Walgreens #5603
Preferred Preferred in-network pharmacy
\$95.00

Osco Drug #3381
Preferred Preferred in-network pharmacy
\$95.00

Mail Order Pharmacy
Preferred Preferred in-network pharmacy
\$235.00

November

Walmart Pharmacy 10-0786
✓ Standard in-network pharmacy
\$99.69

CVS Pharmacy #17575
Preferred Preferred in-network pharmacy
\$95.00

Walgreens #5603
Preferred Preferred in-network pharmacy
\$95.00

Osco Drug #3381
Preferred Preferred in-network pharmacy
\$95.00

Feedback

Scrolling further down the details screen, you will see the monthly cost of your prescriptions for each of the remaining months of the year. You can use this information to plan your budget for the coming months.

In this illustration, you can see that if you purchase your drugs from CVS, you will spend \$95.00 in each of October and November (and December, if the illustration were expanded downward).

Note that if you purchase your prescriptions by mail order, you will pay \$235.00 in October. That's because mail order is purchased three months at a time. If the illustration were longer, you would see that there would be no cost for mail order in November or December.



Illustration 14

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.](#)

PRESCRIPTION DRUG YOU ARE VIEWING:

Eliquis 5mg tablet

Change

+ WALMART PHARMACY 10-0786

- CVS PHARMACY #17575

Eliquis 5mg tablet

Retail cost	\$525.92
Cost after deductible	\$47.00
Cost in coverage gap	\$131.48
Cost after coverage gap	\$26.30

+ WALGREENS #5603

+ OSCO DRUG #3381

+ MAIL ORDER PHARMACY

Scrolling further down the details screen, you will come to the most complicated aspect of Medicare Part D – ESTIMATED DRUG COSTS DURING COVERAGE PHASES.

The cost of each prescription can change based on which coverage phase you are in. There are four phases.

Each time you purchase a prescription, Medicare captures the “Retail cost” associated with that purchase. In this illustration if you buy Eliquis at CVS Medicare adds \$525.92 to what is called your TROOP accumulator. That accumulated figure is what is used to determine when you have met your deductible, and when you “graduate” from one coverage phase to the next.

Phase 1 – Cost before deductible. In our illustration, WellCare does not have a deductible, so this phase is automatically eliminated.

Phase 2 – Cost after deductible. Once the deductible is met, the cost of the drug to you is the figure listed for this phase. In this case, you will pay \$47.00 for Eliquis at CVS.

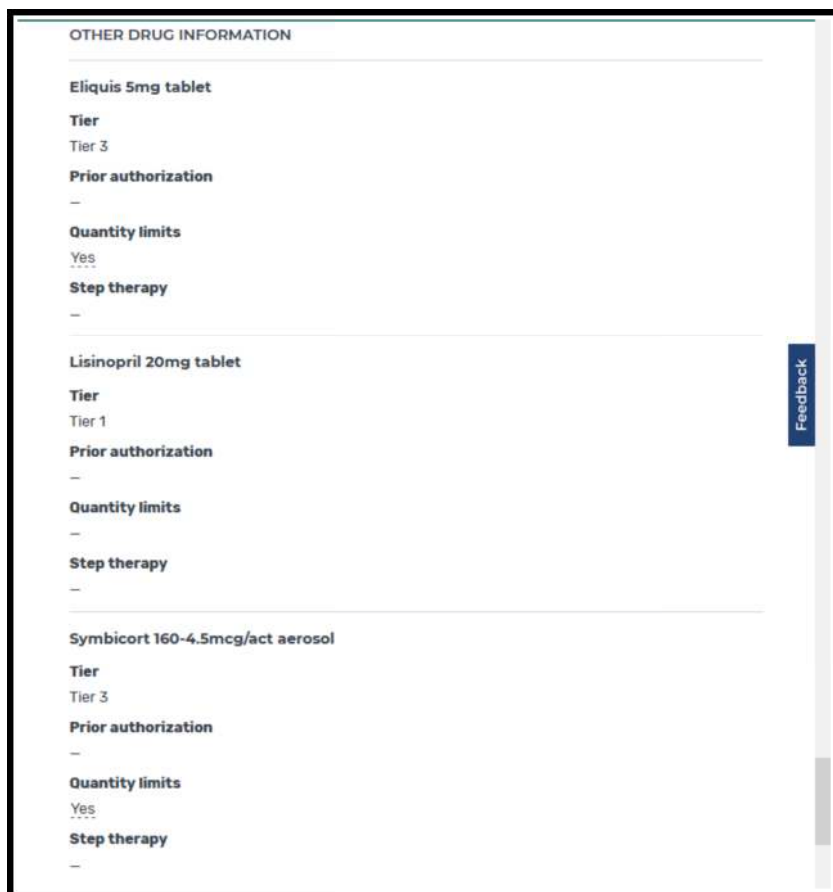
Phase 3 – Cost in coverage gap (the “Donut Hole”). When that accumulator reaches \$4,430, the cost of the drug to you is the figure listed for this phase. You would pay \$131.48 for Eliquis at CVS if you were in the donut hole.

Phase 4 – Cost after coverage gap. When that accumulator reaches \$7,050, the cost of the drug to you is the figure listed for this phase. In this case, you will pay \$26.30 for Eliquis at CVS after you are out of the donut hole.

Note that these trigger figures are not what YOU pay, but rather what has been accumulated using the Retail cost figure.



Illustration 15



Scrolling further down the screen, you will come to “Other Drug Information.” For each prescription you will see:

Tier – This is the cost category that is assigned to this 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 five tiers are:

1. Preferred Generic (not subject to deductibles)
2. Generic
3. Preferred Brand
4. Non-Preferred Brand
5. Specialty

Prior authorization – Some drugs require prior authorization before you can purchase them.

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.



Illustration 16

Star ratings		+ Expand All Ratings
Overall star rating	★★★★☆	
Overall rating is based on the categories below.		
- Drug plan star rating		
+ Drug plan customer service	★★★★★	
+ Member complaints & changes in the drug plan's performance	★★★★☆	
+ Member experience with the drug plan	★★★☆☆	
+ Drug safety & accuracy of drug pricing	★★★☆☆	
Summary rating of drug plan quality	★★★★☆	

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.