

MEDICARE PART D

WHAT YOU NEED TO KNOW



WE ARE:

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• **LINDSAY DYMOWSKI**

Medicare Strongly Advises that you have:

Rx coverage

Plan D or Equivalent

In order to escape penalties!

**A MUST HAVE!
BUT WHICH PLAN?**

MEDICARE PART D

OR

MEDICARE ADVANTAGE

MEDICARE ADVANTAGE PLANS

- MOST MEDICARE ADVANTAGE PLANS INCLUDE RX COVERAGE AS PART OF THE OVERALL HEALTH PLAN COVERAGE SO THERE IS NO NEED TO FURTHER CHOOSE
- WE WILL DEVOTE OUR TIME HERE TO A DISCUSSION OF MEDICARE PART D STAND ALONE PLANS

COST CONSIDERATIONS

MONTHLY PREMIUM

DEDUCTIBLE

COPAYMENT (\$)/COINSURANCE (%)

COVERAGE GAP

2021 Estimated Monthly Premium Adjustment Based on Income : Known as IRMAA

Individual Annual Income	Couples Annual Income	What you pay in addition to your regular Part D premium					
Equal to or below \$85,000 <small>Part D Premium Income Brackets</small>	Equal to or below \$170,000	\$0					
\$85,001 – \$107,000	\$170,001 – \$214,000	\$12.40					
\$107,001 – \$133,500	\$214,001 – \$267,000	\$31.90					
\$133,501 – \$160,000	\$267,001 – \$320,000	\$51.40					
\$160,001 – \$499,999	\$320,001 – \$749,999	\$70.90					
\$500,000 and above	\$750,000 and above	\$77.90					

COST DEFINITIONS

- **DRUG PLANS CHARGE A MONTHLY FEE (PREMIUM).**
 - **THIS IS IN ADDITION TO THE PREMIUM YOU PAY FOR YOUR MEDICARE SUPPLEMENT INSURANCE “PART B” PLAN.**
 - **YOU CAN CONSIDER AUTOMATIC PAYMENT ARRANGEMENTS.**
- **YEARLY DEDUCTIBLE:** **THE AMOUNT YOU PAY BEFORE YOUR DRUG PLAN BEGINS TO PAY ITS SHARE OF YOUR COVERED DRUGS.**

SOME PLANS HAVE ONE, SOME DON'T. IF THERE IS ONE, IT IS LIMITED TO \$445 IN 2021.

MORE COST DEFINITIONS

- **COINSURANCE/COPAYMENT:** THIS IS THE AMOUNT YOU PAY FOR EACH PRESCRIPTION AFTER YOU'VE PAID YOUR DEDUCTIBLE
 - (IF YOUR PLAN HAS ONE)
- **COINSURANCE:** PAYING A PERCENTAGE OF THE COST OF A DRUG
- **COPAYMENT:** PAYING A SET DOLLAR AMOUNT FOR ALL DRUGS WITHIN A TIER

YET ANOTHER DEFINITION

- **TIERS:** MOST PLANS HAVE DIFFERENT LEVELS OR TIERS OF COINSURANCE OR COPAYMENTS WITH DIFFERENT COSTS FOR DIFFERENT TYPES OF DRUGS. TIERS MAY ALSO BE REFERRED TO AS “COST SHARING TIERS”.
- **DIFFERENT RX POLICIES MAY PUT YOUR DRUGS IN HIGHER OR LOWER TIERS, MAKING THEM MORE OR LESS COSTLY.**

TWO MORE TERMS TO UNDERSTAND

- **COVERAGE GAP OR DONUT HOLE:** AFTER YOU AND YOUR PLAN HAVE PAID A CERTAIN AMOUNT ON MEDICATIONS YOU ENTER THE COVERAGE GAP IN WHICH YOU PAY ALL COSTS OUT-OF-POCKET. (\$4,130 IN 2021).
- THERE ARE STEEP DISCOUNTS ON THE COSTS OF DRUGS PURCHASED WHILE IN THE COVERAGE GAP. (75% FOR BRAND-NAME AND 75% FOR GENERIC DRUGS)
- **CATASTROPHIC COVERAGE:** ONCE OUT OF THE COVERAGE GAP (\$6,550 OUT OF POCKET IN 2021) YOU GET CATASTROPHIC COVERAGE WHERE YOU PAY ONLY \$8.95-BRAND NAME/\$3.60 GENERIC FOR COVERED DRUGS FOR THE REST OF THE YEAR.

FORMULARY

EACH PLAN HAS ITS OWN FORMULARY!

THEREFORE

MATCH THE DRUGS YOU TAKE WITH YOUR PLAN'S

FORMULARY

COVERAGE CONSIDERATIONS

PUBLISHED PLAN FORMULARY CONTAINS:

COST OF EACH DRUG - (BY TIER)

TIER DESIGNATION

GENERIC & BRAND-NAME DRUGS

FILLING PRESCRIPTIONS

YOUR RX PLAN HAS RULES:

- **MAY REQUIRE PRIOR AUTHORIZATION BY YOUR PROVIDER**
- **MAY REQUIRE STEP THERAPY**
(TRYING CHEAPER DRUGS BEFORE ALLOWING THE MORE EXPENSIVE ONES)
- **MAY SET QUANTITY LIMITS**

PART D — COVERED DRUGS

- ■PRESCRIPTION BRAND-NAME AND GENERIC DRUGS
- •APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION (FDA)
- •USED AND SOLD IN U.S.
- •USED FOR MEDICALLY-ACCEPTED INDICATIONS
- ■INCLUDES PRESCRIPTION DRUGS, BIOLOGICAL PRODUCTS, AND ASSOCIATED SUPPLIES
- •SUPPLIES ASSOCIATED WITH INJECTION OF INSULIN
- ■PLANS MUST COVER A RANGE OF DRUGS IN EACH CATEGORY
- ■COVERAGE AND RULES VARY BY PLAN

REQUIRED COVERAGE

- ♣ **ALL DRUGS IN 6 PROTECTED CLASSES**
 - **1.CANCER DRUGS**
 - **2.HIV/AIDS DRUGS**
 - **3.ANTIDEPRESSANTS**
 - **4.ANTIPSYCHOTICS**
 - **5.ANTICONVULSANTS**
 - **6.IMMUNOSUPPRESSANTS**
- ♣ **ALL COMMERCIALY AVAILABLE VACCINES (SHINGLES SHOT)**
- ♣ **EXCEPT THOSE COVERED UNDER PART B (FLU SHOT)**

DRUGS EXCLUDED BY LAW UNDER PART D

- **♣ DRUGS FOR ANOREXIA, WEIGHT LOSS, OR WEIGHT GAIN**
- **♣ ERECTILE DYSFUNCTION DRUGS WHEN USED FOR THE TREATMENT OF SEXUAL OR ERECTILE DYSFUNCTION**
- **♣ FERTILITY DRUGS**
- **♣ DRUGS FOR COSMETIC OR LIFESTYLE PURPOSES**
- **♣ DRUGS FOR SYMPTOMATIC RELIEF OF COUGHS AND COLDS**
- **♣ PRESCRIPTION VITAMIN AND MINERAL PRODUCTS**
- **♣ OVER-THE-COUNTER DRUGS**

ENROLLMENT WARNING!

- **ENROLLMENT IS OPTIONAL**
- **IF YOU DECIDE TO NOT ENROLL OR DELAY ENROLLMENT TO A LATER TIME, **YOU WILL FACE SERIOUS AND LONG-LASTING PENALTIES**, INCLUDING LIMITED ENROLLMENT PERIODS AND LIFELONG SURCHARGES!**

CREDITABLE COVERAGE

- **DRUG COVERAGE CONSIDERED AS GOOD AS OR BETTER THAN PART D**
- **INDIVIDUALS WITH CREDITABLE COVERAGE WILL NOT HAVE TO PAY A LATE ENROLLMENT PENALTY IF THEY SWITCH TO PART D USING SPECIAL ENROLLMENT PERIOD (SEP)**

MORE

Employers or plans should send current and former employees annual notice declaring whether their drug coverage is still considered creditable.

Beneficiary is eligible for SEP if:

They lost creditable drug coverage through no fault of their own or their benefit was reduced and is no longer creditable

PART D – ENROLLMENT & ELIGIBILITY

- **MUST BE ELIGIBLE FOR AND ENROLLED IN ORIGINAL MEDICARE PART A & PART B.**
- **ENROLLMENT PERIODS : INITIAL & ANNUAL**
INITIAL ENROLLMENT PERIOD IS WITHIN SEVEN MONTHS OF YOUR ENROLLMENT IN MEDICARE ITSELF
THE ANNUAL ENROLLMENT PERIOD IS OCTOBER 15 TO DECEMBER 7 OF EACH YEAR.

SHOPPING FOR YOUR NEW MEDICARE PART D DRUG PLAN IS CRITICAL!

WE WILL SOON BE IN THE OPEN ENROLLMENT PERIOD

OCT. 15 TO DEC. 7

**THE “MEDICARE & YOU” HANDBOOKS HAVE NOW BEEN SENT
TO YOU EITHER ON LINE OR AS HARD COPY**

HOW TO SHOP PART D PLANS AND COMPARE THEIR FEATURES

**COMPARE YOUR 2020 PLAN TO YOUR
INSURER'S 2021 PLAN
AND
TO
OTHER INSURERS' 2021 PLANS**

ITEMS TO COMPARE

- **MONTHLY PREMIUM**
- **DEDUCTIBLE & COPAYMENT AMOUNTS**
- **DRUGS COVERED**
- **DRUGS NEEDED BY YOU**
- **PHARMACY CHOICES FOR BEST PRICES**
- **QUALITY, OR STAR RATINGS**

LET US GO SHOPPING

- **BEST COMPARISON-SHOPPING METHOD IS ON THE INTERNET**
- **GO TO MEDICARE'S "PLAN FINDER TOOL" AT:**

WWW.MEDICARE.GOV/FIND-A-PLAN

WHAT YOU WILL NEED

- **YOUR MEDICARE CARD**
- **DRUGS YOU TAKE AND DOSAGES**
- **YOUR PHARMACY'S NAME**

Again, before you Begin...

- Have the **names of the drugs you take, the dosage and frequency**
- Remember: If you are taking a generic drug please input the generic name, not the brand
- Do not include over-the-counter medications



Things to Consider

- **The Retail Pharmacy You Choose may have an Impact on the Costs of Your Drugs**
- **If a Brand Name Drug Can be Safely Replaced by a Generic You May be Able to Save Money**
- **Think About Your Choice as a One Year Decision. Your Medicare Part “D” Rx Plan Can be Changed Each Year During Open Enrollment (October 15th through December 7th)**
 - **Reasons To Change:**
 - **Your Part “D” Rx Plan Premium Increased Dramatically**
 - **Your Current Part “D” Rx Plan Changed the Tier One or More of Your Drugs are On**
 - **Your Drugs Changed and You Want to See if There is a Better Choice Available**



LET'S GO LIVE!

Medicare.gov

Log in

Español

Find a Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.

Log in or Create Account

[Continue without logging in](#)

FEEDBACK

New to Medicare?

Learn about your options & enroll in a plan.

Learn more about options

Qualify for a Special Enrollment Period?

Log in or create account to change your 2020 coverage.

Log in or Create Account

Find a Medicare plan

Richard Salkowitz

Current coverage: EnvisionRxPlus (PDP) S7694-006-0 [View plan details](#)

Current Extra Help with drug costs: None

What type of 2020 Medicare coverage do you want?

Outside Open Enrollment (October 15 - December 7) you can enroll only during specific times, like your Initial Enrollment Period or a Special Enrollment Period. [Learn more about when you can enroll.](#)

- ☐ I want to learn more about Medicare options before I see plans
- ☐ Medicare Advantage Plan

FEEDBACK

Find a Medicare plan

Richard Salkowitz

Current coverage: EnvisionRxPlus (PDP) S7694-006-0 [View plan details](#)

Current Extra Help with drug costs: None

What type of 2020 Medicare coverage do you want?

Outside Open Enrollment (October 15 - December 7) you can enroll only during specific times, like your Initial Enrollment Period or a Special Enrollment Period. [Learn more about when you can enroll.](#)

- ☐ I want to learn more about Medicare options before I see plans
- ☐ Medicare Advantage Plan
- ☒ Drug plan (Part D)

Adds drug coverage to Original Medicare.

Confirm your drug list

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

Atorvastatin calcium 10mg
tablet
generic

Quantity
90

Frequency
Every 3 months

[Remove drug](#)

[Edit drug](#)

Add Recently Filled Drugs

Find & Add Drug

Done Adding Drugs

FEEDBACK

when looking at plans.

Atorvastatin calcium 10mg tablet

generic

[Remove drug](#)

Quantity

90

Frequency

Every 3 months

[Edit drug](#)

FEEDBACK

Tacrolimus 0.1% ointment

generic

[Remove drug](#)

Package Type

30gm tube

Quantity

1

Frequency

Every 3

[Edit drug](#)

Triamcinolone acetonide 0.1% cream

generic

Package Type

80gm tube

Quantity

1

Frequency

Every 3

Tip

Make sure the dosage, packaging, quantity, and frequency are correct for each drug before you review plans.

Got it

[← 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 lowest 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 [▼](#)[Done](#)

FEEDBACK

Mail-order Pharmacy

Add both mail-order and retail pharmacies to find the lowest cost.



Pharmacy Added

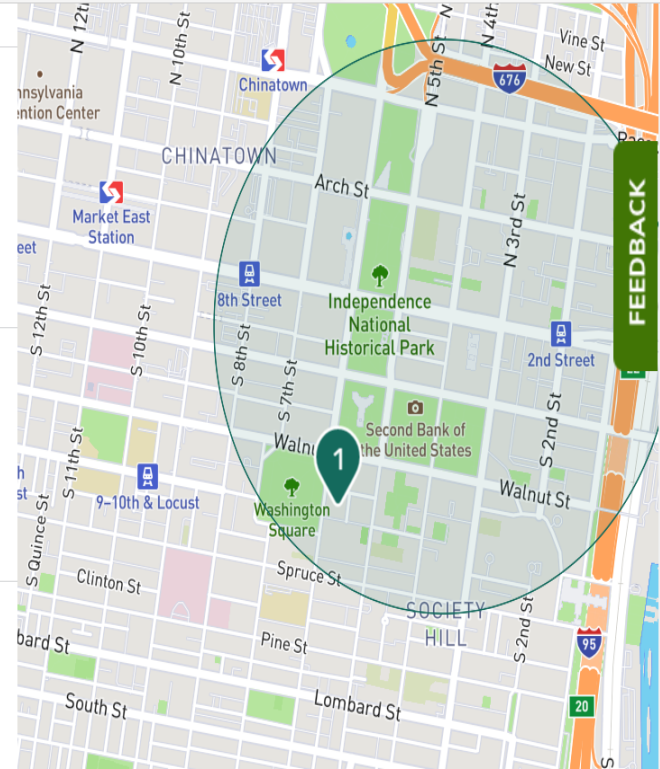
1. Washington Square Pharmacy Inc

241 S 6th Street, Philadelphia, PA 19106
(215) 925-1466



Pharmacy Added

1



FEEDBACK

Washington
Square Pharmacy
Inc



Mail Order
Pharmacy



Done

Mail-order Pharmacy

Add both mail-order and retail pharmacies to find the lowest cost.

☒ Pharmacy Added

1. Cvs Pharmacy #10526

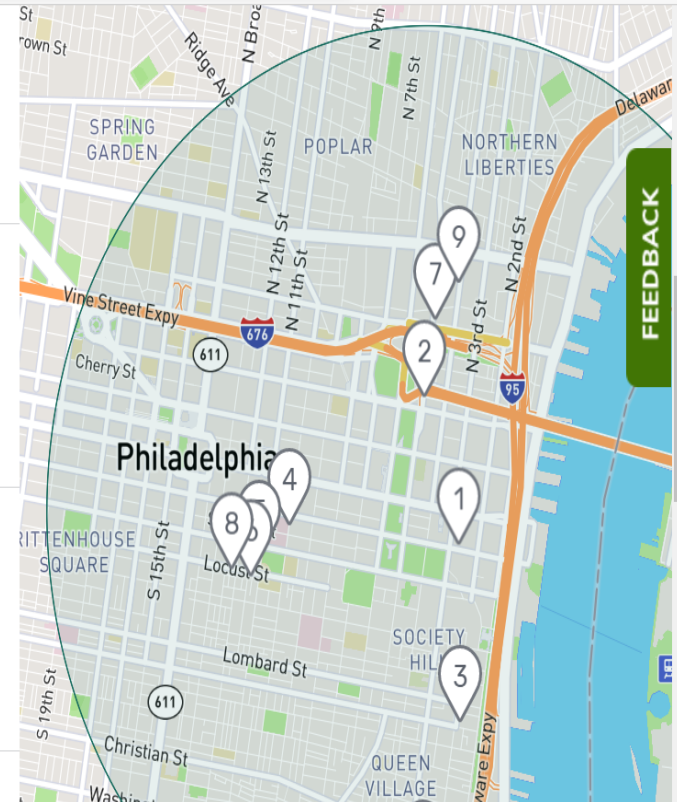
259 Market St, Philadelphia, PA 19106
(215) 625-3740

☐ Add Pharmacy

2. Cvs Pharmacy # 11136

314 S 5th St, Philadelphia, PA 19106
(215) 923-1289

☐ Add Pharmacy



Washington
Square Pharmacy
Inc

Mail Order
Pharmacy

Done

INSULIN SAVINGS

- **BY CHECKING THIS BOX, YOU'LL ONLY SEE PLANS THAT ARE A PART OF MEDICARE'S SENIOR SAVINGS MODEL. THESE PLANS COVER SEVERAL TYPES OF INSULIN AT A MAXIMUM \$35 COPAY FOR A 30-DAY SUPPLY IN THE DEDUCTIBLE, INITIAL COVERAGE, AND COVERAGE GAP PHASES OF THE PART D BENEFIT.**

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#)

[View 49 available Medicare Advantage Plans](#)

31 Prescription Drug Plans available

Philadelphia, PA [Change location](#)

[Edit your drugs & pharmacies](#)



FEEDBACK

Filter Plans

Your current plan ▴

Your current plan

EnvisionRxPlus (PDP)

Elixir Insurance | Plan ID: S7694-006-0

Star rating: ★★★★★

We heard your feedback!

Plans are now sorted by "lowest drug + premium cost" to show plans with the lowest estimated total cost for your drugs and plan premiums first. You can

1 Plan to compare

EnvisionRxPlus (PDP) ×

Compare

Comparing 3 Prescription Drug plans

[Back to results](#)

Your current plan

EnvisionRxPlus (PDP)

Star rating:
★★★★☆

\$14.20
Monthly premium

\$435.00
Yearly drug
deductible

[Plan Details](#)

Your current plan

Cigna- HealthSpring Rx Secure-Essential (PDP)

Star rating:
★★★★☆

\$22.10
Monthly premium

\$435.00
Yearly drug
deductible

[Plan Details](#)

[Enroll](#)

AARP MedicareRx Saver Plus (PDP)

Star rating:
★★★★☆

\$33.20
Monthly premium

\$435.00
Yearly drug
deductible

[Plan Details](#)

[Enroll](#)

FEEDBACK

EnvisionRxPlus (PDP)

Elixir Insurance | Plan ID: S7694-006-0

Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$14.20 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$254.52 Retail pharmacy: Estimated total drug + premium cost

\$267.91 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$435.00 Drug deductible

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

FEEDBACK

1 Plan to compare

EnvisionRxPlus (PDP)



Compare

Showing 10 of 31 drug plans

SORT PLANS BY

Lowest drug + premium cost ▾

Cigna-HealthSpring Rx Secure-Essential (PDP)

Cigna | Plan ID: S5617-285-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$22.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$142.55 Retail pharmacy: Estimated total drug + premium cost**\$148.90** Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

FEEDBACK

1 Plan to compare

EnvisionRxPlus (PDP)



Compare

MONTHLY PREMIUM

\$22.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$142.55 Retail pharmacy: Estimated total drug + premium cost

\$148.90 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$435.00 Drug deductible

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

FEEDBACK

Enroll

Plan Details



Added to compare

2 Plans to compare

EnvisionRxPlus (PDP)



Cigna-HealthSpring Rx
Secure-Essential (PDP)



Compare

AARP MedicareRx Saver Plus (PDP)

UnitedHealthcare | Plan ID: S5921-351-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$33.20 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$224.67 Retail pharmacy: Estimated total drug + premium cost

\$267.17 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$435.00 Drug deductible

PHARMACIES

2 of 2 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

2 Plans to compare

EnvisionRxPlus (PDP) x

Cigna-HealthSpring Rx
Secure-Essential (PDP) x

Compare

Overview

Drug coverage & costs

Star ratings

Contact information

CVS PHARMACY # 11136 - Drug costs during coverage phases

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Atorvastatin calcium 10mg tablet	\$24.11	\$3.00	\$3.00	\$6.03	\$3.60
Tacrolimus 0.1% ointment	\$218.81	\$218.81	\$76.58	\$54.70	\$10.94
Triamcinolone acetonide 0.1% cream	\$25.07	\$21.00	\$21.00	\$6.27	\$3.60
Monthly totals	\$267.99	\$242.81	\$100.58	\$67.00	\$18.14

FEEDBACK

Estimated total drug + premium cost

You will pay **\$285.41** per year on drug + premium costs.

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

- You won't meet your **\$435.00 deductible** this year

YEARLY DRUG & PREMIUM COST

\$224.67 Retail pharmacy: Estimated total drug + premium cost

\$267.17 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$435.00 Drug deductible

are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

FEEDBACK

Enroll

Plan Details



Added to compare

3 Plans to
compare

EnvisionRxPlus (PDP)



Cigna-HealthSpring Rx
Secure-Essential (PDP)



AARP MedicareRx Saver Plus
(PDP)



Compare

Overview

Drug coverage & costs

Star ratings

Contact information

WASHINGTON SQUARE PHARMACY INC - Drug costs during coverage phases

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Atorvastatin calcium 10mg tablet	\$19.13	\$3.00	\$3.00	\$4.78	\$3.60
Tacrolimus 0.1% ointment	\$194.95	\$194.95	\$68.23	\$48.74	\$9.75
Triamcinolone acetonide 0.1% cream	\$13.97	\$13.97	\$13.97	\$3.49	\$3.60
Monthly totals	\$228.04	\$211.92	\$85.20	\$57.01	\$16.95

Estimated total drug + premium cost

You will pay **\$254.52** per year on drug + premium costs.

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

- You won't meet your **\$435.00 deductible** this year

FEEDBACK

EnvisionRxPlus (PDP)

https://www.medicare.gov/plan-compare/#/plan-details/2020-S7694-006-0?year=2020&lang=en#estimated-dr...

Overview

Drug coverage & costs

Star ratings

Contact information

Mail order pharmacy - Drug costs during coverage phases

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Atorvastatin calcium 10mg tablet	\$33.77	\$0.00	\$0.00	\$8.44	\$3.60
Tacrolimus 0.1% ointment	\$218.31	\$218.31	\$76.41	\$54.58	\$10.92
Triamcinolone acetonide 0.1% cream	\$13.47	\$7.00	\$7.00	\$3.37	\$3.60
Monthly totals	\$265.54	\$225.31	\$83.41	\$66.39	\$18.12

FEEDBACK

Estimated total drug + premium cost

You will pay **\$267.91** per year on drug + premium costs. Based on current drug costs, it's estimated that:

- You won't meet your **\$435.00 deductible** this year

Estimated monthly drug costs

This doesn't include your monthly plan premium of \$14.20.

Overview

Drug coverage & costs

- Costs by drug tier
- Pharmacies
- Estimated drug costs during coverage phases
- Other drug information
- My drug list
- Part B drugs

Star ratings

- Star ratings

Contact information

Plans group their drug lists into tiers. The table below shows your portion of the drug cost in certain tiers based on which coverage phase you're in for this plan

[Learn more about drug tiers](#)

TIER DRUG COST FOR

Preferred retail pharmacy drug cost for 1-month

Tiers	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase
Preferred Generic	\$1.00 copay	Generic drugs: 25%	Generic drugs: \$3.60 copay or 5% (whichever costs more)
Generic	\$7.00 copay		
Preferred Brand	\$35.00 copay	Brand-name drugs: 25%	Brand-name drugs: \$8.95 copay or 5% (whichever costs more)
Non-Preferred Drug	35%		
Specialty Tier	25%		

FEEDBACK

EnvisionRxPlus (PDP)

https://www.medicare.gov/plan-compare/#/plan-details/2020-S7694-006-0?year=2020&lang=en#pharmacies

Overview

Drug coverage & costs

Costs by drug tier

Pharmacies

Estimated drug costs during coverage phases

Other drug information

My drug list

Part B drugs

Star ratings

Star ratings

Contact information

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](#)

WASHINGTON SQUARE PHARMACY INC	✓	Preferred in-network pharmacy
CVS PHARMACY # 11136	✓	Preferred in-network pharmacy
Mail Order Pharmacy		Costs vary based on the specific mail-order pharmacy

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.](#)

FEEDBACK

WASHINGTON SQUARE PHARMACY INC - Drug costs during

Estimated total drug +
premium cost

**WASHINGTON SQUARE
PHARMACY INC**

✓ Preferred in-network
\$254.52

CVS PHARMACY # 11136

✓ Preferred in-network
\$285.41

Mail order pharmacy

✓ Preferred in-network
\$267.91

**WASHINGTON SQUARE
PHARMACY INC**

✓ Standard in-network
\$142.55

CVS PHARMACY # 11136

✓ Standard in-network
\$282.70

Mail order pharmacy

✓ Preferred in-network
\$148.90

**WASHINGTON SQUARE
PHARMACY INC**

✓ Standard in-network
\$314.63

CVS PHARMACY # 11136

✓ Standard in-network
\$224.67

Mail order pharmacy

✓ Preferred in-network
\$267.17

FEEDBACK

EnvisionRxPlus
(PDP)

Plan Details

Your current plan

Cigna-
HealthSpring Rx
Secure-Essential
(PDP)

Plan Details

Enroll

AARP MedicareRx
Saver Plus (PDP)

Plan Details

Enroll

Overview

Premium

Total
\$14.20

Total
\$22.10

Total
\$33.20

Deductible

Yearly drug deductible
\$435.00

Yearly drug deductible
\$435.00

Yearly drug deductible
\$435.00

Drug coverage & costs

Drugs covered/Not covered

3 of 3

Prescription drugs covered
[Restrictions may apply](#)

3 of 3

Prescription drugs covered
[Restrictions may apply](#)

3 of 3

Prescription drugs covered
[Restrictions may apply](#)

Estimated total drug + premium cost

WASHINGTON SQUARE PHARMACY INC

✓ Preferred in-network
\$254.52

CVS PHARMACY # 11136

✓ Preferred in-network
\$285.41

WASHINGTON SQUARE PHARMACY INC

✓ Standard in-network
\$142.55

CVS PHARMACY # 11136

✓ Standard in-network
\$282.70

WASHINGTON SQUARE PHARMACY INC

✓ Standard in-network
\$314.63

CVS PHARMACY # 11136

✓ Standard in-network
\$224.67

FEEDBACK

EnvisionRxPlus (PDP)

https://www.medicare.gov/plan-compare/#/plan-details/2020-S7694-006-0?year=2020&lang=en#estimated-dr...

Overview

Drug coverage & costs

Costs by drug tier

Pharmacies

Estimated drug costs during coverage phases

Other drug information

My drug list

Part B drugs

Star ratings

Star ratings

Contact information

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.](#)

WASHINGTON SQUARE PHARMACY INC - Drug costs during coverage phases

✓ Preferred in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Atorvastatin calcium 10mg tablet	\$19.13	\$3.00	\$3.00	\$4.78	\$3.60
Tacrolimus 0.1% ointment	\$194.95	\$194.95	\$68.23	\$48.74	\$9.75
Triamcinolone acetonide 0.1% cream	\$13.97	\$13.97	\$13.97	\$3.49	\$3.60
Monthly totals	\$228.04	\$211.92	\$85.20	\$57.01	\$16.95

FEEDBACK

Overview

Drug coverage & costs

- Costs by drug tier
- Pharmacies
- Estimated drug costs during coverage phases
- Other drug information
- My drug list
- Part B drugs

Star ratings

- Star ratings

Contact information

OTHER DRUG INFORMATION

Selected drugs	Tier	Prior authorization	Quantity limits	Step therapy
Atorvastatin calcium 10mg tablet	Tier 1			
Tacrolimus 0.1% ointment	Tier 4			
Triamcinolone acetonide 0.1% cream	Tier 2			

FEEDBACK

MY DRUG LIST

Overview

Drug coverage & costs

Costs by drug tier
Pharmacies
Estimated drug costs during
coverage phases
Other drug information
My drug list
Part B drugs

Star ratings

Star ratings

Contact information

MY DRUG LIST

Selected drugs	Package	Quantity	Frequency	Brand/Generic
Atorvastatin calcium 10mg tablet		90	Every 3 months	Generic
Tacrolimus 0.1% ointment	30gm tube	1	Every 3 months	Generic
Triamcinolone acetonide 0.1% cream	80gm tube	1	Every 3 months	Generic

[Edit/Remove drugs](#)

FEEDBACK

PART B DRUGS

[illegible]

REVIEW YOUR RESULTS

- **SELECT A PLAN TO BUY**
- **BUY ON-LINE OR ON THE TELEPHONE**

Start your 2020 plan enrollment

For 2020, you've chosen to enroll in AARP MedicareRx Saver Plus (PDP).

Plan ID: S5921-351-0

Plan Type: Stand-alone Medicare Prescription Drug Plan

The enrollment period you qualify for determines your coverage effective date below.

Enrollment Period	Coverage effective date
Open Enrollment Period (October 15 – December 7)	January 1 of the following year.
Special Enrollment Period You may be able to join, switch, or drop your Medicare Advantage and Medicare drug coverage when certain events happen in your life (like if you move or you lose other insurance coverage).	Varies, generally the 1st of the month after the month you enrolled in your Medicare plan.
Initial Enrollment Period (New to Medicare) If you're new to Medicare, you can join a Medicare Advantage Plan or Medicare drug plan during the 7-month period that starts 3 months before the month you get Medicare, and ends 3 months after the month you get Medicare. This	If you enroll in a Medicare plan during the first 3 months of your Initial Enrollment Period, in most cases, your coverage starts the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage will start the first day of the prior month.

FEEDBACK

In Conclusion

- Remember: You Want the Plan With the Lowest Overall Cost. The Deductible, Premium and Cost of the Drugs Must be Considered Together, Not Individually When You Make Your Choice
- If Your Comparison Shows Any of Your Drugs as **"NOT ON FORMULARY"** an Exception Must Be Approved By the Rx Card Insurance Company to Be Covered
- With Little Practice You Will be Able to Input, Print and Understand How to Decide Which Medicare Part "D" Rx Choice is Best for you



RX FILLED OUTSIDE OF THE PLAN?

- **COUPONS AVAILABLE ON-LINE – {GOOD RX AND OTHERS}**
- **SPECIAL DISCOUNTS FROM DRUG STORE CHAINS**
- **DRUGS AVAILABLE ON-LINE - CANADA AND ELSEWHERE**

**BUT WILL NOT COUNT TOWARD
COVERAGE GAP OR CATASTROPHIC COVERAGE**

WHERE TO GO FOR HELP

- **FIRST, TRY TO USE THE MEDICARE WEBSITE - WWW.MEDICARE.GOV/FIND-A-PLAN**
- **CALL MEDICARE HOTLINE AT 1-800-633-4227**
- **CALL PENNSYLVANIA HEALTH INSURANCE ASSISTANCE PROGRAM – 1-800-783-7067**
- **CALL MAYOR'S COMMISSION ON SERVICES TO THE AGING – 1-215-686-8450**
- **IF YOU HAVE EMPLOYER OR UNION COVERAGE, CALL THE PLAN ADMINISTRATOR**
- **ASK YOUR PHARMACIST FOR HELP**



- **THE STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)**

***SHIP is a national program that offers one-on-one counseling and assistance to people with Medicare and their families.
In Pennsylvania, this program is called **APPRISE*****

- **Primarily volunteers who are trained to counsel clients about their choices in Medicare**
- **Not associated with any insurance plans and do not get paid for signing people up**
- **All of the information you provide is private and confidential**

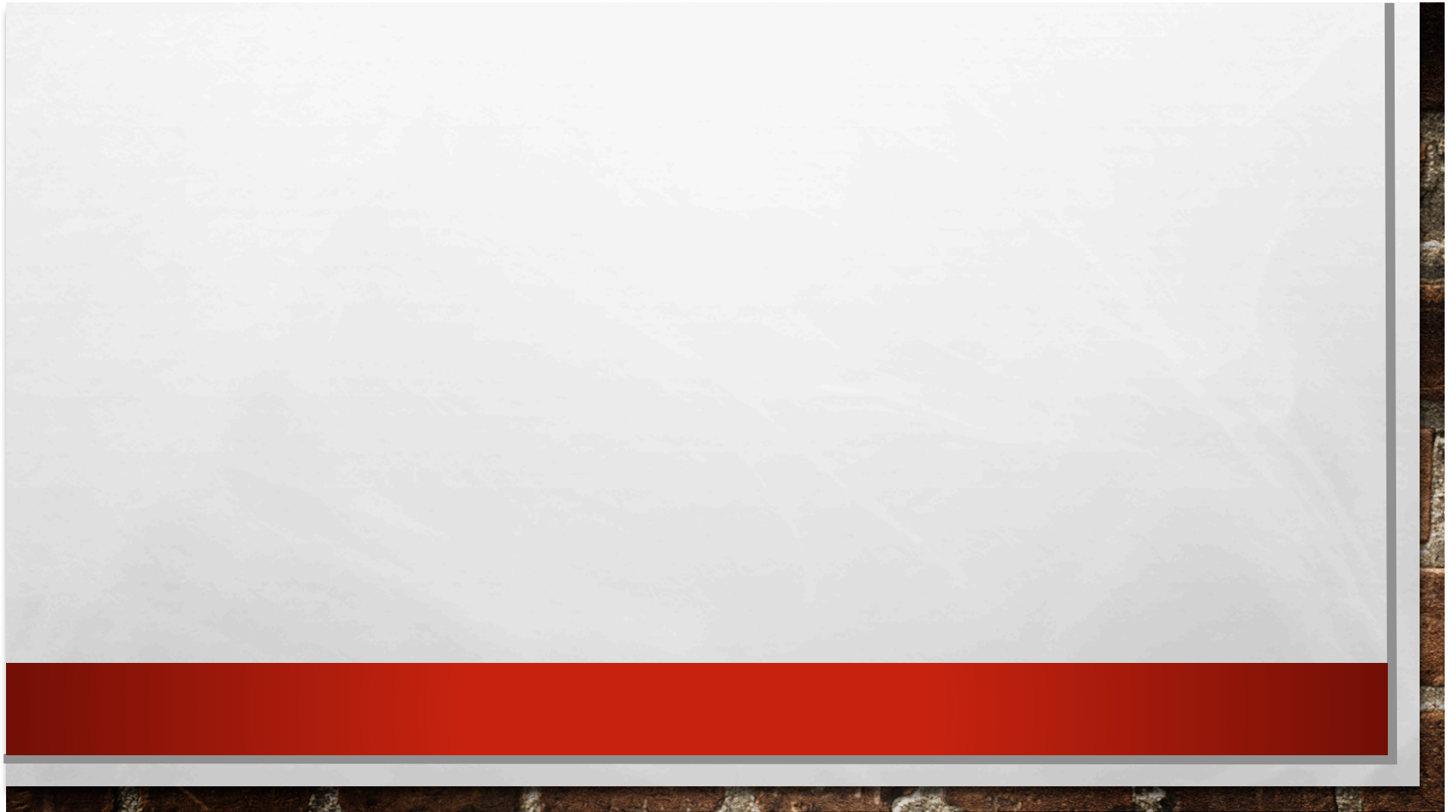
APPRISE COUNSELORS

- **CENTER CITY/SOUTH PHILADELPHIA/WEST PHILADELPHIA**
CARIE: CENTER FOR ADVOCACY FOR THE RIGHTS & INTERESTS OF THE ELDERLY 215-545-5728
- **NORTH PHILADELPHIA, NORTHEAST PHILADELPHIA**
EINSTEIN MEDICAL CENTER – PREMIER YEARS AT BROAD & TABOR, 215-456-7600
- **IN OTHER PARTS OF PENNSYLVANIA: 800-783-7067**

OUR CONTACT INFORMATION

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- **215-351-7887**
- **RIS2@COMCAST.NET**

- **LINDSAY DYMOWSKI**
- **CENTENNIALHEALTHCARESERVICES@GMAIL.COM**



QUESTIONS?

THANK YOU