ANNUAL RE-EVALUATION OF YOUR MEDICARE DRUG PLAN

*Using the MyMedicare.gov Website*

The SRS Retiree Association strongly recommends re-evaluating your drug or Medicare Advantage plan every year. Even if your drugs don’t change, the plans do. This is the most important thing you can do to control your out-of-pocket medical expenses.

Medicare provides an excellent tool for performing this evaluation using your computer.

Medicare open enrollment is from October 15th through December 7th each year. During this period you can switch drug or Medicare Advantage plans regardless of your medical history.

To begin the process, go to [mymedicare.gov](http://mymedicare.gov) on any browser although Chrome is the recommended browser.
This is the initial screen for mymedicare.gov

Log in to your account

No account? Get a more personalized experience - create an account now.

Log In here if username & password are known

Click here if you do not have a mymedicare account

Trouble logging in?

Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.
After logging in this screen shows your current drug plan and by clicking here, allows you to evaluate 2021 drug or Advantage plans.
This screen is the introduction to the drug review

Click here
Medicare has a list of your drugs either from what you have previously entered or drugs you have purchased using a Medicare drug plan.

Carefully review and confirm or update as necessary. Be especially mindful of strength, quantity and frequency.

To add new drugs click on “Find & Add Drug” and enter the first few letters of the name then look at the suggested listing. If your drug isn’t shown then try alternative names (e.g. name brand or generic) or it may be over-the-counter or not covered by Medicare. Certain classes of drugs are not included in Medicare drug plans.

Your list may contain vaccines or antibiotics taken only once. These should be removed from the list.
Next is pharmacy selection. Enter your zip code.
Medicare will provide a list of pharmacies in your area. You can select up to 5. Generally we recommend starting with your preferred pharmacy, then adding a couple of others near your home, possibly including supermarkets, Costco or Sam’s for a price check, and ending with mail order.

Remember, unlike the SRS plan, your copay is different at each pharmacy (although all chains within your area will be the same – for example, all CVS in Aiken county will be the same). You probably will not want to change your pharmacy for a small difference, but sometime the difference can be large. Most Medicare drug plans have 3 classes of pharmacies – network, preferred, and out-of-network. Price differences can be large between these classes, and the preferred pharmacy last year may not be preferred this year – in fact it could be out of network. It is very important to review your drug plan every year.
Regardless of whether you have a Part D drug plan or a drug plan that is part of your Medicare Advantage plan, step 1 is to review your drug plan alternatives. Check one of the top 2 choices. (We do not recommend changing your Medigap (Medicare Supplement) plan. After initial enrollment, any changes to a Medigap plan usually involve medical underwriting – i.e. they consider your health - pre-existing conditions – and can charge you higher premiums. You will have to contact the company or an insurance agent to find out if you are eligible to enroll in a different plan and what your premium would be. This Open Enrollment period is not for Medigap plans.)
Retirees choosing to review Part D drug plans will proceed as follows. See Page 16 if you are reviewing Medicare Advantage options.

Medicare will first show your current plan. Cost figures need additional review to determine if there are differences between pharmacies.
Scrolling down Medicare will show other plans.

Important: Verify that plans are sorted by TOTAL COST – i.e. lowest premium + copay

Note this is the current plan – in this example it is not the lowest total cost.
Clicking on the “Plan Details” tab on any of the plans will show additional detail including cost at your selected pharmacies, costs of individual drugs, drug exclusions and restrictions. Scroll down to see info.
This is an example of a vaccine (one time med) that should be removed for next year’s projection.
You can select multiple plans, then press button for side-by-side comparison.

Note large differences among plans.

This section shows the total out-of-pocket costs for the plans. Note the Last Year’s Rx Plan is very much higher than this year’s plan with same insurance company and the same pharmacy.

*Changing to CIGNA is best choice here, despite higher premium and one non-covered drug, if you are using a retail pharmacy. In this example, there is little difference in cost among various retail pharmacies. Use your favorite.

These plans don’t cover all drugs. Check plan details to find exclusion.

Click here to see what/if any restrictions apply.

Mail order cheaper than retail with some plans, but not all.
If you are looking for a Part D (not Medicare Advantage) drug plan you now have the information required to evaluate and select a plan for the coming year.

1. Consider total cost – not premiums.
2. Review individual drug costs – is there one drug that dominates the cost and may be unduly influencing the evaluation? You may want to consider alternatives.
3. Review drug restrictions. Are all drugs covered? Avoid (if possible) plans that have prior authorization or step therapy restrictions on your drugs. Consider generics.
4. Use the plan comparison tool. Several plans can be selected for side-by-side comparison. By default your current plan is checked to be included in the comparison (but can be removed).
5. Compare pricing at the pharmacies you considered. Is there a large cost advantage by switching to another pharmacy – note, you do not have to get all your drugs at the same pharmacy. It could be cost effective to use your preferred pharmacy for most of your drugs but go somewhere else (or mail order) for one expensive or infrequent refill.
6. Sometimes you may find that a drug is available outside your plan for less – through a manufacturer’s subsidy program or discount programs like GoodRx. Obtaining drugs this way means that cost will not count toward reaching the Medicare catastrophic level so is not eligible for the SRS Retiree Catastrophic Rx Benefit Plan.
**Part D Rx Plans**

(Those with a Medicare Advantage Plan skip this page and go to page 16)

For Part D drug plans, proceed as follows:

If you have decided to change plans for the upcoming year – click on the enroll button and complete the form. You must enter a physical address. If you use a post office box, that can be added as a mailing address but the main address field must be your physical (street) address.

Note you will have to make a choice whether to have premiums billed to you (you can later set up credit card billing or bank draft payment) or deducted from your Social Security benefit. Be sure to print out the enrollment confirmation with a plan name, phone number, and confirmation #. You will normally receive a card and booklets in the mail within a couple of weeks. Call the Plan if you do not.

- No action on your part is required if you decide to keep your current plan.
- If you enroll in a different plan, Medicare will cancel your current plan at the end of the year – no action on your part is required.
Shopping for a Medicare Advantage Plan

Evaluating Medicare Advantage plans is very complex. The drug coverage offered by each plan is important, but it is **MOST** important to ensure that your Advantage plan is accepted by your doctors and hospitals. Also, almost all Advantage plans have “networks” of doctors, hospitals, labs, and other medical services. Your costs will generally be much higher (except for emergency care) if you use out-of-network providers. While these plans have annual out-of-pocket limits, they are generally quite high ($6,000-$10,000). Questions to consider:

- Are you satisfied with your current Medicare Advantage plan? Do your doctors and hospitals accept your plan and have you been satisfied with your out-of-pocket costs? This is a good start but **the networks can change every year.** The only way to get detailed information is to call each plan or examine detailed plan documents online.

- Did your evaluation of drug plans find any other plan to be much better than your current plan? Even if your evaluation of drug plans shows a major cost difference, your choice of Advantage plans needs to consider your total medical costs and coverage. A detailed evaluation of each plan’s networks and coverages will have to be made.
If you are shopping for a Medicare Advantage Plan, Medicare can show you a list of plans available in your area. These are presented in order of lowest total drug costs. Remember, drug costs are only one factor to consider, and may not be the most important.
**HMO—Health Maintenance Organization** - Type of Advantage Plan with a network of service providers which **must** be used for insurance coverage (except emergency). Often you must see a primary care doctor to be referred to a specialist.

### AARP Medicare Advantage Plan 1 (HMO-POS)

**UnitedHealthcare | Plan ID: H8748-002-0**

**Star rating:** ★★★☆☆☆☆

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<th>MONTHLY PREMIUM</th>
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<tbody>
<tr>
<td><strong>$0.00</strong> Includes: Health &amp; drug coverage</td>
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<tr>
<td>Doesn't include: $144.60 Standard Part B premium</td>
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<table>
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<tr>
<th>YEARLY DRUG &amp; PREMIUM COST</th>
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<tr>
<td><strong>$378.77</strong> Retail pharmacy: Estimated total drug + premium cost</td>
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<td>Doesn't include: Health costs</td>
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<tr>
<th>OTHER COSTS</th>
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<tbody>
<tr>
<td><strong>$0</strong> Health deductible</td>
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<tr>
<td><strong>$0.00</strong> Drug deductible</td>
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<tr>
<td><strong>$5,900 In-network</strong> Maximum you pay for health services</td>
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**PLAN BENEFITS**

- Vision
- Dental
- Hearing
- **Transportation**
- Fitness benefits
- Worldwide benefits
- Telehealth

See more benefits ▼

**COPAYS/COINSURANCE**

Primary doctor: **$0 copay**

Specialist: **$45 copay per visit**

**DRUGS**

- Includes drug coverage

View drugs & their costs

Enroll  Plan Details  Add to compare
Because comparing Medicare Advantage plans is so complex, you may want to consider using an insurance agent. After the first year of Medicare coverage when you must purchase a supplement or Advantage plan through RightOpt to initiate the SRS stipend, you can buy an Advantage plan from many sources – RightOpt (877-591-8904), online, or an insurance agent – even Joe Namath (I’m sure you have seen his commercials). Keep in mind that not all agents represent every possible insurance company. For example, RightOpt is no longer able to sell AARP/UnitedHealthcare plans.

If you decide to stay with your current plan, no action is necessary.

If your online evaluation has convinced you to enroll in a new plan for 2021 (effective January 1, 2021), click the enroll button and complete the form. Print out the enrollment confirmation. You will receive information in the mail, generally within 2 weeks. Medicare will cancel your current plan at the end of the year.
Important Points about Medicare Advantage Plans

1. You need to know if you are enrolled in a Medicare Advantage plan with drug benefits, or if you have a standalone Part D Drug plan. If you are unsure call the number on your membership card and ask.

2. Do not enroll in a Part D drug plan if you have an Advantage Plan. Medicare only allows 1 drug plan so if you enroll in a Part D plan they will cancel your Advantage Plan. **YOU WILL HAVE A DRUG PLAN BUT ONLY BASIC MEDICARE INSURANCE COVERAGE – NO SUPPLEMENT PLAN!**

3. Advantage Plans provide an array of benefits at low cost – but network restrictions and out-of-pocket expenses can be significant. Do not be unduly influenced by the low premiums of Advantage plans and the “extra” benefits like vision, hearing, dental, or even meals and transportation. These benefits are usually very restrictive – network based and low maximums. Check them carefully if they are a decision factor for you. Also remember if you switch from a Medigap plan to an Advantage Plan your ability to switch back is limited.

4. Choosing an Advantage Plan - consider BOTH medical and drug coverage.