

SIGNING UP FOR MEDICARE PRESCRIPTION COVERAGE: 3 THINGS TO CONSIDER

1. COST

2. COVERAGE

3. NETWORK

Choosing a health plan is an important and complex decision that should be made based upon each person's unique situation. When signing up for Medicare, most people automatically get Part A and Part B. If you are living with diabetes, you may want to consider adding prescription coverage by either enrolling in a Medicare Advantage plan or selecting a stand-alone Part D plan. Below are questions that may help you evaluate your prescription options with your spouse, family member, caregiver, or trusted advisor. This checklist may help you compare plans and coverage options using the federal government's Medicare Plan Finder at www.Medicare.gov/find-a-plan or by calling **1-800-MEDICARE**.

1. Cost



Do you take non-generic prescriptions in addition to your insulin?

- Yes**, I take branded prescriptions in addition to insulin on a regular basis
- No**, insulin is the only routine medication I take
- No**, I'm not on insulin

What to look for

- **If YES**, consider a plan with a higher monthly premium, which may give you lower out-of-pocket costs for your prescriptions. Be sure your required prescription drugs are covered in the plan you select.
- **If NO**, make sure your insulin or other medications are covered in the plan you select. While lower premium options may exist, remember to consider both your monthly premium and monthly prescription cost when selecting a plan.

NOTE: For Part D, you typically pay a percentage of a prescription's cost, whereas in Medicare Advantage Plans you typically pay a fixed co-pay for prescription drugs.

This resource is intended for informational purposes only and does not recommend any specific plan or path. All healthcare coverage decisions should consider present and future medical needs and are made at the sole discretion of each individual.

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COVERAGE

2. Coverage ▶

Do you have additional insurance coverage through an employer, spouse, or partner's plan? Do you have coverage through a union, military, or veteran benefit plan?

- Yes**, I have additional coverage
- No**, Medicare will be my only source of coverage

What to look for

- **If YES**, contact the benefits representative to understand how coverage will coordinate with Medicare. You may not need additional prescription coverage.
- **If NO**, consider selecting a Part D or Medicare Advantage plan that may help you avoid paying full price for your insulin and any other medications.

NOTE: Each plan will cover your medications differently. Be sure to list all of your medications on the Plan Finder tool to ensure your medications are covered.

3. Network ▶

Do you have specific physicians or pharmacies you need to use?

- Yes**, I have a specific pharmacy, physician, or team of physicians I need to use
- No**, I am willing to go to different pharmacies or doctors as needed

What to look for

- **If YES**, consider looking for plans that offer services with the doctor and pharmacies of your choice. Original Medicare with a Part D plan will allow you to have access to a larger network. This could be beneficial if you travel often.
- **If NO**, Medicare Advantage plans may offer narrower health networks, which can allow for lower costs. You might still be able to keep your doctor or pharmacy if they are a part of these smaller networks; otherwise, you may have to switch to a new doctor or pharmacy.

NOTE: If you are looking into a Medicare Advantage plan, sometimes there are Special Needs Plans (SNPs) that cater specifically to people with chronic diseases like diabetes.

Remember: Your overall health and coverage options will change over time. You should review your Medicare plan choices annually to ensure your plan works best for you.

Transitioning to Medicare can seem overwhelming. Regardless of how you choose to obtain prescription drug coverage, whether through a Medicare Advantage plan or a stand-alone Part D plan, make sure your providers and treatments are covered before selecting a plan. Here is a short summary of what each part of Medicare covers.

The Parts of Medicare

PART A



This is your hospital insurance plan. For people with diabetes, it is important to have Part A for hospital care, surgeries, skilled nursing facility care, nursing home care, hospice, and other home health services.

PART B



This is your doctor or outpatient insurance plan. For people with diabetes, it is important to have Part B to cover things like glucose test strips, blood sugar testing monitors, lancet devices and lancets, glucose control solutions, and therapeutic shoes or inserts. Part B also covers yearly eye exams, foot exams, glaucoma tests, nutrition therapy services, and an insulin pump if it is medically necessary.

Medicare Advantage (PART C)



This plan consolidates Part A, Part B, and prescription drug coverage into one managed benefit, often with additional benefits such as vision and dental care. For people with diabetes, it is important to have coverage for insulin so that you are not paying full price. Coverage will vary, so make sure your medications are on the plan you select.

PART D



This is your stand-alone prescription drug plan that can supplement Original Medicare (Parts A and B). For people with diabetes, it is important to have coverage for insulin so that you are not paying full price. Coverage will vary, so make sure your medications are on the plan you select.

NOTE: In Original Medicare most do not pay a premium for Part A, but will pay a monthly premium for Part B and for Part D separately. The same is true in a Medicare Advantage plan, but the costs will come as one plan premium instead of separate charges.

If you have limited income, you could be eligible for a number of different Medicare programs that help lower costs, including Medicaid, Extra Help, PACE, and more. Call **1-800-MEDICARE** or go to **Medicare.gov** to learn more about affordability options and programs available for Medicare.