



Peters & Milam
Insurance Services

CHOOSING YOUR PRESCRIPTION DRUG PLAN

A GUIDE TO YOUR MEDICARE PART D

A Guide to Your Prescription Drug Plan (Medicare Part D)

PART D OVERVIEW

CREATING YOUR COMPARISON

ANALYZING YOUR COMPARISON

ENROLLING IN YOUR PDP

GETTING HELP

PART D OVERVIEW

UNDERSTANDING MEDICARE PART D



MEDICARE PART D EXPLAINED

Who can get Medicare drug coverage?

- Anyone on Medicare (with either Part A or Part B) is entitled to drug coverage (known as Part D) regardless of income.

Do I have to sign up?

- For most people, joining Part D is voluntary. You won't need to sign up if you have other drug coverage that is considered credible. Delaying signing up without credible coverage puts you at risk of incurring penalties for as long as you're in the program.

What if I don't take any prescription drugs right now?

- The same sign-up rules apply. Part D is insurance — you buy it so that it will protect you if and when you need it. If you don't need any prescription drugs at the present time, enrolling in the Part D plan with the lowest premium in your area ensures that you have coverage if you suddenly need it, but at the least cost. You also avoid accruing a penalty.

PART D ENROLLMENT PERIODS

INITIAL ENROLLMENT PERIOD (IEP)

- This is the time frame for most people to sign up for Medicare. It runs seven months, starting three months before the month in which you turn 65 and ending three months after that month.

SPECIAL ENROLLMENT (SEP) FOR PART D

- In certain circumstances you can delay enrolling in Part D beyond age 65 provided that you continue to have "creditable" drug coverage.

ANNUAL OPEN ENROLLMENT

Oct. 15 through Dec. 7

- Every year, open enrollment gives you the opportunity to review your existing Medicare coverage and, if you want to, change to a different plan for the following year. Use this period to switch from one "stand-alone" Part D drug plan to another.

THE MEDICARE DONUT HOLE 2023



CREATING YOUR COMPARISON

at [medicare.gov](https://www.medicare.gov)



Explore your Medicare coverage options




Don't have Medicare Part A or B yet?

[Get started with Medicare](#)

LOG INTO MEDICARE

and Medicare health

OR input your zipcode, choose drug plan (Part D), click Start

 Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)



ZIP CODE

PLAN TYPE

Select a plan type



Next, you can add your drugs and pharmacies for personalized cost information. [Need help picking a plan type?](#)

Start

Help with your costs

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure

Select I'm not sure and continue.

If you log in, we may be able to see if you get help from one of these programs.

- I don't get help from any of these programs

Log in

Continue Without Logging In

Tell us your search preferences

Do you want to see your drug costs when you compare plans?

Yes

Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

No

Next

Select Yes and click Next

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

[Clear search](#)

[Browse drugs A-Z](#)

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

Done Adding Drugs

See Plans Without Drug Costs

Type in your medication and click Add Drug

Tell us about this drug

Amoxicillin

DOSAGE

 ▾

QUANTITY

FREQUENCY

 ▾

Choose your dosage, quantity, and frequency then click Add to My Drug List

Add to My Drug List

Cancel

Confirm your drug list



Amoxicillin 500mg capsule generic	Quantity 14	Frequency Every month
Remove drug		Edit drug

Add Another Drug

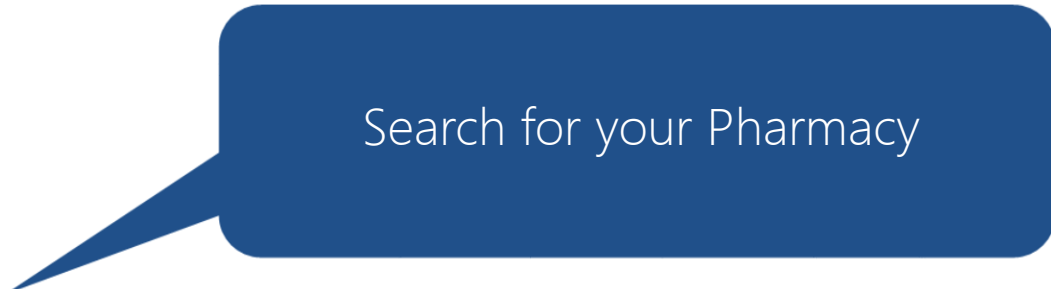
Done Adding Drugs

Review your drug list and select Add Another Drug or Done Adding Drugs

[← 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

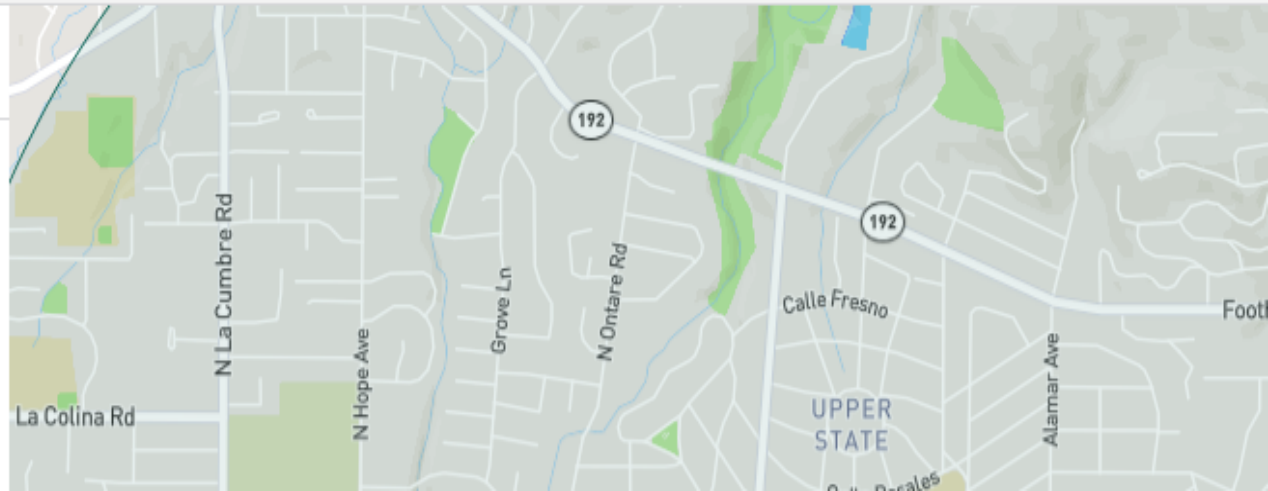
NAME OF PHARMACY (OPTIONAL)

Filter by:

Showing 1-7 of 7 pharmacies near 93105

Mail-order Pharmacy

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

 Add Pharmacy

Mail-order Pharmacy

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

Pharmacy Added

1. Federal Drug Co

3327 State St, Santa Barbara, CA 93105
(805) 687-7551

Add Pharmacy

2. Pacific Pain Physicians

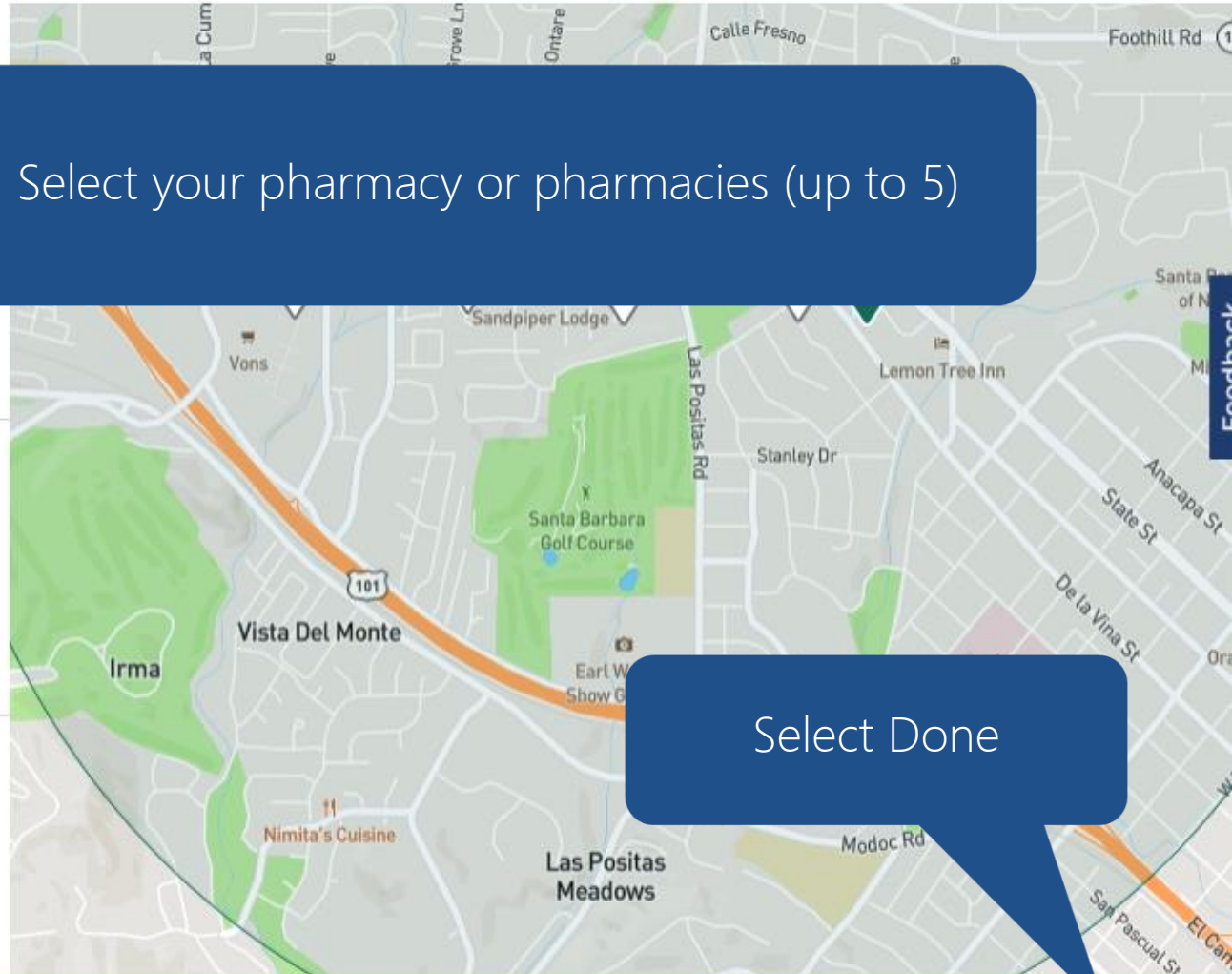
3045 De La Vina St, Santa Barbara, CA 93105
(805) 563-0363

Add Pharmacy

3. The Medicine Shoppe Pharmacy

3605 State Street, Santa Barbara, CA 93105

Pharmacy Added



Select your pharmacy or pharmacies (up to 5)

Select Done

CVS Pharmacy #09824



Walgreens #6289



The Medicine Shoppe Pharmacy



Mail Order Pharmacy



Done

MY LOCATION

Santa Barbara, CA [Change location](#)

PLAN TYPE

Select a Plan Type ▼

Filter by:

Insurance Carrier ▼

Star Ratings ▼

[View all filters](#)

Showing 10 of 26 drug plans

SORT PLANS BY

Lowest drug + premium cost ▼

SilverScript SmartSaver (PDP)

Aetna Medicare | Plan ID: S5601-207-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$4.50 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2023)

\$53.73 [Retail pharmacy: Estimated total drug + premium cost](#)

\$50.10 [Mail-order pharmacy: Estimated total drug + premium cost](#)

DEDUCTIBLE

\$505.00 [Drug deductible](#)

PHARMACIES

2 of 3 of your selected retail pharmacies are in-network

[View your pharmacies](#)

DRUGS

[View drugs & their costs](#)

Choose 3 plans to add to compare.

Enroll

Plan Details

Add to compare

Wellcare Value Script (PDP)

\$8.30

Monthly premium

Enroll

Plan Details

SilverScript SmartSaver (PDP)

\$4.50

Monthly premium

Enroll

Plan Details

Cigna Saver Rx (PDP)

\$12.70

Monthly premium

Enroll

Plan Details

Yearly drug deductible

\$505.00

\$505.00

\$505.00

Drug coverage & costs

Drugs covered/Not covered

1 of 1

Prescription drugs covered
[Restrictions may apply](#)

1 of 1

Prescription drugs covered
[Restrictions may apply](#)

Prescription drugs covered
[Restrictions may apply](#)

then click
Plan Details

Total drug + premium cost (for the rest of 2023)

[How do pharmacy networks affect what I pay?](#)

THE MEDICINE SHOPPE PHARMACY
✔ In-network
\$88.65

CVS PHARMACY #09824
✔ Preferred
\$86.13

WALGREENS #6289
✔ Preferred
\$86.13

Mail order pharmacy
✔ Preferred
\$85.89

THE MEDICINE SHOPPE PHARMACY
✔ In-network
\$81.09

CVS PHARMACY #09824
✔ Preferred
\$53.73

WALGREENS #6289
⊖ Out-of-network
\$100.17

Mail order pharmacy
✔ Preferred
\$50.10

THE MEDICINE SHOPPE PHARMACY
✔ In-network
\$120.60

CVS PHARMACY #09824
✔ In-network
\$144.45

WALGREENS #6289
✔ Preferred
\$114.30

Mail order pharmacy
✔ Preferred
\$114.30

First review Total drug + premium cost by pharmacy selections

What you'll pay

Total monthly premium

\$4.50

Retail pharmacy: 2023 estimated total drug costs

\$13.23

Covers **1 of 1** drugs

Mail order pharmacy: 2023 estimated total drug costs

\$9.60

Covers **1 of 1** drugs

Overview

Drug Coverage

Star Ratings

Overview

PREMIUMS

Total monthly premium

\$4.50

DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Drug deductible

\$505.00

CONTACT INFORMATION

Review plan Overview
and click Drug Coverage

September	\$4.51	\$1.47	\$6.63	-
October	\$4.51	\$1.47	\$6.63	\$3.20
November	\$4.51	\$1.47		
December	\$4.51	\$1.47		

Review drug coverage
and copays by Pharmacy

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the pharmacy for more specific questions about drug costs.

[Learn more about coverage phases.](#)

+ [THE MEDICINE SHOPPE PHARMACY](#) - DRUG COSTS DURING COVERAGE PHASES

- [CVS PHARMACY #09824](#) - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Amoxicillin 500mg capsule	\$1.47	\$1.47	\$1.47	\$0.37	\$1.47
Monthly totals	\$1.47	\$1.47	\$1.47	\$0.37	\$1.47

+ [WALGREENS #6289](#) - DRUG COSTS DURING COVERAGE PHASES

+ [MAIL ORDER PHARMACY](#) - DRUG COSTS DURING COVERAGE PHASES

THINGS TO CONSIDER

What if I use few or no drugs right now?

A plan with the lowest premium in your area would keep your costs to a minimum while providing coverage you might need later on. A plan with a zero deductible would cover even very low drug costs immediately.

Should a married couple choose the same plan?

Not necessarily. Each spouse should consider plans separately, according to the drugs he or she takes. There are no price breaks or discounts for a couple joining the same plan.

Who can help me make these decisions?

For free, personal help in making decisions about Part D, call our office at 805-687-3225

Plan Structure

Your potential needs in a PDP?

Restrictions — Prior Authorization, Step Therapy, or Quantity Limits

Premiums, Deductibles, Copays, Formulary

Generics vs Brands

Estimated Annual out of pocket costs

Retail Pharmacy vs. Mail Order



ENROLLING IN YOUR PDP



ENROLLING IN YOUR PDP

Stay with your current plan?

- Do nothing!

Enroll in a new or different plan?

- Call the “Non-Members” phone number or visit the website listed under the plan name on your comparison.

CANCELLING YOUR OLD PLAN

- ▶ You will be automatically dis-enrolled from your old Part D plan when you apply for a new plan. **You do not need to worry about cancelling your old Part D plan.**

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Insurance Services

If you have questions or need assistance, please contact us at
(805) 687-3225