

# Important Medicare Part D

## and Prescription Information

for Skilled Nursing & Assisted Living Residents and Their Families



### MEDICARE'S PRESCRIPTION INSURANCE: DON'T MISS OUT

Medicare Part D is a voluntary, government-sponsored prescription drug benefit provided by private insurance and managed care companies. Their prescription drug plans (called PDPs) help people eligible for Medicare with the cost of their prescriptions.

These PDPs cover part or all of the cost of most prescription drugs. Similar to Part B, Medicare Part D participants must enroll and pay monthly premiums (which continue to shrink), sometimes an annual deductible, and a share of the cost of prescriptions (through co-pays). Premiums, deductibles, copays, and drug choices vary among the PDPs.

Healthcare communities usually contract with one pharmacy, such as Forum Extended Care, that has special knowledge of the needs of their residents. Forum participates in most Part D plans in your area. Facility staff or Forum's reimbursement experts can provide information to help residents and families evaluate PDPs. If you are a resident unable to enroll on your own, you may be able to authorize a representative to enroll you in a plan that meets your needs.

### 2025 Medicare Part D

Explanation of Insurance Cost-Sharing

	DEDUCTIBLE	INITIAL COVERAGE	CATASTROPHIC
<b>AMOUNT COVERED</b>	<p><b>0%</b></p> <p><i>*This is the amount you owe before insurance begins to cover its portion. Some plans have a lower deductible or no deductible.</i></p>	<p><b>75%</b></p> <p>For covered drugs on the plan's formulary.</p> <p><i>Depending on your plan's design – and each drug's coverage tier – you could pay more or less than 25% of the cost during this phase.</i></p>	<p><b>100%</b></p> <p>For covered drugs on the plan's formulary.</p> <p><i>Once you have paid \$2,000 out of pocket, you no longer have to pay for covered drugs for the remainder of the calendar year.</i></p>
<b>MAXIMUM YOU PAY</b>	<p><b>\$590*</b></p> <p>100%</p>	<p><b>\$2,000</b></p> <p><i>(includes deductible)</i></p> <p>25%</p>	<p><b>\$0</b></p> <p>0%</p>

Under the requirements of the Inflation Reduction Act (IRA) of 2022, Medicare beneficiaries have the option of "smoothing" their Part D out-of-pocket costs starting in 2025. Beneficiaries may voluntarily opt in or opt out of the Medicare Prescription Payment Plan (M3P), which will allow them to pay their cost-sharing portion (deductible and/or co-pays) in monthly amounts that are capped based on a maximum monthly cap determined for each month they are enrolled in that program.

#### IMPORTANT RESOURCES

Forum Extended Care Services: (800) 447-7108  
Option 2

Medicare & "Extra Help": (800) MEDICARE  
www.medicare.gov

#### State Health Insurance Assistance Programs

Indiana: (800) 452-4800

Illinois: (800) 548-9034

Wisconsin: (800) 242-1060

Social Security: (800) 772-1213

(800) 447-7108

forumpharmacy.com



# Frequently Asked Questions

## Q: Will Part D cover all my drug costs?

**A:** Some, but not all. Those who do not qualify for Extra Help may have monthly premiums and medication co-pays. After fulfilling a deductible (if required), plans pay at least 75% of the initial cost of covered drugs.

Once a beneficiary's out-of-pocket costs reach catastrophic coverage (\$2,000 spent, including any deductible), prescriptions are 100% covered (no co-pay) for the rest of the year.



Coverage varies. Some plans only pay for drugs listed on their formulary. Some cover most or all prescriptions, but co-pays may be higher for “nonpreferred” or “non-formulary” drugs. Learn more about which plan “fits” best by checking PlanCompare on the Medicare website or by contacting one of Forum’s Part D specialists.

## Q: What if I can't afford a Part D plan?

**A:** Beneficiaries with low incomes may qualify for Medicare’s Extra Help to pay for a PDP. They get continuous coverage for lower or no cost, depending on income and assets. The Social Security Administration has resources to help families evaluate need. An application is required each year. For more information or to apply, visit [contact Medicare](#) or [Social Security](#).

## Q: What if I have Medicaid?

**A:** Medicare Part D is responsible for providing prescription drug coverage of Medicaid-Medicare dually eligible recipients. There are no premiums, deductibles, or co-pays in many cases.

PDPs “benchmarked” for Medicaid-Medicare recipients are available. Some may limit access to many of the drugs used in some locations.



It’s important that you provide facility and/or pharmacy staff with copies of your insurance information upon admission to the facility.

## Q: What if I'm Medicaid-pending?

**A:** Enroll in a “benchmarked” PDP as soon as possible. State programs do not pay for drug costs incurred prior to going on Medicaid—so each pending resident is responsible for his or her pharmacy bill. Minimize it by applying for Social Security’s Extra Help and joining a PDP. You will still be responsible for pharmacy bills until coverage begins, plus co-pays after that, but they can be used as part of your medical spend-down and should be eliminated a month or two after you are approved for Medicaid.

## Q: What if I already have prescription insurance?

**A:** If you received a letter of “creditable coverage,” you do not need Part D. But consider enrolling in a PDP if that coverage is better than what you now have or if you have a Medigap plan. Medicare Advantage plans also incorporate prescription drug coverage, but may not be appropriate for someone in long-term or senior care; you may stay with your current plan or switch to another during the enrollment period.

## Q: When does prescription coverage start?

**A:** In general, coverage takes effect the 1st day of the month *after* the month in which you join.

## Q: Can I switch PDPs?

**A:** Beneficiaries moving into assisted living can enroll in or switch plans upon move-in and, like those living in the general community, can enroll in or switch plans during open enrollment: from Oct 15 to Dec 7 of each year. Coverage is effective January 1 of the next year. Nursing facility residents may change plans at any time.

## Q: Is this a limited-time offer?

**A:** If you don’t have “creditable coverage” and did not join a PDP in 2006—or when you became Medicare-eligible—you may pay more for premiums. (Those with creditable coverage are not penalized in this way.) If you have Medigap or no prescription insurance, consider joining a Part D plan now.