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Your Part D Annual Checkup

A DIY guide to reviewing your Medicare prescription drug plan

The short version: Even if you are perfectly happy with Original Medicare + a Medicare Supplement + a separate Part D plan, it is worth checking your prescription coverage every fall. Premiums are only part of the story. Formularies, drug tiers, copays, deductibles, and pharmacy pricing can change from one year to the next.

Why do this every year? Your Part D plan sends an Annual Notice of Change (ANOC) each fall describing changes that take effect in January. A plan that worked beautifully this year may not be the best fit next year. Medicare.gov lets you compare plans using your actual medications and pharmacies rather than simply comparing monthly premiums.

And yes, the TV commercials will arrive too. Joe Namath, William Shatner, Jimmie Walker, Martha, and assorted enthusiastic pitchmen may soon be running interference for Santa Claus. If you use Original Medicare with a Medicare Supplement and a separate Part D plan, much of that Medicare Advantage advertising is beside the point. Your annual Part D review, however, is not.

Before You Start

- Have your current medication list handy, including the exact drug name, dosage, quantity, and how often you refill it.
- Know the pharmacies you are willing to use. Pharmacy choice can materially change your estimated annual cost.
- Have your Medicare.gov username and password available. If you do not have an account, you can create one.
- Keep your current plan's Annual Notice of Change nearby if you have received it.
- If you have employer, union, retiree, VA, TRICARE, or other drug coverage, do not make a change casually. Coordination rules may matter.

How to Do Your Own Part D Review

1. **Go to Medicare.gov and log in.** Logging in lets Medicare use your saved prescriptions and pharmacies and gives you a summary of your current coverage.
2. **Review your saved medications.** Add, delete, or correct drugs and dosages as needed. The list is being used to model your plan choices; update it whenever your prescriptions change.
3. **Review your pharmacies.** Include your preferred pharmacy plus one or two realistic alternatives. The same plan can produce surprisingly different estimated costs at different pharmacies.
4. **Choose the option to find or compare plans.** Select Drug plan (Part D) if you use Original Medicare with a separate prescription plan.
5. **Start with total estimated cost - not just premium.** Look at the combination of premium and expected prescription costs. A low-premium plan is not necessarily the least expensive plan for your particular medications.
6. **Check whether every medication is covered.** Open the plan details and look carefully at the coverage of your saved drugs. Do not casually select a plan that excludes one of your prescriptions.

7. **Look beyond the words "covered" or "not covered."** Check the tier, copay or coinsurance, deductible treatment, pharmacy status, and any plan rules such as prior authorization, step therapy, or quantity limits.
8. **Compare finalists side by side.** Medicare.gov allows you to compare multiple plans. Use that view to compare estimated annual cost, drug coverage, deductible, pharmacy pricing, and plan restrictions.
9. **If you decide to change plans, enroll through Medicare.gov or another authorized enrollment channel.** During the applicable enrollment period, joining a new Part D plan generally causes your old Part D coverage to end when the new coverage begins. Keep the confirmation or enrollment summary.

A Few Things I Pay Particular Attention To

Check	Why it matters
Total annual cost	Premium + expected out-of-pocket prescription costs is usually more useful than premium alone.
All drugs covered?	If the answer is X of Y, find the missing drug and understand the consequence before choosing the plan.
Preferred pharmacy	A familiar pharmacy may not be the lowest-cost pharmacy under a particular plan.
Deductible	Do not assume a deductible automatically makes a plan unattractive. Its practical effect depends on the drugs you take and how the plan applies it.
Restrictions	Prior authorization, step therapy, and quantity limits can matter even when the drug appears on the formulary.
Outside-the-plan pricing	Sometimes a prescription can be less expensive using a legitimate cash-discount option rather than the Part D plan. That can be sensible, but make the choice knowingly and remember that purchases outside the plan generally do not count the same way toward Part D out-of-pocket tracking.

Timing

Each fall: Review your ANOC and compare next year's choices once Medicare releases the new plan-year information. Medicare's annual Open Enrollment Period runs October 15 through December 7, with changes generally effective January 1.

When DIY Is Enough - and When You May Want Help

For many people with a straightforward medication list, the Medicare.gov Plan Finder makes a self-review quite manageable. This guide is intended to help you do exactly that.

Want individualized help instead? I'm glad to help. A personal Part D review involves more than answering a quick question: it means reviewing your medications, pharmacies, plan alternatives, estimated annual costs, and important coverage details with you. That individualized analysis is part of my Medicare advisory work and is provided as a paid service. If you would rather handle the review yourself, this guide is yours to use - no obligation.

One final caution: This is an educational guide, not a guarantee of drug coverage or cost. Formularies, pharmacy arrangements, prices, and your prescriptions can change. Before enrolling, verify the plan information shown by Medicare.gov and review the plan's details.

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Educational material for Medicare beneficiaries