



Medicare Part D 2017

The Medicare Part D open enrollment period will be ending soon, December 7, 2016. This is the time for new and existing Medicare patients to evaluate current and Medicare Part D prescription plans that may provide better or different coverage for patients. Please note this is the only time during the year a change can be made with few exceptions:

Reasons a patient should consider a switch in Medicare Part D Plans:

- Brand name med not covered by current plan (investigate if other plans provide coverage)
- Coverage Gap (donut hole) reached early in the year
- Local pharmacy or delivery service does not accept current plan (or pharmacy is non-preferred on current plan)

Where to get help in evaluating a Medicare Part D Plan:

- Beverly Council on Aging - SHINE Rep 978 921-6017 (make appointment)
- Other SHINE Reps throughout MA: <http://www.mass.gov/elders/docs/medicare-d/shine-by-town.pdf>
- Call 800-AGE-INFO, option 3

See 2017 Medicare Part D changes below:

Part D Standard Benefit Design Parameters:	2017	2016
Deductible - (after the Deductible is met, Beneficiary pays 25% of covered costs up to total prescription costs meeting the Initial Coverage Limit.	\$400	\$360
Initial Coverage Limit - Coverage Gap (Donut Hole) begins at this point. (The Beneficiary pays 100% of their prescription costs up to the Out-of-Pocket Threshold)	\$3,700	\$3,310
In 2017 , Part D enrollees will receive a 60% discount on the total cost of their brand-name drugs purchased while in the donut hole.		
Enrollees will pay a maximum of 51% co-pay on generic drugs purchased while in the coverage gap (a 49% discount).		
Out-of-Pocket Threshold - This is the Total Out-of-Pocket Costs including the Donut Hole.	\$4,950	\$4,850
Total Covered Part D Drug Out-of-Pocket Spending including the Coverage Gap - Catastrophic Coverage starts after this point.	\$7,425	\$7,062