

# **Medicare Advantage Prescription Drug Plan (MAPD)**

## **A brief Synopsis**

Medicare Advantage (MA) is a type of Medicare insurance that is sold by private insurance companies. Some of these plans combine health insurance benefits and prescription drug coverage into one comprehensive package called a Medicare Advantage Prescription Drug (MAPD) plan.

Medicare Advantage Prescription Drug plans, like all Medicare Advantage plans, are legally required to cover everything that Original Medicare (Part A and Part B) covers, with the exception of hospice care. In addition to Medicare Part D prescription drug coverage, many of these plans can include other benefits such as vision and dental, hearing, and access to wellness programs (like Silver Sneakers, for example).

### **Medicare Advantage Prescription Drug plan formulary**

Each Medicare Advantage Prescription Drug plan has a documented list of medications that they cover, called a formulary. MAPD plans must offer two or more medications within each category (e.g. antidepressant, antibiotic), and the prescriptions are placed into tiers that then determine pricing. For example, generic prescriptions are often in a lower tier (and often cost less to obtain), while brand-name drugs are placed into a higher tier (and usually cost more).

### **Enrolling in a MAPD plan**

In order to qualify for MAPD enrollment, a beneficiary must be entitled to Medicare Part A and enrolled in Part B, live within the plan's designated network, and not have been diagnosed to have End Stage Renal Disease (ESRD) prior to completing the enrollment request. These plans may only be joined at certain times of the year: either during an individual's Initial Enrollment Period (IEP) when they first enroll in Medicare, or during the Annual Election Period (AEP), which runs from October 15 to December 7 of each year.

There are several types of Medicare Advantage Prescription Drug plans, such as:

1. Health Maintenance Organization (HMO),
2. Preferred Provider Organization (PPO), and,
3. Private Fee-For-Service (PFFS) plans.

Each of these plans may have different requirements regarding how you can receive care. For example, HMO plans require doctor visits and other services to stay within its established network of health care professionals. Visiting an out-of-network provider may result in higher out-of-pocket costs.

### **Medicare Advantage Prescription Drug plan costs**

Medicare Advantage Prescription Drug plans are sold through private insurance companies, meaning that the plan costs can vary. MAPD plans will generally charge a monthly premium, although some of these premiums can be as low as ***\$0 a month!!*** Beneficiaries must also pay for additional costs, such as co-payments, coinsurance, and deductibles. When joining an MAPD plan, the beneficiary is still responsible for paying their Part B premium, [currently \$104.90 which is usually deducted from their Social Security income [either disability or retirement], because they are still enrolled in Original Medicare.

Medicare Advantage Prescription Drug plan costs and coverage details can change on an annual basis, so it is recommended that you compare plans in your area each year.

### **Who can enroll?**

Anyone who meets the Medicare eligibility requirements can enroll in a Medicare plan. Medicare eligibility is determined primarily by age, but can be determined by disability or medical diagnosis under certain circumstances. In general, you are eligible for Medicare enrollment if you are a U.S. citizen or permanent resident of the United States and have worked (or have a spouse who has worked) for at least 10 years in Medicare-covered employment. In addition, you must meet at least one of the following criteria:

- Be over the age of 65
- Be under the age of 65 for more than 29 months
- Have End-Stage Renal Disease (i.e., kidney failure)
- Be a veteran