

MEDICARE PART D OVERVIEW

Created in 1965, Medicare is the federal health insurance program for people living with disabilities or people who are 65 or older. There are four different parts of Medicare, each of which covers specific services. Parts and A and B are more commonly known as fee-for-service or traditional Medicare, and provide direct government benefits. Parts C and D provide coverage through private plans approved by Medicare.

Part A



Hospital Insurance

Part A covers inpatient hospital stays, nursing facility and hospice care, and home health care.²

Federally Administered Coverage

Part B



Medical Insurance

Part B covers doctor visits, outpatient care, medical supplies, preventive services and some prescription drugs.²

Part C



Medicare Advantage Plans

Private health plans contract with Medicare to provide all services in Parts A and B, as well as additional services such as eye, dental, and prescription drug coverage.²

Privately Administered Coverage

Part D



Prescription Drug Coverage

Created in 2003, Part D covers outpatient prescription medications. These plans are offered by insurance companies and selected by seniors annually in an open marketplace.²

Before the IRA, Part D Offered More Choices at Lower Premiums

Nearly 12 million people with Medicare saved more than

\$26E

on prescription drugs between 2010 and 2017 ³ Since Part D was created, enrollees have experienced an

8%

decrease in hospital admissions 4

Part D costs in the program's first 10 years were

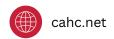
\$349B

lower than CBO's estimates 5

More than

9 in 10

seniors are satisfied with their Part D coverage before the







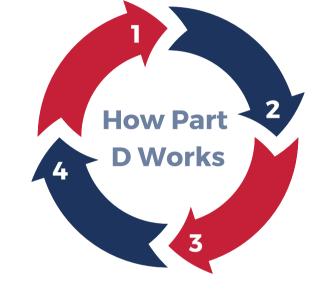
Drug manufacturers and insurers often negotiate substantial rebates to determine the lowest possible price for medications.⁷ Under the IRA, the government sets prices for selected Part D drugs.

Insurers develop Part
D plans that provide
coverage for
prescription drugs.⁸
Plans typically have a
premium, deductible,
and per script cost
sharing.



Insurers utilize usage data to negotiate costs with manufacturers and alter plans to better fit beneficiaries' needs."

Patients typically get their prescription at a local pharmacy who can help them better adhere to prescribed medications, which can lead to healthier patients and lower overall Medicare spending. 12



CMS reviews the submitted plans and approves those that meet the standard benefits requirements and formulary rules.⁹

A national average bid amount and premium are calculated. Based on the plan's bid relative to the national average bid, the individual plan premiums are determined.¹⁰



Medicare provides additional support and extra help for low income beneficiaries.⁹ During the annual open enrollment period, seniors compare plans based on premiums, coverage, networks, and quality, and sign up for a plan that best meets their needs.9



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