

## INTERPRETING THE PLAN SUMMARIES

When you click on a plan name, several items of important information can be found:

### Top Right Hand Corner

- Contains your **Zip Code, Drug List Number, and Password Date**
- These items are useful if you go to Medicare.gov
- By using these three pieces of information, you can retrieve your drug information

The **Plan Name** and **Plan Code Number** are near the Center of the Page

- You will need both the Plan Name and Plan Code Number to enroll in the plan
- Contact Information for the Plan is located to the right of the name
- To Enroll, you will call the Non-Member Phone Number

The **Overall Plan Rating** is to the right of the phone numbers

- The higher number of stars the better the rating
- However, we do not know why the plan received a higher or lower rating
- One can be confident in all the plans since they have been approved by Medicare

Under the Plan Name is the **Fixed Costs** of the plan

- The **Monthly Plan Premium** and any **Annual Drug Deductibles** are listed
  - Monthly Plan Premium – the amount you will pay each month for the plan whether you use the plan or not
  - Annual Drug Deductible – the amount you will pay out of pocket before the plan benefits begin. The premium does not count toward the deductible; only the actual cost of the drug(s) counts.
- These costs cannot change during the year
- Each plan will have its own premium and deductible charges

### Estimated Annual Drug Costs

- Located under the Fixed Costs
- Your decision making begins here. **Select the plan that meets your needs at the lowest annual cost.**
- The total annual out-of-pocket cost for each pharmacy that you selected and mail order, if available, is listed
- The cost includes all premiums, deductibles, co-pays, and co-insurance
- By clicking on the pharmacy name, the cost details at that particular pharmacy will appear

**Drug Cost and Plan Coverage** are listed for each drug

- First column lists the full cost of the drug
- Second column is the refill frequency
- The rest of the columns shows your out-of-pocket expense for each drug:
  - If the plan has a Deductible, the next column shows you paying the full amount of the drug until you reach the deductible amount

**Need Assistance Interpreting the Plan Summary?  
Call the SHIP Hotline at 1-800-5448-9034 or PASBF at 217-529-3221**

- **Initial Coverage Level** – shows what you pay when the plan is in full effect
- **Coverage Gap** – shows what you pay when you are in the donut hole/coverage gap. This column is included whether you reach the donut hole or not. For a definition of the donut hole, [click here](#).
- **Catastrophic Coverage** – shows the amount you pay when you have reached the far side of the donut hole.

### **Estimated Monthly Drug Costs**

- A bar graph depicts your monthly cost for that plan
- If there is a **deductible**, you will notice a decrease in the expenses once the deductible is fully met
- If you reach the **donut hole**, you will see an increase in the monthly cost in the middle of the year
- If you reach **catastrophic coverage**, you will see a decrease in the monthly expenses as you leave the coverage gap

### **Drug Coverage Information**

- Each drug is listed along with its Tier (Formulary Status), Prior Authorization, Quantity Limits, and STEP Therapy
- If a drug has a Quantity Limit, click on YES for more details
- Ideally, you want to have all of your medications to be Tier 1 drugs as these are the least expensive drugs
  - Each plan determines its own Formulary List, therefore, the same drug can be different tier levels depending upon the plan

### **Drug List**

- The list of the medications that you typed in are listed along with their quantity and frequency

**Need Assistance Interpreting the Plan Summary?  
Call the SHIP Hotline at 1-800-5448-9034 or PASBF at 217-529-3221**