



MEDICARE PART D PRESCRIPTION DRUG COVERAGE IS CHANGING IN 2025!

Your guide to understanding the changes in 2025 and how you can take advantage of the new benefits

Congress recently made changes to the Medicare prescription drug benefit. As a result, Part D prescription drug plans now cap out-of-pocket costs at \$2,000 in 2025.* Out-of-pocket costs refer to the expenses you pay for medications. After you hit the outof-pocket cap, you will pay \$0 for your prescription drugs for the rest of the year. You can also opt into the Medicare Prescription Payment Plan (MPPP)—a new program that lets you spread out your payments for prescriptions over the year rather than paying the full cost when you pick up your prescriptions at the pharmacy. The MPPP may help you manage your drug costs by letting you spread them out over the course of the year into zero-interest monthly payments.

This guide has information about the out-of-pocket cap and the MPPP, including links to resources and answers to frequently asked questions about how the changes to Part D will affect you. MAPRx also has a Guide to Open Enrollment that has information about Medicare Part D and can help you choose the right Part D plan for 2025: <u>Part D Open Enrollment Guide</u>.



New cap limits your Part D drug costs to \$2,000*



Option to spread your out-of-pocket prescription drug cost into monthly payments through the Medicare Prescription Payment Plan (MPPP)



MEDICARE PRESCRIPTION PAYMENT PLAN (MPPP) OVERVIEW

If your prescription drug costs are high, you may benefit from participating in the Medicare Prescription Payment Plan, also known as MPPP. Your pharmacy or Part D plan may suggest that you opt into the MPPP if they think you are likely to benefit from participating. The MPPP will spread your out-of-pocket drug costs into monthly payments so that you can pay them over the course of the year, rather than all at once.

Whether the MPPP is the right fit for you will depend on a number of factors, including (1) when you opt in during the year, (2) your anticipated total out-of-pocket costs for all your prescriptions, and (3) how often you will need to fill your prescriptions. Use the Medicare resources in this Guide on <u>page 14</u> and contact your local <u>State Health Insurance Assistance Program (SHIP)</u> to see if the MPPP will benefit you. Your Part D plan should also be able to help answer questions.

OPTING INTO THE MPPP

You have the *option* to participate in the MPPP; your Part D plan will not automatically sign you up for the MPPP. You can opt in during the Medicare annual open enrollment period or anytime during the year. During the Medicare annual open enrollment period, from October 15 through December 7, 2024, your Part D plan may suggest that you might benefit from the MPPP if you have had high out-of-pocket costs in 2024. In 2025, your pharmacy will inform you if a single prescription exceeds \$600 – deeming you likely to benefit from participating in the MPPP – but it cannot enroll you in the MPPP. You will need to contact your Part D plan directly to enroll. However, you can participate in the MPPP even if your plan or pharmacy does not contact you.

If you know you want to participate in the payment plan, it's best to opt in early, before you need to fill a prescription, because you cannot opt in at the pharmacy in 2025 when you pick up an expensive prescription. It is better to have already opted into the program before you have a high prescription drug cost. Speak to your Part D plan if you are considering participating in the MPPP. You can only enroll in the MPPP through your Part D plan—this cannot be done at your pharmacy, your doctor's office, or through the Medicare website. To enroll, contact your Part D plan by phone, online, or mail.



Important notes about the MPPP

If you participate in the MPPP, when you fill a prescription, **you won't have to pay at the pharmacy counter.** Instead, you will get a monthly bill from your Part D plan with information on how much you incur for that specific month and your remaining balance for the year. This will be a different document from your Part D plan premium bill and Part D Explanation of Benefits document.



There is **no interest payment** on your monthly payments.



Your out-of-pocket prescription drug costs **will not exceed \$2,000 in 2025**, whether or not you participate in the MPPP.*



If you are late for a payment, **your Part D plan must inform you** with a notice a couple of weeks after a missed payment.



If you miss a payment, your Part D plan must allow you 2 months to make the missing payment. If the balance is paid during this time, you can continue participating in the MPPP. However, if you do not make the payment within the 2-month timeframe, your plan can remove you from the MPPP. However, **missing a prescription drug payment will not impact your Part D plan coverage.** The only way you can be removed from your Part D plan is if you miss your monthly premiums.



You may voluntarily **leave the MPPP at any time**, but you must pay your outstanding balance.



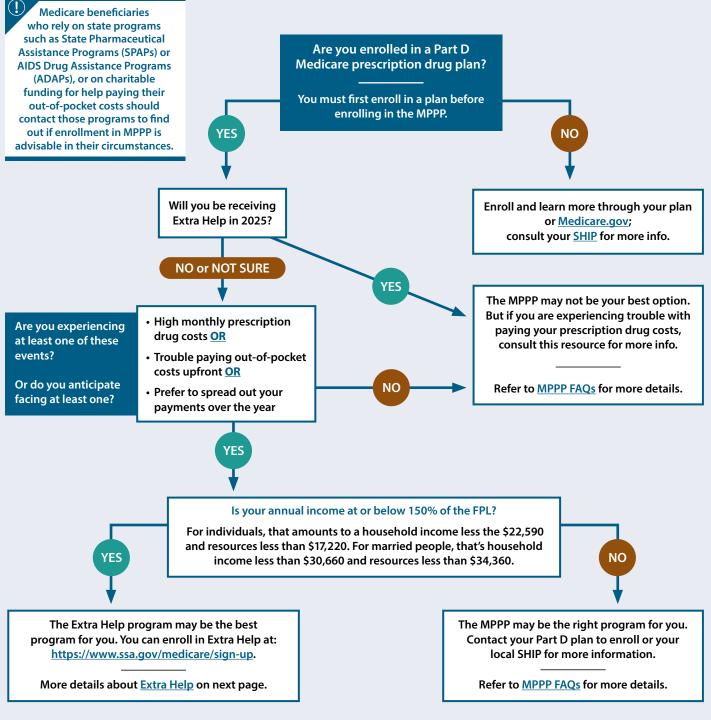
Once you opt into the MPPP for one prescription, the program will **spread your out-ofpocket costs throughout the year** for any new prescriptions that you fill in the year.

* Please note the monthly premium for the Part D plan must be paid, regardless of whether the \$2,000 out-of-pocket cap has been met.



HOW DO I KNOW IF THE NEW MPPP IS RIGHT FOR ME?

A decision to participate in the MPPP is an individual financial decision, based on your unique situation. Below is additional information to help you make that decision.



Refer to Medicare's webpage on <u>Medicare Prescription Payment Plan</u> for more information.



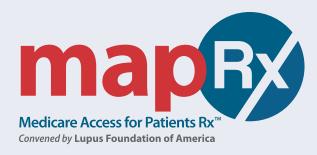
Other financial help such as **"Extra Help"** (also known as the Low-Income Subsidy, or LIS program)

If you qualify for Extra Help, then participating in the Extra Help program will benefit you more than opting into the MPPP. Extra Help assists people with limited income and resources to lower their Part D medication costs. Starting in 2025, those who qualify for Extra Help will pay no more than \$12.15 for brand name/non-generic drugs and \$4.90 for generic drugs.

Individuals might qualify for Extra Help if your income is at or below 150% of the federal poverty level (or FPL), which is \$22,590, and if you have resources that are less than \$17,220. Married people may qualify if they have a household income that is less than \$30,660 and resources less than \$34,360. If you qualify for Extra Help, you will likely benefit more with Extra Help than the MPPP.

Your state may also have programs that assist Medicare beneficiaries with prescription drug costs for certain medical conditions. Some people also rely on charitable funding to assist with out-of-pocket costs. Please contact any other program you use to find out if they recommend participating in the MPPP, or contact your local <u>State Health Insurance Assistance Program (SHIP)</u> about other programs in your state.

To learn more, please see the <u>MAPRx Part D Enrollment Guide</u>, or contact <u>Social Security</u> (which administers the Extra Help program).



Are you trying to decide if the MPPP is right for you?

Below are examples that may help you understand if you are likely to benefit from enrolling in the MPPP¹⁻³

Coverage example costs are based on calculations by MAPRx and are not based on actual patients.

Coverage example costs do not include plan premiums. The timeframe to reach the \$2,000 out-of-pocket cap, when you begin paying \$0 for covered prescriptions, depends on individual plan benefits and monthly medication costs. Monthly payments may vary based on a patient's individual situation. The MPPP calculates the first month's bill differently than bills for the rest of the months in the year. The MPPP bills the "maximum possible payment" for the first month, which is \$167 (\$2,000 out-of-pocket max divided by 12 months in the year).

For more information, contact your local State Health Insurance Program (SHIP) for in-depth, one-on-one insurance counseling and help with Medicare: <u>https://www.shiphelp.org/</u>.

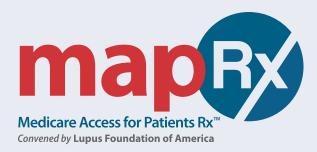


Julie has an out-of-pocket cost of \$600 at the pharmacy in January. She is prescribed a multiple drug regimen to treat her chronic condition. She expects to pay the same out-of-pocket cost per month for the rest of the calendar year until she reaches the \$2,000 out-of-pocket cap.

Scenario 1: What will Julie pay on a monthly basis if she enrolls in the MPPP in January?

| MPPP Enrollment | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Paid |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|
| Julie does not enroll in the MPPP | \$600 | \$600 | \$600 | \$200 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,000 |
| Julie enrolls in the MPPP in January | \$167 | \$94 | \$154 | \$176 | \$176 | \$176 | \$176 | \$176 | \$176 | \$176 | \$176 | \$176 | \$2,000 |

Spreading her costs over the full calendar year may help Julie balance monthly costs. Without the MPPP, Julie pays the full cost at the pharmacy until she hits her out-of-pocket cap in April.



Scenario 2: What will Julie pay if she fills her prescriptions every other month?



Instead of filling her prescriptions every month, Julie's doctor sends a new prescription to the pharmacy for 2 months of supply. Julie's new out-of-pocket cost is \$1,200 in January, without the MPPP, then \$800 in March, until she reaches the \$2,000 out-of-pocket cap.

| MPPP Enrollment | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Paid |
|--|---------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|
| Julie does not enroll in the MPPP | \$1,200 | \$0 | \$800 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$2,000 |
| Julie enrolls in the MPPP in January | \$167 | \$94 | \$174 | \$174 | \$174 | \$174 | \$174 | \$174 | \$174 | \$174 | \$174 | \$174 | \$2,000 |

Julie's cost-share in January would have been \$1,200 without the MPPP. Enrolling in the MPPP may help Julie balance her monthly costs across the rest of the year. If you enroll in the MPPP at the beginning of the year, the most you will have to pay in January is \$167.

Scenario 3: What will Julie pay if she fills her prescriptions monthly starting in July?



Instead of starting treatment in January, Julie now starts treatment in July. She expects to pay \$600 out-of-pocket per month until she reaches the \$2,000 out-of-pocket cap.

| MPPP Enrollment | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Paid |
|---|-----|-----|-----|-----|-----|-----|-------|-------|-------|-------|-------|-------|------------|
| Julie does not enroll in the MPPP | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$600 | \$600 | \$600 | \$200 | \$0 | \$0 | \$2,000 |
| Julie enrolls in the MPPP in January | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$333 | \$173 | \$323 | \$200 | \$485 | \$485 | \$2,000 |

The MPPP still may help Julie balance her monthly costs across the rest of the year, but not as much as Scenarios 1 and 2, where she begins treatment and enrolls in the MPPP in the beginning of the year.





Diego pays \$400 at the pharmacy in June for a 1-month supply of multiple prescription drugs. He expects to pay the same out-of-pocket cost on a monthly basis for the rest of the year until he meets the \$2,000 out-of-pocket cap. In May, Diego had filled one prescription drug and paid \$200 of his \$2000 out-of-pocket cap.

Scenario 4: What will Diego pay on a monthly basis if he enrolls in the MPPP in June?

| MPPP Enrollment | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Paid |
|--|-----|-----|-----|-----|--------|-------|-------|-------|-------|-------|-------|-------|------------|
| Diego does not enroll in the MPPP | \$0 | \$0 | \$0 | \$0 | \$200* | \$400 | \$400 | \$400 | \$400 | \$200 | \$0 | \$0 | \$2,000 |
| Diego enrolls in the MPPP in January | \$0 | \$0 | \$0 | \$0 | \$200* | \$257 | \$90 | \$170 | \$270 | \$337 | \$337 | \$337 | \$2,000 |

*Payments Diego made before opting into the MPPP.

Since Diego has higher costs starting in the middle of the year, his cost-share may be lower at first, but will continue to increase. The MPPP may not be the right fit for Diego for this year.



Sonia has a chronic disease and is treated with multiple prescription drugs every month. She has an out-of-pocket cost of \$175 at the pharmacy in January. She expects the same out-of-pocket cost on a monthly basis for the rest of the year until she meets the \$2,000 out-of-pocket cap.

Scenario 5: What would Sonia's payments look like if she enrolls in the MPPP in January?

| MPPP Enrollment | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Paid |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------------|
| Sonia does not enroll in the MPPP | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$75 | \$2,000 |
| Sonia enrolls in the MPPP in January | \$167 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$175 | \$83 | \$2,000 |

The MPPP may not be the right fit for Sonia since her monthly cost is balanced from month to month. She may likely not see a benefit with enrolling in the MPPP.





Omar has an out-of-pocket cost of \$60 at the pharmacy for a single drug. He expects to pay the same out-of-pocket cost on a monthly basis for the rest of the year.

Scenario 6: What would Omar's payments look like if he enrolls in the MPPP in January?

| MPPP Enrollment | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Paid |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------------|
| Omar does not enroll in the MPPP | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$720 |
| Omar enrolls in the MPPP in January | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$720 |

The MPPP may not be the right fit for Omar since his monthly cost is balanced from month to month at \$60. He may likely not see a benefit with enrolling in the MPPP.



Medicare Part D Changes in 2025

I received a notice in the mail about changes to the Medicare Part D program in 2025. How do I know I'm not being scammed?

The notice is not a scam. The year 2025 brings a number of changes to the Medicare Part D program, and the federal government has required Part D plans to inform beneficiaries about them.

How is Medicare Part D changing in 2025?

For the first time, your prescription drug costs are capped under Medicare Part D. That means you pay \$0 for prescription drugs once you reach the \$2,000 out-of-pocket cap for the year. There is also a new program known as the Medicare Prescription Payment Plan, or MPPP, that may help you better afford your prescription drugs by letting you spread out your out-of-pocket drug costs on a monthly basis, rather than all at once.

3

Are there any other recent changes to Medicare Part D that may help?

- The Extra Help program can help lower drug costs if your income is at or below 150% of the federal poverty level, or FPL. See page 5 for more details.
- More vaccines are now available with a \$0 copay.
- You pay no more than \$35 a month for insulin covered by your Part D plan.

4 How much is the new out-of-pocket cap?

The out-of-pocket cap is \$2,000 in 2025. After reaching this limit, you will pay \$0 for Part D prescription drugs for the rest of the year.

Does the \$2,000 out-of-pocket cap include the premium for the Part D plan?

No, the \$2,000 out-of-pocket cap does NOT include the Part D premium. The premium must be paid every month, regardless of incurred out-of-pocket costs from purchasing prescription drugs.

Medicare Prescription Payment Plan (MPPP) Overview

What is the Medicare Prescription Payment Plan (MPPP)?

The Medicare Prescription Payment Plan, or MPPP, is a new program offered by Medicare for prescription drugs. The MPPP will let you spread out your prescription drug out-of-pocket costs on a monthly basis for the rest of the year, without interest, instead of making a big single payment when you fill a prescription at the pharmacy.



Medicare Prescription Payment Plan (MPPP) Overview (cont.)

How does the MPPP work?

Once you opt into the MPPP, you will get a monthly statement from your Part D plan. You will not have to pay for your medications at the pharmacy or other places you may fill your prescriptions that are covered by Medicare. You can pick up your prescription drugs at the pharmacy, and you will later get an updated statement from your Part D plan. Your statement will have information on the amount due to the plan and your current remaining balance for the rest of the year. This monthly statement is separate from your Explanation of Benefits or your Part D plan premium notice, which you may also get from your Part D plan.

If I participate in the MPPP, do I need to opt in each time I fill a prescription?

After you opt into in the MPPP (and stay enrolled), your costs for all Part D prescription drugs in the calendar year will be included in the monthly billing statements shared by your Part D plan. You do not need to opt in more than once in a calendar year.

4

Who is eligible to participate in the MPPP?

Anyone with a Part D plan can participate in the MPPP. However, if you qualify for Extra Help, then Extra Help will benefit you more than participating in the MPPP.

MPPP Costs

1

How can I estimate my monthly costs?

- Refer to <u>Medicare.gov Plan Finder</u> to get a summary of your current coverage and help estimate your monthly costs. You can also talk to your local <u>State Health Insurance Assistance Program (SHIP)</u> or Part D plan about what your estimated monthly costs will be before participating in the MPPP.
- If you have higher costs at the beginning of the plan year, then you may be more likely to benefit from participating. Your monthly costs may also change after opting into the MPPP if you continue to fill new prescription drugs, until you reach the \$2,000 out-of-pocket cap.

Do I have to pay interest or fees?

No, all payments made under the MPPP are interest-free, and there are no fees to participate. And while your costs are spread out over monthly payments, your total prescription drug costs for the year will be the same whether you participate in the MPPP or not. Also, you never will pay more than the out-of-pocket cap, which is \$2,000 in 2025.

How do I make payments?

Once you enroll in MPPP, all payments are billed from your Part D plan monthly. You will not have to pay at the pharmacy. You can pay by check, credit or debit card, etc. Check with your plan to know what options are available to you.



MPPP Costs (cont.)

What if I miss a payment?

Once a payment is missed, you have 2 months to pay the balance. Your Part D plan will send you a notice with the date by which the unpaid balance must be paid to stay in the MPPP. As long as you pay the overdue balance before the 2-month deadline, you can still stay in the MPPP.

6

What if I miss 2 or more payments?

- Your Part D plan must send you a notice of termination. The statement will include instructions on how you can ask for more information and how you may qualify to re-enroll in the MPPP. Your Part D plan can add you back to the MPPP if you pay your balance or if you show that there was a good reason for the unpaid balance.
- However, if you are disenrolled, your Part D plan may stop you from enrolling in the MPPP the next year if there is an unpaid balance. But your Part D plan cannot remove you from the plan unless you miss your monthly premium payments.

MPPP Enrollment

What are the benefits of the MPPP?

The MPPP will spread out your costs over the calendar year, which may help you budget your costs and make your medicines more affordable. Instead of paying the total cost of your prescriptions at the pharmacy, the MPPP will let you spread those costs over the course of the year and pay in monthly installments. The MPPP ends on December 31 of each year, which means that you must re-enroll in the program each year if you want to continue to participate.

Is the MPPP the right program for me?

- To understand if MPPP may be right for you, follow the decision map on page 4 of this guide. If you have recurring prescription drug costs that do not vary from month to month and that you are able to reasonably afford, then the MPPP may not be right for you. That's because each time you fill a prescription, the out-of-pocket costs are added to your monthly bills. As those costs are added over the course of the year, your total monthly payment toward the end of the year may be more than the cost of a single prescription. You will never pay more in total than you would if you had not enrolled.
- The MPPP may not be the best choice if:
 - You have costs that are low, manageable, and predictable
 - You don't want to change how you pay for your drugs
 - You get or are eligible for Extra Help from Medicare, Medicare Savings Program, or a State Pharmaceutical Assistance Program
- Talk to your local SHIP or your Part D plan to confirm if the MPPP is right for you. You may also refer to other available <u>Medicare resources</u>. If you have high out-of-pocket drug costs, particularly at the beginning of the plan year, your drug costs will be spread throughout the year. Your Part D plan can let you know whether the MPPP will help you with managing your monthly payments.



MPPP Enrollment (cont.)

When can I opt into the MPPP?

You can enroll during open enrollment or any time during the calendar year before December. Since payments are spread out over the remaining months in the year, you will see the most benefit by enrolling earlier in the year.

Will participation in the MPPP be automatic?

Participation is voluntary and not automatic. You must enroll through your Part D plan.

How can I enroll in the MPPP?

You must enroll in the MPPP through your Part D plan. Your Part D plan will give you a phone number, website, or mail option to enroll in the MPPP. You may see a form called the "Medicare Prescription Payment Plan Participation Request Form." Make sure to click or check the "opt in now" or "I agree" if you decide to enroll.

Can I leave the MPPP?

You can leave the MPPP at any time by contacting your Part D plan. You may still owe a balance if any of your remaining balance is unpaid. You can choose whether to pay any unpaid balance all at once or if you would prefer to continue to be billed monthly. Once you disenroll, you will begin to pay the pharmacy directly for any new prescription drugs filled after you leave the MPPP.

Do I have to opt into the MPPP each year?

If you opt into the MPPP during 2025 and would like to do so again in 2026, you may need to re-enroll, even if you re-enroll in the same Part D plan. Contact your plan and look at your options during the 2026 open enrollment period.

3 Are other programs available to help me manage costs and pay for my medications?

Yes, the Extra Help program may help with costs if you make less than or equal to 150% of the FPL. Individuals might qualify for Extra Help if your income is at or below 150% of the FPL, which is \$22,590, and if you have resources that are less than \$17,220. Married people may qualify if they have a household income that is less than \$30,660 and resources less than \$34,360. If you qualify for Extra Help, you will likely benefit more with Extra Help than the MPPP. To learn more about Extra Help, visit: https://www.ssa.gov/pubs/EN-05-10508.pdf.

- To learn more about the application process, visit: <u>https://secure.ssa.gov/i1020/Ee006bView.action</u>.
- Call Social Security at 1-800-772-1213 to get a paper application or to make an appointment.
- Medicare beneficiaries who rely on state programs such as State Pharmaceutical Assistance Programs (SPAPs) or AIDS Drug Assistance Programs (ADAPs), or on charitable funding to help pay their out-of-pocket costs should contact those programs to find out if enrollment in MPPP is advisable in their circumstances, or ask your local <u>SHIP</u> about programs available in your state (<u>SHIP contact information</u>).
- Learn about how Medicare Savings Programs might also pay your Part A and Part B premiums, deductibles, coinsurance, and copayments at https://www.medicare.gov/basics/costs/help/medicare-savings-programs.



MPPP Enrollment (cont.)

What else should I look out for during open enrollment?

Many Medicare prescription drug plans have changed their cost and coverage policies as a result of the changes to the Part D program. As a result, it is even more important to (1) review your plan to make sure that your medications are covered and what they will cost you, (2) ensure there are no other restrictions that could limit your access to medications that your doctor prescribes for you, and (3) select the plan that is best for your individual needs. Refer to the MAPRx Part D Open Enrollment Guide if you have any questions.

How can I learn more about the MPPP?

- Contact your health plan or Part D plan by using the phone number on the back of your member ID card, or you can visit the plan website.
- Visit https://www.Medicare.gov for more information on how Medicare works.
 - Learn more about the new prescription drug law: https://www.medicare.gov/about-us/prescription-drug-law.
 - Learn more about the Medicare Prescription Payment Plan.
- Visit the CMS Training Center for helpful resources: https://cmsnationaltrainingprogram.cms.gov/resources.
- Contact your local SHIP for in-depth, one-on-one insurance counseling and help with Medicare: https://www.shiphelp.org/.





MAPRx brings together beneficiary, family caregiver, and health professional organizations committed to improving access to prescription medications and safeguarding the well-being of beneficiaries with chronic diseases and disabilities under Medicare Prescription Drug Coverage (Part D). This resource is co-sponsored by:

