

Medicare patients in the Part D prescription drug program often face significant out-of-pocket costs early in the year while trying to meet their deductible. The Medicare Prescription Payment Plan helps make prescription drug costs more manageable for patients.

How has Medicare Part D changed?

Beginning in 2025, Medicare introduced changes that offered two main benefits for seniors:



Patients' annual out-ofpocket costs are now capped. In 2026, **the cap is \$2,100 a year.**



Through the Medicare Prescription Payment Plan, patients can **spread their prescription costs** across 12 monthly payments.

How does the out-of-pocket cap work?

The \$2,100 cap applies to the total out-of-pocket Part D medication costs for each Medicare patient, each year. Patients don't need to take any action to be covered by the cap.

How will the payment plan work?



A patient will enroll in the Medicare Prescription Payment Plan.



The patient's Part D plan sponsor will pay their out-of-pocket costs upfront.



The patient's annual outof-pocket expense will be divided into 12 installments. Each month the patient will make his or her monthly payment to the Part D sponsor, instead of paying the pharmacy.

How can I opt in?

Patients can opt in to the Medicare Prescription Payment Plan directly with their Part D sponsor. Open enrollment begins October 15, 2025, but patients can enroll at any time.

What about patients who already opted in?

Patients who previously enrolled will be automatically re-enrolled during open enrollment, unless they change prescription drug plans.

The Medicare Prescription
Payment Plan can make
out-of-pocket costs more
manageable, allowing
patients to focus on what
matters to them.



The Alliance for Patient Access is a national network of policy-minded health care providers advocating for patient-centered care.

AllianceforPatientAccess.org





