

Medicare Part D Changes

Frequently Asked Questions

Medicare patients with Part D prescriptions have options to make their medications more affordable. Changes to Medicare Part D, which were first implemented in 2024:



Cap out-of-pocket costs at **\$2,100 a year** for Part D medications



Allow patients to opt in or remain on the Medicare Prescription Payment Plan, which **spreads patients' payments throughout the year**



The \$2,100 Out-Of-Pocket Cap

Q: Does the out-of-pocket cap apply to everyone?

Yes, all Medicare patients will have their out-of-pocket costs capped at \$2,100 for Part D medications. Patients do not have to opt in to benefit from the cap.

Q: Is the \$2,100 out-of-pocket cap for each medication?

No, the \$2,100 cap is a total cap. It covers the cost of all Part D medications.

Q: Does the \$2,100 out-of-pocket cap include my deductible?

No, the \$2,100 out-of-pocket cap applies to your out-of-pocket Part D medication costs throughout the year. Your deductible is separate, as it includes copays for provider visits and other expenses.

Q: If I access my medication through an exceptions process, does the \$2,100 cap still apply?

Yes, the cap applies to any Part D medication.

The Medicare Prescription Payment Plan

Q: Can anyone opt in to the Medicare Prescription Payment Plan?

Any Medicare patient with Part D medications can opt in to the program.

Q: How do I know if the plan is right for me?

The Centers for Medicare and Medicaid Services has a tool that can help you decide if the plan is right for you: <https://www.medicare.gov/prescription-payment-plan/will-this-help-me>

Spreading payments may help some patients, but it may not be the best option for everyone.

Q: Is the payment plan mandatory or optional?

It is optional. Patients will not be required to spread their medication costs. Patients do have to opt in to the program to receive the benefits, however. It is not automatic.

Q: If I don't opt in to the Medicare Prescription Payment Plan, will I still receive coverage?

Yes. The Medicare Prescription Payment Plan is optional. After reviewing the program information, patients can choose whether it's right for them. Choosing not to opt in to this program will not penalize the patient in any way.

Q: Will I have to re-enroll in the Medicare Prescription Payment Plan next year?

Starting in 2026, patients will be automatically re-enrolled in the Prescription Payment Plan during open enrollment, unless they change prescription drug plans.

Q: If I enroll, where do I pay for my medications?

Once you are enrolled in the Medicare Prescription Payment Plan, you will still get your medications at the pharmacy. You won't pay a copay for these treatments when you pick them up, however. Instead, you'll receive a bill from the insurer that you pay each month. Payments will be simplified and stabilized throughout the year.

Q: Where can I learn more about these changes?

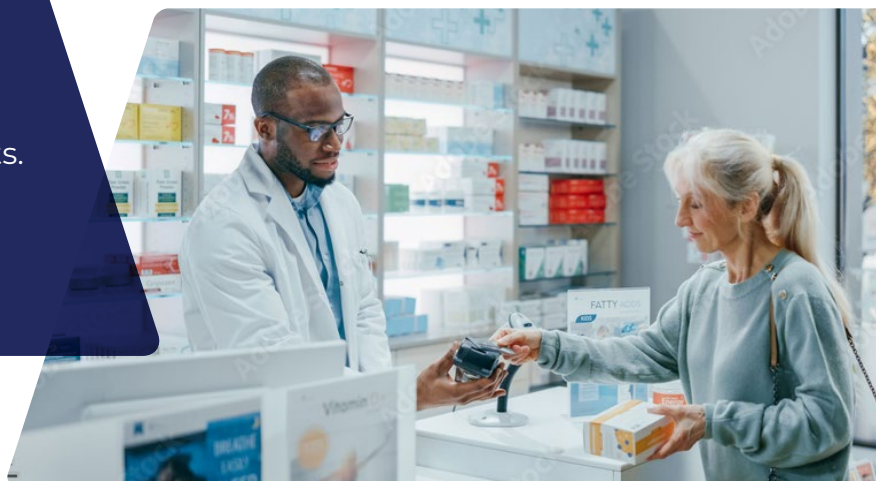
The Centers for Medicare and Medicaid Services has resources and tools available to help patients learn more. Insurers, pharmacies, health care providers and patient advocacy groups may also have resources to educate patients about this program.

Q: Do these changes apply to Medicare Advantage plans?

Yes, these changes are available for patients with a Medicare Advantage plan. It will apply to their pharmacy benefit.

The \$2,100 cap on out-of-pocket costs and the Medicare Prescription Payment Plan are aimed at making Part D medications more affordable for patients.

Learn more at:
allianceforpatientaccess.org/Part-D



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

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