### What is Part D?

Part D is Medicare’s prescription drug benefit. It’s drug coverage you can only get through private insurance companies. You must usually choose a plan and enroll in it if you want Part D. If you want Part D and you have:

- Original Medicare and want to stay with it, then choose a drug plan that only covers drugs (also called a stand-alone prescription drug plan or PDP).
- A Medicare Advantage Plan (such as an HMO or PPO), you must usually get drug and health coverage in one plan from that company. There are a few exceptions to this. If you have a Medicare Medical Savings Accounts (MSA), a Cost Plan or a Private Fee-for-Service (PFFS) plan that doesn’t include drug coverage, you can get a separate PDP to cover your drugs.

### Do I have to get Part D?

No. Enrollment is optional. If you have a drug plan that’s as good as or better than Medicare’s (called creditable coverage), you can keep it. If you don’t have creditable coverage and don’t sign up for Part D when you’re first eligible, you must pay a penalty if you enroll later. Whoever provides your drug coverage can tell you whether it’s creditable.

### How much does Part D cost?

Each Part D plan has different costs. With most, you pay:

- A monthly fee for coverage, called a premium
- A deductible, which is what you must pay each year before your plan starts to cover your drugs
- Part of the cost of each prescription, called a copayment or coinsurance

Once you have spent a certain amount on drugs, what you pay for drugs may increase for a period of time. This is called the coverage gap or donut hole. The coverage gap is being phased out and will be gone by 2020. Until then, you pay more for drugs in the donut hole until you spend $4,950 out of pocket in 2017. Then your costs go down a lot.

### Will all my drugs be covered?

Each drug plan has its own list of drugs it covers (called a formulary). Even when a drug is on the formulary, each plan gets to set the cost and may put special coverage rules or restrictions on it. You pay the full cost of drugs that aren’t on the formulary or that you get from out-of-network pharmacies. However, you can appeal to the plan to ask it to pay for a drug. Many people win their appeals.
Get Extra Help Paying for Drugs

You may be able to get Extra Help, a federal program that pays most of the cost of Medicare drug coverage. You can get Extra Help if your 2017 monthly income is up to $1,505 ($2,022 for couples). These income limits usually go up every year in February. You must also have less than $13,820 ($27,600 for couples) in resources in 2017. The amount of help you get depends on your income.

How do I get Extra Help?

- If you have Medicaid or a Medicare Savings Program (MSP), or if you get Supplemental Security Income (SSI), you automatically get Extra Help. You don’t have to apply.
- If you don’t have Medicaid, an MSP or SSI, you can apply for Extra Help through the Social Security Administration. You can apply online at www.ssa.gov. Or you can call the Social Security Administration at 800-772-1213.

What do I do after I get Extra Help?

Choose and enroll in a Medicare Part D plan. If you don’t, you’ll be automatically enrolled in a plan. That plan may or may not fit your needs. Make sure you’re in a plan that covers your drugs and works at the pharmacies you like. Look for a plan with a premium that is fully covered by Extra Help.