



IMPORTANT: We've substituted generic medications for any brand drugs, unless you indicated otherwise.

IMPORTANT: Your report includes expert analysis and detailed findings of your recommendations.

Before making any final decisions, please double-check all costs with the plans and/or pharmacies. The Medicare plan data is from Medicare.gov and is subject to change. The benefit information provided is a brief, but not complete, description of benefits. For more information, contact the plan.





IMPORTANT:

The following provides you with plan analysis and guidance utilizing information available through Medicare.gov. **Before making any final decisions, please double-check all costs with the plans or pharmacies.** Information available through Medicare.gov may not be the most current information available.

65 Incorporated does not make decisions or choices as to which option is best for a particular client; that is the obligation of each client, after carefully considering the information contained on *65incorporated.com* and from other sources. We urge our clients to study all the options carefully.

The plans *65 Incorporated* identified for your consideration are generally cost-effective with a quality rating of 3.0 stars or higher.



Medicare Information:

- The standard drug plan deductible is
- The standard Part B monthly premium is
- The donut hole for generic medications closed in 2020. The donut hole for brand-name medications closed in 2019. Those who reach this payment stage (Coverage Gap) will be responsible for





Step-by-step directions for enrolling in Medicare plans:

IMMEDIATELY FOLLOW THESE STEPS to ensure your coverage will begin

- 1. Double-check with the care facility's administrator that the your chosen Part D drug plan will be accepted by the facility's pharmacy service.
 - Know that long term care pharmacies, like **sector**, are considered to be standard network pharmacies, but can also include retail and mail order.
 - See if you can find out the type of costs you will incur while refilling prescriptions through

2. Enroll in your new Part D prescription drug plan (PDP) plan.

- Find the telephone numbers for the recommended Part D plan located on page one of this report.
 - Call the number for Non-members.
 - Confirm the premium and discuss any concerns about medications or pharmacies, including setting up auto-payments from your checking account or Social Security benefit payment.
- Be aware that as a resident in a nursing facility,
- 3. Select and enroll in a Medigap policy.
 - Find the telephone number for the recommended plan located on page one of this report.
 - Call the customer service phone number. Or, if required, contact a Medigap agent.
 - Confirm the premium and discuss any concerns about coverage.



Page 4 of 10

Medicare Part D PLAN COMPARISON		PLAN OPTION #1	PLAN OPTION #2	PLAN OPTION #3		
		Rx (PDP)	Rx Plan (PDP)	Rx (PDP)		
	DRUG PLAN COSTS					
S Cost	Monthly drug plan premium					
	Deductible	\$445.00	\$445.00	\$445.00		
	TOTAL YEARLY DRUG COSTS — INCLUDING PREMIUMS					
	Walgreens	\$657.36	\$703.80	\$537.36		
	Winn Dixie	\$656.40	\$590.40	\$370.80		
	Walmart	\$284.40	\$352.80	\$541.20		
	Mail Order	\$284.40	\$346.00	\$410.40		
Quality	PLAN QUALITY RATINGS					
	Overall star rating		4	4		
	Drug plan quality		4	3		
	Complaints about the plan		3	5		
	Members' rating of plan		2	4		
	Ease of getting prescriptions		3	5		
Coverage	DRUG FORMULARY					
	Formulary includes all prescription medications	Yes	Yes	Yes		
	A formulary is a listing of medications, including generic and brand-name, that a drug plan will cover. Every plan has a different formulary.					



More about the Recommended Part D Plan

The attachments to this report include complete details about cost, coverage, and quality.

Cove	erage

	Rx (PDP)	
Copays or coinsurances for by tier in this <i>preferred retail pharmacies</i> , <i>if available</i> .	# of drugs in this tier	
Tier 1:	\$1.00	1
Tier 2:	\$2.00	3
Tier 3:	\$40.00	0
Tier 4:	42%	0
Tier 5:	25%	0
Tier 6:	n/a	n/a

Coinsurances are percentage of the total cost of the medication that you will pay as an out-of-pocket cost. This means that the amount you pay for your medications can increase, sometimes dramatically during a year, if the cost of a medication increases.

Step therapy

In most cases, this means that before prescribing a medication (usually an expensive one), the physician must order a less expensive but proven-effective medication. If the individual experiences side effects or other problems, the physician can then "step" up to the more costly drug.

Prior authorization

No

No

Prior authorization means that an insurance company must give permission before a patient can fill a particular medication.



Page 6 of 10

Medicare Supplement PLAN COMPARISON		PLAN OPTION #1 Supplement Plans -	PLAN OPTION #2		
\$ Cost	DRUG PLAN COSTS				
	Policy Pricing Structure				
	Monthly Premium				
	Average 5 Yr. Price Increases				
Cost	Loss Ratio				
	PLAN QUALITY RATINGS				
	AM Best Rating				
	S&P Rating				
Quality	Market Share				
	MEDICARE SUPPLEMENT PLAN TYPE				
	Plan Type	Plan G	Plan G		
Coverage	Justification for the Plan Type	Plan G includes coverage of excess charges as well as foreign travel emergencies.			



Important Points about Your Move

- You must notify your current plan that you are moving.
- This special election period exists for the following situations:
 - You are no longer eligible for your Medicare Advantage Plan because
 - You will have new Medicare Advantage Plans or Medicare drug plans available to you
 - If your current plan offers coverage in your new area, you can choose to keep that plan or you can switch to a different plan.
- When to Make a Change:
 - You can submit your application to a Medicare Advantage Plan in your new area as early as
- Effective Date of Coverage:
 - You can choose the effective date to be up to Plan receives your application. However, the effective date cannot be
- More Than 12 Months Out of Current Plan's Service Area:
 - If you are out of the service area for





the Medicare Advantage

Page 8 of 10

Drug Plan Review

- Long term care pharmacies, like **and the standard network pharmacies**, but can also include retail and mail order.
 - Double-check with the care facility's administrator that the new Part D drug plan will be acceptable coverage.
- As a resident of a long-term care facility,
- The plan with the lowest total out-of-pocket costs is the **second second** Rx (PDP). *However, this recommendation assumes that the drug prices through the long-term care facility's*
- Check these links for additional information.
 - Preferred pharmacies
 - Medicare prescription drug coverage
 - Donut hole (Coverage Gap)

Drug pricing and cost information in this report is from the Medicare Plan Finder (www.medicare.gov/plan-compare/#/?lang=en). Please check the drug plan's evidence of coverage for more information or contact a plan customer service representative.



Important Points about Your Medicare Supplement Plan Review

- We've recommended
 It is a policy. Premiums can only increase
 - The plan premiums have actually been decreasing with an average decrease over the last few years of
 - This plan has very solid AM Best ratings, a good loss ratio and and All of these are indicators that premiums will remain relatively steady.
- You've chosen a Plan G based upon the standard benefits available.
 - With increased medical needs, having the most coverage possible at a cost-effective price is exactly what Plan G offers.
 - Coverage of **an example of a set of a**
 - Other plans, **Sector**, provide lower monthly premiums but with fewer overall benefits which could wind up costing you more with your healthcare needs.
 - Since no newly eligible Medicare beneficiaries can enroll in **second second**, we recommend avoiding
- For more information about Medigap policies, please refer to the "Purchasing a Medigap Policy A Companion Guide" in the attachments section of this report.

© Copyright 65 Incorporated





Disclaimer:

65 Incorporated provides guidance and information to our clients, based primarily on third-party sources, so that our clients can make informed decisions after reviewing their options. This report includes costs and coverage data from the Medicare Plan Finder at medicare.gov. In some cases, the drug costs reported may differ from actual costs. Generally, 65 Incorporated does not include in its discussion plans that are new, do not have quality ratings, or have low quality ratings. Clients should investigate plans and address any specific concerns about premiums, costs, and coverage with the insurance company.

65 Incorporated does not make decisions or choices as to which option is best for a particular client; that is the obligation of each client, after carefully considering the information contained on 65 incorporated.com and from other sources. We urge our clients to study all the options carefully. 65 Incorporated disclaims responsibility for any option chosen by a client, and for the information prepared by third party sources. In the event of any claim by a client against 65 Incorporated, the liability of 65 Incorporated shall be limited to the consideration paid by such client to 65 Incorporated.

65 Incorporated *does not sell insurance and is not associated with or endorsed by Medicare or the Centers for Medicare and Medicaid Services.*

