

Medicare TUNE-UP

For Open Enrollment - [REDACTED]

Customized for

[REDACTED]

Your Medicare TUNE-UP RESULTS:

Your Current Medicare Plan	Recommended Medicare Plan for the Next Year
<p>See more information, beginning on PAGE 5</p>	<p>See more information, beginning on PAGE 5</p>

Changing to [REDACTED] in [REDACTED]

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

Bottom line: The [REDACTED] plan is becoming [REDACTED] for [REDACTED]. **Switch plans to the [REDACTED] plan in [REDACTED] to save more than \$70,000.**

IMPORTANT: Before making any final decisions, please double-check all costs with the plans and/or pharmacies. Information available through Medicare.gov may not be the most current information available.

**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.

**[REDACTED] Medicare Information:**

- The standard drug plan deductible will be [REDACTED].
- The standard Part B monthly premium in [REDACTED] is [REDACTED]. The [REDACTED] premium has not been announced.
- The donut hole for generic medications closes in [REDACTED]. The donut hole for brand-name medications closed in [REDACTED]. Those who reach this payment stage (Coverage Gap) will be responsible for paying 25% of the total cost of any drug. Read more at [REDACTED]
[REDACTED]

About Your Medicare Tune-Up Report

- **This report reviews plans in three general categories: Cost, Quality and Coverage.**

Some people prioritize price above all else. However, without quality and coverage, you could spend a great deal of time finding physicians who will see you or trying to get the medications you need. Getting the best overall plan for your situation can be worth a bit more.

- **Three colors spotlight important information.**




Green identifies a good characteristic, **yellow** identifies a finding that merits caution, and **red** identifies a finding that is dangerous.

- **Medicare evaluates plans on a five-star basis.**

Five stars is the highest level of quality. You can choose to switch to a plan with a five-star rating at any time during the year, not just during Open Enrollment.

Any plan that has received less than three stars for three years in a row will receive a low-performing rating and icon from Medicare. If you choose to enroll in a plan with a low performance rating, you must call the plan; Medicare does not allow online enrollment.

Learn more about star ratings at [REDACTED]

Medicare Part D Plan TUNE-UP DRUG PLAN COMPARISON		PLAN OPTION #1	PLAN OPTION #2	PLAN OPTION #3	
		[REDACTED] (PDP)	[REDACTED] (PDP)	[REDACTED] (PDP)	
DRUG PLAN COSTS					
 Cost	Monthly drug plan premium	\$23.30	\$21.00	\$21.90	
	Deductible	\$320.00	\$300.00	\$435.00	
	TOTAL YEARLY DRUG COSTS — INCLUDING PREMIUMS				
	[REDACTED]	\$79,556.20	\$7,233.95	\$7,377.96	
	[REDACTED]	\$79,584.25	\$7,249.31	\$7,316.02	
	Mail Order	\$75,233.21	\$7,178.31	\$7,282.89	
	ESTIMATED OUT-OF-POCKET COSTS BY PHARMACY — NOT INCLUDING PREMIUMS				
	[REDACTED]	\$79,276.60	\$6,981.95	\$7,115.16	
	[REDACTED]	\$79,304.65	\$6,997.31	\$7,053.22	
	Mail Order	\$74,953.61	\$6,926.31	\$7,020.09	
PLAN QUALITY RATINGS					
 Quality	Overall plan rating	4 Stars	4 Stars	3.5 Stars	
	DRUG FORMULARY				
 Coverage	Formulary includes all prescription medications	No	Yes	Yes	
	<i>A formulary is a listing of medications, including generic and brand-name, that a drug plan will cover. Every plan has a different formulary.</i>				

More about the Recommended Plan

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

Your Copayments or Coinsurance with the [REDACTED] (PDP)

[REDACTED] (PDP)		
Copays or coinsurances for by tier in this plan's formulary — using preferred retail pharmacies, if available.		# of drugs in this tier
Tier 1:	\$1.00	1
Tier 2:	\$2.00	1
Tier 3:	20%	1
Tier 4:	37%	3
Tier 5:	25%	0
Tier 6:	N/A	N/A
<p>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.</p>		
Step therapy	No	
<p>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.</p>		
Prior authorization	Yes	
<p>Prior authorization means that an insurance company must give permission before a patient can fill a particular medication.</p>		



Important Points about Your Drug Review

- ▶ [REDACTED] is now [REDACTED]
 - This plan will not cover two of your medications in [REDACTED]. As a result — **DO NOT REMAIN IN THIS PLAN.** Doing so would cost you \$70,000 more than you need to pay.
- ▶ **Recommended Plan** — [REDACTED]
 - This plan provides you with the lowest total costs for both mail order or retail pharmacy options.
 - This plan has an above average, overall four-star rating.
 - This plan does include extra coverage in the donut hole for your Tier 1 and 2 medications. This is not a significant benefit to you (about \$10 saved per months), but every dollar counts!
 - This plan does require prior authorization for [REDACTED] and [REDACTED]
- ▶ [REDACTED]
 - If, for whatever reason, you decide not to go with the [REDACTED] plan, this plan has slightly higher out-of-pocket costs than the recommended plan, but is still a very solid choice for you.

Check these links for additional information.

- ▶ “Learning the Lingo” white paper [REDACTED]
- ▶ *65 Incorporated* Open Enrollment Library [REDACTED]
- ▶ Formulary exception [REDACTED]
[REDACTED]
- ▶ Preferred pharmacies [REDACTED]
[REDACTED]
- ▶ Medicare prescription drug coverage [REDACTED]
[REDACTED]
- ▶ Medication tiers [REDACTED]
- ▶ Part D deductible [REDACTED]
- ▶ Star ratings [REDACTED]

Step-by-step directions for **enrolling in a NEW plan** for [REDACTED]:

1. Select a Part D prescription drug plan (PDP) plan.
 - ▶ This report compares up to three plans. If you wish, compare other drug plans at [REDACTED]
[REDACTED]
2. Before December 7th, enroll in the plan of your choice by calling the plan's customer service representative.
 - ▶ Find the telephone numbers for the plan located in the supplemental information sheets in this report.
 - Call the number for Non-members.
 - Confirm the premium and discuss any concerns about medications or pharmacies.
 - ▶ Discuss premium payment, including auto-payments from your checking account or Social Security benefit payment.
3. Do not take any other action.
 - ▶ You will be dis-enrolled automatically from your current plan.

Step-by-step directions for **RE-ENROLLING in your current plan** for [REDACTED]

Do not take any action.

- ▶ You will be re-enrolled automatically in your current plan.

NOTE: Coverage will take effect January 1.

Why Doesn't **65 Incorporated** Review My Medigap Policy?

During the Open Enrollment Period, you have the opportunity to evaluate and, possibly, change your prescription drug coverage. However, *what if you want to switch to a different Medigap policy (Medicare supplement insurance)?*

- Perhaps, you're paying for benefits you don't need or you want to add a benefit you don't have. Maybe you're not satisfied with the insurance company sponsoring your policy or you would just like to pay less.
- You have a [REDACTED] New enrollees will no longer be able to purchase these policies because they cover the Part B deductible. You may be concerned about what will happen to premiums.

Unfortunately, Open Enrollment doesn't work for Medigap policies. [REDACTED]

[REDACTED]

[REDACTED] The insurance company can deny a new application or raise premiums, depending on medical history and health status.

Here are situations in which a person who owns a Medigap policy has the right to get a new policy, without medical underwriting:

- Residents of [REDACTED]: Know that each state has its rules, including about the type of policy you can get.
- Those within the Medigap Open Enrollment Period ([REDACTED] [REDACTED]).

- Residents of states with special opportunities to change plans once a year, such as [REDACTED]

What if you want to change from Plan F to Plan G?

If you [REDACTED]

If you do not [REDACTED]

- Contact your current plan first. You are seeking to drop, not add, a benefit.
- If that is not successful, check out other companies and apply.
- Important: Do not discontinue your current coverage until you have secured a new policy.

Check your state's rules for more information.



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 65incorporated.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.

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.