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What to Remember if You Changed Your Medicare Part D Plan in 2025

If you decide to change your Medicare Part D Plan in 2025, there may be a few things that are different about your new plan from your old plan. Typically, when Medicare beneficiaries decide to switch to a new drug plan, they are looking for cost savings. The cost of the old plan would be more expensive if they kept that plan versus changing to a new plan for the new year. That said, at the beginning of the new year, you may wonder why you switched. Keep the following things in mind if you start to second-guess yourself.

1. **Deductibles:** The new plan could have a deductible that you have to pay before it will start covering your medication. Most Medicare Part D plans have a deductible. During this period, you will most likely have to pay the full cost of your medication. The plan deductible amount in Kansas can range from the highest at \$590 to the lowest at \$0. Just because a plan has a \$0 deductible doesn't mean it is the most cost-effective for you.
2. **Coverage Levels:** Medicare Part D plans have different coverage levels. In 2025, most plans will have three coverage levels: the deductible phase, the initial coverage level phase, and catastrophic coverage. We talked about the deductible phase above. The initial coverage period kicks in when you have met your deductible; you will then pay the full negotiated price for your covered prescriptions. You will either pay a co-payment or a co-insurance. In 2025, your initial coverage level ends when you have paid \$2000.00 out of pocket. The Catastrophic coverage begins after you reach the \$2000.00 out-of-pocket for covered drugs. During this period, you pay \$0 for covered drugs.
3. **Special Enrollment Periods:** There may be times when you can change your plan outside of the annual open enrollment period, called special enrollment periods. You must meet certain conditions to qualify for a special enrollment period. Below are some of the situations that may qualify you to change plans:
 - If you move to a new address not in your plan's service area.
 - If you live in or recently moved out of an institution (like a nursing home)
 - You are no longer eligible for Medicaid.
 - You qualify for Extra Help or are no longer eligible for Extra Help.
 - Medicare takes an official action because of a problem with the plan that affects you.
 - Your plan ends its contract with Medicare during the contract year.
 - Other special situations.
4. **Plan Formulary:** Make sure your plan covers your medication. Each Part D is required to provide you with a list of drugs they cover. All plans must include at least two medications in a drug category and all in certain classes. If your drug is not on the drug formulary, you may be paying the full cost of the medication. Medicare beneficiaries can ask for an exception to get a medication covered. Certain medication classes, including weight loss or gain and over-the-counter medications, are not covered.
5. **Preferred Pharmacy:** If you use your plan's preferred network pharmacy, you may pay less than if you used a standard pharmacy. Keep in mind that some pharmacies may be out of network for your plan, meaning that you will pay the full cost of the medication no matter what coverage level you are in.

Please contact the extension office if you have questions about your Part D plan. We can help explain your plan to help you better understand your options.