

Ready to Choose a Medicare Plan?

If you have Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance), you can join a Medicare health or drug plan. When you shop for health or drug plans at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare), you'll get details about plans in your area. As you compare plans, consider:

Costs

Think about all your out-of-pocket costs, not just monthly premiums. It's important to compare estimates of your total costs in a year. Some plans with higher monthly premiums might offer lower copayments or lower maximum costs.

If you get health services often: Look at the plan's yearly limit on your out-of-pocket costs for all medical services. Once you've paid this amount, the plan will pay your health costs for the rest of the year (except for the monthly plan premium and standard Part B premium). If you also take prescription drugs regularly, add the yearly drug cost and maximum amount together to get an estimate of your total out-of-pocket costs for the year.

If you take prescription drugs regularly: Log into (or create) your secure Medicare account to save a list of your drugs and pharmacies. This will give you a better estimate of your yearly out-of-pocket costs when comparing plans. You can also sort the list of available plans by "Lowest drug + premium" cost.

- If you join a plan during Medicare's annual Open Enrollment Period (October 15 - December 7), each plan's yearly cost includes 12 months of premiums, plus the estimated cost to fill the prescriptions on your saved drug list (12 months) at the pharmacies you chose.
- If you join a plan outside of Open Enrollment, each plan's yearly cost includes a premium amount for the number of months left in the year, plus the estimated cost to fill the prescriptions on your saved drug list (for the rest of the year) at the pharmacies you chose.

If you don't get health services often or take any prescription drugs: Look at the monthly premiums of each plan to find out how much you'd pay, even if you don't get any health services or drugs. You can sort the list of available plans by "Lowest monthly premium."

Drugs & Pharmacies

If you take drugs regularly and need drug coverage: Add your prescriptions to your drug list so you can find out if a plan covers them. You can also review the “Plan Details” to find out what it may cost to fill your drugs at different pharmacies.

As you manage your drug list, don’t forget to explore your pharmacy options. You can save up to 5 pharmacies on your list at one time. When you save pharmacies, you’ll be able to find out the cost of filling your drugs at each one as you compare plans. Your drug costs can change depending on your plan and the pharmacy you use, so adding different pharmacies to your list may help you save money.

If you don’t take drugs regularly, but still want drug coverage: Look for plans that include drug coverage. They’ll have “Includes drug coverage” on the bottom right of the plan cards in your results list. You can also use the “Drug Coverage” filter at the top of your results list to only show plans that include drug coverage.

Starting in 2025, all Medicare plans will include a \$2,000 cap on what you pay out-of-pocket for prescription drugs covered by your Part D plan. If your out-of-pocket spending on covered drugs reaches \$2,000 (including certain payments made on your behalf, like through the Extra Help program), **you’ll automatically get “catastrophic coverage.” That means you won’t have to pay a copayment or coinsurance for covered drugs** for the rest of the calendar year. If you have a Medicare plan with drug coverage, compare plans during Medicare Open Enrollment (October 15 – December 7) to make sure your plan covers the drugs you take and meets your needs.

Plan Type

There are several types of Medicare health plans (like Health Maintenance Organizations and Preferred Provider Organizations), and they all work differently. Some health plans include drug coverage while others don’t. Use the “Plan Type” filter at the top of your results list to learn more about the different plan types, and pick the ones that fit your needs.

Provider Networks

Many plans have networks of health care providers (like doctors, hospitals, and other facilities). Getting services from providers in a plan’s network usually costs less than getting those services from providers that aren’t in the plan’s network.

If you want to keep your current providers, make sure they’re in the plan’s network before you join. If the plan doesn’t have a network, you can visit any provider that accepts Medicare.

Special Needs Plans (SNPs)

These plans tailor their benefits, provider network, and list of covered drugs to people with specific health conditions, health care needs, or Medicaid coverage. You may qualify for one of 3 types of SNPs if:

- You have both Medicare and Medicaid.
- You have a chronic or disabling condition (like diabetes, heart disease, cancer, dementia, or stroke).
- You need long-term care services, either in a facility or at home.

Use the “Special Needs Plans” filter at the top of your results list to find out if there are SNPs available in your area.

Benefits

Some health plans offer extra benefits that Original Medicare doesn’t cover, like vision, hearing, and dental services. Plans can also choose to cover even more benefits, like:

- Transportation to doctor visits
- Over-the-counter drugs
- Other services that promote your health and wellness

Use the “Plan Benefits” filter at the top of your results list to narrow your results and only include plans with the benefits you need. Select “Plan Details” to review the full list of benefits each plan offers.

New to Medicare?

Remember, you need Part A (Hospital Insurance) and/or Part B (Medical Insurance) before you can join a health or drug plan. Visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) and select “First time joining a Medicare health or drug plan?” to learn when to shop for plans and how to avoid late enrollment penalties.



Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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