



Medicare changes in 2025: what's next?

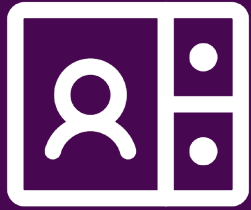
The webinar will begin soon!



Please check your audio
Dial-in number: +1 646 931 3860
Webinar ID: 844 6286 4128



Quick reminders



Today's webinar is being recorded and a recording will be shared.



Use the chat feature to submit your questions during the webinar.



A link to PAN resources including our Medicare reforms education hub will be shared.



Welcome from our CEO



Meet today's presenters



Amy Niles

Chief Mission Officer

PAN Foundation

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Director, Clinical Affairs

PAN Foundation

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Today's agenda

1 A brief refresher of the Medicare program

2 Medicare Part D Cap

3 Medicare Prescription Payment Plan

4 Impact of Medicare reforms on PAN grants

5 Q&A

The Medicare alphabet

Part A

Hospital Insurance

- ✓ Inpatient hospital stays
- ✓ Care in a skilled nursing facility
- ✓ Hospice care
- ✓ Some health care

Part B

Medical Insurance

- ✓ Certain doctors' services
- ✓ Outpatient care
- ✓ Lab tests
- ✓ Medical equipment
- ✓ Preventative services
- ✓ Ambulances

Part C

Medicare Advantage

- ✓ Covers benefits included in the original Medicare
- ✓ Sometimes covers dental care, vision benefits, over the counter items, etc.
- ✓ May include prescription drug benefits

Part D

Prescription coverage

- ✓ Covers a wide range of prescription drugs that people with Medicare take, including most drugs in certain protected classes
- ✓ Offered through stand-alone Medicare drug plans or through Medicare Advantage plans

Historic Medicare reforms enacted through the Inflation Reduction Act

Understanding recent Medicare reforms

2023

- Vaccines without copays
- Insulin copays limited to \$35/month

2024

- Giving more people “Extra Help”
- Elimination of 5% coinsurance for catastrophic phase

2025

- A \$2,000 annual cap on prescription costs
- Implementation of the Medicare Prescription Payment Plan, allowing patients to spread and pay for drug costs monthly

2025 Medicare Part D reforms



Quick poll: Familiarity with the Medicare Part D Cap

Two Medicare reforms – January 1, 2025



Medicare Part D cap



Medicare Prescription Payment Plan



What is the Medicare Part D cap?

- Beginning in 2025, there will be a yearly cap (\$2,000) on out-of-pocket prescription costs in Medicare.
 - All drugs covered in the Medicare Part D program are included under this cap.
- It is automatic; no eligibility requirements other than participation in a Part D plan
- People on Medicare will continue to pay for their prescription medications at the pharmacy counter, unless they opt-in to the Medicare Prescription Payment Plan.



Who will benefit from the Medicare Part D cap?



Everyone!

Especially individuals who have experienced high out-of-pocket costs for their prescription medications.



2025 Medicare Prescription Payment Plan



Quick poll: Familiarity with the Medicare Prescription Payment Plan



Medicare Prescription Payment Plan

- ✓ What is the Medicare Prescription Payment Plan?
- ✓ Who will benefit from the Medicare Prescription Payment Plan?
- ✓ How to opt-in to the Medicare Prescription Payment Plan
- ✓ What will costs look like month to month?
- ✓ Examples of how monthly bills will be calculated
- ✓ What if payments are missed?
- ✓ How often do I need to enroll in the Medicare Prescription Payment Plan?
- ✓ Can I leave the Medicare Prescription Payment Plan after I enroll in the program?
- ✓ Key takeaways: Medicare Prescription Payment Plan
- ✓ Quick overview: Medicare Part D Cap & Medicare Prescription Payment Plan

What is the Medicare Prescription Payment Plan?



A new **voluntary** Medicare Part D payment option going into effect on January 1, 2025.



This program lets patients spread their out-of-pocket drug payments throughout the calendar year. The program does NOT lower costs.



Patients must opt-in to this program through their Part D plans (traditional Medicare and Medicare Advantage).

Who will benefit from the Medicare Prescription Payment Plan?



Individuals who:

- have a hard time paying out-of-pocket drug costs all at once.
- have high out-of-pocket costs, e.g., have paid over \$2,000 in out-of-pocket drug costs in the first nine months of last year.
- have had a single prescription cost of at least \$600.
- are not eligible for programs that would significantly reduce their out-of-pocket costs.
- want to budget and spread their out-of-pocket drug costs throughout the year.
- opt-in to the program early in the calendar year.

Before opting in to the Medicare Prescription Payment Plan, determine if eligible for programs that can lower out-of-pocket costs for prescription medications.



Federal government programs, such as the Extra Help Program.



State government programs, such as State Pharmaceutical Assistance Programs and Medicare Savings Programs.



Independent charitable assistance foundations that offer financial assistance to eligible patients, such as the PAN Foundation.

What will costs look like month to month?



- The monthly bill is based on what would have been paid for any prescriptions filled, plus the previous month's balance, divided by the number of months left in the year.
- Monthly bills will come from the Part D plan. Patients will pay these bills directly to the Part D plan, NOT at the pharmacy counter.
- Payments will change month to month depending on circumstances.
- May not be able to predict what bills will be ahead of time.
- By the end of the year, will not have paid more than \$2,000.



Examples of how monthly bills will be calculated

Example #1:

Joan spends \$500/month for medications at the start of the year. She opts into the Medicare Prescription Payment Plan January 2025.

Maximum monthly payment for January:

$\$2000 - \$0 / 12 \text{ months} = \166.67
 $\$166.67 < \500 ; January payment = \$166.67

February: $(\$500 - 166.67 \text{ remaining balance}) + \$500 \text{ new} / 11 \text{ months} = \75.76

Month	Joan's out-of-pocket costs (without payment option)	Joan's monthly payment (with payment option)
January	\$500	\$166.67
February	\$500	\$75.76
March	\$500	\$125.76
April	\$500	\$181.31
May	\$0	\$181.31
June	\$0	\$181.31
July	\$0	\$181.31
August	\$0	\$181.31
September	\$0	\$181.31
October	\$0	\$181.31
November	\$0	\$181.31
December	\$0	\$181.31
Total	\$2,000	\$2,000



Example #2:

George spends \$80 each month for his medications. He opts in to the Medicare Prescription Payment Plan January 2025.

Maximum monthly payment for January:

$\$2000 - \$0 / 12 \text{ months} = \166.67

$\$80 < \166.67 ; January payment = \$80

February: \$0 remaining balance + \$80

new/11 months = \$7.27

Month	George's out-of-pocket costs (without payment option)	George's monthly payment (with payment option)
January	\$80	\$80
February	\$80	\$7.27
March	\$80	\$15.27
April	\$80	\$24.16
May	\$80	\$34.16
June	\$80	\$45.59
July	\$80	\$58.93
August	\$80	\$74.92
September	\$80	\$94.93
October	\$80	\$121.59
November	\$80	\$161.59
December	\$80	\$241.59
Total	\$960	\$960

Example #3:

Phyllis pays \$4 every month for a prescription. In April 2025, she needs a one-time prescription that costs \$613; total costs in April are \$617. That same month, before prescriptions are filled, she joins the Medicare Prescription Payment Plan. In July and October, she needs additional drugs.

Maximum monthly payment for April:
 $\$2,000 \div 9 \text{ months} = \222.22
 $\$222.22 < \617 ; April payment = \$220.89

$\$220.89 < \617 ; April payment = \$220.89

Month	Phyllis' out-of-pocket costs (without payment option)	Phyllis' monthly payment (with payment option)
January	\$4	\$4
February	\$4	\$4
March	\$4	\$4
April	\$617	\$220.89
May	\$4	\$50.01
June	\$4	\$50.59
July	\$124	\$71.25
August	\$4	\$72.05
September	\$4	\$73.05
October	\$124	\$114.39
November	\$4	\$116.39
December	\$4	\$120.38
Total	\$901	\$901





Medicare.gov PlanFinder tool



Medicare.gov PlanFinder tool

Use Medicare.gov's new online tool to determine how your monthly costs could be impacted by opting-in to the Medicare Prescription Payment Plan.

- Select the type of plan you want
 - Medicare Advantage Plan (Part C)
 - Medicare drug plan (Part D)
 - Medigap policy
- Do you get help with your Medicare drug costs?
- Do you want to see your drug costs when you compare plans?

The screenshot shows the Medicare.gov PlanFinder tool interface. At the top, there is a navigation bar with "Medicare.gov" on the left and "Basics", "Health & Drug Plans", and "Providers & Services" on the right. There are also "Chat" and "Log In" links. The main heading is "Explore your Medicare coverage options" with a sub-heading "Review your 2025 plan options now." Below this is a photo of a man with a mustache, wearing a pink shirt, holding a smartphone. A "Feedback" button is visible on the right side. A link "First time joining a Medicare health or drug plan?" is present. The main section is titled "Find Medicare health & drug plans" and contains two columns of options. The left column is titled "Use your account" and includes a "Log In" button and a link "Don't have an account? Create one." The right column is titled "Continue without logging in" and includes a "Choose the year you need coverage and enter your ZIP code:" section with radio buttons for "2025" (selected) and "2024", and a "ZIP CODE" input field.



Enter your prescription drugs

After entering your prescription drugs:

- Input your address
- Select up to five pharmacies listed

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾ Chat Log in

Confirm your drug list

Print

Add Another Drug

Eliquis 5mg tablet	Quantity	Frequency
	60	Every 2 months
Remove drug		Edit drug

Enbrel 50mg/ml solution auto injector	Package Type	Quantity	Frequency
	1ml pen (sold in pack of 4)	1	Every month
Remove drug			Edit drug

Humira 40mg/0.4ml pen injector kit	Package Type	Quantity	Frequency
	Box of 1 pen injector kit (sold in pack of 2)	1	Every 3 months

Feedback



Evaluate plans

Cigna Healthcare Saver Rx (PDP)

Plan type: Drug plan (Part D)
Plan ID: S5617-355-0

[Plan website](#) | Non-members: [1-800-735-1459](tel:1-800-735-1459) | Members: [1-800-222-6700](tel:1-800-222-6700)

Open Enrollment starts October 15

[Print](#)

What you'll pay

Total monthly premium	Retail pharmacy: 2025 estimated total drug costs
\$16.60	\$35,229.56
	Covers 3 of 3 drugs View drug coverage

[Feedback](#)

Overview Drug Coverage Star Ratings

Overview

PREMIUMS

Total monthly premium	\$16.60
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DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.



Compare costs by pharmacy

	Overview	Drug Coverage	Star Ratings		
		CVS Pharmacy #01494 2.8 miles View on map ✔ In-network	Giant Pharmacy 2.6 miles View on map ✔ Preferred	Safeway Pharmacy #1716 2.6 miles View on map ✔ Preferred	Walgreens #17262 2.8 miles View on map ✔ Preferred
Eliquis 5mg tablet		\$582.25	\$566.05	\$562.55	\$542.05
Enbrel 50mg/ml solution auto injector		\$1,417.75	\$1,433.95	\$1,437.45	\$1,457.95
Humira 40mg/0.4ml pen injector kit		\$33,229.56	\$33,229.56	\$33,229.99	\$33,229.56
Total yearly drug cost		\$35,229.56	\$35,229.56	\$35,229.96	\$35,229.56

Feedback

The **Medicare Prescription Payment Plan** is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January–December). All plans offer this payment option and participation is voluntary. [Learn more about this payment option.](#)

[Find out what your drug costs might look like with this payment option.](#)

✕



How will my monthly bill be calculated?

- The tool will show you your monthly costs for drugs covered by Part D if you do or do not opt-in to the Medicare Prescription Payment Plan.
- *Note: You cannot opt-in to the program through the PlanFinder tool. You must opt-in directly through your plan.*

Overview

Eliquis 5mg tabl
Enbrel 50mg/ml auto injector
Humira 40mg/0 injector kit
Total yearly drug

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Find

ESTIMATED TO

PHARMACY
Drug costs vary based on the pharmacy you use.

SAFEMART PHARMACY #1716 Change

Month	Your monthly cost for drugs covered by Part D	
	Without this payment option	With this payment option
January	\$2,000.00	\$166.67
February	\$0.00	\$166.67
March	\$0.00	\$166.67
April	\$0.00	\$166.67
May	\$0.00	\$166.67
June	\$0.00	\$166.66
July	\$0.00	\$166.67
August	\$0.00	\$166.66
September	\$0.00	\$166.67
October	\$0.00	\$166.66
November	\$0.00	\$166.67
December	\$0.00	\$166.66
TOTAL	\$2,000.00	\$2,000.00

#17262
ew on map
red

Feedback

#17262
ew on map
red



What if payments are missed?

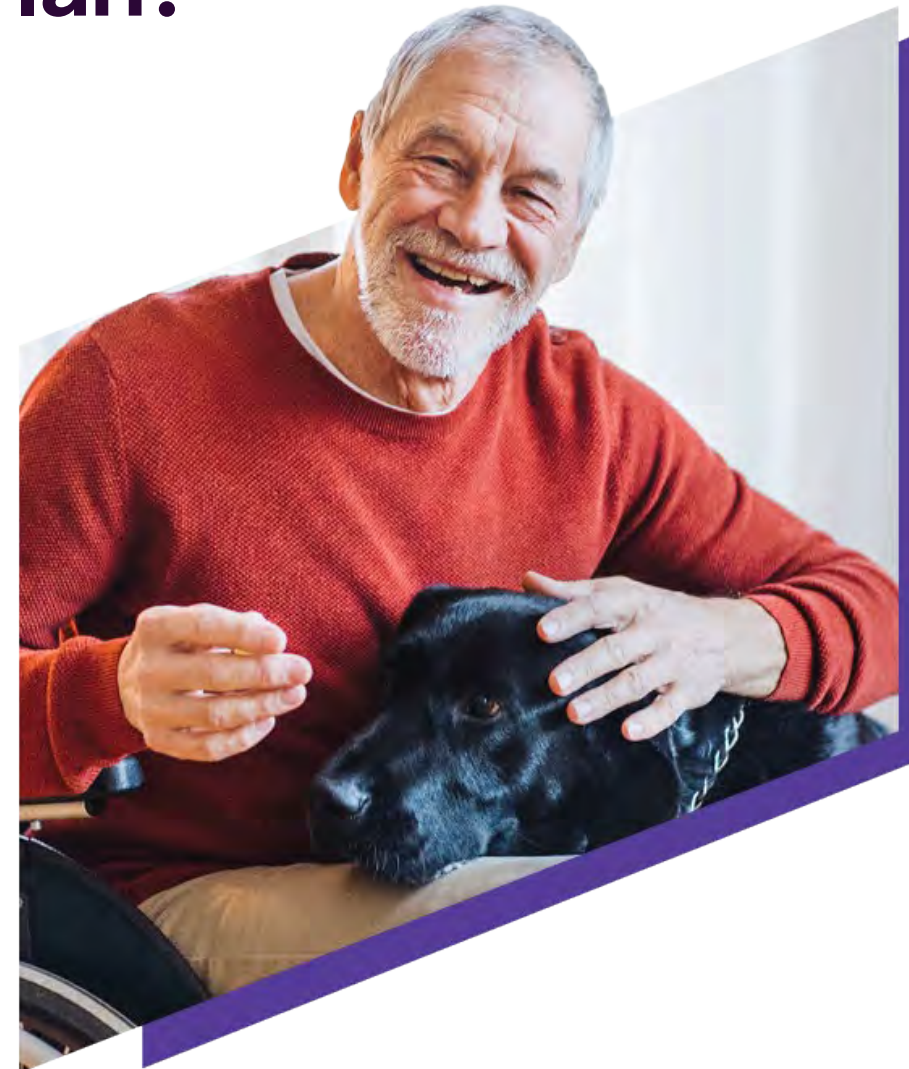
- The plan will send a reminder with the date by which the unpaid balance must be paid.
- Individuals will have 2 months to pay the unpaid balance.
- If not paid at that time, they will receive a notice of disenrollment or termination from the Medicare Prescription Payment Plan.
- Balances owed must be paid before re-enrolling in the Medicare Prescription Payment Plan.





How often do you need to enroll in the Medicare Prescription Payment Plan?

- Every year! Even if you are staying with your Part D Plan.
- If you change plans, you need to enroll in the Medicare Prescription Payment Plan with the new Plan





Can I leave the Medicare Prescription Payment Plan after I enroll in the program?

- Yes – at any time, by contacting the Plan.
- Leaving will not impact Medicare drug coverage and other benefits.
- You will need to pay the unpaid balance.
- After leaving the Medicare Prescription Payment Plan, you will pay for your prescriptions at the pharmacy counter.



Key takeaways: Medicare Prescription Payment Plan



- The Medicare Prescription Payment Plan can make medications more affordable by spreading out costs over the calendar year.
 - But it may not be for everyone
- Options to lower costs should be explored first
- Individuals will receive 2 monthly bills from their Part D plan – one for their premium, and one for prescription medications
 - Individuals should always pay their premium bill first
- There are two key behavioral changes for people on Medicare:
 - They need to take action to opt-in to the Medicare Prescription Payment Plan
 - If enrolled, individuals will pay plans directly – they will not pay at the pharmacy counter.



Medicare Part D cap and MPPP quick overview

	Medicare Part D cap	Medicare Prescription Payment Plan
Does this reform lower my prescription medication costs?	Yes, it limits the amount you will pay out-of-pocket to \$2,000 per year (2025).	No, it does not lower your costs but lets you spread your out-of-pocket drug payments throughout the calendar year.
Who is eligible?	Anyone with Part D plans through traditional Medicare and Medicare Advantage.	Anyone enrolled in a Part D plan is eligible; the program may benefit certain people more than others.
What do I need to do to benefit?	Nothing, the cap is automatic.	This is a voluntary program; you must opt-in through your Medicare Part D plan.
How will I pay for their prescription medications?	You will continue to pay through your pharmacy when you pick up your prescriptions.	Each month, your plan will send you a bill with the amount you owe, when payment is due, and how to make a payment.



**Open Enrollment
Period:
October 15- December 7**



Evaluating and selecting a Part D plan

Comparing plan options through PlanFinder:

1

Start by reviewing your current yearly health needs, including medications, preferred providers, and any anticipated treatments.

2

Compare plan options; select a plan that addresses your health needs and is within your budget.

3

Decide between Original Medicare and Medicare Advantage

Original Medicare:

Includes Part A (hospital insurance) and Part B (medical insurance).
Covers inpatient hospital care, doctors' services and tests, and preventive services.

Medicare Supplemental Insurance (Medigap)
Extra insurance you can buy from a private health insurance company to help pay your share of out-of-pocket costs in Original Medicare.

Since original Medicare doesn't include Part D prescription coverage, you'll need to buy drug coverage through a) stand-alone Medicare drug plans (must have Part A and/or Part B) or through b) Medicare Advantage (MA) plans (however not all MA plans include drug coverage).

Medicare Advantage: Part C

If you have Part A and Part B, you can join a Medicare Advantage Plan (MA or Part C)

These plans are offered by Medicare-approved private companies, and most include Part D benefits.

MA plans may offer other benefits, such as dental or vision care.

You are not allowed to have Medicare Advantage plan and a Medigap policy at the same time.

Selecting a Part D plan: prescription drug coverage

- Each Part D plan sets its own cost and coverage amounts
- The amount of coverage each plan provides depends on its formulary (list of medications the plan covers) and tier system.
- Tier system breakdown is typically:
 - Tier 1(\$): generics
 - Tier 2 (\$\$): preferred brand names
 - Tier 3 (\$\$\$): nonpreferred brand names
 - Tier 4 (\$\$\$\$): specialty

REMEMBER:

 The right plan for you will depend on your budget and healthcare needs.

 Your options will depend on your city, region, or state.

 Always check the prescription list in the Part D policy.



Remember:

Opt-in to the Medicare Prescription Payment Plan during Open Enrollment, if it's right for you.

Medicare reforms resources

Resources



Visit the PAN Foundation's Medicare reforms education hub at panfoundation.org/reforms.



Visit [Medicare.gov](https://www.Medicare.gov) or call **1-800-MEDICARE** (1-800-633-4227).
TTY users: 1-877-486-2048.



Contact your local [State Health Insurance Assistance Program](https://www.shiphelp.org) to receive free, personalized health insurance counseling. Learn more at [shiphelp.org](https://www.shiphelp.org).



You can enroll in the Extra Help program through the Social Security Administration online at [ssa.gov/ExtraHelp](https://www.ssa.gov/ExtraHelp) or by phone at **1-800-772-1213**.

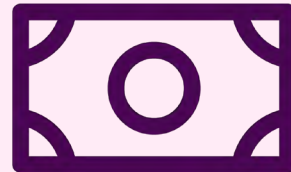
Finding support from the PAN Foundation

We provide three types of financial assistance



Copay assistance

Medication copays,
deductibles, and
coinsurance



Premium assistance

Health insurance
premiums



Transportation assistance

Transportation costs
associated with
treatment

About the PAN Foundation's disease funds

Assistance amounts vary per disease fund

Our assistance amounts are designed to cover the average annual out-of-pocket treatment cost per each covered disease.

Patients have a 12-month eligibility period

New patients receive a 3-month look back period.

Patients - or their provider or pharmacy - must submit a claim every 120 days

We'll send a notification letter if we don't get a paid claim in 90 days. If we don't hear back from you on the 120th day, we'll release the funds to help others in need.

Potential for renewal

Renewal applications accepted 1 month before eligibility period ends, subject to available funding.

Potential for additional funding

You can apply for **additional funding** within the same initial 12-month grant eligibility period if you run out of funds and your balance is \$0, subject to availability of funding. Additional funding applies only to copay and health insurance premium grants.

Our disease areas of coverage

Chronic

Autoimmune diseases
 Ankylosing spondylitis
 Chronic inflammatory demyelinating polyradiculoneuropathy
 Plaque psoriasis
 Psoriatic arthritis
 Rheumatoid arthritis
 Systemic lupus erythematosus

Behavioral health
 Bipolar disorder
 Schizophrenia

Blood disorders
 Diabetic foot ulcers
 Hypercholesterolemia
 Hyperkalemia
 Immune thrombocytopenic purpura
 Neutropenia
 Venous leg ulcers

Endocrine disorders
 Type 2 Diabetes

Eye diseases
 Macular diseases
 Retinal vein occlusion

Gastrointestinal diseases
 Inflammatory bowel disease

Heart diseases
 Heart failure

Chronic

Infectious diseases
 Hepatitis C
 HIV treatment and prevention

Integumentary diseases
 Atopic dermatitis

Lung diseases
 Asthma
 Pulmonary hypertension

Musculoskeletal diseases
 Post-menopausal osteoporosis

Neurologic disorders
 Multiple sclerosis
 Parkinson's disease

Rare

Autoimmune diseases
 Graft versus host disease
 Myasthenia gravis
 Paroxysmal nocturnal hemoglobinuria
 Pemphigus vulgaris

Blood disorders
 Hemophilia*
 Hemolytic uremic syndrome*
 Sickle cell disease
 Von Willebrand disease

Rare

Endocrine disorders
 Acromegaly
 Cushing's disease or syndrome

Eye diseases
 Inherited retinal disease*
 Neurotrophic keratitis
 Uveitis

Gastrointestinal diseases
 Short bowel syndrome*

Hepatic
 Lysosomal acid lipase deficiency*

Metabolic disorders
 Amyloidosis
 Fabry disease*
 Gaucher disease
 Long-chain fatty acid oxidation disorders
 Pompe disease*

Neurologic disorders
 Duchenne muscular dystrophy
 Neuromyelitis optica spectrum disorder
 Neurofibromatosis
 Rett syndrome
 Spinal muscular atrophy

Oncology

Acute myeloid leukemia
 Basal cell carcinoma
 Biliary tract cancer
 Bladder cancer
 Chronic lymphocytic leukemia
 Colorectal cancer
 Follicular lymphoma
 Gastrointestinal stromal tumors
 Glioblastoma multiforme
 Liver cancer
 Mantle cell lymphoma
 Melanoma
 Metastatic breast cancer
 Multiple myeloma
 Non-Hodgkin's lymphoma
 Non-small cell lung cancer
 Ovarian cancer
 Pancreatic cancer
 Philadelphia chromosome
 Negative myeloproliferative neoplasms
 Prostate cancer
 Renal cell carcinoma
 Small cell lung cancer
 Waldenstrom macroglobulinemia

* Premium fund also available

Transportation assistance program

Many patients lack reliable transportation, leading to poor health and limited access to the care they need and deserve. That's why PAN launched our transportation assistance program, allowing patients to easily access healthcare services, receive social support, and even travel to the grocery store or food bank.



8,400+

patients have been provided with transportation assistance.



I live alone in a senior facility. Transportation has been a huge challenge for me to go to medical appointments as well as taking care of my personal needs. My grant from PAN has become an important source of relieving my financial burden.”

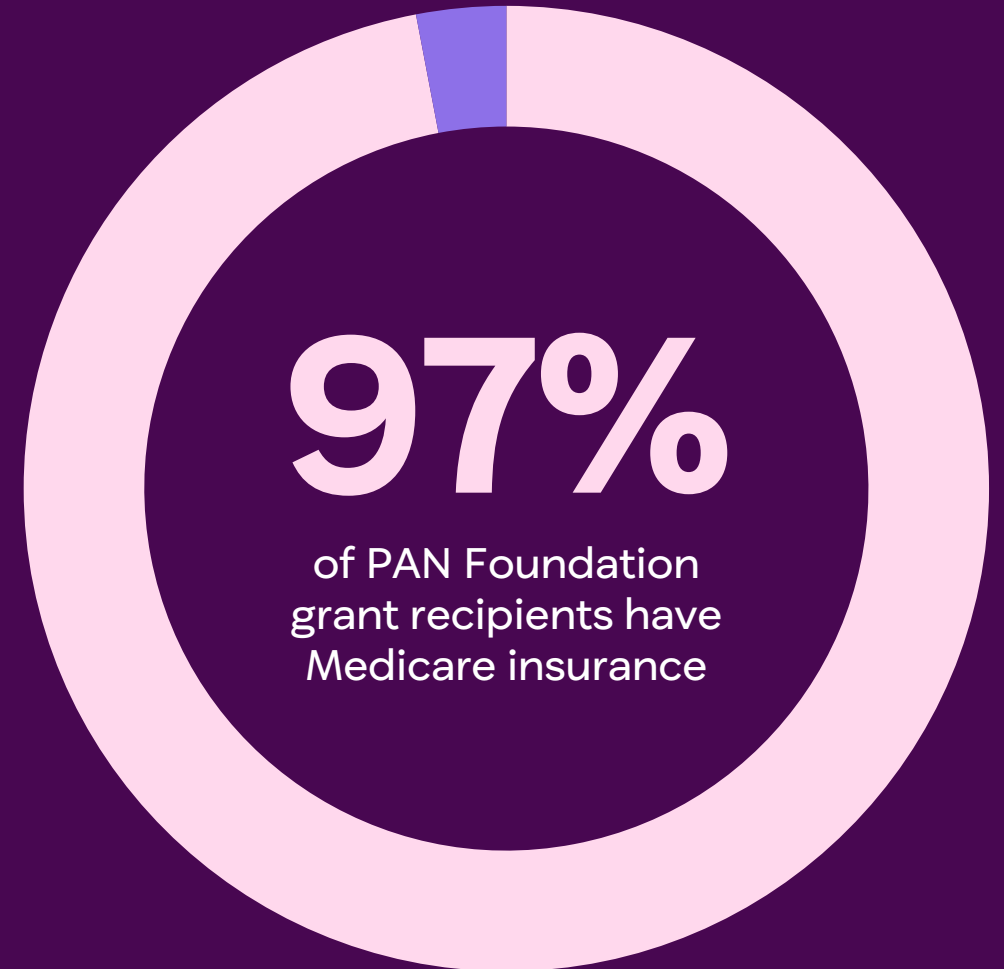
Lucille Lee, living in California



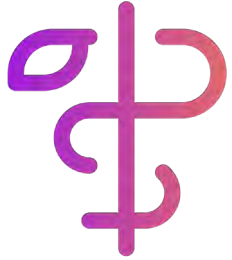
Changes to PAN grants

How PAN grants may change in 2025

We design our grants to cover 100% of out-of-pocket costs for most patients—**and that isn't changing.**



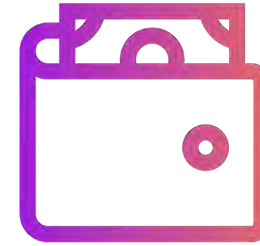
How PAN grants may change in 2025



Grant amounts are changing across disease funds, no matter what type of insurance you have.



Grant amount changes will only impact you when you apply for a new grant, additional funding, or to renew your grant in 2025.



Anyone issued a grant in 2024 will have access to their full, original grant amount until their grant period ends.

How PAN will share updates

- **Medicare reforms guide:** our online Medicare reforms webpage will have information on any upcoming changes to PAN grants and upcoming Medicare reforms (panfoundation.org/reforms).
- **Find a disease fund webpage:** new grant amounts will be available on our Find a disease fund webpage starting January 1, 2025 (panfoundation.org/funds).



FundFinder

Find financial assistance with FundFinder

Tracking patient assistance funds in one convenient, free app

FundFinder is a free website and app that helps you track more than 200 patient assistance funds from nine charitable organizations. You can sign up for email and text alerts when a disease assistance fund you're interested in opens at PAN or other organizations.

How to use FundFinder

1. Create a FundFinder account.
2. Find and follow funds of interest to see when your funds are opened or closed.
3. Get notifications when you follow a disease fund. FundFinder will send you email and text notifications information you each time a fund opens at one of the organizations listed.

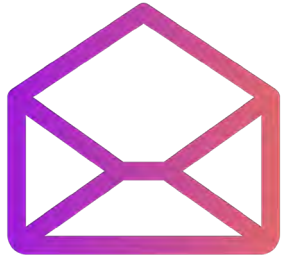


“I received a text message from FundFinder that my fund was open and immediately applied. The fund was closed about 30 minutes later. I would have never known it was open if not for FundFinder.”

Mark, grant recipient

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- Get involved with the PAN community



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Frequently asked questions



Question #1- Are Part B billed prescription drugs covered in the \$2,000 Medicare Part D cap?



Question #2- These reforms are positive for patients, but are there any challenges?



Question #3- What are some important items to check when reviewing plans during Open Enrollment?



Question #4-How will PAN grant amounts impact people taking medications covered by both Part D and Part B?



Questions?



Contact and resources

PAN's website

panfoundation.org

panfoundation.org/reforms

FundFinder

fundfinder.org

Call us at 1-866-316-7263

Monday-Friday 9 am to 5:30 pm ET



Thank you!

