

Medicare Prescription Drug Plan Annual Open Enrollment **2020 Plan Year**

It's that time of year again!



Dear Clients,

The Medicare Prescription Drug Plan (Part D) Annual Open Enrollment begins **October 15 and runs through December 7, 2019**. This is the period when you are allowed to change your Medicare Prescription Drug Plan for the 2020 plan year or, if eligible, enroll in a plan for the first time.

2020 Update: Next year there will be **thirty-two plans** available, two more plans than this year. The recent accusation of Aetna drug plans by WellCare will result in some plan name changes. The trend is for additional lower premium plans; six more plans will be priced under \$25 a month. However, the number of plans with deductibles will increase too. Next year only five plans will have a \$0 deductible, the cheapest being \$74.20. Ten plans will see premium decreases with seventeen having increases. The parameters within the Part D plan benchmark design will increase slightly (deductible, initial coverage, donut-hole and catastrophic level) resulting in a potentially higher out-of-pocket.

It is very important to review your plans renewal material and confirm that your current medications will be covered next year. Changes to your plan's deductible, copays and premium will also be communicated to you in the renewal packet.

If you would like our assistance in evaluating all plans, we again will be offering our advisory services. For our evaluation, recommendation and enrollment assistance, we charge a \$175 fee per evaluation. (Note: we do not sell market or represent any Part D drug plans).

If you would like our assistance, please print our Prescription Drug form. Once you have completed the form, mail it to the address below along with a check for \$175 payable to OnlyHealthInsurance. We will then contact you with results, a recommendation, and assist with enrollment as necessary.

Important for you do-it-yourselfers! It will be important to get an early start this year. Medicare has changed their Plan Finder tool significantly. It offers a much more user friendly experience however some key information and functionality have been removed. We question the rationale for making this valuable tool... *less helpful*. We will be supplementing information from other resources (which are listed in the self-help section below), to complete our reviews and make our recommendations.

We appreciate the opportunity to assist you.

Respectfully yours,

Phil Dougherty, John Wheeler & Lois Whitley

Self-help resources and free services:

www.medicare.gov – Using their [Plan Finder tool](#) you can enter your medications and preferred pharmacies, review all plan options, and enroll online.

[Call Medicare at 1-800-633-4227](tel:1-800-633-4227) - Medicare representatives are available 24/7 to provide free analysis, recommendations and enrollment over the phone.

www.g1medicare.com - Best private website on the subject of Medicare Part D. This site has the most information available with tools to compare plans and enroll online. They include the lists of covered medications for each plan, plan benefit details, in-depth reporting on plan performance, and a number of sorting options. However they do not offer personalized evaluations where you can enter your own medications, but you can see your current plan and the changes being made to it for 2020. If you visit the site, be sure to choose CA from the list of states to show relevant plan options.

*If you have friends and family entering Medicare, be sure to pass along our information.
We love and appreciate your referrals!*

OnlyHealthInsurance

Individual & Family Medical - Medicare Supplements - Short-Term - Dental - Travel Medical

2020 Prescription Drug Form

For assistance in evaluating Medicare Prescription Drug plan options for 2020, please thoroughly complete this form and return to us by mail, fax or scan/email. If by fax or email, also mail us a check for the \$175 consulting fee payable to *OnlyHealthInsurance*. Once received, we will forward you the results of our research, schedule an appointment to answer your questions, and assist with enrollment as necessary.

Name: _____ Zip Code: _____

Current Prescription Drug Plan Carrier & Full Plan Name: _____

Do you have a preferred pharmacy? If so, provide pharmacy name: _____

May we communicate by email? If so, provide e-mail address: _____

Please list only the prescription drugs you are currently taking and not medications you are discontinuing or may have used in the past but no longer use. If there is a medication you expect to take but has not yet been prescribed, please include the name so we can check the formulary drug lists of high ranking plans.

Medications	Dosages (mg,mcg,ml)	Quantity (How many doses per month. (i.e. 30, 60, 90). For 'as needed' medicine, indicate how many prescriptions filled per year, (i.e., 1 x, 3 x, 4 x, etc.)	Brand Name Drug Required (Circle)
1.			Yes / No
2.			Yes / No
3.			Yes / No
4.			Yes / No
5.			Yes / No
6.			Yes / No
7.			Yes / No
8.			Yes / No
9.			Yes / No
10.			Yes / No

Please note that your information will be used solely for the purpose of researching prescription drug plans.
Your information will not be shared with insurance companies or individuals outside our office.

OnlyHealthInsurance does not market or sell Part D plans.

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