Amplify Your Voice, Control Your Care



## **MEDICARE CHANGES IN 2025**

As a result of the Inflation Reduction Act (IRA), several changes to Medicare took effect on January 1, 2025, potentially impacting Medicare beneficiaries. Below are some FAQs that explain what has changed and how to make the most of your Accessia Health assistance.

## What changes are in effect as of January 1, 2025?

All Part D plans including standalone and those included within a Medicare advantage plan will have a \$2,000 out-of-pocket maximum on covered prescriptions.

Are all medications covered by the \$2,000 out-of-pocket maximum? No, the out-of-pocket maximum applies only to covered prescription drugs. It does not apply to:

- Medications that are not included in your health plan's drug formulary (non-covered drugs).
- Medications that are covered under your medical benefits instead of your prescription drug plan.

Does this impact the assistance received from Accessia Health?

Assistance provided by Accessia Health needs to be related to the program diagnosis. Having medications not covered under the Part D plan does not impact your assistance. All costs associated will still apply to the overall program maximum.

The IRA, also known as the <u>Inflation</u>
<u>Reduction Act</u>, has helped lower outof-pocket expenses and prescription
costs. Key changes include reduced
insulin costs, a \$2,000 annual out-ofpocket cap on Part D policies, and more.

Additionally, individuals now have the option to enroll in a payment plan, spreading prescription costs throughout the year without incurring additional fees. This helps reduce upfront financial burdens, making medications more affordable.

This payment plan is referred to as "M3P" or Medicare Prescription Payment Plan.

## How do I utilize Accessia Health assistance for my medication?

- When filing your medication, make sure your pharmacy knows that you have charitable assistance.
- The pharmacy should bill the insurance first.
- The charitable assistance should be billed for the cost of the copay of the medication.
  - If the charitable assistance can cover the total cost of the copay of the medication, no additional action should be needed.
  - If the charitable assistance is unable to cover the full cost, the individual may be asked if they would like
    to move the remaining cost into a Medicare prescription payment plan through the insurance company
    (if the patient qualifies).
  - If the individual does not qualify for the prescription payment plan or does not opt into the payment plan, they would be required to pay the full balance at the pharmacy.

Is it true that assistance provided by a charitable organization does not count towards the out-ofpocket maximum?

It is our understanding that assistance provided by a charitable organization should count towards the out-of-pocket maximum.

If you believe this to be inaccurate, please let us know so we can further investigate with your plan provider.

I already decided to have the cost of my medication put into the Medicare prescription payment plan with the insurance company. Can Accessia Health still help with this cost?

YES! We will need to know the exact cost of the medication covered by your Accessia Health program, for payment to be made. We would be unable to assist with any medications also included in the Medicare prescription payment plan that are not covered by the program.

Does Accessia Health require that I opt in to the repayment plan for my medication?

No, opting in to the Medicare prescription payment plan is your decision.

Where can I learn more about changes outside of my Accessia Health assistance?

- Visit <u>www.cms.gov/inflation-reduction-act-and-medicare</u>
- Contact your prescription drug plan directly.

Accessia Health hosted a two-part webinar detailing the changes to Medicare: Click here to watch or visit www.AccessiaHealth.org

Questions? Contact us by visiting AccessiaHealth.org or calling 800-366-7741.

A list of FAQs can also be found by clicking here.