

Medicare Part D Prescription Drug Coverage



Learn how it works, where to find lists of covered drugs and in-network pharmacies, how to save on your prescriptions, and more.

For a more complete guide to Pharmacy and Prescription Resources, visit MartinsPoint.org/PharmacyGA





How does Part D coverage work?

Medicare Part D covers prescription drugs you normally fill at a pharmacy. Your Generations Advantage plan includes Part D coverage and has a list of covered drugs, also called a “formulary.”

You and the plan share the cost of covered drugs.

Your costs will vary based on these three things:



Coverage Phases

There are three Part D coverage phases with varying costs.



Pricing Tiers

Each drug is placed in a pricing tier based on several factors.



Pharmacy Choice

Your cost also depends on where you fill your prescriptions.



Learn about the 2025 Part D coverage phases.

Depending on your prescription drug costs each year, you may not move through all three phases.

1 Deductible Phase

If your plan includes a Deductible Phase, you pay the full cost of applicable drugs up to an annual amount before moving into Phase 2 where the plan shares costs for those drugs.

- » **Prime (HMO-POS) Plan:** No deductible—automatically start in Phase 2 for all drug tiers.
- » **Value Plus (HMO-POS) Plan:** \$150 annual deductible for Tiers 3–5 drugs. Tiers 1 and 2 drugs automatically start in Phase 2.
- » **Access (LPPO) Plan:** \$200 annual deductible for Tiers 3–5 drugs. Tiers 1 and 2 drugs automatically start in Phase 2.
- » **Select (LPPO) Plan:** \$275 annual deductible for Tiers 3–5 drugs. Tiers 1, 2, and 6 drugs automatically start in Phase 2.

2 Initial Coverage Phase

You pay a copayment or coinsurance each time you fill a prescription for a covered drug. If you pay more than \$2,000 out of pocket during your coverage year for covered Part D drugs (including deductibles, copays, and coinsurance), you move into Phase 3. *See page 5 for your plan's 2025 drug costs for each tier in the Initial Coverage Phase.*

3 Catastrophic Coverage Phase

In this phase, you pay \$0 for your Part D covered drugs. This phase continues until the end of the year. On January 1, the process begins again and you start back in Phase 1 or 2, depending on your plan/drug.



Pricing tiers will affect your costs.

See how:

Your plan's formulary (list of covered drugs) includes medications placed in pricing tiers. Tiers are based on the medication's cost, strength, type, or purpose. Generally, the higher the tier, the higher the cost (except for Tier 6). *See more about your formulary on page 6.*



Choose a pharmacy with preferred cost sharing.

Save the most money at Hannaford Pharmacies, CVS, and other pharmacies with preferred cost sharing.

Find a Network Pharmacy

Visit MartinsPoint.org/GAPharmacyNetwork or call Member Services for a list of network pharmacies in your area.

Phase 2 (Initial Coverage Phase) 2025 Member Costs

Preferred
Cost Sharing
Pharmacies
(30-day supply)*

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Prime	\$0	\$10	\$42	\$95	33%	\$0
Value Plus	\$0	\$0	\$42	\$95	31%	n/a
Select	\$0	\$0	\$42	\$95	29%	\$0
Access	\$0	\$0	20%	40%	30%	n/a

Standard
Cost Sharing
Pharmacies
(30-day supply)*

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Prime	\$4	\$18	\$47	\$100	33%	\$4
Value Plus	\$4	\$10	\$47	\$100	31%	n/a
Select	\$4	\$10	\$47	\$100	29%	\$4
Access	\$4	\$10	25%	45%	30%	n/a

Mail-Order
Pharmacy
(90-day supply)

Plan	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Prime	\$10	\$45	\$117.50	\$250	Not Covered	\$0
Value Plus	\$10	\$25	\$117.50	\$250	Not Covered	n/a
Select	\$10	\$25	\$117.50	\$250	Not Covered	\$0
Access	\$10	\$25	25%	45%	Not Covered	n/a

*For pharmacy 90-day supply cost, multiply 30-day supply cost amount by three.

Which drugs are covered in your plan's formulary?

Your plan's formulary (list of covered drugs) is created in consultation with a team of health care providers. It includes the medications believed to be a necessary part of a quality treatment program. The formulary may change at any time and we will notify you of changes as needed.

Search for your medications with our online tool:

MartinsPoint.org/GAFormulary

View a complete list of covered drugs:

See a PDF of your plan's formulary at MartinsPoint.org/GAFormulary or call Member Services at 1-866-544-7504 (TTY: 711).



Find your drug using the Index at the back of the book/PDF.

Drug Name	Drug Tier	Requirement/Limits
sample drug TABS 10mg	1	QL (30 tabs / 30 days)
sample drug TABS 200mg	4	PA

The list shows drug tiers and any limits or requirements noted as abbreviations (e.g., PA, ST, QL, etc.) See information below.

Medicare Part D Requirements and Limitations

Certain medications may have requirements and/or limits, including:

Prior Authorization (PA): Your doctor may need approval before prescribing some drugs to ensure they're medically necessary or approved for your condition.

Step Therapy (ST): You may need to try a less expensive drug first before moving to a more expensive one if it doesn't work or causes side effects.

Quantity Limits (QL): Some plans limit the amount of medication prescribed to ensure safety or reduce costs.

Tips for Managing Prescription Costs



Generics: Some brand-name medications have a generic version which you may be able to take to reduce your drug costs. Your plan also covers certain “Preferred Generic” (Tier 1) drugs for many common medical conditions at a \$0 copay when filled at a pharmacy with Preferred Cost Sharing. Check your formulary to learn which drugs have Preferred Generic pricing.

Exceptions: In some cases, if your prescriber thinks you need a higher-tier drug instead of a similar drug in a lower tier, you or your prescriber can ask your plan for an exception to get a lower coinsurance or copayment for the higher-tier drug.

Non-formulary drugs: You may be able to ask for coverage for a drug that is not on your plan’s formulary. Call Member Services to learn more.

Medicare Prescription Payment Plan: This optional program does not lower your drug costs, but it spreads costs for covered prescriptions out over the plan year. You don’t pay at the pharmacy but get a monthly bill from Caremark instead. For more information, visit MartinsPoint.org/M3P

We’re here to help.

Have questions about your Part D Prescription Drug coverage? Don’t hesitate to call Member Services at 1-866-544-7504 (TTY: 711). We’re available 8am–8pm, every day from Oct. 1–Mar. 31 and weekdays from Apr. 1–Sep. 30.

*Martin’s Point Generation Advantage’s pharmacy network includes limited lower-cost, preferred pharmacies in suburban areas in Maine and New Hampshire. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-866-544-7504 (TTY: 711) or consult the online pharmacy directory at MartinsPoint.org/GAPharmacyNetwork. Martin’s Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, and Local PPO products. Enrollment in a Martin’s Point Generations Advantage plan depends on contract renewal. Martin’s Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Y0044_2025_536_C