## **2017** Part D Standard Plan Cost-Sharing\*

Part D Benefit Cost Periods	Costs and Who Pays	Beneficiary Pays (TrOOP)	Plan Pays	Total Amount Spent on Plan-Covered Drugs
Initial Deductible	Beneficiary pays 100%.	Up to \$400	\$0	\$400 (Amount spent on deductible before ICP begins)
Initial Coverage Period (ICP)	Costs of covered drugs are shared: 25% by beneficiary, 75% by plan.	Up to \$925	\$2,775	\$3,700 (Amount spent during ICP before Coverage Gap begins)
Coverage Gap ("Donut Hole")	Discounts in 2017: Costs of plan-covered drugs are shared:  Beneficiary pays 51% for generic drugs, 40% for brand-name drugs, plus 45% of the pharmacy dispensing fee (approx. \$1-\$3).  Plan pays 49% for generic drugs and 10% for brand-name drugs.  Drug manufacturer provides 50% discount on brand-name drugs.  Important Note about True Out-of-Pocket (TrOOP) costs: The total amount spent in the Coverage Gap (up to \$3,725) includes:  the drug costs paid by the beneficiary, and  the 50% discount on brand-name drugs paid by the drug manufacturer.  Payments made by the plan during the Coverage Gap (49% on generics, 10% on brand-name drugs) do not count toward TrOOP.			Coverage Gap begins once reach the Initial Coverage Limit.  \$3,700 - Initial Coverage Limit (Total amount spent on any initial deductible and during the ICP).  Up to \$3,725 (Total amount spent during the Coverage Gap)  \$7,425 (Total amount spent during ICP and Coverage Gap, before Catastrophic Benefit Period begins)
Catastrophic Benefit Period	Costs of covered drugs are shared:  Beneficiary pays reduced copay/coinsurance; plan pays the difference.	Greater of: 5% coinsurance <i>OR</i> \$3.30 copay for generic, \$8.25 copay for brand or non-preferred.	Any remaining portion of the negotiated drug price.	Beneficiary will remain in the Catastrophic Benefit Period through Dec. 31, 2017. Part D benefit will reset on Jan. 1, 2018, starting again with a deductible.

<sup>\*</sup>Most Part D plans are <u>not</u> standard plans. This means calculating TrOOP (True Out-of-Pocket) costs during the deductible and Initial Coverage Limit periods for beneficiaries varies by plan.

Contact SHIIP at 1-800-259-5300

## MEDICARE PART D PRESCRIPTION DRUG BENEFIT IN 2017

