

**Medicare Part D Benefit Parameters for Defined Standard Benefit**

**2011 through 2015 Comparison**

<b>Part D Standard Benefit Design Parameters:</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
<b>Deductible - (after the Deductible is met, Beneficiary pays 25% of covered costs up to total prescription costs meeting the Initial Coverage Limit.</b>	\$320	\$310	\$325	\$320	\$310
<b>Initial Coverage Limit - Coverage Gap (Donut Hole) begins at this point. (The Beneficiary pays 100% of their prescription costs up to the Out-of-Pocket Threshold)</b>	\$2,960	\$2,850	\$2,970	\$2,930	\$2,840
<b>Total Covered Part D Drug Out-of-Pocket Spending including the Coverage Gap - Catastrophic Coverage starts after this point.</b>	\$6,680 (1)	\$6,455 (1)	\$6,733 (1)	\$6,657 (1)	\$6,447 (1)
See note (1) below.					
<b>Out-of-Pocket Threshold - This is the Total Out-of-Pocket Costs including the Donut Hole.</b>	\$4,700	\$4,550	\$4,750	\$4,700	\$4,550
2015 Example:					
\$320 (Deductible)					
=+(((\$2960-\$320)*25%) (Initial Coverage)					
=+(((\$6680.00-\$2960)*100%)(Cov. Gap)	\$320	\$310	\$325	\$320	\$310
= \$4,700 (Maximum Out-Of-Pocket Cost prior to Catastrophic Coverage - excluding plan premium)	\$660	\$635	\$661	\$653	\$633
	<u>\$3,720</u>	<u>\$3,605</u>	<u>\$3,764</u>	<u>\$3,728</u>	<u>\$3,608</u>
	\$4,700	\$4,550	\$4,750	\$4,700	\$4,550
Total Estimated Covered Part D Drug Out-of-Pocket Spending including the Coverage Gap Discount (NON-LIS) See note (2).	\$7,062	\$6,691	\$6,955	\$6,730	\$6,484
<b>Catastrophic Coverage Benefit:</b>					
<b>Generic/Preferred</b>	\$2.65 (3)	\$2.55 (3)	\$2.65 (3)	\$2.60 (3)	\$2.50 (3)
<b>Multi-Source Drug (3)</b>					
<b>Other Drugs (3)</b>	\$6.60 (3)	\$6.35 (3)	\$6.60 (3)	\$6.50 (3)	\$6.30 (3)
<b>Part D Full Benefit Dual Eligible (FBDE) Parameters:</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
Deductible	\$0	\$0	\$0	\$0	\$0
Copayments for Institutionalized Beneficiaries	\$0	\$0	\$0	\$0	\$0
<b>Maximum Copayments for Non-Institutionalized Beneficiaries</b>					
Up to or at 100% FPL:					
Up to Out-of-Pocket Threshold					
Generic/Preferred	\$1	\$1	\$1	\$1	\$1
Multi-Source Drug					
Other	\$4	\$4	\$4	\$3	\$3

Above Out-of-Pocket Threshold	\$0	\$0	\$0	\$0	\$0
Over 100% FPL:					
Up to Out-of-Pocket Threshold					
Generic/Preferred	\$3	\$3	\$3	\$3	\$3
Multi-Source Drug					
Other	\$7	\$6	\$7	\$7	\$6
Above Out-of-Pocket Threshold	\$0	\$0	\$0	\$0	\$0
<b>Part D Full Subsidy - Non Full Benefit Dual Eligible Full Subsidy Parameters:</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
Eligible for QMB/SLMB/QI, SSI or applied and income at or below 135% FPL and resources < \$8,580 (individuals) or < \$13,620 (couples) (4)					
Deductible	\$0	\$0	\$0	\$0	\$0
Maximum Copayments up to Out-of-Pocket Threshold					
Generic/Preferred	\$3	\$3	\$3	\$3	\$3
Multi-Source Drug					
Other	\$7	\$6	\$7	\$7	\$6
Maximum Copay above Out-of-Pocket Threshold	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Threshold					
<b>Partial Subsidy Parameters:</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>
Applied and income below 150% FPL and resources between \$8,581-\$13,300 (individuals) or \$13,621-\$26,580 (couples) (category code 4) (4)					
Deductible	\$66	\$63	\$66	\$65	\$63
Coinsurance up to	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Threshold					
Maximum Copayments above Out-of-Pocket Threshold					
Generic/Preferred	\$3	\$3	\$3	\$3	\$3
Multi-Source Drug					
Other	\$7	\$6	\$7	\$7	\$6

(1) Total Covered Part D Spending at Out-of-Pocket Threshold for Non-Applicable Beneficiaries - Beneficiaries who ARE entitled to an income-related subsidy under section 1860D-14(a) (LIS)

(2) Total Covered Part D Spending at Out-of-Pocket Threshold for Applicable Beneficiaries - Beneficiaries who are NOT entitled to an income-related subsidy under section 1860D-14(a) (NON-LIS) and do receive the coverage gap discount. For 2015, the weighted gap coinsurance factor is 90.693%. This is based on the 2013 PDEs (85.9% Brands & 14.1% Generics)

(3) The Catastrophic Coverage is the greater of 5% or the values shown in the chart above. In 2015, beneficiaries would be charged \$2.65 for those generic or preferred multisource drugs with a retail price under \$53 and 5% for those with a retail price greater than \$53. As to Brand drugs, beneficiaries would pay \$6.60 for those drugs with a retail price under \$132 and 5% for those with a retail price over \$132.

(4) The actual amount of resources allowable may be updated for contract year 2015.