2019 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 \$415	\$0	\$415 (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 \$955* *maximum an individual would pay if in plan with no deductible	\$2,865	\$3,820 (Amount spent during ICP, including applicable deductible, before Coverage Gap begins)
Coverage Gap ("Donut Hole")	 Discounts in 2019: Costs of plan-covered drugs are shared: Beneficiary pays 37% for generic drugs, 25% for brand-name drugs, plus a small portion of the pharmacy dispensing fee (approx. \$1-\$3). Plan pays 63% for generic drugs and 5% for brand-name drugs. Drug manufacturer provides 70% discount on brand-name drugs. Note about True Out-of-Pocket (TrOOP) costs: The total amount spent in the Coverage Gap (up to \$3,833.75) includes: The drug costs paid by the beneficiary, and The 70% discount on brand-name drugs provided by the drug manufacturer. Payments made by the plan during the Coverage Gap (63% on generics, 5% on brand-name drugs) do not count toward TrOOP. 			Coverage Gap begins once beneficiary reaches the Initial Coverage Limit. \$3,820 - Initial Coverage Limit (Total amount spent on any initial deductible and during ICP). Up to \$3,833.75 (Total amount spent during Coverage Gap) \$7,653.75 (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> \$3.40 copay for generic, \$8.50 copay for brand or non-preferred	Any remaining portion of the negotiated drug price.	Beneficiary will remain in the Catastrophic Benefit Period through December 31, 2019. Part D benefit will reset on January 1, 2020, starting again with a deductible.

^{*}Most Part D plans are <u>not</u> standard plans. This means calculating TrOOP costs during the initial deductible and ICP varies by plan. Source: 2019 Call Letter (pg. 67), at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf