

# 2019 - Standard Medicare Prescription Drug Benefit

Last Update: : October 8, 2018



PHASE	PAID BY PATIENT	PAID BY PLAN	PHASE LIMIT
<b>Deductible</b>  Starts Jan 1st, 2019, if the plan has a deductible.	PATIENT  <b>100%</b> generics or brands *		Limit: <b>\$415</b>  Maximum <b>Deductible</b> limit (maximum patient cost)  *some plans have coverage during the deductible for certain medications, most commonly tier 1 drugs
<b>Initial Coverage</b>  Starts once the plan's deductible is met.	PATIENT  <b>Tier Copay or Coinsurance</b> generics or brands **	PLAN  the difference	Limit: <b>\$3,820</b>  Total drug costs limit (includes what patient pays and what plan pays)  ** varies depending on plan and drug tier
<b>Gap (Donut Hole)</b>  Starts when total full cost of drugs reaches \$3,820.	PATIENT  <b>37%</b> generics  <b>25%</b> brands	PLAN  <b>63%</b> generics  <b>5% + 70%</b> (plan + drug manufacturer) brands	Limit: <b>\$5,100</b>  TrOOP, or True out of Pocket, is a combination of all of the patient copays as well as what the drug manufacturer pays for any brand medication
<b>Catastrophic</b>  Starts when the patient's true out-of-pocket reaches \$5,100.	PATIENT  <b>5% or \$3.40</b> generics ***  <b>5% or \$8.50</b> brands ***	PLAN  <b>15%</b> PLAN  <b>80%</b> Medicare (federal government subsidy)	Limit: <b>End of Year</b>  *** whichever is greater

