

# Prescription Drug Plans (PDP)



There are an average of about 25-30 standalone PDP plans available in each State. Your most appropriate solution depends on the medications you anticipate filling and the pharmacy you prefer to shop.

## Plans vary based on:

- Formulary List
- Tier assignments for each covered medication
- Copay amounts during initial coverage stage
- Network pharmacy selections

## General Information on Prescription Drug Stages of Coverage:

Same for both standalone Prescription Drug Plans and Prescription Plans included in Medicare Advantage Plans.

### Deductible

**Deductible Stage** – You pay full cost (you get charged the carriers negotiated pricing rather than full retail, so there may be a discount) until you pay out of pocket the deductible amount

- Carriers range from \$0 to \$505

### Initial Coverage

**Copay Stage** (also called Initial Coverage Stage) – You pay copay or cost sharing (coinsurance) for covered meds until full retail cost reaches \$4,660 (*what you pay + what insurance co pays*)

### Coverage Gap

**Donut Hole** (also called Coverage Gap) – You pay 25% of covered medications until your true out of pocket costs (TRoOP) reach \$7,400 (*what you pay + any manufacturers discounts (70% brand name discount) during the donut hole*)

### Catastrophic Coverage

**Catastrophic Stage** – You pay 5% of all covered medications until the end of the calendar year (minimum of \$4.15/month generic and \$10.35/month brand)

### Return to stage 1 in January

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## *Did you know...*

*Chemotherapy Infusion is generally covered under your major medical insurance, but chemotherapy pills generally are covered under Part D Prescription Drug Plans. Your out of pocket costs may range up to or even over \$10,000 for a year of treatment. Cancer Insurance helps provide funds to pay for out of pocket expenses associated with Cancer.*

**Estimate Only**  
**Contact HTA for details & quotes**

**Cancer Plan** Estimate  
\$10,000 lump sum at diagnosis