

2024 Benchmark for Medicare Prescription Drug Plans

Below is the defined standard benefit model as set by Centers for Medicare and Medicaid Services (CMS) for the 2024 plan year. All plans must include these Coverage Levels and provide benefits **as good as or better** than those shown.

Part D Coverage Levels	Coverage Stages	What You Pay
Deductible	\$0 to \$545	100%
Initial Coverage Period	After deductible and until <i>total</i> prescription drug costs reach \$5,030	25%
Coverage Gap (Donut Hole) *	Once total yearly drug costs reach \$5,030 and until <i>your</i> total out-of-pocket (TrOOP) in drug costs reach \$8,000	<u>Brands</u> 75% discount (70% paid by drug company and 5% paid by plan) 25% Paid by member <u>Generics</u> 75% Paid by Plan 25% Paid by member
Catastrophic Coverage	This coverage level has been eliminated in 2024. No further out of pocket costs for covered medications beyond the Coverage Gap.	\$4.15 for generics under \$83 and 5% for those above \$10.35 for brand name drugs under \$207 and 5% for those above

***Coverage Gap: In 2024**, Part D plan members will receive a 75% discount on the total cost of their covered brand-name drugs purchased while in the donut hole. Of this 75% discount, 70% of it is paid by the brand-name drug manufacturer and will apply towards one’s out of pocket (known as Total or **True Out of Pocket or TrOOP**). The remaining 5% is paid by the Medicare Part D drug plan and will not count toward one’s out of pocket or TrOOP. Also, Medicare Part D enrollees will receive a 75% discount on generic drugs provided by the Part D plan that are purchased while in the donut hole, and the 25% spent by the member will count towards their TrOOP.