Medicare Part D 2014

Open enrollment for Medicare Part D plans is October 15 to December 7, 2013. Medicare enrollees can review changes that will happen to their plans in 2014 and find the right plan for medication coverage for the next year.

Medicare beneficiaries may add, drop, or change their prescription drug coverage during this time frame, and those without coverage may enroll.

### Part D rates in 2014

Out-of-pocket and plan costs change in 2014, based on the standard Part D drug plan required by Medicare.

- **Deductible**: Medicare Part D patients may have to pay up to $310 of the initial costs of their prescription drugs to satisfy their deductible, down from $325 in 2013.
- **Initial coverage**: Once the deductible is met, the patient is responsible for 25% of the next $2540 in drug costs ($635). The drug plan pays 75% ($1905) of covered prescription drug costs.
- **Donut hole**: When total drug costs, including patient and plan contributions, reach $2850, the patient is in the "donut hole."
  - **Brand name drugs**: Manufacturers cover 50% of the cost, the plan pays 2.5%, and the patient pays 47.5%.
  - **Generics**: The patient will pay a maximum of 72% of the generic drugs’ costs.
- **Catastrophic coverage**: Once the total drug spending including the patient, plan, and manufacturer portions of the deductible, initial coverage, and donut hole reach $6455 – including the patient’s out of pocket costs totaling $4550 – the patient moves into catastrophic coverage.
  - The patient pays $2.55 for each covered generic drug and $6.35 for other covered drugs, or 5%.
  - The plan pays the rest of the costs for the remainder of the year.

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**Biologics serves thousands of Medicare Part D patients each year.** For questions about your active patients’ insurance coverage or available copayment assistance, contact Biologics’ Patient Access Specialists at 800-850-4306.