

# 2024 Standard Medicare Prescription Drug Benefits

PHASE	PAID BY PATIENT	PAID BY PLAN	PHASE LIMIT
<b>Deductible</b> <p>If the plan has a deductible.</p>	<p>PATIENT</p> <p>100% generics or brands *</p>		<p><b>Limit: \$545</b></p> <p>Maximum <b>Deductible</b> limit (maximum patient cost)</p> <p>*some plans have coverage during the deductible for certain medications, most commonly tier 1 drugs</p>
<b>Initial Coverage</b> <p><b>Starts</b> once the plan's deductible is met.</p>	<p>PATIENT</p> <p>Tier Copay or Coinsurance generics or brands **</p>	<p>PLAN</p> <p>the difference</p>	<p><b>Limit: \$5,030</b></p> <p>Total drug costs limit (includes what patient pays and what plan pays)</p> <p>** varies depending on plan and drug tier</p>
<b>Gap (Donut Hole)</b> <p><b>Starts</b> when total full cost of drugs reaches \$5,030.</p>	<p>PATIENT</p> <p>25% generics</p> <p>25% brands</p>	<p>PLAN</p> <p>75% generics</p> <p>5% + 70% (plan + drug manufacturer) brands</p>	<p><b>Limit: \$8,000</b></p> <p>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</p>
<b>Catastrophic</b> <p><b>Starts</b> when the patient's true out-of-pocket reaches \$8,000.</p>	<p>PATIENT</p> <p>\$0</p>	<p>PLAN</p> <p>20%</p> <p>80% Medicare (federal government subsidy)</p>	<p><b>Limit: End of Year</b></p>