

Coverage Gap Subsidy Benefit Notification to Active members

Q: Why did I receive this letter from SPDAP?

A: As a member or former member you may be eligible for this new coverage gap benefit administered through the SPDAP program.

Q: What is the coverage gap (aka donut hole)?

A: When using your prescription drug benefits there is a point in any given year where if you reach the **initial coverage limit** (\$3,310 for 2016), at this point you fall into what's commonly known as the donut hole or coverage gap. Once in the donut hole/gap you must pay 100% of the cost of your medications until you have reached the catastrophic threshold (Total of \$7,425.00).

Q: How will I know if I qualify?

A: Note the two bulleted bolded statements at the beginning of your letter. If you have exceeded the **initial coverage limit** of \$3,310 during 2016 then you will likely have incurred expenses in the coverage gap. Your Monthly Prescription Drug Summary statement from your Medicare Part D provider will clarify this for you.

Q: What do I look for on my December Monthly Prescription Drug Summary statement?

A: Look for the page in the Monthly Prescription Drug Summary that says Year-to-date totals and then find the line that says "Your year-to-date amount for **"total drug costs"** is \$0000.00.

Q: I am eligible for partial Extra Help. Does this mean I'm not eligible for this new subsidy?

A: That is correct. If you have been eligible for an LIS/Extra Help benefit throughout all of 2016 you do not qualify for this benefit because you are already getting help with your prescription costs.

Q: My LIS/Extra Help ended in (any month during 2016). Can I qualify for this program?

A: If your **"total drug costs"** exceeded the **initial coverage limit** of \$3,310 during the calendar year and you incurred expenses in the coverage gap while eligible for SPDAP, you may qualify for this coverage gap benefit. We recommend that you review your **Monthly Prescription Drug Summary statement**, either the last **Monthly Prescription Drug Summary statement** before your LIS began (the month in which you were terminated), or if your LIS/Extra Help ended earlier in the year, submit your **December Monthly Prescription Drug Summary statement**, if your **"total drug costs"** exceeded the **initial coverage limit** of \$3,310.

Q: I don't have my year-end (or earlier for LIS) statement. What should I do?

A: December **Monthly Prescription Drug Summary** statements are mailed in the month of January so it may be on its way. If you need an earlier Monthly Prescription Drug Summary statement, we recommend that you contact your provider and ask them to resend your Monthly Prescription Drug Summary statement for that month. If you have internet access you can most likely print a copy from your provider's website.

Q: When can I expect this payment?

A: If it is determine that you are eligible for this coverage gap benefit a check will be issued to you by the SPDAP program within 10-days of receiving your approved **Monthly Prescription Drug Summary** statement.

Q: I did not fall into the gap/donut hole in 2016. What benefit do I have?

A: This new benefit assists only those members that have fallen into the coverage gap/donut hole during the 2016 calendar year and have "Total Drug Cost" above the **initial coverage limit** of \$3,310.00. You may qualify for this benefit in the future, depending on your "**total drug costs**" in 2017, as long as the program continues.

Q: What is the maximum benefit?

A: \$600.00

Q: Where do I mail the Monthly Prescription Drug Summary statement?

Maryland SPDAP/CGS

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