



Dear Former Member of the Senior Prescription Drug Assistance Program

Our records indicate that you were enrolled in the Maryland Senior Prescription Drug Assistance Program for a period of time in 2016. We are informing you that the Senior Prescription Drug Assistance Program (SPDAP) will be providing a new coverage gap (aka the 'Donut Hole') subsidy for members enrolled in a Maryland Medicare Part D prescription drug plan in 2016.

As a Medicare Part D recipient you are responsible for 100% of your prescription drug costs while in the coverage gap, less applicable Federal Drug Discounts and any supplemental coverage offered by your plan. If the total cost of your drugs exceeded \$3,310 before your membership ended, you may be eligible for this new Coverage Gap Subsidy. The maximum benefit per member for 2016 is \$600.00.

To take advantage of this Coverage Gap Subsidy you will need to provide us with your Monthly Prescription Drug Summary Statement, provided by your Medicare Part-D plan, for the month in which your SPDAP membership ended. Your Monthly Prescription Drug Summary Statement for the last month you were enrolled in the SPDAP will indicate your total drug costs that will be considered for the 2016 coverage gap subsidy.

- ***If your Monthly Prescription Drug Summary Statement for the last month you were enrolled in the SPDAP does not indicate that your drug costs exceeded the initial coverage limit of \$3,310, you should not submit your Monthly Prescription Drug Summary Statement. You are not entitled to the coverage gap benefit.***
- ***If your Monthly Prescription Drug Summary Statement for the last month you were enrolled in the SPDAP does indicate that your drug costs were above the initial coverage limit of \$3,310, please submit your Monthly Prescription Drug Summary Statement for our review.***

Members who receive a partial Federal Low Income Subsidy (LIS), or Extra Help, are not eligible to receive the coverage gap subsidy. However, you may be entitled if your LIS became effective or ended in 2016. If you began receiving partial LIS after Jan. 1, 2016, please provide us with your Monthly Prescription Drug Summary Statement for the month in which your partial LIS became effective. If your partial LIS ended on Jan. 31, 2016 through Nov. 30, 2016, please provide us with your December 2016 Monthly Prescription Drug Summary Statement.

We must receive your 2016 Monthly Prescription Drug Summary Statement between **Jan. 31, 2017 and Mar. 31, 2017** to be eligible for the 2016 Coverage Gap Subsidy benefit.

If we find that you are eligible for any part of the Coverage Gap Subsidy benefit, a check will be issued and mailed to you directly from the Senior Prescription Drug Assistance Program.

If you have any questions about the Senior Prescription Drug Assistance Program Coverage Gap Subsidy benefit, or any other SPDAP questions, please call us at 1-800-551-5995; Mon-Fri, 8:00am-5:00pm EST, or visit us at [www.marylandspdap.com](http://www.marylandspdap.com) for more information.

Sincerely,

A handwritten signature in black ink that reads "Sean Stafford".

Sean Stafford  
Maryland Senior Prescription Drug Assistance Program