

Coverage Gap Subsidy Notification to those terminated during the plan year – 2016

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 in the month you were no longer eligible for SPDAP, 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: My normal coverage with Medicare Part-D ended in June (or other month during the calendar year) when I became eligible for Extra Help. How do I know if I qualify for any of this subsidy benefit?

A: Review the **Monthly Prescription Drug Summary** statement from your Medicare Part D provider for the month in which you were no longer eligible for SPDAP due to becoming eligible for Extra Help. 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. If the total is above the \$3,310, you may qualify and you should submit that statement for review.

Q: I was only in the SPDAP Program for a portion of 2016. Would I qualify for this program?

A: If the total cost of your drugs exceeded \$3,310 during that time, then yes, you may be eligible for the coverage gap benefit. We encourage you to review the **Monthly Prescription Drug Summary** statement for the month in which you were no longer eligible for SPDAP. If the **total drug costs**” exceeded \$3,310, please submit that statement for review.

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

Maryland SPDAP/CGS

c/o Pool Administrators Inc.

628 Hebron Ave, Suite 100

Glastonbury, CT 06033 (**By March 31, 2017**)