



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Dear Senior Prescription Drug Assistance Program Member:

The Maryland Department of Health is happy to inform you that the Senior Prescription Drug Assistance Program (SPDAP) will be providing a coverage gap (aka the “Donut Hole”) subsidy for eligible members enrolled in a Maryland Medicare Part D prescription drug plan in 2018.

As a Medicare Part D recipient, you are responsible for 100 percent of your prescription drug costs while in the coverage gap, less applicable Federal Drug Discounts and any supplemental coverage offered by your plan. If your total drug costs exceed \$3,750 before the end of the year, you may be eligible for this coverage gap subsidy. The maximum benefit per member for 2017 was \$1,000. For 2018, the maximum benefit has been increased to \$1,700.

To take advantage of this coverage gap subsidy you will need to provide us with your December 2018 Monthly Prescription Drug Summary Statement provided by your Medicare Part D plan. Your submitted 2018 statement will indicate your total drug costs for the 2018 plan year.

- **If you do not have drug costs that exceed the initial coverage limit of \$3,750, you should not submit your Benefit Summary Statement because you are not entitled to the coverage gap benefit**
- **If the total drug costs are above the initial coverage limit \$3,750, please submit your December 2018, or applicable 2018, 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 2018. If you began receiving partial LIS after Jan. 1, 2018, please provide us with your statement for the month prior to your partial LIS becoming effective. If your partial LIS ended between Jan. 31, 2018 and Nov. 30, 2018, please provide us with your December 2018 statement.

Your **2018** Monthly Prescription Drug Summary Statement **must be received by May 31** to be processed for the 2018 coverage gap subsidy benefit. Please mail statement to: SPDAP, POOL ADMINISTRATORS INC., 628 HEBRON AVE, SUITE 502, GLASTONBURY, CT 06033.

If you are eligible for the coverage gap subsidy, a check will be issued and mailed to you directly from the SPDAP.

If you have any questions, please call us at 1-800-551-5995; Monday through Friday from 8 a.m. to 5 p.m. EST, or visit us at [www.marylandspdap.com](http://www.marylandspdap.com) for more information.

Sincerely,

Sean Stafford

Senior Prescription Drug Assistance Program