

Attachment IV 2010 Part D Benefit Parameters

Updated Part D Benefit Parameters for Defined Standard Benefit, Low-Income Subsidy, and Retiree Drug Subsidy

Annual Percentage Increases

	Annual percentage trend for 2009	Prior year revisions	Annual percentage increase for 2009
Applied to all parameters but (1)	5.79%	-1.07%	4.66%
CPI (all items, U.S. city average): Applied to (1)	0.36%	2.28%	2.65%

Part D Benefit Parameters

	2009	2010
Standard Benefit Design Parameters		
Deductible	\$295	\$310
Initial Coverage Limit	\$2,700	\$2,830
Out-of-Pocket Threshold	\$4,350	\$4,550
Total Covered Part D Drug Spend at OOP Threshold (2)	\$6,153.75	\$6,440.00
Minimum Cost-sharing in Catastrophic Coverage Portion of Benefit		
Generic/Preferred Multi-Source Drug	\$2.40	\$2.50
Other	\$6.00	\$6.30
Part D Full Benefit Dual Eligible Parameters		
Copayments for Institutionalized Beneficiaries	\$0.00	\$0.00
Maximum Copayments for Non-Institutionalized Beneficiaries		
Up to or at 100% FPL		
Up to Out-of-Pocket Threshold (1)		
Generic/Preferred Multi-Source Drug (3)	\$1.10	\$1.10
Other (3)	\$3.20	\$3.30
Above Out-of-Pocket Threshold	\$0.00	\$0.00
Over 100% FPL		
Up to Out-of-Pocket Threshold		
Generic/Preferred Multi-Source Drug	\$2.40	\$2.50
Other	\$6.00	\$6.30
Above Out-of-Pocket Threshold	\$0.00	\$0.00
Part D Non-Full Benefit Dual Eligible Full Subsidy Parameters		
Resources ≤ \$6,600 (individuals) or ≤ \$9,910 (couples) (4)		
Maximum Copayments up to Out-of-Pocket Threshold		
Generic/Preferred Multi-Source Drug	\$2.40	\$2.50
Other	\$6.00	\$6.30
Maximum Copayments above Out-of-Pocket Threshold	\$0.00	\$0.00
Resources bet \$6,600-\$11,010 (ind) or \$9,910-\$22,010 (couples) (4)		
Deductible (3)	\$60.00	\$63.00
Coinsurance up to Out-of-Pocket Threshold	15%	15%
Maximum Copayments above Out-of-Pocket Threshold		
Generic/Preferred Multi-Source Drug	\$2.40	\$2.50
Other	\$6.00	\$6.30
Part D Non-Full Benefit Dual Eligible Partial Subsidy Parameters		
Deductible (3)	\$60.00	\$63.00
Coinsurance up to Out-of-Pocket Threshold	15%	15%
Maximum Copayments above Out-of-Pocket Threshold		
Generic/Preferred Multi-Source Drug	\$2.40	\$2.50
Other	\$6.00	\$6.30
Retiree Drug Subsidy Amounts		
Cost Threshold	\$295	\$310
Cost Limit	\$6,000	\$6,300

(1) CPI adjustment applies to copayments for non-institutionalized beneficiaries up to or at 100% FPL.

(2) Amount of total drug spending required to attain out-of-pocket threshold in the defined standard benefit if beneficiary does not have prescription drug coverage through a group health plan, insurance, government-funded health program or similar third party arrangement.

(3) The increases to the LIS deductible, generic/preferred multi-source drugs and other drugs copayments are applied to the unrounded 2009 values of \$60.13, \$1.08, and \$3.23 respectively.

(4) The actual amount of resources allowable will be updated for contract year 2010.