CarePartners of Connecticut
MEDICARE ADVANTAGE

Understanding the Medicare Donut Hole

As a member of a Medicare Part D prescription drug plan, there are four stages that determine the amount you pay for your prescription drugs:

1. **Deductible Stage**
2. **Initial Coverage Stage**
3. **Coverage Gap Stage**
4. **Catastrophic Coverage Stage**

The Coverage Gap Stage, also known as the “Donut Hole,” can be the most complex. Below, you’ll find an explanation of each stage, including details on how the Donut Hole works.

1 Deductible Stage

CarePartners of Connecticut plans have $0 prescription drug deductibles. You begin each coverage year in the Initial Coverage Stage.

2022 Plan Drug Deductibles

All Plans
$0

2 Initial Coverage Stage

You remain in the Initial Coverage Stage until the total cost of your drugs (what you pay plus what we pay) reaches **$4,430**. This amount is called the Initial Coverage Limit.

3 The Donut Hole

You enter the Donut Hole once the total cost of your drugs reaches **$4,430**. In the Donut Hole, you pay a percentage of the cost for your prescription drugs.

For generic drugs, you pay 25% of the drug and dispensing fee and your plan pays the remaining cost. For brand name drugs, you pay 25% of the drug and dispensing fee and the drug manufacturer and your plan share the remaining cost (see right).

During this stage, only your share and the drug manufacturer's share contribute toward your out-of-pocket total.

You remain in the Donut Hole until your out-of-pocket total during the calendar year reaches **$7,050**.

Generic Drugs:

— You pay **25%**

— Plan pays **75%**

Brand-Name Drugs:

— You pay **25%**

— Drug manufacturer pays **70%**

— Plan pays **5%**

up to
$7,050

4 Catastrophic Coverage Stage

This stage begins when your out-of-pocket total reaches **$7,050**. See right for your drug costs during this stage. You remain in the Catastrophic Coverage Stage until January 1, 2023.

Generic Drugs:
You pay the greater of **$3.95** or **5%**

Brand Name Drugs:
You pay the greater of **$9.85** or **5%**

For complete details, see your Evidence of Coverage (EOC) booklet at **carepartnersct.com/documents**.