

**2010 Medicare Member Expense for Medicare Part D Plans:  
Who Pays What?**

	<b>Premium*</b>	<b>Deductibles*</b>	<b>Copayment or Coinsurance</b>	<b>Coverage Gap</b>	<b>Catastrophic Coverage</b>
<b>Member</b>	Member pays a <b>monthly</b> amount	Member pays first <b>\$310</b> of their drug costs before Plan pays its share  <i>\$310 = member</i>	Member pays <b>copayment</b> until Plan payments plus member payments, including deductible, reaches <b>\$2,830</b> .  <i>Copay + deductible + Plan = \$2,830</i>	Once member and Plan have spent \$2,830 for covered drugs, the member enters the "coverage gap." Member will have to <b>pay all drug costs</b> until they have spent <b>\$4,550</b> .  <i>Up to \$4,550 in true out-of-pocket costs = member</i>	Once member has spent <b>\$4,550</b> out-of-pocket for the year, the coverage gap ends. Now member only pays a <b>small copayment or coinsurance</b> for each drug until the end of year.
<b>Plan</b>		<b>Plan</b> pays its share after <b>\$310</b> has been paid by member	<b>Plan</b> pays its share until Plan plus member amount paid reaches <b>\$2,830</b>	<b>Plan</b> pays nothing. Any costs paid by the plan since January 1 are not applied toward the member's true out-of-pocket costs during the coverage gap.	<b>Plan</b> pays the remainder of the costs after the member pays their share.