## MEDICARE PART D SPOTLIGHT

### PART D PLAN AVAILABILITY IN 2010 AND KEY CHANGES SINCE 2006

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The Centers for Medicare & Medicaid Services (CMS) recently released information about the Medicare Part D stand-alone prescription drug plans (PDPs) that will be available in 2010.<sup>3</sup> Nearly 27 million beneficiaries are enrolled in Part D plans, of whom two-thirds are in PDPs. This Medicare Part D Spotlight provides an overview of the 2010 stand-alone PDP options and key changes from prior years. 4

#### Part D Plan Availability

- In 2010, a total of 1,576 PDPs will be offered nationwide, down from 1,689 PDPs in 2009 and a peak of 1,875 plans in 2007, but still higher than the 1,429 PDPs in 2006. (Exhibit 1)
  - The number of PDPs per region in 2010 will range from a low of 41 PDPs in Alaska and Hawaii to a high of 55 PDPs in the Pennsylvania/West Virginia region. These numbers are down slightly from a range of 45 PDPs (Alaska) to 57 PDPs (PA/WV) in 2009. (Appendix 1)

#### **Monthly Premiums**

- The average monthly PDP premium in 2010 (weighted by 2009 enrollment, assuming beneficiaries remain in their current plan) will be \$38.94.5 This is an 11 percent increase from the weighted average monthly premium of \$35.09 in 2009, and a 50 percent increase from \$25.93 in 2006, the first year of the Medicare Part D drug benefit. (Exhibit 2)
- Average monthly premiums (weighted by enrollment) have risen every year since 2006 for PDPs. The increase in monthly Part D premiums in 2010 is likely to result in reductions in monthly Social Security payments for many Part D enrollees, because there will be no Social Security cost-of-living increase in 2010.6
  - About 1.2 million beneficiaries enrolled in PDPs will experience an increase of at least \$10 in their monthly plan premium unless they select a less expensive plan.
- Average weighted PDP monthly premiums will vary widely in 2010 within and across regions, ranging from \$26.76 per month for PDPs in the New Mexico region to \$46.66 per month for PDPs in the Idaho and Utah region. (Appendix 1)
- Since 2006, average monthly premiums have increased dramatically for some of the most popular Part D plans. For example, the average premium for AARP Preferred, with 2.7 million enrollees in 2009, has increased from \$26.31 in 2006 to \$39.39 in 2010; while the average premium for Humana PDP Enhanced, with 1.1 million enrollees in 2009, has nearly tripled from \$14.73 in 2006 to \$41.53 in 2010. By contrast, CCRx Basic has a lower average premium in 2010 (\$29.17) than in 2006 (\$30.94). (Exhibit 3)

#### Benefit Design: The Coverage Gap and Deductibles

Most Part D plans offer little or no gap coverage in 2010. In the absence of gap coverage, enrollees pay 100 percent of the cost of their drugs in the coverage gap, or "doughnut hole," which will begin after an enrollee incurs \$2,830 in total drug spending in 2010. Catastrophic coverage will begin

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<sup>&</sup>lt;sup>2</sup> This analysis updates the previous version (released in October 2009) and incorporates additional data released by CMS, including information on WellCare plans and a crosswalk file that allows a more accurate linkage between 2009 and 2010 plans.

<sup>&</sup>lt;sup>3</sup> "Robust Medicare Health and Drug Plan Coverage Continues in 2010, Beneficiary Protections Strengthened," October 1, 2009; 2010 PDP, MA, and SNP Landscape Source Files and related files are available at http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/.

Other Medicare Part D 2010 Data Spotlights, based on the authors' analysis of CMS data, are available at http://www.kff.org/medicare/med110909pkg.cfm.

Most PDPs were grant 1

Most PDPs were matched by contract and plan IDs, as well as by a crosswalk file posted by CMS mapping 2009 to 2010 plans.

<sup>&</sup>lt;sup>6</sup> Under current law, a so-called "hold-harmless" provision prevents Social Security payments from decreasing from one year to the next as a result of Part B premium increases; however, the hold-harmless provision does not apply to Part D premiums for the voluntary Medicare prescription drug benefit. For more information, see http://www.kff.org/medicare/7912.cfm.

when an enrollee has spent a total of \$4,550 out of pocket (or \$6,440 in total drug costs under the standard benefit design). (Appendix 2)

- o Eighty percent of all PDPs will not offer any gap coverage in 2010, up from 75 percent in 2009 but down from 85 percent in 2006. **(Exhibit 4)**
- o Among the 20 percent of PDPs offering gap coverage in 2010, nearly all will limit gap coverage to generic drugs, with no gap coverage for brand-name drugs, as in recent years. **(Exhibit 5)**
- o About 2 percent of PDPs (35 plans, including a CIGNA plan offered in all 34 regions and a local plan in Wisconsin) will cover a "few" brand-name drugs (defined as less than 10 percent of brands on formulary) in the coverage gap in 2010.
- In 2010, 60 percent of PDPs will charge a deductible. Over half of the PDPs with a deductible will charge the standard \$310 amount. (Exhibit 6)
  - Use of a deductible is considerably higher than in previous years, when 42 percent of PDPs in 2006 and 45 percent in 2009 charged a deductible.
  - The largest increase comes from plans adding deductibles less than the standard amount.

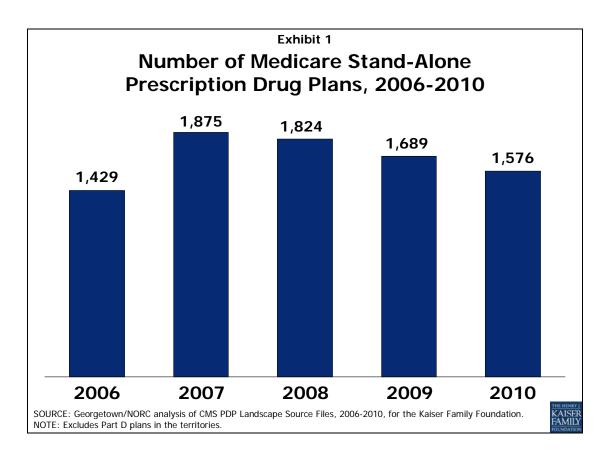
#### Low-income Subsidy ("Benchmark") Plans

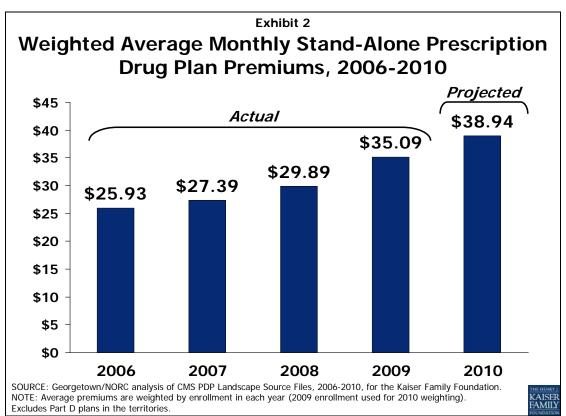
- The availability of benchmark plans PDPs available for no monthly premium to low-income subsidy (LIS) enrollees has decreased significantly over time.
  - o Compared to 2006, there will be 102 fewer plans available in 2010 for enrollment of LIS recipients for \$0 premium (307 plans), a 25 percent decrease. **(Exhibit 7)**
- About 3.3 million people 4 of every 10 LIS beneficiaries are enrolled in benchmark PDPs in 2009 that will no longer qualify as benchmark plans in 2010. **(Exhibit 8)** 
  - Nearly two-thirds (65 percent) must switch plans on their own or pay premiums if they remain in their 2009 plans. CMS will reassign the other LIS enrollees. All affected LIS beneficiaries will receive letters from CMS either informing them of their reassignment or reminding them that they can choose a different plan and avoid a premium.<sup>7</sup>
  - Without new CMS policies for 2010 related to how the benchmark is calculated, fewer LIS plans would have been available. According to CMS, more LIS beneficiaries would thus have had to pay premiums if they were not reassigned or did not select a new plan on their own.<sup>8</sup>
- The number of benchmark plans available in 2010 will vary by region, from 4 benchmark PDPs in the Maine/New Hampshire region (out of 43 PDPs) to 15 benchmark PDPs in the Arkansas region (out of 49 PDPs). **(Exhibit 9)** 
  - o LIS plan availability will decline in 18 of 34 regions between 2009 and 2010, while more LIS plans will be available in 13 regions. (Exhibit 10)
  - The largest increase in LIS plan availability will occur in Arizona, Louisiana, Missouri, and Nevada. For example, the number of LIS plans in Nevada will increase from 1 PDP in 2009 to 5 PDPs in 2010, and the number in Missouri will rise from 6 PDPs to 13 PDPs. By contrast, the number of plans in Wisconsin will drop from 16 PDPs to 10 PDPs.
- The number of benchmark plans offered by the major Part D organizations has fluctuated substantially during the program's five years.
  - o In 2006, Humana, UnitedHealth, WellCare, and WellPoint qualified to offer LIS plans in nearly all regions, but in 2010 Humana will have LIS plans in only 3 regions and WellPoint will have these plans in only 9 regions. Among the six plan sponsors shown, all had benchmark plans in 23 or more of the 34 regions in 2006, but only Universal American and UnitedHealth will qualify with benchmark plans in as many as 23 regions in 2010. **(Exhibit 11)**

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<sup>&</sup>lt;sup>7</sup> This calculation is based on CMS reassignment data released on October 1, 2009.

<sup>&</sup>lt;sup>8</sup> See "Medicare Demonstration to Revise the Part D Low-Income Benchmark Calculation," as approved on August 11, 2009, for an explanation of the CMS's demonstration for benchmark premium calculations in 2010.





#### Exhibit 3

# Premiums in Medicare Stand-Alone Prescription Drug Plans with Highest 2009 Enrollment, 2006-2010

	2009 Enro (of 16.5 m			hted Ave	% Change		
Name of PDP	Number	% of Total	2006	2009	2010	2009- 2010	2006- 2010
AARP MedicareRx Preferred	2,947,804	17.8%	\$26.31	\$37.03	\$39.39	6%	50%
Humana PDP Enhanced	1,588,037	9.6%	\$14.73	\$38.21	\$41.53	9%	182%
AARP MedicareRx Saver***	1,162,808	7.0%	\$14.43	\$28.69	\$30.68	7%	113%
CCRx Basic	1,111,392	6.7%	\$30.94	\$30.18	\$29.17	- 3%	- 6%
Silverscript Value	896,128	5.4%	\$28.32	\$27.86	\$33.91	22%	20%

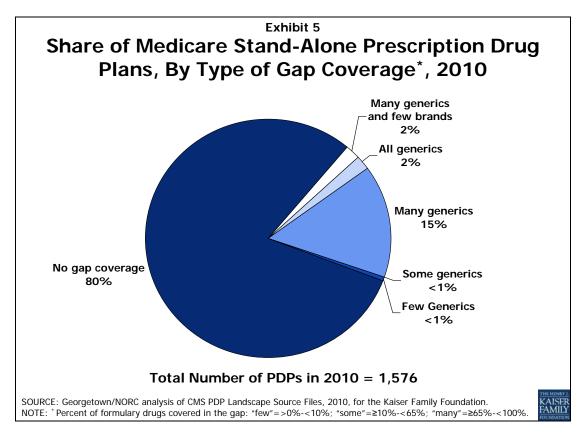
SOURCE: Georgetown/NORC analysis of CMS PDP Landscape Source Files, 2006-2010, for the Kaiser Family Foundation. NOTE: '2009 enrollment estimates combine actual enrollment in 2009 with expected enrollment gains due to plan consolidations and renewals for 2010. "Average premiums are weighted by enrollment in each region for each year (2009 enrollment used for 2010 weighting). ""Plan not offered in 2006; premium amount shown in 2006 column is for 2007, change is from 2007-2010.

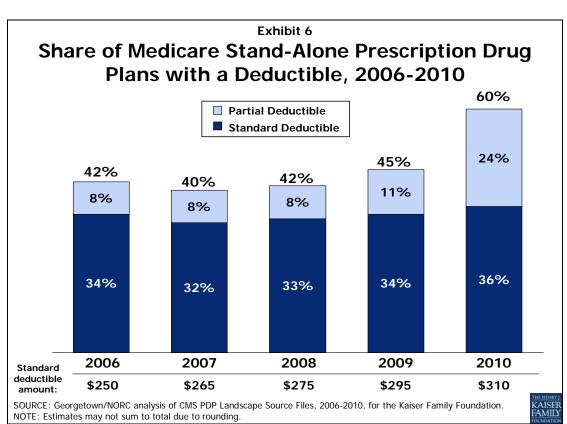


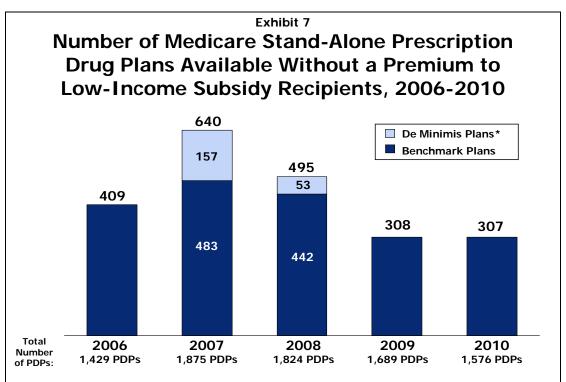
#### Exhibit 4 **Share of Medicare Stand-Alone Prescription Drug** Plans, By Type of Gap Coverage\*, 2006-2010 No Gap Coverage Some Generics 72% 71% 75% 80% Many Generics 85% All Generics Many Generics and Few **Brands** 5% ☐ All Brands and 15% <1% Generics 27% 14% 15% 13% 14% 1% 6% 2006 2007 2008\*\* 2009\*\* 2010 (1,429 PDPs) (1,875 PDPs) (1,824 PDPs) (1,689 PDPs) (1,576 PDPs)

SOURCE: Georgetown/NORC analysis of CMS PDP Landscape Source Files, 2006-2010, for the Kaiser Family Foundation. NOTE: \*Percent of formulary drugs covered in the gap: "few"=>0%-<10%; "some"=>10%-<65%; "many"=>65%-<100%. \*\*In 2008, one PDP offered gap coverage for brand-name drugs (rounds to 0%). In 2009, three PDPs offered gap coverage for brand-name drugs (rounds to 0%).



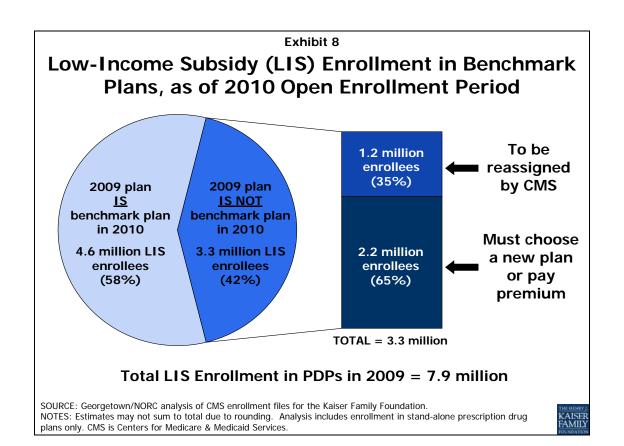


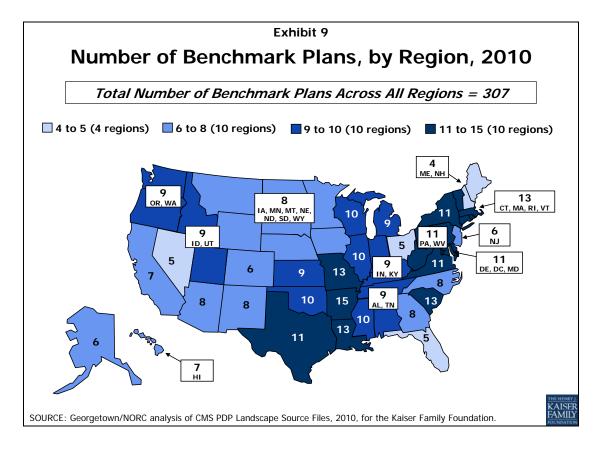


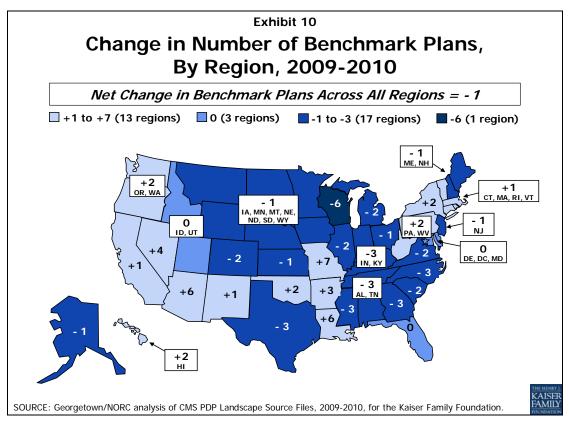


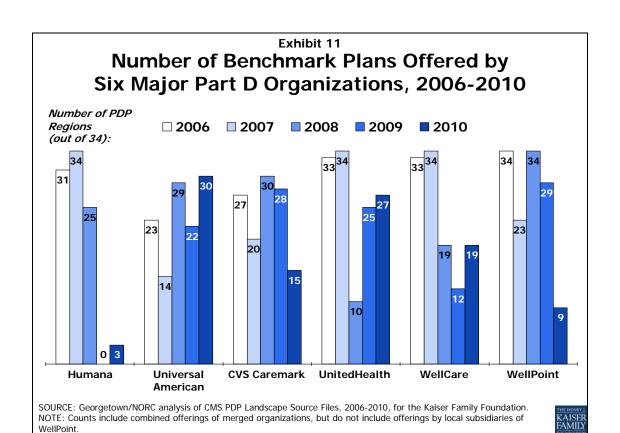
SOURCE: Georgetown/NORC analysis of CMS PDP Landscape Source Files, 2006-2010, for the Kaiser Family Foundation. NOTE: Excludes PDPs in the territories. \*Under a Medicare demonstration, de minimis plans were eligible to retain LIS beneficiaries despite exceeding the benchmark premium by \$2 in 2007 and \$1 in 2008.











Appendix 1: Medicare Stand-Alone Prescription Drug Plans by State, 2006-2010

		Nun	nber of P	DPs	2010 Monthly PDP Premiums				
		2007					Weighted		
STATE	2006	2007	2008	2009	2010	Low	Average	High	
Alabama	41	56	53	49 4E	46	\$22.00	\$37.40	\$100.70	
Alaska	27	45	47	45	41	\$23.80	\$41.56	\$99.80	
Arkansas	43 40	53	51 55	49 52	46 49	\$10.30	\$30.96 \$37.07	\$82.20	
Arkansas California	47	58 55	55 56	52 51	49	\$14.20 \$17.60	\$36.03	\$100.80 \$105.50	
Colorado	43	55	55	53	48	\$16.90	\$40.43	\$98.70	
Connecticut	44	51	51	47	48	\$10.90	\$41.24	\$100.80	
Delaware	47	55	52	48	45	\$10.60	\$42.92	\$100.00	
District of Columbia	47	55	52	48	45	\$11.60	\$42.92	\$120.20	
Florida	43	57	58	54	49	\$19.80	\$38.76	\$100.40	
Georgia	42	55	54	50	45	\$21.60	\$36.98	\$108.10	
Hawaii	29	46	49	47	41	\$11.20	\$28.76	\$99.40	
Idaho	44	56	54	51	48	\$18.70	\$46.66	\$106.20	
Illinois	42	56	53	49	46	\$21.50	\$37.55	\$105.90	
Indiana	42	53	52	48	44	\$23.10	\$43.41	\$100.70	
Iowa	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
Kansas	40	53	52	48	46	\$19.00	\$42.84	\$93.40	
Kentucky	42	53	52	48	44	\$23.10	\$43.41	\$100.70	
Louisiana	39	52	50	47	45	\$25.10	\$36.90	\$98.30	
Maine	41	53	53	46	43	\$14.70	\$32.63	\$87.20	
Maryland	47	55	52	48	45	\$11.60	\$42.92	\$120.20	
Massachusetts	44	51	51	47	48	\$10.80	\$41.24	\$100.80	
Michigan	40	54	55	51	46	\$16.60	\$41.72	\$102.50	
Minnesota	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
Mississippi	38	52	49	47	45	\$19.90	\$39.37	\$99.60	
Missouri	41	53	52	48	45	\$25.10	\$44.09	\$104.00	
Montana	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
Nebraska	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
Nevada	44	54	53	49	46	\$20.40	\$37.72	\$104.70	
New Hampshire	41	53	53	46	43	\$14.70	\$32.63	\$87.20	
New Jersey	44	57	57	52	47	\$15.00	\$39.75	\$103.50	
New Mexico	43	57	55	50	47	\$15.90	\$26.76	\$82.70	
New York	46	61	55	51	50	\$19.50	\$35.35	\$117.50	
North Carolina	38	51	52	49	47	\$17.10	\$43.22	\$103.80	
North Dakota	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
Ohio	43	60	58	49	46	\$22.60	\$38.54	\$102.20	
Oklahoma	42	56	52	49	46	\$23.50	\$39.68	\$105.50	
Oregon	45	57	55	48	44	\$8.80	\$40.42	\$109.30	
Pennsylvania	52	66	63	57	55	\$16.70	\$36.92	\$110.70	
Rhode Island	44	51	51	47	48	\$10.80	\$41.24	\$100.80	
South Carolina	45	59	56	53	47	\$23.80	\$40.97	\$102.60	
South Dakota	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
Tennessee	41	56	53	49	46	\$22.00	\$37.40	\$100.70	
Texas	47	60	56	53	50	\$21.00	\$36.43	\$113.40	
Utah	44	56	54	51	48	\$18.70	\$46.66	\$106.20	
Vermont	44	51	51	47	48	\$10.80	\$41.24	\$100.80	
Virginia	41	53	52	48	44	\$16.30	\$41.30	\$97.90	
Washington	45	57	55	48	44	\$8.80	\$40.42	\$109.30	
West Virginia	52	66	63	57	55	\$16.70	\$36.92	\$110.70	
Wisconsin	45	54	57	53	48	\$16.80	\$42.97	\$99.80	
Wyoming	41	53	52	48	46	\$22.80	\$41.59	\$104.10	
ERRITORY						***	****	4715	
American Samoa	1	3	4	4	3	\$29.90	\$34.32	\$74.90	
Guam	1	3	4	4	3	\$26.60	\$31.65	\$74.50	
Northern Mariana Islands	1	3	4	4	3	\$29.20	\$35.46	\$74.70	
Puerto Rico	10	28	34	33	29	\$1.50	\$40.16	\$83.00	
Virgin Islands	4	6	7	7	6	\$2.50	\$25.67	\$91.30	

SOURCE: Kaiser Family Foundation/Georgetown/NORC analysis of CMS PDP Landscape Source Files, 2006-2010. NOTE: Weighted average premiums are based on total enrollment for 2009 for the region in which a state is located.

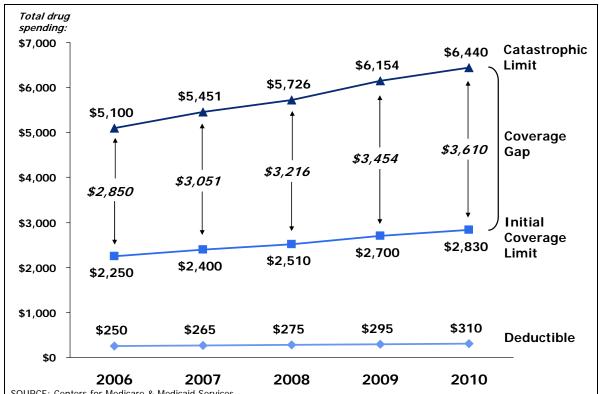
# Appendix 1 *(continued)*: Medicare Stand-Alone Prescription Drug Plans by State, 2006-2010

STATE	Number of PDPs With No Coverage in the Gap					Number of PDPs Below Low-Income Subsidy Benchmark					
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010 <sup>*</sup>	
Alabama	35	39	38	38	37	9	17	15	12	9	
Alaska	22	33	33	34	34	8	17	15	7	6	
Arizona	37	38	36	37	38	6	10	7	2	8	
Arkansas	34	40	39	39	39	13	23	18	12	15	
California	40	41	41	39	38	10	14	9	6	7	
Colorado	36	40	39	40	39	10	19	12	8	6	
Connecticut	37	36	36	35	38	11	20	14	12	13	
Delaware	41	39	37	36	36	15	21	18	11	11	
District of Columbia	41	39	37	36	36	15	21	18	11	11	
Florida	35	41	40	39	39	6	10	8	5	5	
Georgia	35	39	39	38	36	14	21	18	11	8	
Hawaii	24	34	34	35	32	8	18	10	5	7	
Idaho	38	40	39	39	39	14	20	14	9	9	
Illinois	36	40	38	37	37	15	23	19	12	10	
Indiana	35	37	37	36	35	13	19	17	12	9	
Iowa	34	38	36	36	37	14	20	16	9	8	
Kansas	33	37	37	36	37	11	20	17	10	9	
Kentucky	35	37	37	36	35	13	19	17	12	9	
Louisiana	33	37	36	36	37	11	12	10	7	13	
Maine	35	37	37	34	35	14	21	18	5	4	
Maryland	41	39	37	36	36	15	21	18	<u></u>	11	
Massachusetts	37	36	36	35	38	11	20	14	12	13	
Michigan	34	39	39	38	37	14	26	17	11	9	
	34	38	36	36	37			16	9	8	
Minnesota						14	20				
Mississippi	32	37	35	36	37	12	21	15	13	10	
Missouri	34	37	37	36	36	10	15	13	6	13	
Montana	34	38	36	36	37	14	20	16	9	8	
Nebraska	34	38	36	36	37	14	20	16	9	8	
Nevada	37	38	38	37	38	7	9	5	1	5	
New Hampshire	35	37	37	34	35	14	21	18	5	4	
New Jersey	38	40	39	39	37	14	20	18	7	6	
New Mexico	37	40	39	38	39	8	14	11	7	8	
New York	40	44	40	39	41	15	16	15	9	11	
North Carolina	31	36	36	36	37	13	21	17	11	8	
North Dakota	34	38	36	36	37	14	20	16	9	8	
Ohio	36	43	41	37	37	10	22	15	6	5	
Oklahoma	35	40	37	37	37	12	20	13	8	10	
Oregon	39	40	38	36	35	15	20	15	7	9	
Pennsylvania	44	47	46	44	44	15	26	18	9	11	
Rhode Island	37	36	36	35	38	11	20	14	12	13	
South Carolina	39	43	41	41	38	16	26	20	15	13	
South Dakota	34	38	36	36	37	14	20	16	9	8	
Tennessee	35	39	38	38	37	9	17	15	12	9	
Texas	41	43	40	40	40	16	19	15	14	11	
Utah	38	40	39	39	39	14	20	14	9	9	
Vermont	37	36	36	35	38	11	20	14	12	13	
Virginia	35	37	37	36	35	16	21	17	13	11	
Washington	39	40	38	36	35	15	20	15	7	9	
West Virginia	44	47	46	44	44	15	26	18	9	11	
Wisconsin	36	38	40	39	37	14	21	16	16	10	
Wyoming	34	38	36	36	37	14	20	16	9	8	
TERRITORY	54	30	30	30	JI	14	20	10	7	U	
	1	2	3	3	2	NI/A	N/A	NI/A	NI/A	NI/A	
American Samoa	1					N/A		N/A	N/A	N/A	
Guam Northern Mariana Jalanda		2	3	3	2	N/A	N/A	N/A	N/A	N/A	
Northern Mariana Islands	1	2	3	3	2 21	N/A	N/A	N/A	N/A	N/A	
Puerto Rico	9	21	22	22		N/A	N/A	N/A	N/A	N/A	

SOURCE: Kaiser Family Foundation/Georgetown/NORC analysis of CMS PDP Landscape Source Files, 2006-2010.

NOTES: Benchmark plans are not designated in the territories because low-income beneficiaries residing in the territories are not eligible for the LIS. Instead, the territories receive federal Medicaid funds to provide "wrap-around" Medicare drug coverage for beneficiaries who are dually eligible for Medicare and Medicaid benefits. Other low-income Medicare beneficiaries who have incomes below 150 percent of the federal poverty level, even those who receive partial Medicaid benefits, are not eligible for financial assistance to help with Part D premiums and cost sharing, though they would be eligible if they resided in the 50 states or the District of Columbia. (Mary Ellen Stahlman, "The Medicare Drug Benefit: Update on the Low-Income Subsidy," Issue Brief No. 833, National Health Policy Forum, July 2009.)

Appendix 2: Medicare Part D Standard Benefit Parameters, 2006-2010\*



SOURCE: Centers for Medicare & Medicaid Services.

NOTE: \*Estimates are rounded to nearest whole dollar. In 2010, beneficiaries reach catastrophic coverage after spending \$4,550 out of pocket. Enrollees in non-standard benefit plans may face different thresholds depending on the design of their plan benefits and cost-sharing amounts.

This publication (#7986) is available on the Kaiser Family Foundation's website at www.kff.org.

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