

Jack Hoadley, Juliette Cubanski, Elizabeth Hargrave, Laura Summer, and Tricia Neuman¹

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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 2011.² More than 28 million beneficiaries are enrolled in Part D plans, of whom about 60 percent are in PDPs. This Medicare Part D Spotlight provides an overview of the 2011 stand-alone PDP options and key changes from prior years.³

Key Findings

In 2011, the average Medicare beneficiary will have a choice of 33 stand-alone PDPs, even though fewer Medicare Part D stand-alone prescription drug plans will be offered nationwide than in any year since the Medicare drug benefit was implemented in 2006. Average premiums are expected to increase by 10 percent from 2010 to 2011, but year-to-year changes will vary widely across plans. In 2011, beneficiaries receiving low-income subsidies will have access to a larger number of plans available to them for no monthly premium. The majority of plans offered in 2011 will offer no gap coverage beyond that which is required by the Affordable Care Act of 2010, which phases out the coverage gap by 2020.

Part D Plan Availability

In 2011, a total of 1,109 PDPs will be offered nationwide, down nearly one-third (30 percent) from 1,576 PDPs in 2010. **(Exhibit 1)**

- Fewer PDPs will be offered in 2011 than in any previous year, and this year's total represents 766 fewer PDPs than the peak level of 1,875 plans in 2007. The reduction in offerings results from recent regulations issued by CMS intended to eliminate duplicative plan offerings and plans with low enrollment.
- Most of the plan reductions result from plan sponsors reducing the number of separate PDP offerings (some resulting from mergers among sponsors). Nine of 16 national PDP sponsors dropped at least one of their 2010 PDP offerings. In these situations, beneficiaries will be transferred automatically to one of the remaining PDPs offered by that sponsor. All beneficiaries retain the right to select a different plan during the open enrollment period. **(Exhibit 2)**

The average beneficiary will have a choice of 33 stand-alone PDPs in 2011.

- The number of PDPs per region in 2011 will range from a low of 28 PDPs in Hawaii to a high of 38 PDPs in the Pennsylvania/West Virginia region. These numbers are down considerably from a range of 41 PDPs (Alaska and Hawaii) to 55 PDPs (PA/WV) in 2010. **(Exhibit 3 and Appendix 1)**

Monthly Premiums

The average monthly PDP premium will be \$40.72 in 2011 (weighted by 2010 enrollment, assuming beneficiaries remain in their current plan).⁴ This is a 10 percent increase (\$3.82) from the weighted average monthly premium of \$36.90 in 2010, and a 57 percent increase from \$25.93 in 2006, the first year of the Medicare Part D drug benefit. CMS reported a \$1 increase in the average premium for

¹ Jack Hoadley and Laura Summer are with Georgetown University; Juliette Cubanski and Tricia Neuman are with the Kaiser Family Foundation; Elizabeth Hargrave is with NORC at the University of Chicago.

² "Medicare Advantage Premiums Fall, Enrollment Rises, Benefits Similar Compared to 2010," September 21, 2010; 2011 PDP, MA, and SNP Landscape Source Files and related files are available at <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/>. Our 2011 analysis includes 102 PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010. Although Aetna plans are not in the standard CMS landscape file, the plans appear in the supplemental premium files.

³ Other Medicare Part D Data Spotlights from 2008 to 2010, based on the authors' analysis of CMS data, are available at <http://www.kff.org/medicare/xdrugbenefits/partddataspotlights.cfm>.

⁴ Based on analysis using the CMS 2011 Part D Crosswalk file.

standard Part D coverage between 2010 and 2011; the higher increase reported here incorporates higher premiums for enhanced coverage offered by nearly half of all PDPs and excludes premiums for Medicare Advantage drug plans. **(Exhibit 4)**

Monthly premiums (weighted by enrollment) have risen every year since 2006 for PDPs, on average, but there is wide variation across plans in year-to-year premium changes.

- About 2.6 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.
- By contrast, around 440,000 beneficiaries will see premium reductions of at least \$10 if they stay with their current plan.

Since 2006, premium changes have varied across some of the most popular Part D plans. **(Exhibit 5)**

- The average premium for Humana PDP Enhanced, with 1.3 million enrollees in 2010, has nearly tripled from \$14.73 in 2006 to \$43.73 in 2011 (though increasing only 6 percent over 2010). For 2011, Humana has introduced a new, low-premium PDP called the Walmart-Preferred Rx Plan, with a uniform \$14.80 premium across all regions. This PDP is the lowest-premium plan available nationwide (excluding the territories) – a similar market position as for Humana’s Standard PDP in 2006 before premiums rose for that plan in subsequent years.
- By contrast, Universal American’s CCRx Basic PDP has about the same average premium in 2011 (\$30.01) as it had in 2006 (\$30.94) (a 3 percent decrease).
- Beneficiaries enrolled in the AARP Preferred PDP in 2010 – nearly 2.8 million enrollees – will see a 10 percent decrease in their premium in 2011 if they remain in that plan, while those in the AARP Saver PDP – 1.3 million in 2010 – will experience an average 15 percent increase in their premium if they shift into the AARP Preferred plan. Premium changes for the AARP plans’ enrollees illustrate the impact of UnitedHealth’s decision for 2011 to consolidate its Saver PDP into its Preferred PDP, which is projected to have about 4.2 million enrollees in 2011.

Average weighted PDP monthly premiums will vary widely in 2011 across regions, ranging from \$29.01 per month for PDPs in the New Mexico region to \$46.51 per month for PDPs in the Idaho/Utah region.

- Premium changes from 2010 to 2011 vary considerably by region. For example, average premiums in Alaska are down about 4 percent, whereas average premiums in Arkansas, California, Louisiana, Nevada, New York, and the Alabama/Tennessee region are up by at least 10 percent. **(Appendix 1)**

These average and plan-level premium amounts do not take into account the new income-related Part D premium that will take effect in 2011 for Part D enrollees with higher annual incomes (\$85,000/individual and \$170,000/couple). The income-related Part D premium was established by the Affordable Care Act of 2010, and will require higher-income enrollees to pay a greater share of standard Part D costs. The income thresholds are not indexed to increase annually.

Benefit Design: The Coverage Gap and Deductibles

All beneficiaries who reach the coverage gap, or “doughnut hole”, in 2011 will see a significant difference in their out-of-pocket costs compared to previous years, as a result of changes made by the Affordable Care Act of 2010. For 2011, manufacturer prices for brand-name drugs purchased in the gap will be discounted by 50 percent, and plans will pay 7 percent of the cost for generic drugs in the gap. As a result, rather than paying 100 percent of the total cost of their drugs when they reach the coverage gap, enrollees will pay 50 percent of the total cost of brands and 93 percent of the total cost of generics.

- In 2011, the coverage gap begins after an enrollee incurs \$2,840 in total drug spending. Catastrophic coverage, where beneficiaries are generally responsible for only 5 percent of drug

costs, begins when an enrollee has spent a total of \$4,550 out of pocket (or \$6,448 in total drug costs under the standard benefit design). **(Appendix 2)**

Most Part D plans will offer little or no gap coverage in 2011 beyond what is required under the standard benefit.

- Nearly three-fourths (73 percent) of all PDPs will not offer significant gap coverage in 2011 (including 67 percent of plans that will offer no gap coverage at all and 6 percent of plans that will cover fewer than 10 percent of the generic drugs on their formulary). This compares to 80 percent of PDPs with no gap coverage in 2010, suggesting that the share of plans offering some gap coverage – mainly for generics – has increased slightly since 2010. **(Exhibit 6)**

Among the 27 percent of PDPs offering gap coverage in 2011 (defined as covering more than a “few” generics), the majority limit gap coverage to generic drugs, with no gap coverage for brand-name drugs. **(Exhibit 7)**

- In 2011, 9 percent of PDPs (106 plans, including plans offered by Aetna, First Health, Humana, and Wellpoint) will cover “some” brand-name drugs (defined as between 10 percent and 65 percent of the brand-name drugs on the plan’s formulary) in the coverage gap.

A majority of PDPs (58 percent) will charge a deductible in 2011, as they did in 2010. Most PDPs with a deductible will charge the standard \$310 amount, while the remaining PDPs with a deductible will charge a lower amount. **(Exhibit 8)**

Low-income Subsidy (“Benchmark”) Plans

The availability of benchmark plans – PDPs available for no monthly premium to low-income subsidy (LIS) enrollees – increased for 2011 based on several new policies adopted by CMS, including the “de minimis” policy that allows plans to waive a premium of up to \$2 in order to retain their LIS enrollees⁵ and new methods to calculate the low-income subsidy benchmarks.

- In 2011, 332 plans will be available for enrollment of LIS recipients for \$0 premium. Of these plans, 74 qualify through the newly adopted “de minimis” policy. This represents an 8 percent increase in plans for LIS recipients, or 25 additional plans, despite the large decrease in the overall number of PDPs. **(Exhibit 9)**

About 2.1 million people – 1 of every 4 LIS beneficiaries – are enrolled in benchmark PDPs in 2010 that will not qualify as benchmark plans in 2011. Over half of these beneficiaries were previously enrolled in non-benchmark plans and thus paid a premium in 2010.

The 2.1 million LIS beneficiaries who will potentially pay a premium represent a substantial reduction from the 3.3 million LIS beneficiaries who were in a similar situation in last year’s open enrollment period. This reduction is partly the result of the new policies for determining which plans qualify as benchmark plans. **(Exhibit 10)**

- CMS will reassign some of these LIS enrollees (estimated at 600,000, half the number of reassignments made last year), and several states will help reassign those enrolled in their state pharmacy assistance programs (SPAPs).⁶ But as many as three-fifths of the LIS beneficiaries not scheduled to be in benchmark plans must switch plans on their own or pay premiums if they remain in their 2010 plans. Most affected LIS beneficiaries will receive letters from CMS or their SPAP either informing them of their reassignment or reminding them that they can choose a different plan and avoid a premium.

⁵ Plans qualifying through the de minimis policy are eligible for new enrollees, but will not receive auto-assigned enrollees.

⁶ The 600,000 estimate was reported by CMS in a public conference call. Estimates for the total number of beneficiaries subject to paying a premium are based on plan data from the landscape and crosswalk files, together with CMS enrollment reports.

The number of benchmark plans available in 2011 will vary by region, from 4 benchmark PDPs in the Florida and Nevada regions (out of 32 and 31 PDPs, respectively) to 17 benchmark PDPs in the Arkansas region (out of 34 PDPs). **(Exhibit 11)**

- LIS plan availability will decline in 10 of 34 regions between 2010 and 2011, while more LIS plans will be available in 18 regions. **(Exhibit 12)**
- The largest decrease in LIS plan availability will occur in Missouri, which will drop from 13 PDPs to 5 PDPs. The largest increases in LIS plan availability will occur in the Georgia and Indiana/Kentucky regions. For example, the number of LIS plans in Georgia will increase by 6, from 8 PDPs in 2010 to 14 PDPs in 2011.

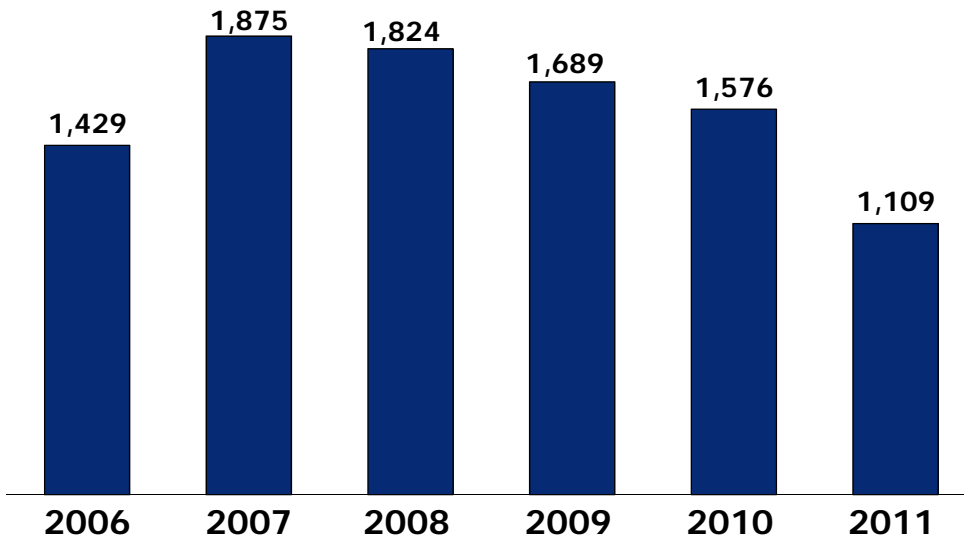
The number of benchmark plans offered by the major Part D organizations has fluctuated substantially during the program's five years.

- In 2006, Humana, UnitedHealth, and WellCare qualified to offer LIS plans in nearly all regions. Humana had only 3 qualifying plans in 2010 but has introduced a new plan that qualifies in all 34 regions for 2011. CVS Caremark, Wellcare, and Universal American each have qualifying plans in at least 28 regions in 2011. By contrast, UnitedHealth has benchmark plans in only 23 regions. **(Exhibit 13)**

Discussion

In 2011, fewer Medicare Part D stand-alone prescription drug plans will be offered nationwide than in any year since the Medicare drug benefit was implemented in 2006, yet beneficiaries will continue to have a large number of PDPs from which to choose their drug coverage. The average Medicare beneficiary will have a choice of 33 PDPs in 2011; Medicare Advantage drug plans will also be widely available across the country. Overall, average PDP premiums are expected to increase by nearly \$4 per month, but the amount and rate of increase will vary across plans, and enrollees in some plans will experience premium reductions for 2011. Beneficiaries receiving low-income subsidies will have access to a larger number of plans available to them for no monthly premium, although many will need to shift plans between 2010 and 2011 to avoid paying a premium. The majority of plans offered in 2011 will offer no gap coverage beyond that which is required by the Affordable Care Act of 2010, underscoring the importance of the provision of the health reform law that will gradually phase out the Medicare Part D "doughnut hole" between 2011 and 2020.

Exhibit 1
**Number of Medicare Stand-Alone
 Prescription Drug Plans, 2006-2011**



SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011, for the Kaiser Family Foundation.
 NOTE: Excludes Part D plans in the territories. 2011 total includes 102 PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010.



Exhibit 2
**Change in Medicare Stand-Alone Prescription Drug
 Plan Offerings by Top National or Near-National
 PDP Sponsors Between 2010 and 2011**

PDP Sponsor	PDPs Dropped	PDPs Added	2011 PDP Offerings
UnitedHealth Group, Inc.	2	0	2 national PDPs
Universal American Corp.	3	0	2 national PDPs
Humana Inc.	3	1	2 national PDPs; 3rd PDP in 27 regions
Coventry Health Care Inc.	3	0	2 national PDPs
CVS Caremark Corporation	2	0	3 national PDPs
Wellpoint, Inc.	0	0	1 to 3 PDPs in each of 34 regions
WellCare Health Plans, Inc.	0	0	2 near-national PDPs (33 regions)
Medco Health Solutions, Inc.	1	0	2 national PDPs
Aetna Inc.	0	0	3 national PDPs
CIGNA	1	0	2 national PDPs

SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011, for the Kaiser Family Foundation.



Exhibit 3

Number of Medicare Part D Stand-Alone Prescription Drug Plans, by Region, 2011

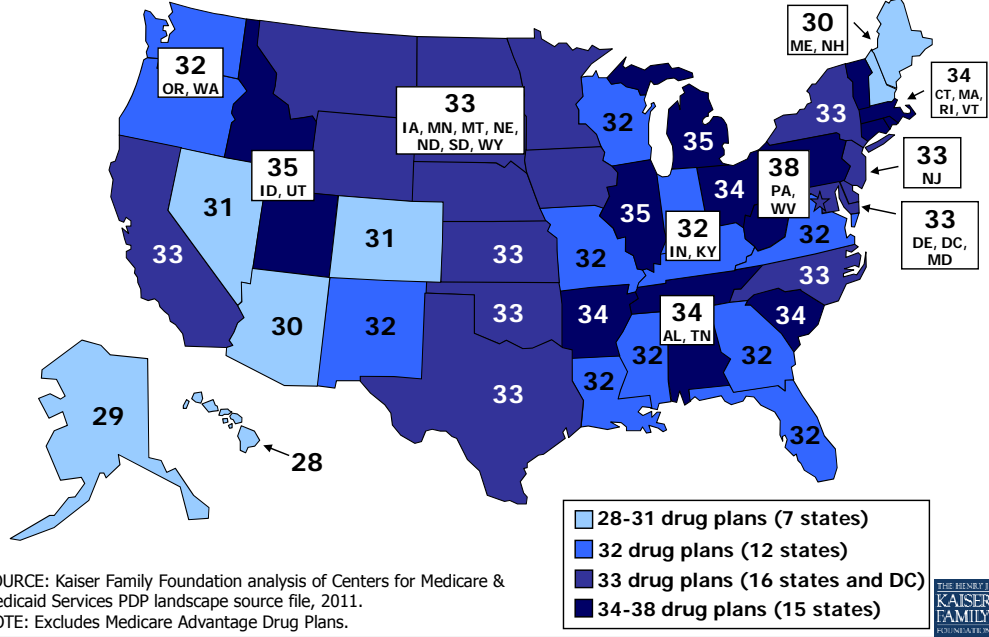
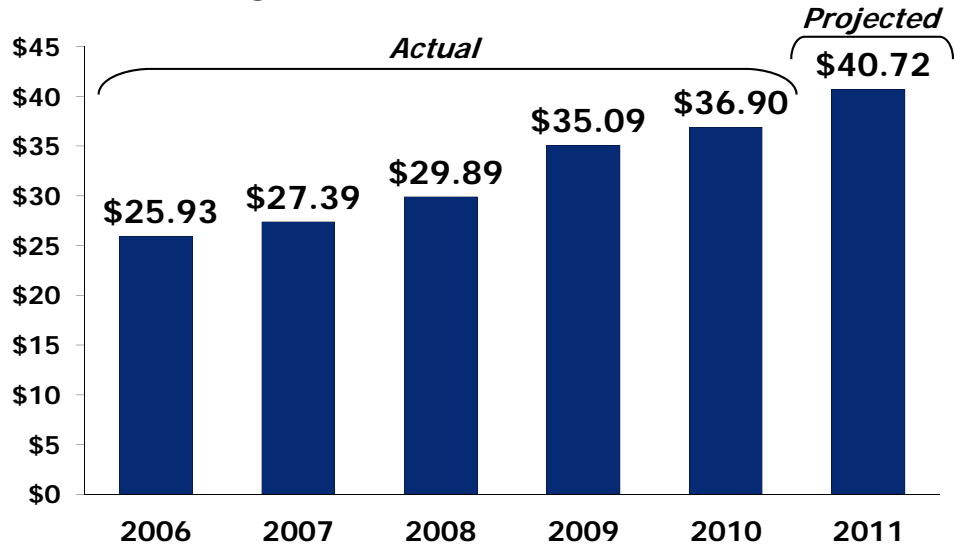


Exhibit 4

Weighted Average Monthly Stand-Alone Prescription Drug Plan Premiums, 2006-2011



SOURCE: Georgetown/NORC analysis of CMS PDP enrollment, crosswalk, and landscape source files, 2006-2011, for the Kaiser Family Foundation.
NOTE: Average premiums are weighted by enrollment in each year (2010 enrollment used for 2011 weighting). Excludes Part D plans in the territories.

Exhibit 5

Premiums in Medicare Stand-Alone Prescription Drug Plans with Highest 2010 Enrollment, 2006-2011

Name of PDP in 2010	2010 Enrollment (of 16.7 million)*		Weighted Average Monthly Premium**			% Change	
	Number	% of Total	2006	2010	2011	2010-2011	2006-2011
AARP MedicareRx Preferred	2,768,678	16.6%	\$26.31	\$39.38	\$35.34	- 10%	+ 34%
AARP MedicareRx Saver***	1,349,150	8.1%	\$14.43	\$29.27	\$33.77	+15%	+134%
Humana PDP Enhanced	1,270,424	7.6%	\$14.73	\$41.36	\$43.73	+ 6%	+197%
CCRx Basic	1,225,048	7.3%	\$30.94	\$28.78	\$30.01	+ 4%	- 3%
First Health Premier	587,144	3.5%	\$24.98	\$30.53	\$37.12	+ 22%	+ 49%
CVS Caremark Value	573,690	3.4%	\$28.32	\$33.69	\$33.04	- 2%	+ 17%

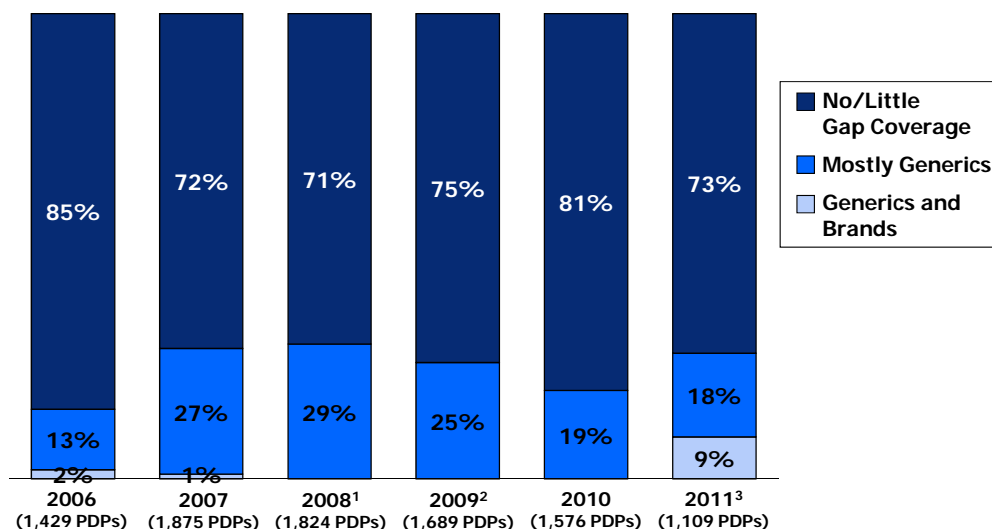
SOURCE: Georgetown/NORC analysis of CMS PDP crosswalk and landscape source files, 2006-2011, for the Kaiser Family Foundation.

NOTE: *2010 enrollment estimates are based on actual enrollment for plans as they existed that year. **Average premiums are weighted by enrollment in each region for each year. Estimates for 2011 reflect only those enrolled in the specified plan during 2010. ***Plan was not offered in 2006 and will not be offered in 2011; premium amount shown in 2006 column is for 2007, change is from 2007-2011. 2011 figures assume AARP Saver PDP enrollees are transferred to the AARP Preferred PDP.



Exhibit 6

Share of Medicare Stand-Alone Prescription Drug Plans, By Type of Gap Coverage, 2006-2011

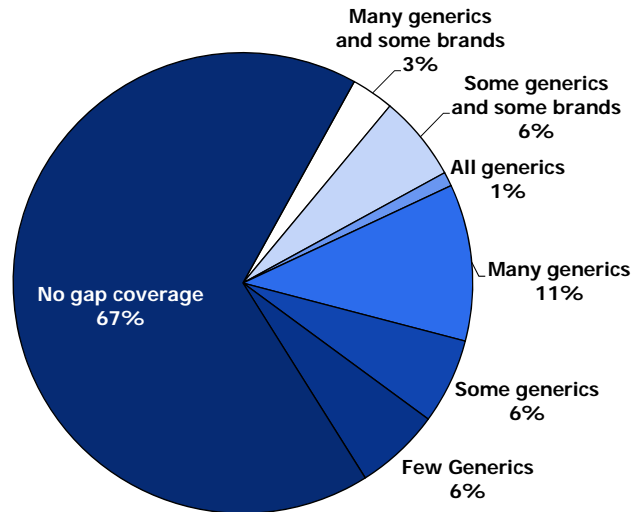


SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011, for the Kaiser Family Foundation.

NOTE: ¹In 2008, one PDP offered gap coverage for brand-name drugs (rounds to 0%). ²In 2009, three PDPs offered gap coverage for brand-name drugs (rounds to 0%). ³Estimates includes 102 PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010. "No/little gap coverage" includes 68 PDPs (6%) offering coverage of few generics.



Exhibit 7
Share of Medicare Stand-Alone Prescription Drug Plans, By Type of Gap Coverage* , 2011

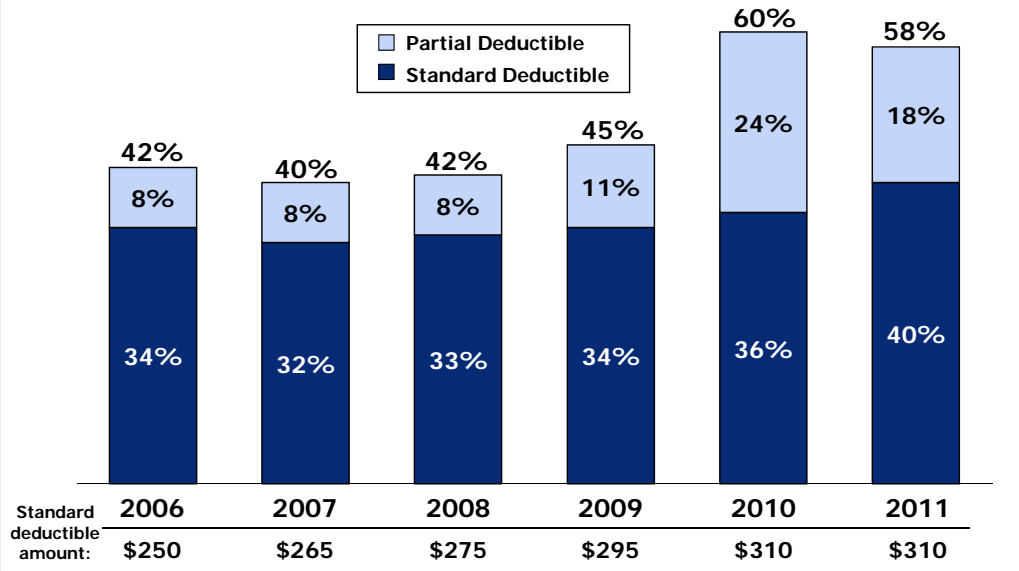


Total Number of PDPs in 2011 = 1,109

SOURCE: Georgetown/NORC analysis of CMS PDP landscape source file, 2011, for the Kaiser Family Foundation.
 NOTE: * Percent of formulary drugs covered in the gap: "few"= $>0\%$ - $<10\%$; "some"= $\geq 10\%$ - $<65\%$; "many"= $\geq 65\%$ - $<100\%$.
 Estimates include 102 PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010.



Exhibit 8
Share of Medicare Stand-Alone Prescription Drug Plans with a Deductible, 2006-2011

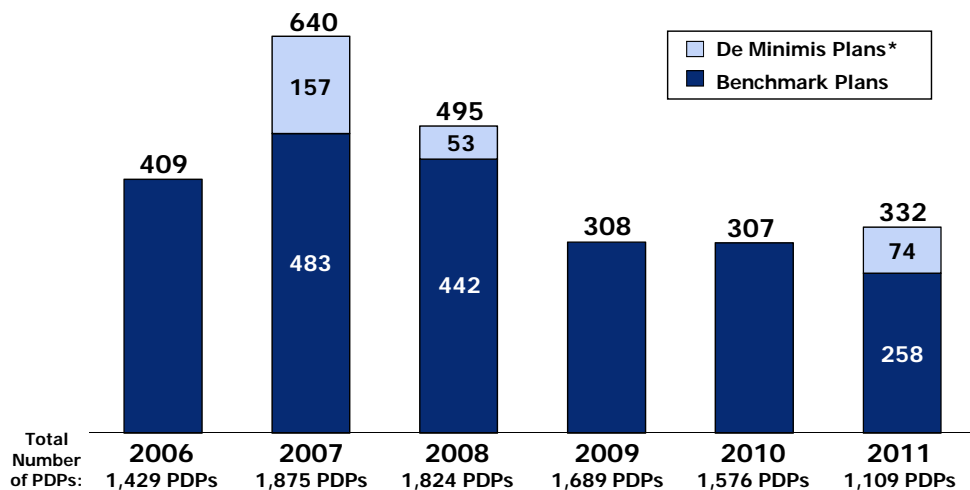


SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011, for the Kaiser Family Foundation.
 NOTE: Estimates may not sum to total due to rounding. 2011 estimates include 102 PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010.



Exhibit 9

Number of Medicare Stand-Alone Prescription Drug Plans Available Without a Premium to Low-Income Subsidy Recipients, 2006-2011

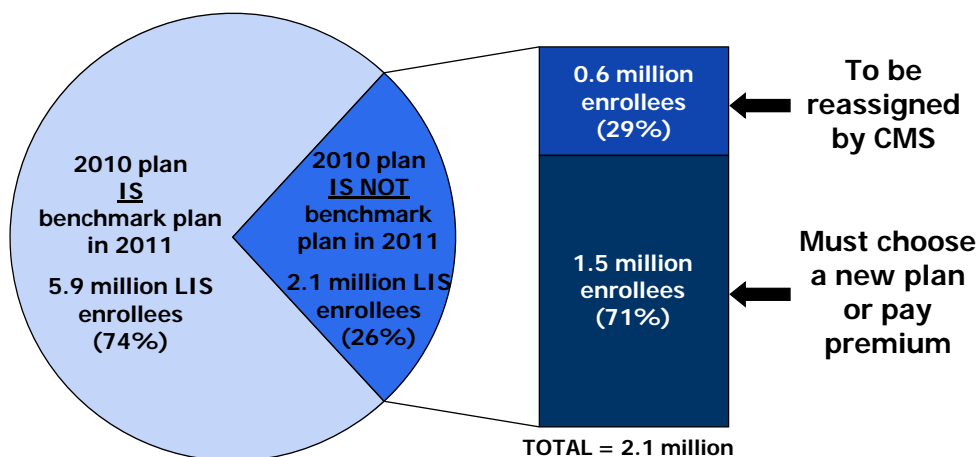


SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011, for the Kaiser Family Foundation.
 NOTE: Excludes PDPs in the territories. *De minimis plans can retain LIS beneficiaries despite exceeding the benchmark premium by \$2 in 2007, \$1 in 2008, and \$2 in 2011. 2011 counts include PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010.



Exhibit 10

Low-Income Subsidy (LIS) Enrollment in Benchmark Plans, as of 2011 Open Enrollment Period



Total LIS Enrollment in PDPs in 2010 = 8.0 million

SOURCE: Georgetown/NORC analysis of CMS enrollment and crosswalk files for the Kaiser Family Foundation.
 NOTES: Analysis includes enrollment in stand-alone prescription drug plans only. CMS is Centers for Medicare & Medicaid Services.

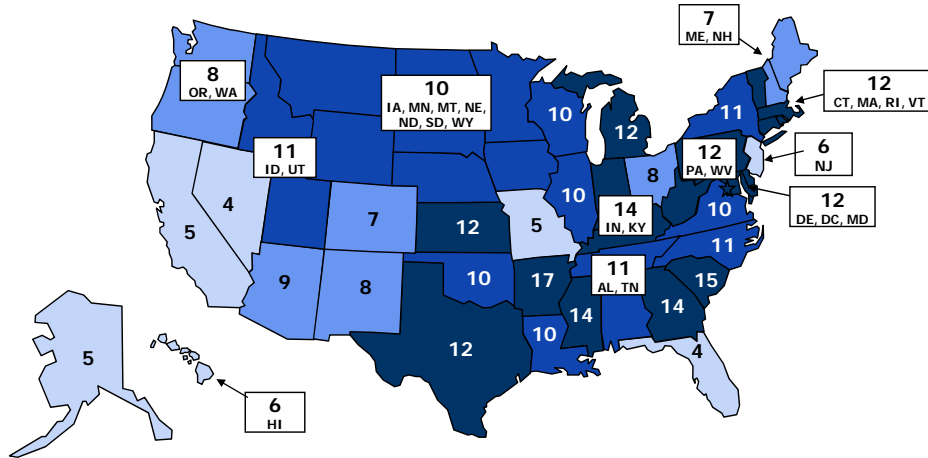


Exhibit 11

Number of Benchmark Plans, by Region, 2011

Total Number of Benchmark Plans Across All Regions = 332

4 to 6 (7 regions) 7 to 9 (6 regions) 10 to 11 (10 regions) 12 to 17 (11 regions)



SOURCE: Georgetown/NORC analysis of CMS PDP landscape source file, 2011, for the Kaiser Family Foundation.
NOTE: Includes PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010.

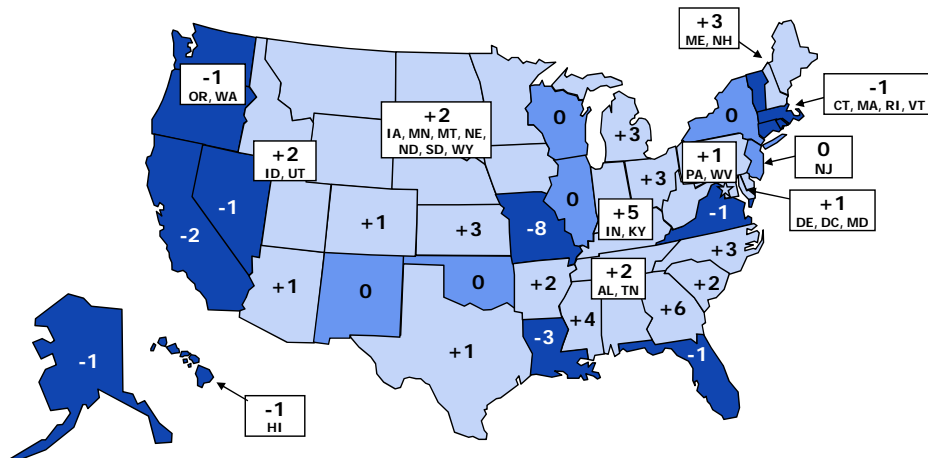


Exhibit 12

Change in Number of Benchmark Plans, By Region, 2010-2011

Net Change in Benchmark Plans Across All Regions = +25

Increase +1 to +6 (18 regions) No change (6 regions) Decrease -1 to -8 (10 regions)



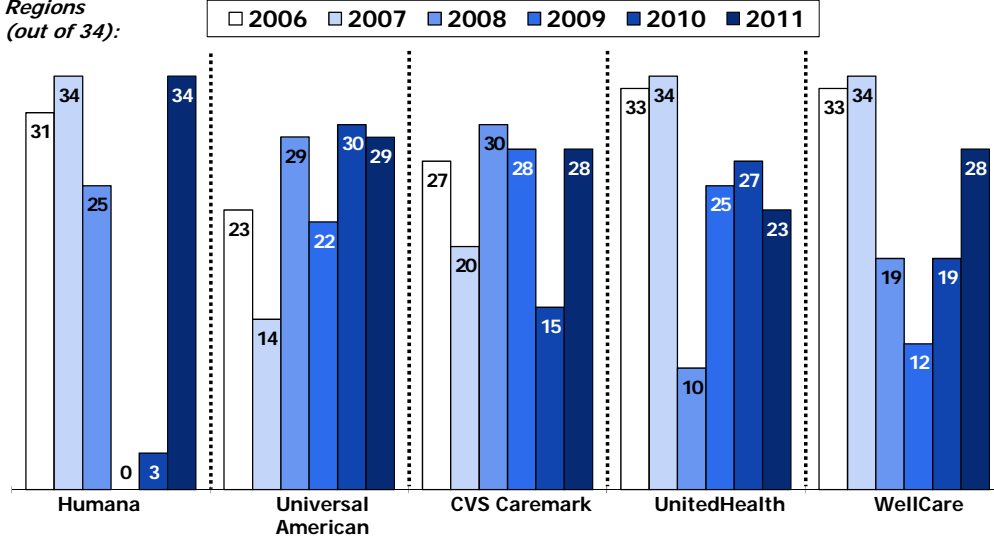
SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2010-2011, for the Kaiser Family Foundation.
NOTE: Includes PDPs offered by Aetna which were not open to new enrollees as of September 15, 2010.



Exhibit 13

Number of Benchmark Plans Offered by Five Major Part D Organizations, 2006-2011

Number of PDP Regions (out of 34):



SOURCE: Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011, for the Kaiser Family Foundation.
NOTE: Counts include combined offerings of merged organizations.



**Appendix 1:
Medicare Stand-Alone Prescription Drug Plans by State, 2006-2011**

STATE	Number of PDPs						2011 Monthly PDP Premiums			
	2006	2007	2008	2009	2010	2011	Low	High	Weighted Average	% Change 2010-2011
Alabama	41	56	53	49	46	34	\$14.80	\$110.00	\$42.75	14.3%
Alaska	27	45	47	45	41	29	\$14.80	\$119.90	\$39.79	-4.3%
Arizona	43	53	51	49	46	30	\$14.80	\$97.20	\$32.68	5.6%
Arkansas	40	58	55	52	49	34	\$14.80	\$110.10	\$41.27	11.3%
California	47	55	56	51	47	33	\$14.80	\$114.80	\$41.18	14.3%
Colorado	43	55	55	53	48	31	\$14.80	\$111.70	\$41.43	2.5%
Connecticut	44	51	51	47	48	34	\$14.80	\$120.10	\$40.59	-1.6%
Delaware	47	55	52	48	45	33	\$14.80	\$133.40	\$42.52	-0.9%
District of Columbia	47	55	52	48	45	33	\$14.80	\$133.40	\$42.52	-0.9%
Florida	43	57	58	54	49	32	\$14.80	\$119.70	\$39.27	1.3%
Georgia	42	55	54	50	45	32	\$14.80	\$117.40	\$40.50	9.5%
Hawaii	29	46	49	47	41	28	\$14.80	\$110.80	\$31.53	9.6%
Idaho	44	56	54	51	48	35	\$14.80	\$121.70	\$46.51	-0.3%
Illinois	42	56	53	49	46	35	\$14.80	\$115.20	\$37.00	-1.5%
Indiana	42	53	52	48	44	32	\$14.80	\$110.00	\$44.27	2.0%
Iowa	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
Kansas	40	53	52	48	46	33	\$14.80	\$107.50	\$45.97	7.3%
Kentucky	42	53	52	48	44	32	\$14.80	\$110.00	\$44.27	2.0%
Louisiana	39	52	50	47	45	32	\$14.80	\$107.60	\$40.58	10.0%
Maine	41	53	53	46	43	30	\$14.80	\$104.30	\$33.82	3.6%
Maryland	47	55	52	48	45	33	\$14.80	\$133.40	\$42.52	-0.9%
Massachusetts	44	51	51	47	48	34	\$14.80	\$120.10	\$40.59	-1.6%
Michigan	40	54	55	51	46	35	\$14.80	\$111.80	\$43.87	5.2%
Minnesota	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
Mississippi	38	52	49	47	45	32	\$14.80	\$108.90	\$40.23	2.2%
Missouri	41	53	52	48	45	32	\$14.80	\$113.30	\$43.15	-2.1%
Montana	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
Nebraska	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
Nevada	44	54	53	49	46	31	\$14.80	\$121.20	\$41.95	11.2%
New Hampshire	41	53	53	46	43	30	\$14.80	\$104.30	\$33.82	3.6%
New Jersey	44	57	57	52	47	33	\$14.80	\$112.80	\$40.19	1.1%
New Mexico	43	57	55	50	47	32	\$14.80	\$102.90	\$29.01	8.4%
New York	46	61	55	51	50	33	\$14.80	\$107.80	\$39.52	11.8%
North Carolina	38	51	52	49	47	33	\$14.80	\$114.00	\$45.00	4.1%
North Dakota	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
Ohio	43	60	58	49	46	34	\$14.80	\$111.50	\$37.65	-2.3%
Oklahoma	42	56	52	49	46	33	\$14.80	\$130.30	\$42.96	8.3%
Oregon	45	57	55	48	44	32	\$14.80	\$118.60	\$40.22	-0.5%
Pennsylvania	52	66	63	57	55	38	\$14.80	\$120.30	\$38.83	5.2%
Rhode Island	44	51	51	47	48	34	\$14.80	\$120.10	\$40.59	-1.6%
South Carolina	45	59	56	53	47	34	\$14.80	\$118.70	\$42.65	4.1%
South Dakota	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
Tennessee	41	56	53	49	46	34	\$14.80	\$110.00	\$42.75	14.3%
Texas	47	60	56	53	50	33	\$14.80	\$108.20	\$39.31	7.9%
Utah	44	56	54	51	48	35	\$14.80	\$121.70	\$46.51	-0.3%
Vermont	44	51	51	47	48	34	\$14.80	\$120.10	\$40.59	-1.6%
Virginia	41	53	52	48	44	32	\$14.80	\$107.30	\$41.44	0.3%
Washington	45	57	55	48	44	32	\$14.80	\$118.60	\$40.22	-0.5%
West Virginia	52	66	63	57	55	38	\$14.80	\$120.30	\$38.83	5.2%
Wisconsin	45	54	57	53	48	32	\$14.80	\$109.10	\$43.96	2.3%
Wyoming	41	53	52	48	46	33	\$14.80	\$108.30	\$41.43	-0.4%
TERRITORY										
American Samoa	1	3	4	4	3	2	\$22.80	\$97.30	\$29.83	-13.1%
Guam	1	3	4	4	3	2	\$13.50	\$72.10	\$17.40	-45.0%
Northern Mariana Islands	1	3	4	4	3	2	\$24.10	\$89.80	\$27.79	-21.6%
Puerto Rico	10	28	34	33	29	17	\$2.00	\$85.60	\$52.37	30.4%
Virgin Islands	4	6	7	7	6	4	\$20.30	\$91.50	\$26.76	4.3%

SOURCE: Kaiser Family Foundation/Georgetown/NORC analysis of CMS PDP crosswalk and landscape source files, 2006-2011.
NOTE: Weighted average premiums are based on total enrollment for 2010 for the region in which a state is located.

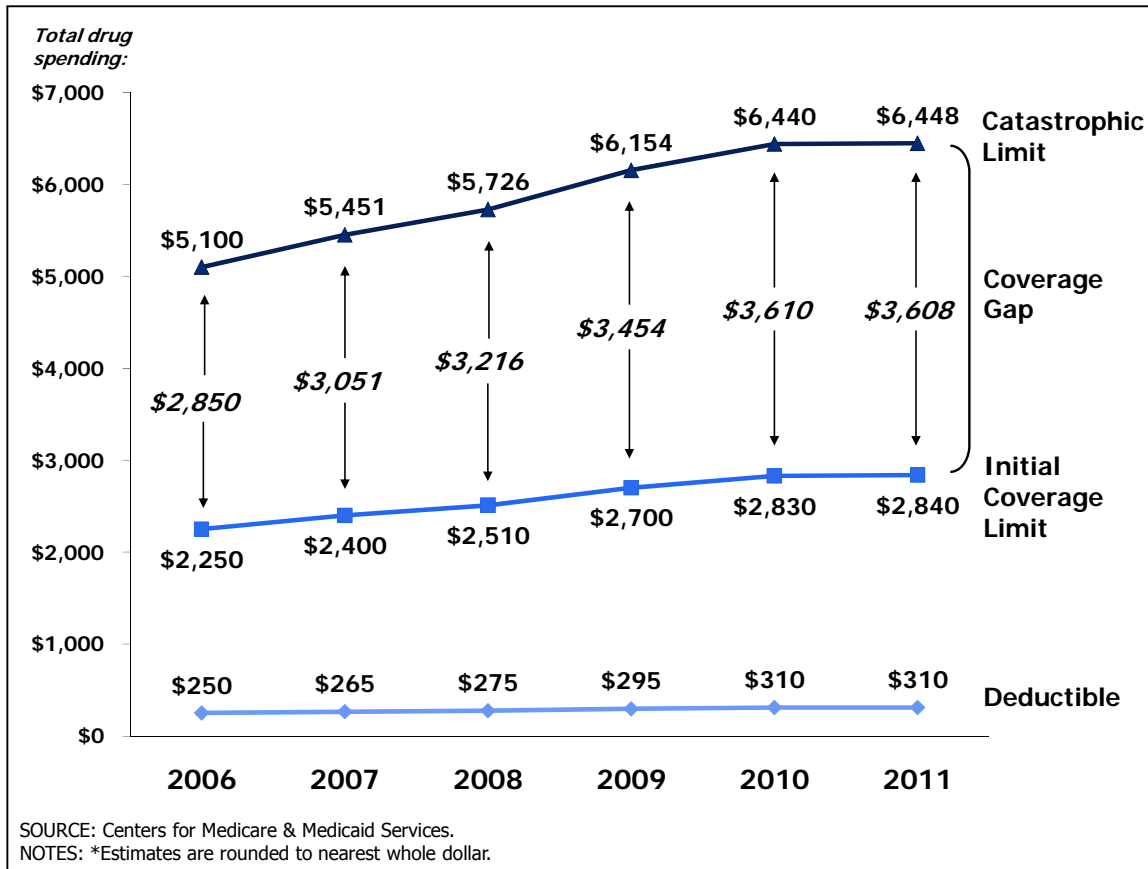
**Appendix 1 (continued):
Medicare Stand-Alone Prescription Drug Plans by State, 2006-2011**

STATE	Number of PDPs With No Coverage in the Gap						Number of PDPs Below Low-Income Subsidy Benchmark					
	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011
Alabama	35	39	38	38	37	24	9	17	15	12	9	11
Alaska	22	33	33	34	34	20	8	17	15	7	6	5
Arizona	37	38	36	37	38	21	6	10	7	2	8	9
Arkansas	34	40	39	39	39	23	13	23	18	12	15	17
California	40	41	41	39	38	22	10	14	9	6	7	5
Colorado	36	40	39	40	39	21	10	19	12	8	6	7
Connecticut	37	36	36	35	38	23	11	20	14	12	13	12
Delaware	41	39	37	36	36	22	15	21	18	11	11	12
District of Columbia	41	39	37	36	36	22	15	21	18	11	11	12
Florida	35	41	40	39	39	21	6	10	8	5	5	4
Georgia	35	39	39	38	36	21	14	21	18	11	8	14
Hawaii	24	34	34	35	32	19	8	18	10	5	7	6
Idaho	38	40	39	39	39	24	14	20	14	9	9	11
Illinois	36	40	38	37	37	23	15	23	19	12	10	10
Indiana	35	37	37	36	35	21	13	19	17	12	9	14
Iowa	34	38	36	36	37	22	14	20	16	9	8	10
Kansas	33	37	37	36	37	22	11	20	17	10	9	12
Kentucky	35	37	37	36	35	21	13	19	17	12	9	14
Louisiana	33	37	36	36	37	22	11	12	10	7	13	10
Maine	35	37	37	34	35	20	14	21	18	5	4	7
Maryland	41	39	37	36	36	22	15	21	18	11	11	12
Massachusetts	37	36	36	35	38	23	11	20	14	12	13	12
Michigan	34	39	39	38	37	24	14	26	17	11	9	12
Minnesota	34	38	36	36	37	22	14	20	16	9	8	10
Mississippi	32	37	35	36	37	22	12	21	15	13	10	14
Missouri	34	37	37	36	36	21	10	15	13	6	13	5
Montana	34	38	36	36	37	22	14	20	16	9	8	10
Nebraska	34	38	36	36	37	22	14	20	16	9	8	10
Nevada	37	38	38	37	38	21	7	9	5	1	5	4
New Hampshire	35	37	37	34	35	20	14	21	18	5	4	7
New Jersey	38	40	39	39	37	22	14	20	18	7	6	6
New Mexico	37	40	39	38	39	22	8	14	11	7	8	8
New York	40	44	40	39	41	23	15	16	15	9	11	11
North Carolina	31	36	36	36	37	22	13	21	17	11	8	11
North Dakota	34	38	36	36	37	22	14	20	16	9	8	10
Ohio	36	43	41	37	37	22	10	22	15	6	5	8
Oklahoma	35	40	37	37	37	22	12	20	13	8	10	10
Oregon	39	40	38	36	35	21	15	20	15	7	9	8
Pennsylvania	44	47	46	44	44	25	15	26	18	9	11	12
Rhode Island	37	36	36	35	38	23	11	20	14	12	13	12
South Carolina	39	43	41	41	38	23	16	26	20	15	13	15
South Dakota	34	38	36	36	37	22	14	20	16	9	8	10
Tennessee	35	39	38	38	37	24	9	17	15	12	9	11
Texas	41	43	40	40	40	22	16	19	15	14	11	12
Utah	38	40	39	39	39	24	14	20	14	9	9	11
Vermont	37	36	36	35	38	23	11	20	14	12	13	12
Virginia	35	37	37	36	35	21	16	21	17	13	11	10
Washington	39	40	38	36	35	21	15	20	15	7	9	8
West Virginia	44	47	46	44	44	25	15	26	18	9	11	12
Wisconsin	36	38	40	39	37	20	14	21	16	16	10	10
Wyoming	34	38	36	36	37	22	14	20	16	9	8	10
TERRITORY												
American Samoa	1	2	3	3	2	1	N/A	N/A	N/A	N/A	N/A	N/A
Guam	1	2	3	3	2	1	N/A	N/A	N/A	N/A	N/A	N/A
Northern Mariana Islands	1	2	3	3	2	1	N/A	N/A	N/A	N/A	N/A	N/A
Puerto Rico	9	21	22	22	21	11	N/A	N/A	N/A	N/A	N/A	N/A
Virgin Islands	4	4	5	5	4	3	N/A	N/A	N/A	N/A	N/A	N/A

SOURCE: Kaiser Family Foundation/Georgetown/NORC analysis of CMS PDP landscape source files, 2006-2011.

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% 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, 2006-2011*



This publication (#8107) is available on the Kaiser Family Foundation's website at www.kff.org.