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Medicare Part D

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2016 Medicare Part D Plan's Negotiated Retail Drug Price

Below you will find the average negotiated retail prescription drug price for your chosen Medicare Part D or Medicare Advantage plan, along with, [tier cost-sharing details](#), [your estimated cost for purchases during each coverage phase](#), [tier cost-sharing details and your costs with explanations](#), and [plan's retail drug price history](#).

Return to the Alliance Medicare PPO (PPO) 2016 Formulary Browser by choosing a letter below:

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- [MI's 2016 Plan Highlights](#)
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2016 Medicare Part D Prescription Drug Price Information

Alliance Medicare PPO (PPO) (H2322-008-0)

Benefits & Contact Info    

Monthly Premium: **\$126.00** Deductible: **\$0** ICL: **\$3,310**

KERYDIN 5% TOPICAL SOLUTION 

Plan's average negotiated retail drug price in
Genesee, MI: CMS MA Region 11, **\$557.76*** 30-Day Supply
includes: MI **\$1,617.99*** 90-Day Supply

3/22/2016

- [Part D Plan Change in 2016?](#)

- [MA-Compare: Review Changes in each 2015 Medicare Advantage Plan for 2016](#)

- [Find a 2016 Medicare Part D Plan \(PDP-Finder: Rx Only\)](#)

- [Find a 2016 Medicare Advantage Plan \(Health and Health w/Rx Plans\)](#)

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- [Find a 2016 Medicare Part D or Medicare Advantage Plan by Drug](#)

- [2016 Part D Plan \(PDP\) Overview by State](#)

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- [Medicare Star Quality Ratings 2016](#)

- [Guided Help Finding a 2016 Medicare Prescription Drug Plan](#)

- [2016 Part D Plan - Quick Search](#)

- [Search for 2016 Medicare Plans by Plan ID](#)

- [Search for 2016 Medicare Plans by Formulary ID](#)

- [2016 PDP-Planner & Donut Hole Calculator](#)

- [2016 Cost Estimator](#)

2016 MI Retail Drug Price Details

Does this plan offer any Gap Coverage? No Gap Coverage

Does this Drug have Gap Coverage? No, this drug **IS NOT** covered in the gap, but all drugs receive the [donut hole discount](#).

Drug Usage Management Restrictions: Prior Authorization

Formulary (Drug List) Tier Cost-Sharing Details

30-Day Supply Cost-Sharing			90-Day Supply Cost-Sharing		
Preferred Pharmacy	Non-Preferred	Mail-Order	Preferred Pharmacy	Non-Preferred	Mail-Order
This plan does not have an Initial Deductible:					
N/A	N/A	N/A	N/A	N/A	N/A
Initial Coverage Phase Cost-Sharing:					
33%	33%	33%	33%	33%	33%
Coverage Gap Phase Cost-Sharing Incl. Donut Hole Discount (Brand 55%):					
45%	45%	45%	45%	45%	45%
Catastrophic Coverage Phase Cost-Sharing for Other Drugs (Brand-Name or Non-Preferred Multi-Source Drugs):					
The greater of 5% or \$7.40			The greater of 5% or \$7.40		
Your Estimated Cost for Purchases During Each Coverage Phase (brands)					
30-Day Supply Cost-Sharing			90-Day Supply Cost-Sharing		
Preferred Pharmacy	Non-Preferred	Mail-Order	Preferred Pharmacy	Non-Preferred	Mail-Order
Est. Cost Initial Coverage Phase:					
\$184.06	\$184.06	\$184.06	\$533.94	\$533.94	\$533.94
Your Est. Cost in Coverage Gap Using the Brand-Name Drug Discount (55%):					
\$250.99	\$250.99	\$250.99	\$728.10	\$728.10	\$728.10
Your Estimated Cost in Catastrophic Coverage (Brand-Name or Non-Preferred Multi-Source Drugs):					
\$27.89	\$27.89	\$27.89	\$80.90	\$80.90	\$80.90
Tier Cost-Sharing Details and Your Costs with Explanations					
30-Day Supply Cost-Sharing			90-Day Supply Cost-Sharing		
Preferred Pharmacy	Non-Preferred	Mail-Order	Preferred Pharmacy	Non-Preferred	Mail-Order
--- If you purchase during the Initial Deductible Phase ---					
This plan does not have an Initial Deductible:					
N/A	N/A	N/A	N/A	N/A	N/A

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2016 MI Retail Drug Price Details

- [Plan \(PDP\) Benefit Details](#)
- [2016 Medicare Advantage Plan Benefit Details](#)
- [2017 Medicare Part D Plan Information](#)
- [Medicare Star Quality Ratings](#)
- [Medicare.gov Tutorial](#)
- [The Basics of Medicare Part D](#)
- [How Part D Plans Work](#)
- [The Donut Hole and Beyond](#)
- [Doughnut Hole Calculator](#)
- [Out-of-Pocket Cost Estimator](#)
- [Which Drugs are Covered?](#)
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- [Understanding Your Explanation of Benefits](#)
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- [Medicare Advantage Plans](#)

	33%	33%	33%	33%	33%	33%
Est. Cost Initial Coverage Phase:	\$184.06	\$184.06	\$184.06	\$533.94	\$533.94	\$533.94
Explanation for 30-Day Preferred Pharmacy purchase:						
The cost-sharing for purchases made during the initial coverage phase (ICP) would be \$184.06 or (\$557.76 x 33%).						
--- If you purchase during the Coverage Gap Phase (Donut Hole) ---						
Your Est. Cost in Coverage Gap Using the Brand-Name Drug Discount (55%):						
	\$250.99	\$250.99	\$250.99	\$728.10	\$728.10	\$728.10
Explanation for 30-Day Preferred Pharmacy purchase:						
Your costs is the negotiated retail price of \$557.76 x 45%.						
--- If you purchase during the Catastrophic Coverage Phase ---						
Catastrophic Coverage Phase Cost-Sharing for Other Drugs (Brand-Name or Non-Preferred Multi-Source Drugs):						
	The greater of 5% or \$7.40			The greater of 5% or \$7.40		
Your Estimated Cost in Catastrophic Coverage (Brand-Name or Non-Preferred Multi-Source Drugs):						
	\$27.89	\$27.89	\$27.89	\$80.90	\$80.90	\$80.90
Explanation for 30-Day Preferred Pharmacy purchase:						
In the catastrophic coverage phase, you will pay the greater of 5% of the retail drug price or the minimum cost-share of \$7.40. Calculating 5% of \$557.76 = \$27.89. Since \$27.89 is more than \$7.40, you would pay \$27.89 for this drug at any pharmacy, because it is not a generic or preferred multi-source drug.						

Alliance Medicare PPO (PPO) Average Negotiated Retail Drug Price History

	30-Day Supply	90 Day Supply
January, 2016:	\$557.76	\$1,617.99
September, 2015:	\$509.54	\$1,477.81
June, 2015:	N/A	N/A
April, 2015:	N/A	N/A
January, 2015:	N/A	N/A
September, 2014:	N/A	N/A
June, 2014:	N/A	N/A
March, 2014:	N/A	N/A
January, 2014:	N/A	N/A
October, 2013:	N/A	N/A
January, 2013:	N/A	N/A
April, 2012:	N/A	N/A

PDP-Facts & Guide to CMS, S Medica



[2016 Medicare Advantage Plan Benefit Details](#)

[Find a 2016 Medicare Advantage Plan by Drug Costs](#)

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*The plan's Average Retail Drug Price is based on three things: (1) the medication, (2) the specific Medicare Part D plan, and (3) the pharmacies in the plan's service area. In this case, the average of the KERYDIN 5% TOPICAL SOLUTION prices that the Alliance Medicare PPO (PPO) has negotiated with each of the retail pharmacies in the plan's service area (in Genesee, MI: CMS MA Region 11, includes: MI). In other words, when you use the Alliance Medicare PPO (PPO) to purchase KERYDIN 5% TOPICAL SOLUTION, you may pay slightly more or slightly less than the figures shown in the table above depending on the pharmacy where you fill your prescription.

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Chart Legend:

What does all this mean? Below are a few notes to help you understand the above 2016 Medicare Part D Alliance Medicare PPO (PPO) Plan Formulary.

It's gone. [Undo](#)

What was wrong with this ad?

- Not interested
- Already purchased
- Repetitive

Google

- **Plan Name:** This is the official Medicare Part D prescription drug plan name from the Centers for Medicare and Medicaid Services (CMS). The same Medicare Part D plan name generally has a different Plan ID in each state (or CMS Region).
- **Monthly Premium:** This is the amount you must pay each month for this

- **Deductible:** If your Part D plan has an initial deductible, you are 100% responsible for your drug costs until your expenses exceed this value and you begin your Initial Coverage Phase. Many Medicare Part D plans use the standard \$360 deductible as provided by CMS in their Standard plan design. Some Part D plan providers offer an initial deductible lower than the Standard deductible. Many prescription drug plans do not have a deductible (also called first dollar coverage or a \$0 deductible), however the monthly premium for a plan with a \$0 deductible may be slightly higher.

- **Qualifies for LIS:** The Extra Help or Low Income Subsidy (LIS) Program.
 - **Yes** - This plan qualifies for the \$0 Premium for those persons with a full LIS or Extra Help benefit. Persons on the LIS program who select a qualifying plan will also pay a \$0 deductible, pay lower cost-sharing payments and have coverage through the Coverage Gap or Doughnut Hole.

 - **No** - This plan does not qualify for the \$0 Premium for persons with the full LIS benefit.

- **Plan ID:** This is the Medicare Part D prescription drug plan's unique ID.

- **Drug Tier Information** - Drug Tiers are the logical grouping of prescription drugs on a Part D plan formulary. These fields represent the Tier (or drug list group) - for this particular medication - on this particular plan's Formulary or Drug List.
 - **Tier Number** - This is the actual numerical tier level from the formulary. Most Part D plans have four (4) tiers 1=Preferred Generics, 2=Preferred Brands, 3=Non-preferred Brands and Generics, 4=Specialty Drugs.
 - **Drug Description** - This is the Medicare Part D plan's description of this particular drug tier.

- **Cost Sharing** - Copay / Coinsurance - These figures apply to the initial coverage phase of your plan. This is the phase after the initial deductible has been met and before you reach the Coverage Gap (Donut Hole). Plans often cover drugs in "tiers". Tiers are specific to the list of drugs covered by the plan. Plans may have several tiers, and the copay for a drug depends on which tier the drug is in. The drug Tier is shown to the left of this column. These cost sharing figures DO NOT necessarily apply to the Coverage Gap. The plan may have a separate copay/coinsurance for the same drug while in

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