

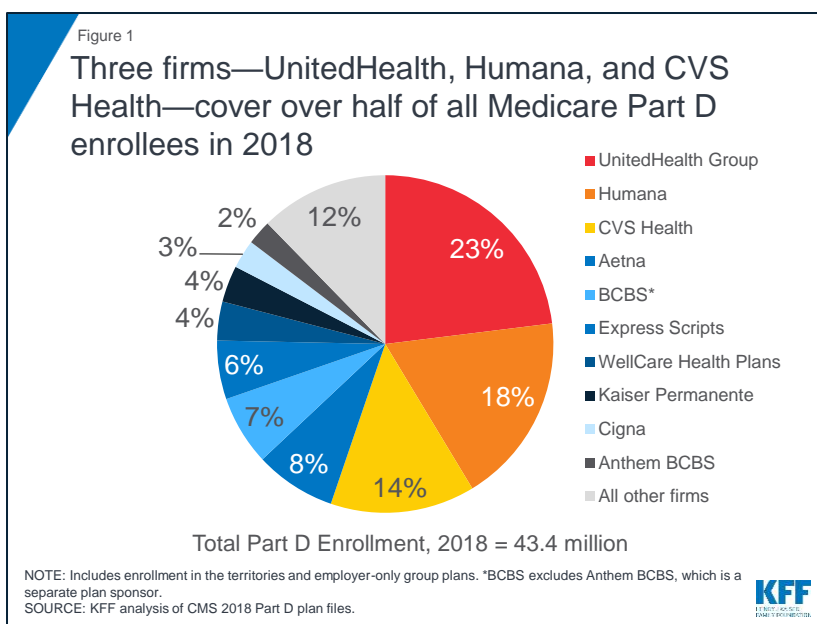
Medicare Part D in 2018: The Latest on Enrollment, Premiums, and Cost Sharing

Juliette Cubanski, Anthony Damico, and Tricia Neuman

Summary

This analysis presents findings on Medicare Part D enrollment, premiums, and cost sharing in 2018 and key trends over time, based on data from the Centers for Medicare & Medicaid Services (CMS).

- **Enrollment:** In 2018, 43 million of the 60 million people with Medicare have prescription drug coverage under a Medicare Part D plan; most (58%) are covered under a stand-alone prescription drug plan (PDP) but a growing share (42% in 2018) are in Medicare Advantage prescription drug plans (MA-PDs), which also provide other Medicare-covered benefits. More than 12 million Part D enrollees receive premium and cost-sharing assistance through the Part D Low-Income Subsidy (LIS) program.
 - Three firms—UnitedHealth, Humana, and CVS Health—account for over half (55%) of all Part D (PDP and MA-PD) enrollees in 2018 (**Figure 1**).
- **Premiums:** Monthly Part D PDP premiums average \$41 in 2018, but premiums vary widely among the most popular PDPs, ranging from \$20 per month for Humana Walmart Rx to \$84 per month for AARP Medicare Rx Preferred. Overall, average monthly PDP premiums increased by a modest 2 percent in 2018.
- **Deductibles:** More than 4 in 10 PDP and MA-PD enrollees are in plans that charge no Part D deductible, but a larger share of PDP enrollees than MA-PD enrollees are in plans that charge the standard deductible amount of \$405 in 2018.
- **Cost sharing for generics and brands:** Most Part D enrollees face modest cost-sharing amounts for generic drugs but can face much higher cost sharing for brands and non-preferred drugs, and a mix of copayments and coinsurance for different formulary tiers. For example, for PDP enrollees, median cost sharing ranges from \$1 for preferred generics to \$37 for preferred brands, and a 40% coinsurance rate for non-preferred drugs.
- **Specialty drugs:** More than 4 in 10 Part D enrollees are in plans that charge 33 percent coinsurance for specialty tier drugs, defined by CMS as drugs that cost at least \$670.



Findings

Enrollment

More than 43 million Medicare beneficiaries, or 72 percent of all Medicare beneficiaries nationwide, are enrolled in Part D plans.

This total includes plans open to everyone and employer-only group plans for retirees of a former employer or union (**Figure 2**). Most Part D enrollees (58 percent) are in stand-alone prescription drug plans (PDPs), but a rising share (42 percent in 2018, up from 28 percent in 2006) are in Medicare Advantage prescription drug plans (MA-PDs), reflecting overall enrollment growth in Medicare Advantage.

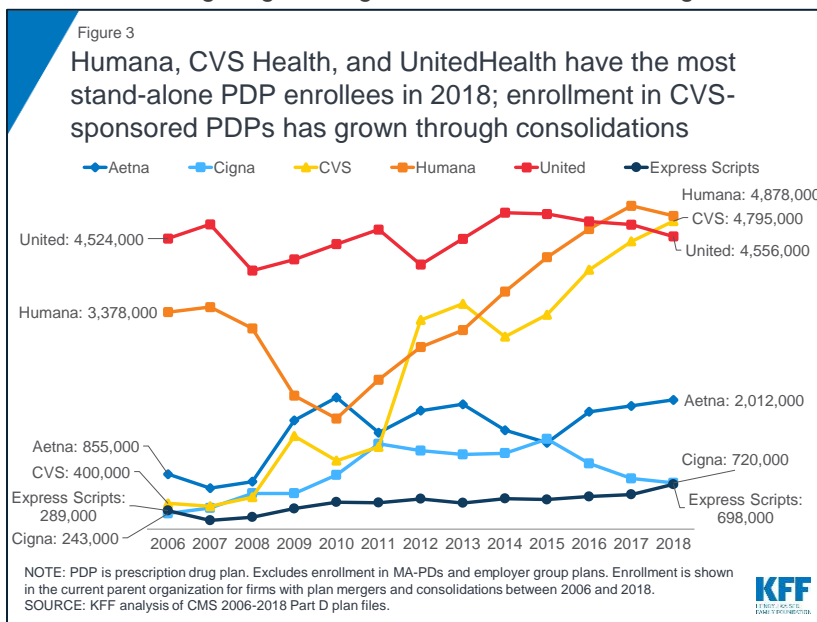
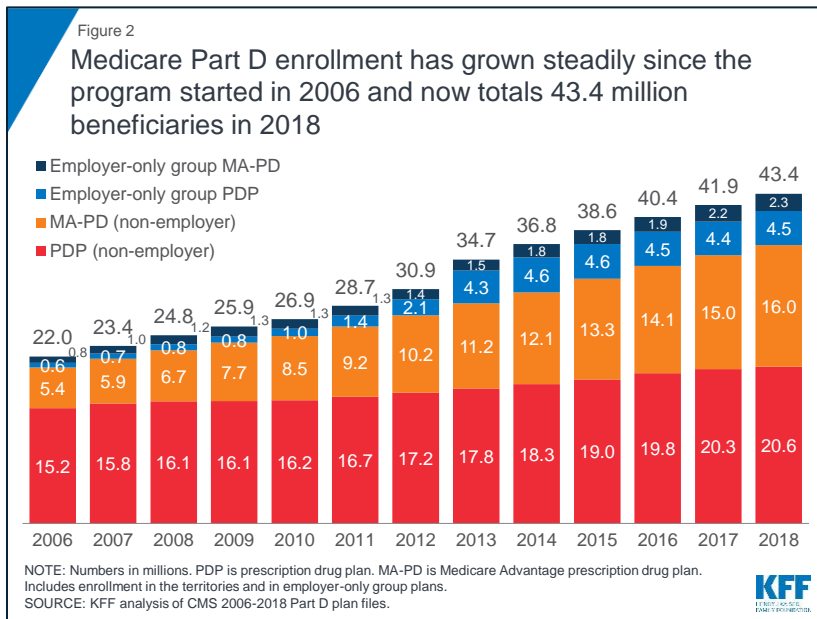
In 2018, three Part D sponsors account for more than half of all Part D enrollees and two-thirds of all PDP enrollees.

UnitedHealth, Humana, and CVS Health cover more than half (55%) of all beneficiaries enrolled in Part D in 2018, and two-thirds (67%) of all stand-alone PDP enrollees (**Table 1**). UnitedHealth and Humana have had large market shares since the program began, while enrollment in CVS Health has grown over time through acquisition of other plan sponsors (**Figure 3**).

The proposed mergers of CVS Health and Aetna, and Cigna and Express Scripts would result in further consolidation of the Part D marketplace. If these mergers go through, four firms—the two merged firms plus UnitedHealth and Humana—would cover 71 percent of all Part D enrollees and 86 percent of stand-alone drug plan enrollees, based on 2018 enrollment.

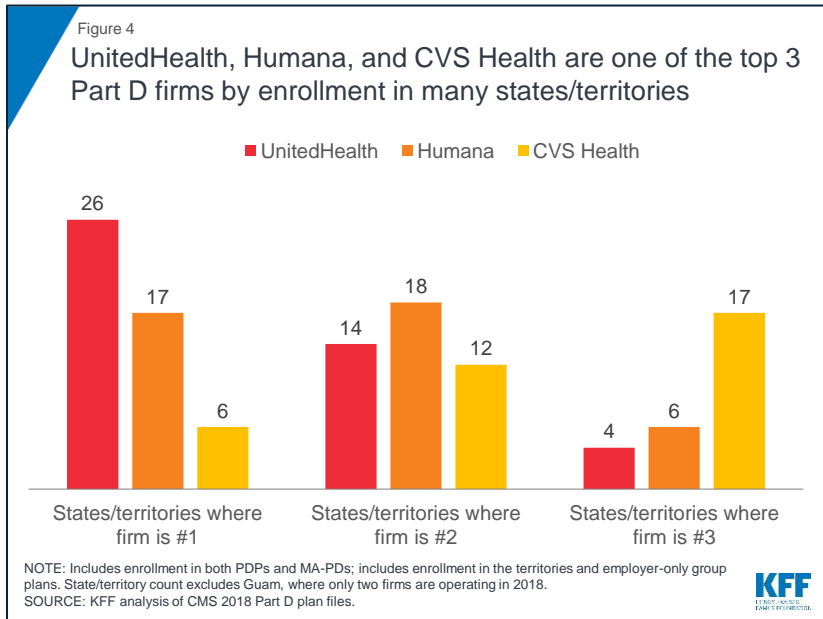
The ten largest sponsors of Part D plans account for nearly 90 percent of all enrollment.

UnitedHealth has maintained the top position since the Part D program started, and in 2018 provides coverage to nearly one quarter of Part D enrollees, when PDP and MA-PD enrollment is combined (**Table 1**). Among all plan sponsors, UnitedHealth has the most MA-PD enrollees in 2018, while CVS Health has the most PDP enrollees.



At the state level, UnitedHealth is the top firm in terms of 2018 Part D enrollment in 26 states and territories, and is one of the top 3 firms in 44 states/territories (**Figure 4, Table 2**). Humana is the top firm in 17 states/territories, and is one of the top 3 firms in 41 states/territories.

CVS Health, which sponsors PDPs but not MA-PDs, is the top Part D firm in only 6 states/territories, but is among the top 3 firms in 35. Together, three firms—UnitedHealth, Humana, and CVS Health—occupy all of the top 3 spots in terms of Part D 2018 enrollment in 19 states and territories (in varying orders).

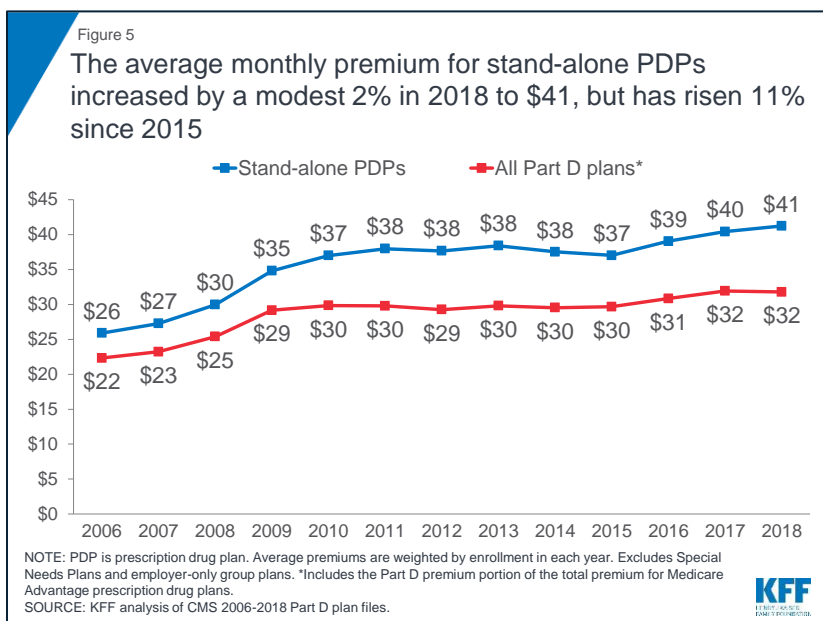


Among PDPs, at the plan level, SilverScript Choice PDP (sponsored by CVS Health) has the most enrollees in 2018, covering more than 1 in 10 Part D enrollees, or 4.6 million (**Table 3**). This total is nearly double that of the second most popular plan, AARP MedicareRx Preferred (sponsored by UnitedHealth), with 2.6 million enrollees.

PREMIUMS

PDP premiums have risen modestly in recent years; for 2018, the average PDP premium is \$41 per month.

PDP enrollees are in plans with an average monthly premium of \$41 in 2018, a modest 2 percent increase over 2017 but up by 11 percent since 2015 (**Figure 5**). The combined average Part D premium for PDP and MA-PD enrollees is \$32 in 2018. This is lower than the average for PDPs due in part to the ability of MA-PD sponsors to use rebate dollars from Medicare payments for benefits covered under Parts A and B to lower their Part D premiums. The average MA-PD premium is \$34 in 2018, which includes Part D and other benefits.



Premiums for 7 of the 10 most popular PDPs increased in 2018, and continue to vary widely across plans.

Monthly premiums for 2 of the 10 largest PDPs--AARP MedicareRx Preferred and Humana Enhanced—increased by more than \$10 in 2018 (Figure 6). Premium decreases among the top PDPs were generally of a smaller magnitude; for example, the average monthly premium for SilverScript Choice, the PDP with the most enrollees, fell by \$3.

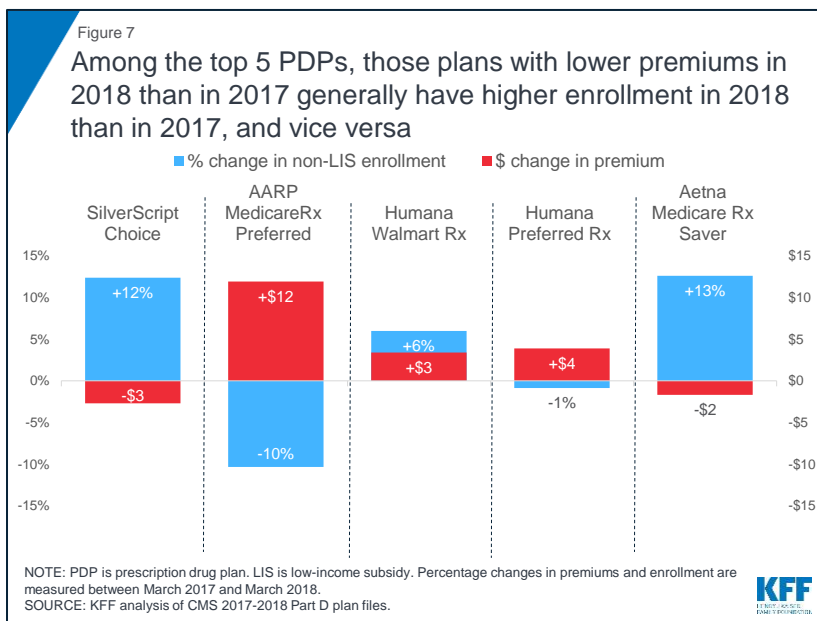
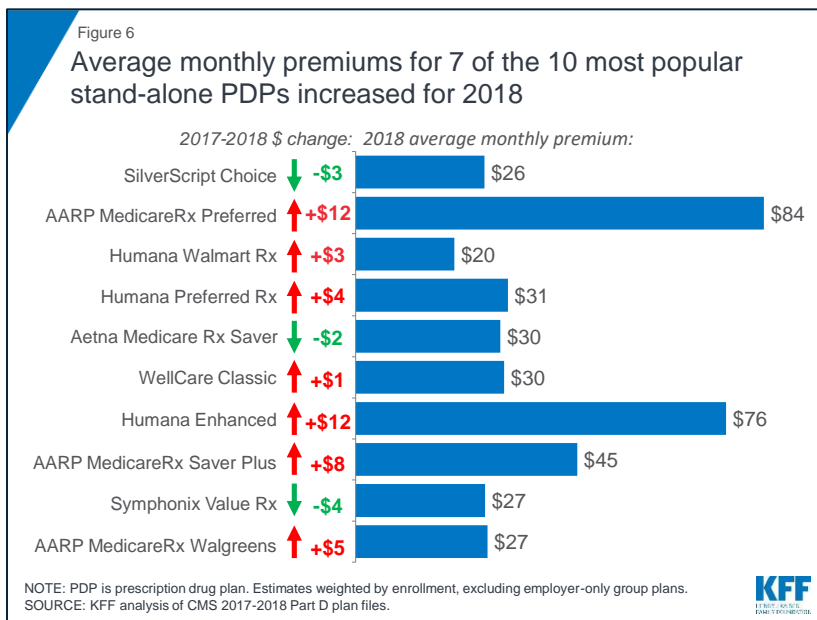
Monthly premiums in 2018 vary widely among the most popular PDPs. Premiums range from \$20 per month for Humana Walmart Rx to four times more—\$84 per month—for AARP Medicare Rx Preferred.

Among the top 5 PDPs, those plans with lower premiums in 2018 than in 2017 generally have higher enrollment in 2018 than in 2017, and vice versa.

Among several of the top PDPs, there appears to be an inverse relationship between premium changes from 2017 to 2018 and the year-to-year change in voluntary enrollment among enrollees who are not receiving low-income subsidies (LIS). (Low-income enrollees may be reassigned automatically in response to premium increases under certain circumstances.)

For example, the monthly premium for SilverScript Choice fell by \$3 for 2018 (from \$29 to \$26), and its non-LIS enrollment increased by 12 percent between 2017 and 2018 (Figure 7). By contrast, the premium for AARP MedicareRx Preferred increased by \$12 for 2018 (from \$72 to \$84), and its non-LIS enrollment decreased by 10 percent between 2017 and 2018.

These enrollment changes take into account both enrollment of new Part D enrollees and plan changes by current enrollees. The one exception to this inverse relationship among the top 5 PDPs was Humana Walmart Rx, which experienced a 6 percent increase in enrollment despite a \$3 premium increase for 2018 (from \$17 to \$20). This could be related to the fact that, despite its premium increase for 2018, the Humana Walmart Rx PDP is among the lowest-premium PDPs available in almost all regions in 2018; while some PDPs have lower premiums, they are not available nationwide.



DEDUCTIBLES AND COST SHARING

In 2018, more than 4 in 10 Part D enrollees are in plans that charge no deductible for drug coverage.

While more than 4 in 10 PDP and MA-PD enrollees (45%) are in plans that charge no deductible, a larger share of PDP enrollees than MA-PD enrollees are in plans charging the standard deductible amount of \$405 in 2018 (46% and 3%, respectively), while a larger share of MA-PD enrollees than PDP enrollees face a partial deductible amount (**Table 4**). As a result, the weighted average Part D deductible is higher among PDP enrollees than MA-PD enrollees in 2018 (\$213 and \$129, respectively).

Cost Sharing for Generic Drugs

Around 2 in 10 Part D enrollees have a \$0 copayment for preferred generics, but many pay \$10 or more for other (non-preferred) generics.

In 2018, 19 percent of PDP enrollees and 24 percent of MA-PD enrollees have a \$0 copayment for preferred generics (**Figure 8**). Median cost sharing for preferred generics is \$1 for PDP enrollees and \$3 for MA-PD enrollees in 2018, a reduction from earlier years (**Table 5**).

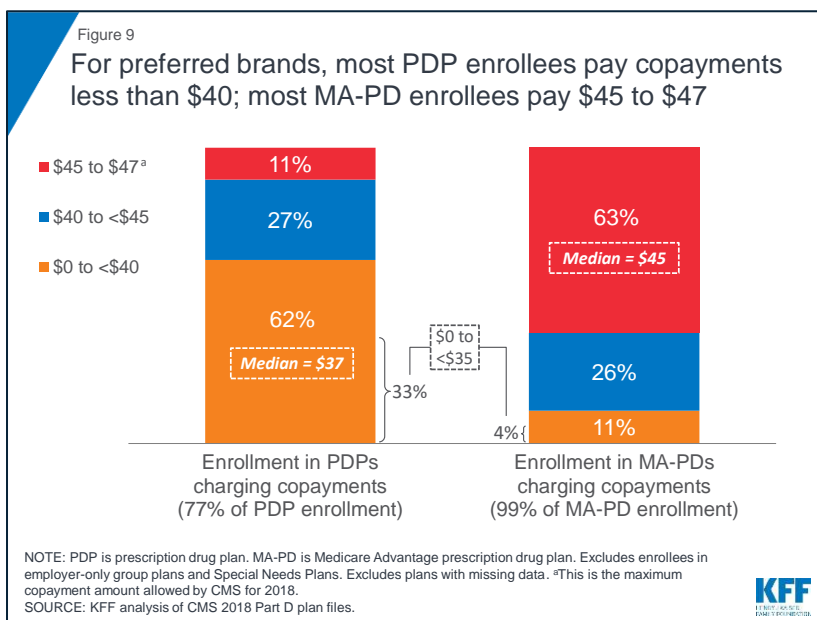
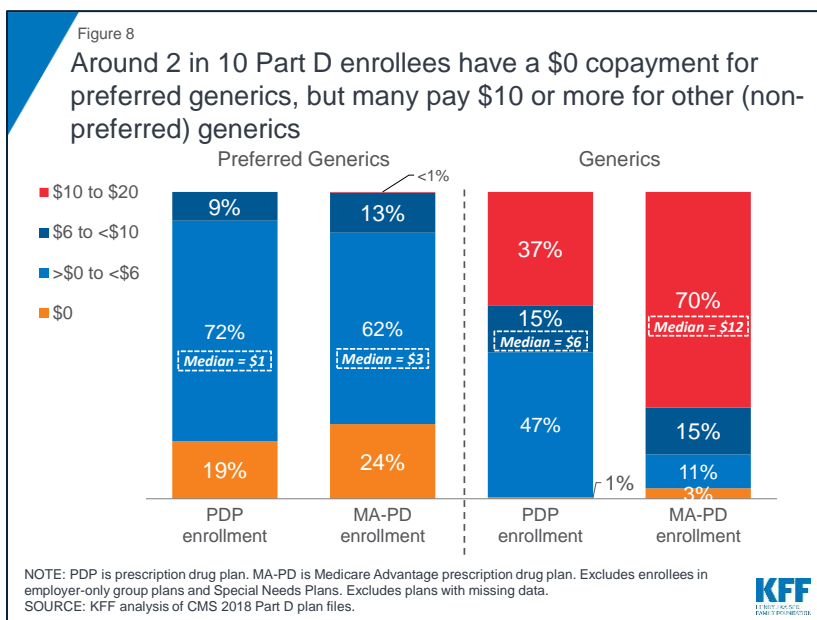
For drugs on the second (non-preferred) generic tier—a tier that became common in 2012—median cost sharing is \$6 for PDPs and \$12 for MA-PDs.

Nearly 4 in 10 PDP enrollees (37%) and 70 percent of MA-PD enrollees pay between \$10 and \$20 for generics on this tier.

Cost Sharing for Brand-Name Drugs

For preferred brands, most PDP enrollees pay copayments less than \$40; most MA-PD enrollees pay \$45 to \$47.

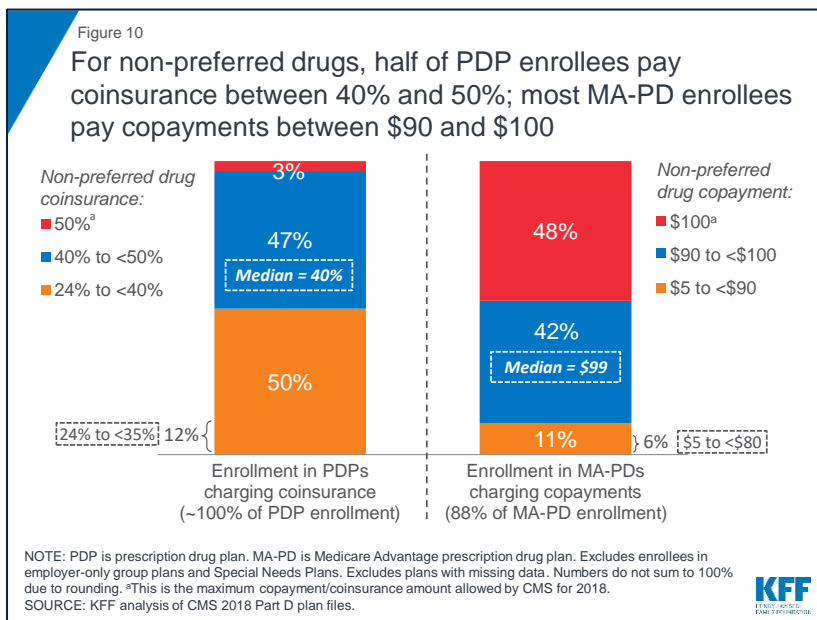
The vast majority of Part D plans (both PDPs and MA-PDs) charge copayments for preferred brand-name drugs rather than coinsurance. Among Part D enrollees in plans that use copayments for preferred brands, enrollees typically face lower copayments in PDPs than MA-PDs (**Figure 9**). Nearly two-thirds of PDP enrollees (62%) are in plans charging less than \$40 for these



drugs, while a similar share of MA-PD enrollees (63%) are in plans charging at least \$45. Median cost sharing for preferred brands in 2018 is \$37 for PDP enrollees and \$45 for MA-PD enrollees.

For non-preferred drugs, half of PDP enrollees pay coinsurance between 40% and 50%; most MA-PD enrollees pay copayments between \$90 and \$100.

For non-preferred drugs (or non-preferred brands; 5-tier plans use one or the other), nearly all PDP enrollees pay a coinsurance rate, whereas most MA-PD enrollees pay a copayment amount. Half of PDP enrollees pay coinsurance of 40 percent or more for non-preferred drugs, while among MA-PD enrollees in plans charging copayments for non-preferred drugs, most (89%) pay between \$90-\$100 (**Figure 10**).



Whether one group of enrollees faces higher average out-of-pocket costs than the other for non-preferred drugs cannot be assessed because of the different approaches to cost sharing that each plan type uses; in particular, the actual out-of-pocket cost that PDP enrollees face who pay coinsurance for non-preferred drugs depends on the list price of the drug.

Cost Sharing for Specialty Drugs

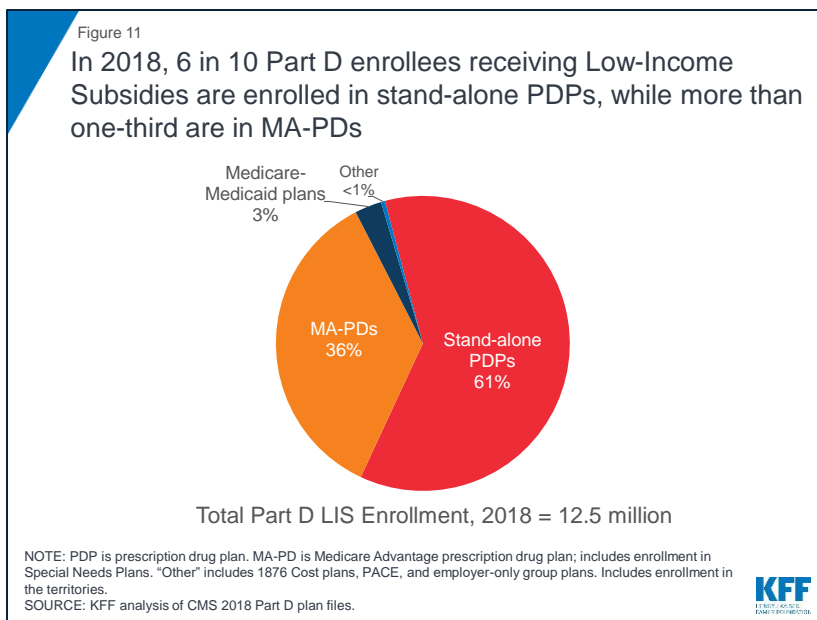
More than 4 in 10 Part D enrollees are in plans charging 33 percent coinsurance for specialty tier drugs.

Close to half of PDP enrollees (45%) and more than 4 in 10 MA-PD enrollees (42%) are in plans that charge the maximum 33 percent coinsurance rate for specialty drugs, defined by CMS as those that cost at least \$670 per month (Table 4). Only those plans that waive some or all of the standard deductible are permitted to set the specialty tier coinsurance rate above 25 percent.

LOW-INCOME SUBSIDIES

Three in 10 Part D enrollees receive additional subsidies for Part D coverage through the Low-Income Subsidy program.

More than 12 million Part D enrollees (29%) receive low-income subsidies (**Figure 11**). These additional financial subsidies, also called “Extra Help,” pay Part D premiums for



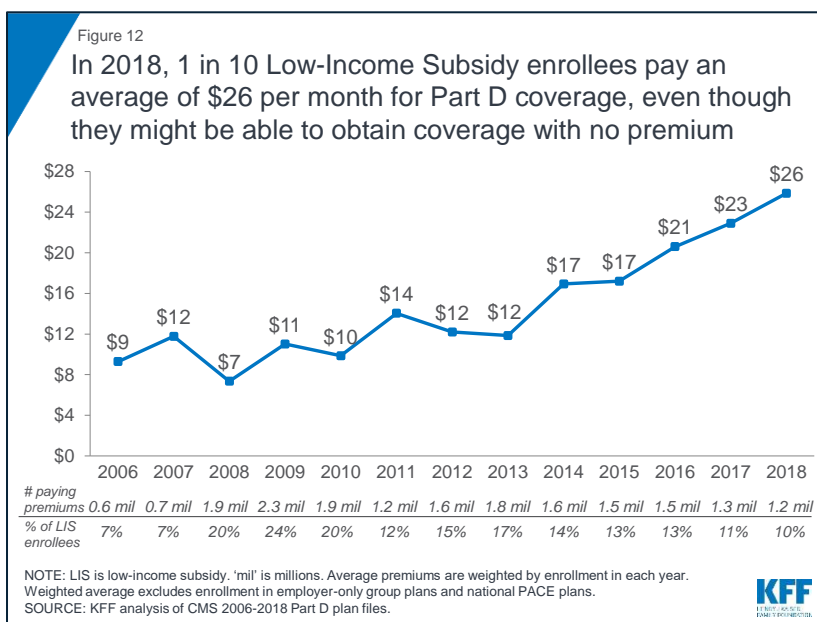
eligible beneficiaries, as long as they enroll in PDPs designated as premium-free “benchmark” plans, and also reduces cost sharing. Six in 10 low-income subsidy (LIS) enrollees (61%, or 7.6 million) are enrolled in stand-alone PDPs. The other 4.9 million LIS enrollees are in standard MA-PDPs, Medicare Advantage Special Needs Plans (SNPs), Medicare-Medicaid plans participating in financial alignment demonstrations, cost plans, or PACE plans.

More than 1 million LIS beneficiaries pay premiums for Part D coverage, even though they may be able to obtain coverage with no premium, either through a benchmark PDP or through a zero-premium MA-PD.

In 2018, 1.2 million LIS beneficiaries (10% of all LIS beneficiaries) pay a premium for Part D coverage, even though they may be able to obtain coverage without paying a premium. This total includes 0.9 million PDP enrollees who are not enrolled in benchmark PDPs, and more than 0.3 million MA-PD enrollees who are enrolled in MA-PDPs that charge a premium. MA-PDPs are not designated as benchmark plans by CMS, although most of the LIS enrollees in MA-PDPs are currently enrolled in zero-premium plans.

CMS reassigns some LIS beneficiaries in PDPs to a premium-free PDP during open enrollment if their previous PDP loses benchmark status and charges a premium. But other LIS enrollees are not reassigned by CMS because they have actively selected the plan they are in, whether it is a PDP or an MA-PD.

On average, the 1.2 million LIS beneficiaries paying Part D premiums in 2018 pay \$26 per month, or more than \$300 per year (Figure 12). This amount is up 13 percent from 2017 and is nearly three times the amount in 2006.



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Methodology

This analysis focuses on the Medicare Part D marketplace in 2018 and trends over time. Data on Part D plan availability, enrollment, and premiums were collected primarily from a set of data files released by the CMS on a regular basis:

- Part D plan landscape files, released each fall prior to the annual enrollment period. These files include basic plan characteristics, such as plan names, premiums, deductibles, gap coverage, and benchmark plan status.
- Part D plan and premium files, released each fall. These files include more detail on plan characteristics, including premiums charged to LIS beneficiaries, the portions of the premiums allocated to the basic and enhanced benefits, and the separate drug premiums for MA-PDs.
- Part D plan crosswalk files, released each fall. These files identify which plans are matched up when a plan sponsor changes its plan offerings from one year to the next.
- Part D contract/plan/state/county level enrollment files, released on a monthly basis. These files include total enrollment by contract and plan at the state and county level. We use March enrollment counts for enrollment-weighted analysis in this report. Enrollment files suppress totals for plans with 10 or fewer enrollees.
- Part D Low-Income Subsidy enrollment files, released once annually (in March for 2018). These files include total enrollment counts for LIS enrollees. As with the other enrollment files, we exclude plans with small enrollment counts in estimates that are plan-enrollment weighted.
- Medicare plan benefit package files, released each fall. These files supply detailed information on the benefits offered by plans, including cost-sharing amounts for each formulary tier, tier labels, and the different cost-sharing amounts for standard and preferred cost-sharing pharmacies, where applicable.
- Medicare penetration files, released on a monthly basis. These files are used to estimate average counts of plans available per beneficiary.

For analysis of changes in premiums for the top 5 PDPs and changes in non-LIS enrollment, we calculated the percentage change in premiums and enrollment between March 2017 and March 2018. We did not measure the change in non-LIS enrollment that occurred during the open enrollment period specifically.

For analysis of cost sharing for formulary tiers in PDPs and MA-PDs, we did not analyze which drugs are on what tier under each type of plan and whether this has changed over time, factors which would also influence enrollees' out-of-pocket costs.

Tables

Name of firm	Rank	Enrollment (in millions)			% of total Part D
		PDP	MA-PD	Total	
UnitedHealth Group	1	5.3	4.7	10.0	23%
Humana	2	4.9	3.0	7.9	18%
CVS Health	3	6.0	0	6.0	14%
Aetna	4	2.1	1.3	3.4	8%
BCBS*	5	1.0	1.9	2.9	7%
Express Scripts	6	2.4	0	2.4	6%
WellCare Health Plans	7	1.1	0.5	1.6	4%
Kaiser Permanente	8	0	1.5	1.5	4%
Cigna	9	0.8	0.4	1.2	3%
Anthem BCBS	10	0.4	0.6	1.0	2%
Total top 10 firms		24.2	13.9	38.1	88%
Total Part D		25.1	18.3	43.4	100%

NOTE: PDP is prescription drug plan. MA-PD is Medicare Advantage prescription drug plan. Includes enrollment in the territories and employer group plans. Number may not sum to total due to rounding. *BCBS excludes Anthem BCBS, which is a separate plan sponsor.
SOURCE: KFF analysis of CMS 2018 Part D plan files.

Table 2: Top Firms Offering Medicare Part D Plans by State, 2018

State/ territory	Total Part D enrollment	#1 firm	% of total	#2 firm	% of total	#3 firm	% of total	Top 3 firms % of total	All other firms % of total
AK	35,152	Humana	40%	UnitedHealth	30%	CIGNA	12%	81%	19%
AL	730,549	UnitedHealth	25%	Humana	17%	BCBS	17%	59%	41%
AR	429,440	CVS Health	24%	Humana	22%	UnitedHealth	16%	62%	38%
AS	95	CVS Health	34%	UnitedHealth	32%	Aetna	23%	88%	12%
AZ	915,596	UnitedHealth	39%	Humana	18%	CVS Health	8%	65%	35%
CA	4,777,625	Kaiser Foundation Health Plan	24%	UnitedHealth	22%	CVS Health	12%	57%	43%
CO	622,279	UnitedHealth	36%	Humana	22%	Kaiser Foundation Health Plan	18%	76%	24%
CT	516,578	UnitedHealth	35%	CVS Health	12%	Aetna	12%	60%	40%
DC	55,006	UnitedHealth	31%	CVS Health	14%	Kaiser Foundation Health Plan	11%	57%	43%
DE	146,584	UnitedHealth	26%	Express Scripts	23%	Humana	14%	63%	37%
FL	3,299,357	UnitedHealth	27%	Humana	26%	CVS Health	15%	69%	31%
GA	1,186,871	UnitedHealth	32%	Humana	20%	CVS Health	16%	68%	32%
HI	185,910	CVS Health	25%	UnitedHealth	19%	BCBS	18%	63%	37%
IA	463,528	Humana	30%	BCBS	18%	UnitedHealth	17%	65%	35%
ID	212,023	Humana	23%	UnitedHealth	22%	BCBS	14%	59%	41%
IL	1,598,234	UnitedHealth	25%	Humana	19%	BCBS	16%	60%	40%
IN	921,327	Humana	26%	UnitedHealth	24%	CVS Health	14%	64%	36%
KS	361,451	Humana	32%	Aetna	20%	CVS Health	20%	72%	28%
KY	671,121	Humana	36%	CVS Health	15%	Express Scripts	13%	63%	37%
LA	628,819	Humana	36%	CVS Health	16%	PH Holdings, LLC	10%	62%	38%
MA	988,022	CVS Health	22%	UnitedHealth	15%	Anthem BCBS	13%	49%	51%
MD	615,389	CVS Health	26%	UnitedHealth	20%	Humana	12%	58%	42%
ME	233,896	UnitedHealth	28%	Martin's Point Health Care	18%	WellCare Health Plans	13%	59%	41%
MI	1,577,228	UnitedHealth	21%	Express Scripts	16%	BCBS	13%	50%	50%
MN	745,107	BCBS	26%	Humana	24%	UCare Minnesota	12%	61%	39%
MO	890,815	UnitedHealth	24%	Humana	21%	Aetna	17%	63%	37%
MS	416,961	Humana	31%	CVS Health	24%	WellCare Health Plans	15%	70%	30%
MT	142,912	Humana	39%	BCBS	20%	CVS Health	15%	74%	26%
NC	1,410,633	UnitedHealth	32%	Humana	22%	CVS Health	14%	68%	32%
ND	86,636	Humana	31%	CVS Health	24%	BCBS	13%	69%	31%
NE	236,212	Humana	33%	UnitedHealth	19%	CVS Health	17%	69%	31%
NH	189,952	UnitedHealth	28%	Humana	17%	CVS Health	12%	58%	42%
NJ	1,163,696	UnitedHealth	41%	CVS Health	13%	Humana	11%	65%	35%
NM	285,307	UnitedHealth	24%	Presbyterian Healthcare Services	15%	Humana	14%	53%	47%
NV	344,086	UnitedHealth	39%	Humana	31%	Aetna	8%	79%	21%

NY	2,733,417	UnitedHealth	20%	CVS Health	18%	Express Scripts	7%	46%	54%
OH	1,767,794	Humana	18%	UnitedHealth	17%	Express Scripts	13%	47%	53%
OK	469,737	CVS Health	26%	Humana	21%	UnitedHealth	18%	65%	35%
OR	607,487	UnitedHealth	18%	Centene Corporation	11%	Humana	11%	40%	60%
PA	2,047,633	BCBS	18%	CVS Health	15%	Aetna	12%	45%	55%
PR	575,911	Medical Card System	35%	InnovaCare Inc.	34%	BCBS	19%	88%	12%
RI	162,225	BCBS	32%	UnitedHealth	24%	CVS Health	9%	65%	35%
SC	732,424	UnitedHealth	29%	Humana	22%	CVS Health	15%	65%	35%
SD	111,201	Humana	43%	CVS Health	17%	BCBS	13%	73%	27%
TN	977,307	Humana	25%	UnitedHealth	20%	BCBS	15%	60%	40%
TX	2,839,293	UnitedHealth	30%	Humana	19%	CVS Health	16%	65%	35%
UT	262,839	UnitedHealth	37%	Humana	17%	Intermountain Health Care	9%	63%	37%
VA	914,191	Humana	32%	UnitedHealth	19%	CVS Health	14%	65%	35%
VI	11,655	UnitedHealth	98%	CIGNA	2%	Express Scripts	0%	100%	0%
VT	103,432	UnitedHealth	28%	CVS Health	19%	Humana	17%	63%	37%
WA	836,641	UnitedHealth	30%	Humana	17%	CVS Health	10%	57%	43%
WI	807,064	UnitedHealth	31%	Humana	21%	CVS Health	10%	62%	38%
WV	296,780	Humana	37%	CVS Health	16%	UnitedHealth	13%	65%	35%
WY	63,933	Humana	32%	UnitedHealth	22%	CVS Health	18%	72%	28%

NOTE: Includes enrollment in the territories and employer-only group plans. Excludes Guam, where only two firms are operating in 2018. *BCBS excludes Anthem BCBS, which is a separate plan sponsor.

SOURCE: KFF analysis of CMS 2018 Part D plan files.

Table 3: Top 10 Medicare Part D Plans Ranked by 2018 Enrollment

Name of plan	Type of benefit	2018			2017	Change, 2017-2018
		Rank	Enrollment (in millions)	% of total Part D	Rank	
SilverScript Choice	Basic	1	4.6	12.5%	1	+7%
AARP MedicareRx Preferred	Enhanced	2	2.6	7.0%	2	-12%
Humana Walmart Rx Plan	Enhanced	3	2.4	6.5%	3	+6%
Humana Preferred Rx Plan	Basic	4	1.7	4.6%	4	-9%
Aetna Medicare Rx Saver	Basic	5	1.2	3.2%	5	+4%
WellCare Classic	Basic	6	1.0	2.8%	7	+0.2%
Humana Enhanced	Enhanced	7	0.8	2.2%	8	-13%
AARP MedicareRx Saver Plus	Basic	8	0.7	1.9%	6	-35%
Symphonix Value Rx	Basic	9	0.7	1.9%	13	+70%
AARP MedicareRx Walgreens	Enhanced	10	0.6	1.6%	14	+72%

NOTE: Excludes employer-group only (EGWP) plans; in 2018, one EGWP (Express Scripts Medicare PDP) had 1.7 million enrollees. Plan names can change from year to year; plans are designated the same if they have the same contract/plan ID.

SOURCE: KFF analysis of CMS 2017-2018 Part D plan files.

Table 4: Distribution of Medicare Part D Enrollment by Deductible and Cost-Sharing Amounts, 2018

	All Part D Enrollment	PDP Enrollment	MA-PD Enrollment
Deductible			
None	45%	45%	45%
Partial	26%	9%	52%
Standard	29%	46%	3%
Cost sharing			
Preferred generics			
\$0	21%	19%	24%
>\$0 to <\$3	33%	41%	19%
\$3 to <\$6	35%	31%	43%
\$6 to <\$10	11%	9%	13%
\$10 to <\$12	<1%	0%	<1%
\$12 to <\$15	0%	0%	0%
\$15	<1%	0%	<1%
Other (non-preferred) generics			
\$0	2%	1%	3%
>\$0 to <\$3	13%	21%	<1%
\$3 to <\$6	20%	26%	11%
\$6 to <\$10	15%	15%	15%
\$10 to <\$12	14%	10%	20%
\$12 to <\$15	19%	17%	22%
\$15 to \$20	17%	10%	28%
Preferred brands			
\$0 to <\$35	20%	33%	4%
\$35 to <\$40	19%	29%	7%
\$40 to <\$45	27%	27%	26%
\$45 to \$47	34%	11%	63%
Non-preferred brands/drugs (coinsurance)			
24% to <35%	12%	12%	--
35% to <40%	35%	38%	--
40% to <46%	30%	30%	--
46% to <50%	17%	17%	--
50%	6%	3%	--
Non-preferred brands/drugs (copayment)			
\$5 to <\$80	6%	--	6%
\$80 to <\$90	5%	--	5%
\$90 to <\$95	7%	--	7%
\$95 to <\$100	34%	--	35%
\$100	47%	--	48%
Specialty tier			
25%	33%	47%	11%
>25% to <33%	23%	8%	47%
33%	44%	45%	42%

NOTE: PDP is prescription drug plan. MA-PD is Medicare Advantage prescription drug plan. Excludes enrollees in employer-only group plans and Special Needs Plans. Excludes plans with missing data. '--' indicates data not shown for this plan type since the majority of these plans use the alternative cost-sharing arrangement (coinsurance or copayment) for non-preferred brands/drugs.

SOURCE: KFF analysis of CMS 2018 Part D plan files.

Table 5: Cost Sharing for Medicare Part D Plans, 2010 and 2018

Formulary tier	Plan type	2010				2018			
		Minimum	Mean	Median	Maximum	Minimum	Mean	Median	Maximum
Preferred generic	PDP	\$0	\$5	\$6	\$15	\$0	\$2	\$1	\$9
	MA-PD	\$0	\$6	\$7	\$15	\$0	\$3	\$3	\$15
Generic	PDP	\$13	\$27	\$26	\$37	\$0	\$7	\$6	\$20 ^a
	MA-PD	\$0	\$15	\$10	\$38	\$0	\$11	\$12	\$20 ^a
Preferred brand copayment	PDP	\$16.25	\$33	\$34	\$45	\$18	\$37	\$37	\$47 ^a
		46%				77%			
% of enrollees in plans charging	MA-PD	\$0	\$34	\$35	\$55	\$0	\$43	\$45	\$47 ^a
		99%				99%			
Preferred brand coinsurance	PDP	10%	22%	22%	33%	10%	21%	20%	25% ^a
		54%				23%			
% of enrollees in plans charging	MA-PD	23%	24%	23%	40%	15%	22%	25%	25% ^a
		1%				1%			
Non-preferred drug copayment	PDP	\$40	\$80	\$75	\$98	\$70	\$85	\$93	\$100 ^a
		65%				<1%			
% of enrollees in plans charging	MA-PD	\$10	\$70	\$80	\$95	\$5	\$95	\$99	\$100 ^a
		99%				88%			
Non-preferred drug coinsurance	PDP	25%	57%	55%	75%	24%	39%	40%	50% ^a
		35%				~100%			
% of enrollees in plans charging	MA-PD	25%	39%	50%	60%	24%	44%	46%	50% ^a
		1%				12%			
Specialty	PDP	25%	29%	30%	33%	25%	29%	27%	33% ^a
	MA-PD	25%	31%	33%	33%	25%	30%	31%	33% ^a

NOTE: PDP is prescription drug plan. MA-PD is Medicare Advantage prescription drug plan. Part D estimates weighted by enrollment in each year. Mean and median amounts are weighted by enrollment. Excludes Special Needs Plans and plans with missing data. ^aThis is the maximum copayment/coinsurance amount allowed by CMS for 2018.

SOURCE: KFF analysis of CMS 2010 and 2018 Part D plan files.