

Comparison of Drug Benefit in Conference v. HR 1 and S 1

	Grassley Bill (S 1)	Thomas Bill (HR 1)	Conference
Deductible	\$275	\$250	\$250
Co-insurance	50%	20%	25%
Gap: Beneficiary pays 100% for drug spending in this range	~\$1300 \$4,500 - \$5,812*	\$2900+ \$2,000 - \$4,900+ (income-related up to \$13,000)**	\$2850 \$2,250-\$5100***
Rx stop-loss coverage	None. 10% coinsurance above \$5,812 in total drug spending	Begins at \$4,900 of total drug spending, rises for wealthiest	None. \$2-5 copayments or 5% coinsurance above \$5100
Premiums	Estimated \$35 (average - will vary)	Estimated \$35 (average - will vary)	Estimated \$35 (average - will vary)
Low-income protections	<p><~74% FPL (dual eligibles): No benefit</p> <p>~74-100% FPL (\$6,735-8,980): No premium***; no deductible; 2.5% co-insurance before gap, 5% in gap and 2.5% after gap. May be subject to assets test.</p> <p>100-135% FPL (\$8,980-12,123): No premium; no deductible; 5% co-insurance before gap, 10% in gap and 2.5% after gap. May be subject to assets test.</p> <p>135-160% FPL (\$12,123-14,368) and lower-income who exceed assets test: Sliding scale premium assistance; \$50 deductible; 10% co-insurance before gap, 20% in gap. Standard post-gap coverage.</p>	<p><135%FPL (\$12,123): No premium, no deductible, co-payments between \$2-5. Mandatory assets test. No coverage in gap.</p> <p>135-150% FPL (\$12,123-13,470): Sliding scale premium assistance only (subject to standard cost-sharing requirements). Mandatory assets test. No coverage in gap.</p>	<p>DUALS IN MEDICARE (but clawback virtually eliminates state help)</p> <p><100% FPL (\$8,980): No premium, no deductible; \$1, \$3 copayments (CPI index) through the coverage gap. No copays for NH residents. House assets test (\$6k/9k, CPI index).</p> <p>100-135%FPL (\$8,980-\$12,123): Same as <100%, except copayments \$2-5, indexed to Rx growth</p> <p>135-150% FPL (\$12,123-13,470): Sliding scale premiums; \$50 deductible; 15% coinsurance through the coverage gap; standard post-gap coverage. Assets test (\$10k indiv/\$20k couple, CPI index)</p>
Structure	Provided through private plans or, if <2 drug-only plans in a region, through Medicare contractors. 32% participation.	Provided through private plans; no fallback (and no benefit) if plans don't materialize. 5% participation.	Private plans; govt fallback, but based on House trigger (<2 plans, but one can be PPO) – ultimately 5% participation.

*Gap ends at \$3,700 in “true” out-of-pocket spending, which equals \$5,812 in drug spending

**Stop-loss begins at \$3,500 in out-of-pocket spending for a beneficiary with income under \$60k and rises to \$11,600 for a beneficiary with income of \$200k; corresponding drug spending equals \$4,900 and \$13,000.

***Second tier (near-catastrophic) coverage is triggered at \$3600 in out-of-pocket spending