

Information partners can use on:

Understanding True Out-of-Pocket (TrOOP) Costs

True out-of-pocket (TrOOP) costs are the payments that count toward a person’s Medicare drug plan out-of-pocket threshold of \$4,850 (for 2016). TrOOP costs determine when a person’s catastrophic coverage will begin. The drug plan keeps track of each member’s TrOOP costs. Each month that a person fills prescriptions covered by his or her plan, he or she will get an “Explanation of Benefits” (EOB) in the mail showing the TrOOP costs to date.

In order for payments to count towards a member’s TrOOP costs, the payments must be for certain types of costs, be made by or on behalf of the person enrolled in a Medicare drug plan, and not be covered by other insurance.

What payments count toward TrOOP costs?

These payments **count** toward a person’s TrOOP costs:

- The amount a person pays for covered prescriptions before his or her drug plan begins to pay (the annual deductible, if applicable)
- The amount a person pays for each covered prescription after his or her drug plan begins to pay (copayments or coinsurance during initial coverage period)
- Any payments a person makes for a covered prescription drug during his or her plan’s coverage gap, if the plan has a coverage gap

Payments for the above costs **count** toward a person’s TrOOP costs if they’re made by any of these:

- The person enrolled in a Medicare drug plan (including payments from his or her Medical Savings Account (MSA), Health Savings Account (HSA), or Flexible Spending Account (FSA))
- Family members or friends
- Qualified State Pharmacy Assistance Programs (SPAPs)
- Medicare’s Extra Help (low-income subsidy)
- Most charities (unless they’re established, run, or controlled by the person’s current or former employer or union or by a drug manufacturer’s Patient Assistance Program operating outside Part D)

What payments count toward TrOOP costs? (continued)

Payments for the costs on the previous page **count** toward a person's TrOOP costs if they're made by any of these:

- Drug manufacturers providing discounts under the Medicare coverage gap discount program
- Indian Health Service (IHS)
- AIDS Drug Assistance Programs (ADAPs)

Only payments for drugs that meet these conditions **count** toward TrOOP costs:

- The drugs are on the plan's formulary.

or

- The drugs aren't on the plan's formulary, but are treated as being on the formulary because of a coverage determination, exceptions process, or an appeal.

and

- The drugs are purchased in a network pharmacy.

or

- The drugs are purchased at an out-of-network pharmacy in accordance with the plan's out-of-network policy.

What payments don't count toward TrOOP costs?

These payments **don't** count toward a person's TrOOP costs:

- The share of the cost of the drug paid by a Medicare drug plan
- The monthly drug plan premium
- Drugs purchased outside the U.S. and its territories
- Drugs not covered by the plan
- Drugs that are excluded from the definition of Part D drug, even in cases where the plan chooses to cover them as a supplemental benefit (like drugs for hair growth)
- Over-the-counter drugs or most vitamins (even if they're required by the plan as part of step therapy)

What payments don't count toward TrOOP costs? (continued)

Payments **don't** count toward a person's TrOOP costs if they're made by (or reimbursed to the person enrolled in a Medicare drug plan by) any of these:

- Group health plans such as the Federal Employees Health Benefit Program (FEHBP) or employer or union retiree coverage
- Government-funded health programs such as Medicaid, TRICARE, Workers' Compensation, the Department of Veterans Affairs (VA), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), the Children's Health Insurance Program (CHIP), and black lung benefits
- Other third-party groups with a legal obligation to pay for the person's drug costs
- Patient Assistance Programs (PAPs) operating outside the Part D benefit
- Other types of insurance

If a person has coverage from one or more of the third parties listed above that pay part of the out-of-pocket costs, he or she must let the Medicare drug plan know.

How is TrOOP affected if a person switches Medicare drug plans?

Drug plans keep track of their enrollees' TrOOP costs. When a person switches plans during the year, his or her TrOOP balance transfers to the new Medicare drug plan. Medicare has established processes for transferring the TrOOP balance. This transfer begins when someone disenrolls and then joins a new plan, and repeats periodically after that to provide updates on late claims. If there's a discrepancy, a person may need to give a copy of his or her most recent EOB to the new plan to show the current TrOOP balance.

For example, a person disenrolls from a plan that had no deductible, and then joins a new plan that has a deductible of \$275. The coinsurance or copayments the person paid during the initial coverage period in his or her former plan and what the plan paid will all count toward the deductible in the new plan. However, although what the former plan paid counts toward the new plan's deductible, those payments won't count toward the person's TrOOP. But, all the TrOOP costs accumulated in the former plan will transfer to the TrOOP balance the person will start accumulating in the new plan.

For more information on annual Medicare drug plan costs, visit [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan).

