

PDP Regions		MA-PD Regions	
PDP Region	State(s) Included	MA-PD Region	State(s) Included
1	New Hampshire, Maine	1	New Hampshire, Maine
2	Connecticut, Massachusetts, Rhode Island, Vermont	2	Connecticut, Massachusetts, Rhode Island, Vermont
3	New York	3	New York
4	New Jersey	4	New Jersey
5	Delaware, District of Columbia, Maryland	5	Delaware, District of Columbia, Maryland
6	Pennsylvania, West Virginia	6	Pennsylvania, West Virginia
7	Virginia	7	North Carolina, Virginia
8	North Carolina	8	Georgia, South Carolina
9	South Carolina	9	Florida
10	Georgia	10	Alabama, Tennessee
11	Florida	11	Michigan
12	Alabama, Tennessee	12	Ohio
13	Michigan	13	Indiana, Kentucky
14	Ohio	14	Illinois, Wisconsin
15	Indiana, Kentucky	15	Arkansas, Missouri
16	Wisconsin	16	Louisiana, Mississippi
17	Illinois	17	Texas
18	Missouri	18	Kansas, Oklahoma
19	Arkansas	19	Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming
20	Mississippi	20	Colorado, New Mexico
21	Louisiana	21	Arizona
22	Texas	22	Nevada
23	Oklahoma	23	Idaho, Oregon, Utah, Washington
24	Kansas	24	California
25	Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming	25	Hawaii
26	New Mexico	26	Alaska
27	Colorado		
28	Arizona		
29	Nevada		
30	Oregon, Washington		
31	Idaho, Utah		
32	California		
33	Hawaii		
34	Alaska		

If a patient does not enroll in a plan before May 15, 2006, can they still receive benefits?

Yes, but they will be subject to a late enrollment fee of approximately 1% per month. This will be reflected in higher monthly fees for the beneficiary's lifetime. It is important that if beneficiaries are considering the new Medicare prescription drug benefit that they factor the late fee into their decision whether or not to enroll prior to May 15, 2006.

Can beneficiaries expect to see overly restrictive formularies (e.g. only one medication covered to treat a condition)?

Plans will vary their benefit design in many ways to minimize drug spending. The United States Pharmacopeia (USP) has created model formulary categories and plan sponsors may choose to follow this design. USP created 146 unique therapeutic categories and pharmacologic classes. The MMA mandated that participating plans must cover at least two drugs per therapeutic category. Therefore, in most cases, there will be more than one drug covered to treat a condition. However, it is likely that formularies will have extensive tiering structures that will employ step therapy, prior authorization, and other methods to control drug spending.