

(b) The purpose of the Program is to provide Medicare PART D beneficiaries, who [lack prescription drug coverage, with access to affordable, medically necessary prescription drugs until such time as an outpatient prescription drug benefit is provided through the federal Medicare program] MEET PROGRAM ELIGIBILITY REQUIREMENTS, WITH A STATE SUBSIDY FOR A PORTION OF THEIR:

(1) MEDICARE PART D PRESCRIPTION DRUG PLAN PREMIUM AND DEDUCTIBLE; OR

(2) MEDICARE ADVANTAGE PLAN PREMIUM AND DEDUCTIBLE RELATED TO A PRESCRIPTION DRUG BENEFIT.

(c) [The Program shall be administered by a carrier as provided under § 14-106(d) of this title] THE BOARD SHALL CONTRACT WITH A THIRD PARTY TO ADMINISTER THE PROGRAM.

(d) The [carrier that administers] ADMINISTRATOR OF the Program shall:

(1) submit a detailed financial accounting of the Program to the Board as often as the Board requires;

(2) collect and submit to the Board data regarding the utilization patterns and costs for Program enrollees; and

(3) develop and implement a marketing plan targeted at eligible individuals throughout the State.

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(a) The Program shall:

(1) subject to the moneys available in the segregated account under § 14-504 of this subtitle, provide benefits to the maximum number of individuals eligible for enrollment in the Program; AND

[(2) require a monthly premium charge of \$10 per enrollee;

(3) not require a deductible; and

(4) limit the copay charged an enrollee to:

(i) \$10 for a prescription for a generic drug;

(ii) \$20 for a prescription for a preferred brand name drug; and

(iii) \$35 for a prescription for a nonpreferred brand name drug.]

(2) PROVIDE A STATE SUBSIDY FOR A PORTION OF THE COST OF MEDICARE PART D AND MEDICARE ADVANTAGE PLAN DRUG-RELATED PREMIUMS AND DEDUCTIBLES.

(b) [The Board may limit the total annual benefit to \$1,000 per individual] THE SUBSIDY REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE EQUAL TO: