

(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.

14-512.

(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; AND~~

~~(5) (2) PROVIDE A STATE SUBSIDY FOR A PORTION OF THE COST OF MEDICARE PART D AND MEDICARE ADVANTAGE PLAN DRUG-RELATED PREMIUMS, DEDUCTIBLES, AND COINSURANCE PREMIUMS AND DEDUCTIBLES.~~

~~(b) The Board may:~~

~~(1) limit the total annual benefit to \$1,000 per individual; AND~~

~~(2) FOR ENROLLEES WITH ANNUAL HOUSEHOLD INCOME AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES, REDUCE PROGRAM COPAYMENTS OR LIMIT COPAYMENTS TO THE AMOUNTS ESTABLISHED IN FEDERAL LAW FOR THE MEDICARE PART D BENEFIT.~~

~~(c) [Subject to approval by the Board, the carrier that administers the Program shall develop a prescription drug formulary to be used in the Program] IF MONEYS AVAILABLE IN THE SEGREGATED ACCOUNT ESTABLISHED UNDER § 14-504 OF THIS SUBTITLE ARE INSUFFICIENT TO COVER THE FULL COST OF MEDICARE PART D PREMIUMS, DEDUCTIBLES, AND COINSURANCE FOR ENROLLEES, THE PRIORITY FOR FUNDING SHALL BE:~~

~~(1) PREMIUMS;~~

~~(2) DEDUCTIBLES; AND~~

~~(3) COINSURANCE.~~