

# Medicare Prescription Drug Coverage - “Choosing the Plan that’s Right for You!”



LOCAL HELP FOR PEOPLE WITH MEDICARE



## Guide to Choosing a Medicare Prescription Drug Plan in Connecticut

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Medicare Prescription Drug Coverage, also called Part D or Medicare Rx, is available to everyone who has Medicare Part A and/or Part B. It helps pay for the cost of outpatient prescription drugs and insulin. It does not cover the cost of medications you can obtain without a physician’s prescription. We encourage everyone to re-evaluate their Medicare coverage during the “open enrollment period “(October 15 – December 7). This is the time plans frequently change their prescription coverage and it may be the only time you can change to another plan. If you enroll during this period your coverage begins January 1, 2016.

### **THE PURPOSE OF THIS GUIDE IS TO:**

1. Help you decide if you should enroll in Medicare prescription drug coverage
2. Provide an overview of the various plan options available to you
3. Provide you with basic plan information to assist in the process of selecting a plan in which to enroll.

There are many factors to consider when selecting a Medicare plan. Although this guide provides detailed plan information, you may want to seek help from a CHOICES Certified counselor in your community, who can provide free and objective assistance. CHOICES is a program of the State Department on Aging and serves as Connecticut’s State Health Insurance Assistance Program (SHIP), a designation by the Centers for Medicare and Medicaid Services. CHOICES is administered in partnership with the Area Agencies on Aging and the Center for Medicare Advocacy, Inc. Please call 1-800-994-9422 (in-state) or 860-424-5274 (if you are out of state or if you are using a cell phone) to connect with a counselor.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

- Medicare prescription plans are available from private, Medicare-approved, companies that sell Medicare Rx coverage either through a standalone **Part D Plan (PDP)** or a **Medicare Advantage Prescription Drug Plan (MAPD)**.
  - **PDP** – Provides prescription drug coverage only.
    - 23 Medicare-approved PDPs are available in Connecticut for 2016
  - **MAPD** – Is an alternative way to receive all of your Medicare benefits. These plans are privately managed healthcare plans (HMOs and PPOs) paid by Medicare to provide enrolled beneficiaries with all of their Medicare benefits - prescription drug coverage and hospital and medical coverage - together in one plan. As a result, individuals must have Medicare Parts A and B to enroll. When considering this option, you should not only review your prescription costs, but also your medical out of pocket costs, which often differ from traditional (original) Medicare. MAPD plans may require enrollees to use certain medical providers including physicians and hospitals that are in that plans' network.
    - 27 Medicare-approved MAPDs are available in Connecticut for 2016
  - **MA** – Connecticut has 2 Medicare Advantage plans that do not provide Rx coverage in 2016. MA plans provide an alternative way of receiving one's Medicare A and B benefits. These MA-Only plans are appropriate for individuals who have as good or better prescription coverage from another source (also referred to as creditable coverage). Receiving prescriptions through the Veterans' Administration would be an example of creditable coverage.
  - **SNPs (Special Needs Plans)** –SNPs are plans specifically designed to provide coverage for a category of beneficiaries such as chronic disease, dual eligible (Medicare and Medicaid eligible), or those in a skilled nursing facility. Only 4 SNPs are available in Connecticut for 2016: two plans are available for dually eligible beneficiaries who have Medicaid or the Qualified Medicare Beneficiary Program in the community and the other two are for individuals with Medicare/Medicaid or the Qualified Medicare Beneficiary Program who live in a nursing facility.
- In addition to the PDPs and MA-PDs, some employer-sponsored and union-sponsored retirement health plans also offer Part D coverage.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

## **WHY SHOULD YOU ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN?**

- You should think about enrolling in a Medicare prescription drug plan if you don't have any prescription drug coverage, or if the coverage you have isn't "creditable" or as good as or better than Medicare's prescription drug coverage. For most people, enrollment is voluntary; however, **if you don't enroll when you're first eligible, you could be assessed a "Late Enrollment Penalty" of 1% of the national base beneficiary premium ( \$34.10 in 2016) for every month you were without "credible" coverage if and when you decide to enroll in the future.** This penalty includes a higher monthly premium and a delay in coverage, since enrollment would be limited to the "open enrollment period". For details on the Late Enrollment Period and how it could affect you, contact CHOICES at 1-800-994-9422, or go to <http://www.medicare.gov/part-d/costs/penalty/part-d-late-enrollment-penalty.html>.
- If your existing drug coverage is "creditable", then you may not want to join a Medicare Prescription (Medicare Rx) plan. As long as you have "creditable" drug coverage you will not be penalized for not enrolling in a Medicare Rx plan. Contact your plan administrator to inquire if your current drug coverage is considered "creditable".
- If cost is a concern, you may be eligible for programs that help with the cost of Medicare and Medicare prescription coverage. Effective March 1, 2015, an individual with a monthly income of \$2,413.26/month or a couple with a combined income of \$3,226.88/month may qualify for the Medicare Savings Program, which will help with Part B premiums, and the Part D "Extra Help" Low Income Subsidy, which pays Part D deductibles and some or all of the monthly Medicare Part D premium. It also lowers the prescription co-pays for medications on your plan's formulary: \$2.95 for generic medications and \$7.40 for brand drugs in 2016 and it eliminates any coverage gaps, also known as the "donut hole". In addition, you will have a special enrollment period where you can make changes throughout the year.

## **ABOUT THE PLANS**

- Each plan has its own monthly premium, deductible, and co-pay structure for the medications it covers.
- Some plans offer reduced prices if you use mail order or network pharmacies.
- Each plan offers its own selection of drugs it will cover, called a "formulary". If a medication is not on the plan's formulary it is a "non-formulary" drug and you will be responsible for the full cost of the medication, even if you have other medical benefits such as Medicaid. **It's important to select your plan carefully; your coverage will be limited to the drugs on your chosen plan's formulary.** To ensure you get the most out of

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your Medicare prescription plan coverage, it is important to know your medications and find the plan that will best cover your individual prescription needs! Your costs could be lowered by using a preferred pharmacy, if one is offered by the plan.

- Anyone on Extra Help, a Medicare Savings Program (QMB, SLMB, ALMB), or Medicaid, is automatically enrolled in a randomly selected prescription standard “benchmark” drug plan if he/she does not have prescription coverage already. There is no guarantee that all of your medications will be covered by the randomly selected benchmark plan. To avoid being responsible for the full cost of uncovered medications, CHOICES strongly recommends that you review your current prescription drug plan to ensure you are enrolled in the plan that best covers your medications needs for 2016. As a recipient of the above assistance programs, you are also entitled to a Special Enrollment Period (SEP) that allows you to change your PDP or MAPD plan throughout the calendar year. Individuals who are eligible for Extra Help, and awaiting their assignment to a prescription drug plan, can be enrolled immediately into a temporary prescription drug plan, called LINET, at their pharmacy, by showing “best available evidence” that they have Extra Help. The letter you received from the Department of Social Services informing you of your Medicare Savings Program coverage is best available evidence. LINET is premium free and there are no formulary drug restrictions. Individuals on the LINET program will be auto-enrolled into a Medicare Part D plan within two months if they have not selected one for themselves.
- Everyone who has Medicare Part A and/or Part B has the opportunity to change their Medicare Rx plan or join the program for the first time during the Annual Coordinated Election Period (ACEP), a period between October 15<sup>th</sup> – December 7<sup>th</sup>. This is often referred to as the Open Enrollment Period.
- Plans may have restrictions on certain medications such as Quantity Limits, Step Therapy or Prior Authorization. These restrictions may affect how your medications are covered and should be a consideration when reviewing your plan options for the following year.

### **STEPS TO HELP YOU CHOOSE A PLAN**

If you are taking medications, it is in your best interest to find a plan that will provide you with the best coverage for the lowest cost.

The Federal website, [www.Medicare.gov](http://www.Medicare.gov), has an online tool called the “Plan Finder” that sorts the plans by the lowest annual cost and allows you to make a side by side comparison of three plans of your choosing. You will also be able to enter the name of two pharmacies, and up to 25 medications to see which plans best cover the medications you currently take. You can also use the “Plan Finder” tool to enroll in the plan online.

Step 1. \_\_\_ If you have existing prescription insurance, find out if it’s “creditable”. (Your insurance company **must** send you this information before October 15.)

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- Step 2. \_\_\_ Make a list of all the prescription drugs you take. Write the name exactly as it appears on your prescription bottle. If you are taking a brand name medication, you want to be sure the screen includes the brand name drug and not the generic version (note: you can discuss with your prescribing physician the possibility of taking generic medications, which may provide some cost savings to you). Be sure to include the dosage you take and the quantity you get each month.
- Step 3. \_\_\_ If costs are a concern, find out if you qualify for Extra Help or a Medicare Savings Program. If you do, you will save money on premiums, deductibles and co-pays. If you have Medicaid (Title 19) or a Medicare Savings Program (QMB, SLMB or ALMB), you automatically qualify for Extra Help.
- Step 4. \_\_\_ Think about what features or benefits are most important to you in a prescription drug plan. For example: Can you take generic drugs or do you need a brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take only a few low-cost medications? If so, a less expensive plan may be adequate. Do you take many or costly medications? If so, maybe an enhanced plan would better suit your needs and be well worth the additional premium dollars.
- Step 5. \_\_\_ Finally, don't be afraid to ask questions to find the best plan for your needs. Questions like:
- How much is the monthly premium?
  - Is there an annual deductible? How much is it? (Maximum of \$360.00 for 2016)
  - Does the plan cover the drugs you take now?
  - What Tier level are the medications you are taking for the plan you are considering? The co-pay or co-insurance you are responsible for varies depending on what "Tier" your plan considers your medication. Two plans could cover the same drug, but one plan could place it at Tier 1 & the other at Tier 3 causing significant cost differences!
  - Are there prior authorization requirements for certain drugs? Is "step-therapy" required? (The requirement that you must try certain drugs first before you can get the medication prescribed by your doctor.)
  - Is the plan convenient & accepted at your pharmacy? Does it offer mail order & if so - is it more expensive?
  - What is the plan's "exception" process if you are denied a particular drug?
  - If you are considering a "MA-PD" plan (a private Medicare plan that administers your Medicare dollars) have you reviewed your hospital and medical out of pocket expenses? Does the plan offer additional coverage benefits, such as dental or gym memberships? Are your medical providers in the plan's network? Should you consider a PPO that allows you coverage if you go out of network? Please keep in mind that you are not eligible to change plans outside of the open enrollment period (unless you are on Extra Help) even if your provider leaves the plan's network, or if your insurance carrier drops hospitals or providers through the course of the year.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

## **HOW TO ENROLL IN A PLAN**

There are a number of ways you can enroll in a plan:

1. Call CHOICES at **1-800-994-9422** to speak to a CHOICES counselor at the Area Agency on Aging serving your area of the state. A counselor will take you step by step through the process to help you as you make an informed decision. They can enroll you into the plan of your choice over the phone. CHOICES holds enrollment events throughout the State where you can receive assistance. Contact the toll free CHOICES line or [www.ct.gov/agingservices](http://www.ct.gov/agingservices) for a list of open enrollment events in your area.
2. Go onto the Medicare “Plan Finder” ( [www.medicare.gov](http://www.medicare.gov) ) and enroll in the plan of your choice online.
3. Call the plan of your choice directly. Plan phone numbers are listed on the following pages for your convenience. You can also go to the plans’ web sites.
4. Call Medicare (1-800-MEDICARE) and tell them you’ve made a decision and want to enroll in a Medicare Rx plan.

If you are changing from one Medicare plan to another, you only need to enroll in the new plan and it will remove you from your current plan. For example: If you are enrolled in a Medicare Advantage plan and want to return to Medicare, you enroll in a Medicare Part D plan and it will remove you from your Medicare Advantage plan automatically. In this case, beneficiaries should consider purchasing a private, Medicare Supplement plan (also called Medigap policies) to help with out of pocket expenses. These plans are standardized and enrollment is available at any point in the year by contacting the plan directly. CHOICES can help you understand the Medicare supplement plan options and provide a list of current premiums.

You can also get more information from these online sources:

**Medicare:** [www.medicare.gov](http://www.medicare.gov)

**Center for Medicare Advocacy:** [www.medicareadvocacy.org](http://www.medicareadvocacy.org)

**Social Security:** [www.socialsecurity.gov](http://www.socialsecurity.gov)

**State Department on Aging:** [www.ct.gov/agingservices](http://www.ct.gov/agingservices)

**CT Insurance Department:** <http://www.ct.gov/cid>

**CT Association of Area Agencies on Aging:** [www.ctagenciesonaging.org](http://www.ctagenciesonaging.org)

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This publication is not a legal document. The official Medicare provisions are contained in the relevant laws, regulations and rulings.  
 Call for further assistance 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

***January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans PDPs***

***CHOICES Hotline! – 1-800-994-9422***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS)
<b>Aetna Medicare (S5810)</b>	Aetna Medicare Rx Saver (036)	<b>Members:</b> 1-877-238-6211 <b>Non Members:</b> 1-855-338-7030 <b>TTY/TDD:</b> 711	YES	\$25.60	\$360	\$0.00	No		3 STARS
<b>Anthem Blue Cross and Blue Shield (S2893)</b>	Blue Medicare Rx Premier (003)	<b>Members:</b> 1-888-543-4917 <b>Non Members:</b> 1-877-479-2227	No	\$127.60	\$0	\$96.50	YES	\$9 Tier 1; \$14 Tier 2 for one month supply	4.5 STARS
	Blue Medicare Rx Value Plus (001)	<b>TTY/TDD:</b> 711	No	\$49.60	\$315.00 (no deductible for Tier 1)	\$18.50	No		4.5 STARS
<b>CIGNA HealthSpring RX(S5617)</b>	CIGNA HealthSpring Rx Secure (008)	<b>Members:</b> <b>1-800-222-6700</b> <b>Non Members:</b> <b>1-800-735-1459</b> <b>TTY/TDD:</b> 711	Yes	\$50.90	\$360	\$19.80	No		3 STARS
	CIGNA HealthSpring Rx Secure Xtra (247)		Yes	\$50.10	\$250	\$19.00	No		3 STARS
<b>EnvisionRx Plus (S7694)</b>	EnvisionRx Plus Silver (002)	<b>Members:</b> 1-866-250-2005 <b>Non Members:</b> 1-866-250-2005	Yes	\$33.30	\$360	\$2.20	No		3 STARS

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TTY/TDD: 711

PDPs are stand-alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare.

***January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans PDPs***

***CHOICES Hotline! – 1-800-994-9422***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS)
<b>EnvisionRx Plus (S7694)</b>	EnvisionRxPlus Clear Choice (118)	<b>Members:</b> 1-866-250-2005 <b>Non Members:</b> 1-866-250-2005 <b>TTY/TDD:</b> 711	YES	\$33.50	\$0	\$17.80	No		3 STARS
<b>Express Scripts Medicare (S5660)</b>	Express Scripts Medicare Choice (206)	<b>Members</b> <b>800-758-4574</b> <b>Non-Members</b> 866-477-5704	Yes	\$72.20	\$360 (no deductible for Tier 1)	\$41.10	No		4.0 STARS
	Express Scripts Medicare- Value (105)	<b>TTY/TDD:</b> 1-800-716-3231	YES	\$49.00	\$360	\$17.90	No		4.0 STARS
<b>First Health Part D (S5768)</b>	First Health Part D Value Plus (126)	<b>Members:</b> 1-844-233-1938 <b>Non Members:</b> 1-855-389-9688	YES	\$34.40	\$0	\$13.20	Yes	\$1 copay Tier 1 preferred generic; \$7 Tier 2 generic *	3 STARS

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	First Health Part D Premier Plus (186)	<b>TTY/TDD: 711</b>	YES	\$69.70	\$0	\$38.60	Yes	\$1 copy Tier 1 preferred generic; \$2 copay Tier 2	3 STARS
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PDPs are stand-alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare.

\*Prices reflect coverage gap 30 day supply co-pays at preferred retail pharmacies

***January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans PDPs***

***CHOICES Hotline! – 1-800-994-9422***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS)
<b>Humana Insurance Company (S5884)</b>	Humana Wal-Mart Rx Plan (149)	<b>Members:</b> 1-800-281-6918  <b>Non Members:</b> 1-800-706-0872  <b>TTY/TDD: 711</b>	YES	\$18.40	\$360 (No deductible for Tier 1)	\$12.20	No		3.5 STARS
	Humana Enhanced (002)		YES	\$64.20	\$0	\$33.10	Yes		3.5 STARS
	Humana Preferred Rx Plan (102)		YES	\$28.20	\$360	\$0.00	No		3.5 STARS
<b>Silverscript (S5601)</b>	Silverscript CHOICES (004)	<b>Members:</b> 1-866-235-5660  <b>Non-Members:</b> 1-866-552-6106  <b>TTY/TDD:</b> 1-866-552-6288	YES	\$24.90	\$0	\$0	NO		4 STARS
	Silverscript Plus (005)		YES	\$77.60	\$0	\$46.50	Yes	Tier 1 preferred generic \$0; Tier 2 \$3*	4 STARS

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<b>Stonebridge Life Insurance Company (S9579)</b>	Transamerica MedicareRx Classic (002)	<b>Members:</b> 888-672-7206 <b>Non Members:</b> 877-527-1958 <b>TTY/TDD:</b> 711	NO	\$118.80	\$360	\$87.70	No		3.0 STARS
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PDPs are stand-alone Prescription Drug Plans that offer only prescription drug coverage. \*Prices reflect coverage gap 30 day supply co-pays at preferred pharmacies

***January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans PDPs***

***CHOICES Hotline! – 1-800-994-9422***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS)
Symphonix Health (S0522)	Symphonix Value Rx (079)	<b>Members:</b> 1-855-355-2280 <b>Non Members:</b> 1-855-355-2280 <b>TTY/TTD:</b> 711	NO	\$27.80	\$360	\$0	No		2.5 STARS
	Symphonix PrimeSaver Rx (081)		NO	\$39.70	\$200 (no deductible for Tier 1)	\$8.60	No		2.5 STARS
United HealthCare (S5820)	AARP MedicareRx Preferred (002)	<b>Members:</b> 1-888-867-5575 <b>Non Members:</b>	Yes	\$55.40	\$0	\$24.30	No		3.0 STARS

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<b>United HealthCare (S5921)</b>	AARP MedicareRx Saver Plus (348)	1-888-867-5564 <b>TTY/TTD:711</b>	Yes	\$31.20	\$360	\$0	No		3.0 STARS
<b>WellCare (S5967)</b>	WellCare Classic (139)	<b>Members:</b> 1-888-550-5252  <b>Non Members:</b> 1-888-293-5151	Yes	\$30.90	\$360 (no deductible for Tier 1)	\$0	No		2.5 STARS
	WellCare Extra (174)	<b>TTY/TDD:</b> 1-888-816-5252	Yes	\$59.50	\$0	\$28.40	No		2.5 STARS

PDPs are stand-alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare.

**January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans BENCHMARK PLANS**

**CHOICES Hotline! – 1-800-994-9422**

<b>ORGANIZATION NAME (CONTRACT NUMBER)</b>	<b>PLAN NAME* (ID)</b>	<b>TELEPHONE</b>	<b>MONTHLY PREMIUM without Extra Help Subsidy</b>	<b>PREMIUM WITH FULL SUBSIDY EXTRA HELP</b>	<b>Part D Premium Obligation with 75% Premium Assistance</b>	<b>Part D Premium Obligation with 50% Premium Assistance</b>	<b>Part D Premium Obligation with 25% Premium Assistance</b>	<b>RATING (OUT OF 5 STARS)</b>
<b>Aetna Medicare (S5810)</b>	Aetna Medicare Rx Saver (036)	Members: 1-877-238-6211 Non Members: 1-855-338-7030  TTY/TDD: 711	\$25.60	\$0.	\$6.40	\$12.80	\$19.20	3.0 STARS
<b>Humana Insurance Company (S5884)</b>	Humana Preferred Rx Plan* (102)	Members: 1-800-281-6918 Non Members: 1-800-706-872  TTY/TDD: 711	\$28.20	\$0	\$7.00	\$14.10	\$21.10	3.5 STARS
<b>Silverscript (S5601)</b>	Silverscript CHOICE (004)	Members:1-866-235-5660 Non-Members:1-886-552-6106  TTY/TDD: 1-866-552-6288	\$24.90	\$0	\$6.20	\$12.40	\$18.70	4.0 STARS
<b>Symphonix Health (079)</b>	Symphonix Value Rx	Members: 1-855-355-2280 Non Members 1-855-355-2280	\$27.80	\$0	\$6.90	\$13.90	\$20.80	2.5 STARS

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

		TTY/TDD: 711						
<b>United Healthcare Insurance Company (S5921)</b>	AARP Medicare Rx Saver Plus* (348)	Members: 1-866-460-8854 Non Members: 1-888-867-5564  TTY/TDD: 711	\$31.20	\$0	\$7.80	\$15.60	\$23.40	3.0 STARS
<b>WellCare (S5967)</b>	WellCare Classic (139)	Members: 1-888-550-5252 Non Members: 1-888-293-5151  TTY/TDD: 1-888-816-5252	\$30.90	\$0	\$7.70	\$15.40	\$23.20	2.5 STARS

“Benchmark” plans are those that offer basic benefits and have premiums at or below the national average premium. Beneficiaries who receive Medicaid, a Medicare Savings Program, SSI or Extra Help will randomly be assigned to one of the above benchmark plan if they do not select one on their own. Beneficiaries enrolled in one of these plans will not have a monthly premium for their coverage and will have low co-pays for formulary medications regardless of what plan (benchmark or otherwise) they are enrolled in.

***January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans MAPDs***

***CHOICES Hotline! – 1-800-994-9422***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Health or Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some Dental (D) Vision (V) Hearing (H) Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS)
<b>Aetna Medicare (H5793)</b>	Aetna Medicare Value Plan - HMO (001)	Hartford, Litchfield, Tolland County	<b>Members:</b> 1-800-282-5366  <b>Non Members:</b> 1-800-338-7027  <b>TTY/TDD:</b> 711	<b>\$39.00</b> \$2.20 Rx \$36.80 H	\$36.80	Health:\$0 Drug:\$0	No	D V H	\$6,700	4 STARS
	Aetna Medicare Elite Plan – HMO (010)	Fairfield, New Haven, New London County		\$0.00	\$0.00	Health: \$1,000 Drug:\$0	No	D V H	\$6,700	4 STARS
	Aetna Medicare Elite Plan – HMO (011)	Hartford, Litchfield, Tolland County		\$0.00	\$0.00	Health: \$1,000 Drug:\$0	No	D V H	\$6,700	4 STARS

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	Aetna Medicare Standard Plan - HMO (008)	CT except Middlesex County		<b>\$128.00</b> \$18.80 Rx \$109.20 H	\$110.50	Health:\$0 Drug: \$0	No	D V H	\$5,500	4 STARS
<b>Aetna Medicare (H5521)</b>	Aetna Medicare Standard Plan - PPO (013)	CT except Middlesex & Windham County		<b>\$98.00</b> \$21.30 Rx \$76.70 H	\$81.30	Health: \$1,000 Drug: \$0	No	D V H	\$6,700 in-network; \$10,000 in or out of network	4.5 STARS
	Aetna Medicare Select Plus Plan – PPO (052)	CT except Middlesex, N.London & Windham County		<b>\$188.00</b> \$33.50 Rx \$154.50 H	\$181.40	Health: \$500 Drug:\$0	Yes	D V H	\$4,500 in-network; \$7,500 in or out of network	4.5 STARS

***January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans MAPDs***

***CHOICES Hotline! – 1-800-994-9422***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some Dental (D) Vision (V) Hearing (H) Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS)
<b>Anthem Blue Cross and Blue Shield (H5854)</b>	Anthem MediBlue Value ~ HMO (009)	Fairfield, Litchfield, New Haven, Windham County	<b>Members:</b> 1-866-673-4157 <b>Non-Members:</b> 1-844-364-2128 <b>TTY/TDD:</b> 711	<b>\$37.00</b> \$37 Rx \$0 H	\$5.90	Health: \$0 Drug: \$245	No	D V	\$6,700	Not enough data
	Anthem MediBlue Select – HMO (007)	Hartford County		<b>\$26.00</b> \$25.60 Rx \$.40 H	\$.40	Health:\$0 Drug: \$220	No	D V	\$6,100	Not available
<b>ConnectiCare, Inc. (H3528)</b>	ConnectiCare VIP Prime 1 ~ HMO (001)	Connecticut	<b>Members:</b> 1-800-224-2273	<b>\$44.00</b> \$44 Rx \$0 H	\$12.90	Health: \$0 Drug:\$0	No	D V H	\$6,700	4 STARS

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

	ConnectiCare VIP Prime 3 ~ HMO (002)		<b>Non Members:</b> 1-877-224-8220  <b>TTY/TDD:</b> 1-800-842-9710	<b>\$170.00</b> \$83 Rx \$87 H	\$138.90	Health:\$0D rug:\$0	Yes	D V H	\$3,400	4 STARS
	ConnectiCare VIP Option 1 ~ HMO-POS (006)			<b>\$240.00</b> \$87 Rx \$153 H	\$194.30	Health:\$0D rug:\$0	Yes	D V H	\$5,500 in-network; \$10,000 out of network	4 STARS
	ConnectiCare VIP Option 3 ~ HMO-POS (008)			<b>\$95.00</b> \$72 Rx \$23 H	\$63.90	Health: \$0 Drug: \$0	No	D V H	\$6,700 in-network; \$10,000 out of network	4 STARS
<b>ORGANIZATION NAME (CONTRACT NUMBER)</b>	<b>PLAN NAME - TYPE (ID)</b>	<b>SERVICE AREA BY COUNTY</b>	<b>CONTACT INFO</b>	<b>Monthly Part C Premium (5)</b>	<b>Total Monthly Premium with Full Extra Help Subsidy</b>	<b>Part D Drug Deductible</b>	<b>Extra Drug Coverage in Gap (2)</b>	<b>Some (D) Dental (V) Vision (H) Hearing Coverage Included</b>	<b>Max. Out-Of-Pocket In-Network (Out of Network)</b>	<b>RATING (OUT OF 5 STARS)</b>
<b>Health New England (H8578)</b>	HNE Premier 1 ~ HMO (013)	Hartford & Tolland County	<b>Members:</b> 1-877-443-3314	\$0	\$0	Health: \$0 Drug: \$0	No	V H	\$6,700	4 STARS
	HNE Premier 2 ~ HMO (014)		<b>Non-Members:</b> 1-877-443-3314	<b>\$87</b> \$59.70 Rx \$27.30 H	\$55.90	Health:\$0 Drug: \$0	Yes	D V H	\$3,400	4 STARS
	HNE Premier 3 ~ HMO-POS (015)		<b>TTY/TDD:</b> 1-800-439-2370	<b>\$65.00</b> \$59.90 Rx \$5.10 H	\$33.90	No	No	D V H	\$6,700 (Combined in or out of network)	4 STARS
<b>UnitedHealthcare (R7444)</b>	AARP MedicareComplete Choice - PPO (001)	Connecticut	<b>Members:</b> 1-800-643-4845  <b>Non Members:</b> 1-800-555-5757	<b>\$50.00</b> \$19.80 Rx \$30.20 H	\$.30.20	Health:\$0 Drug: \$310	No	V H	\$5,500 in network; \$10,000 in or out of network	4 STARS

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

			TTY/TDD: 711							
<b>United Healthcare (H0755)</b>	United Healthcare Medicare Complete Plan 1 ~ HMO (030)	Connecticut	<b>Members:</b> 1-800-711-0646	<b>\$99.00</b> \$32.10 Rx \$66.90 H	\$75.60	Health: \$0 Drug: \$130	No	D V H	\$3,400	4 STARS
	United Healthcare Medicare Complete Plan 2 ~ HMO (031)		<b>Non Members:</b> 1-866-555-5757	<b>\$29.00</b> \$17.70 Rx \$11.30 H	\$11.30	Health: \$0 Drug: \$200	No	D V H	\$6,000	4 STARS
	United Healthcare Medicare Plan 3 ~ HMO (033)		TTY/TDD: 711	\$0	\$0	Health: \$0 Drug: \$140	No	D V H	\$6,700	4 STARS

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2015 Connecticut Medicare Prescription Drug Plans MAPDs**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Special Needs Plan Type	Total Monthly Premium (with Full Extra Help Subsidy) (5)	Part D Drug Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS)
WellCare (0712)	WellCare Rx ~ HMO (020)	Fairfield, Hartford, and Tolland County	<b>Members:</b> 1-866-579-8006	<b>\$20.00</b> \$20.00 Rx \$0 H	\$0	Health: \$0 Drug: \$360	No	D V H	\$4,700	3 STARS
	WellCare Value ~ HMO (019)	Hartford, New Haven & Tolland County	<b>Non Members:</b> 1-866-527-0056  <b>TTY/TDD:</b> 1-877-247-6272	\$0	\$0	Health: \$147 Drug: \$0	<b>No</b>	V H	\$5,500	3 STARS

MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. Additional gap coverage levels are determined separately for formulary generic and brand products.. A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit). Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans MAPD Special Needs Plans  
CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Special Needs Plan Type	Total Monthly Premium (with Full Extra Help Subsidy) (5)	Part D Drug Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS)
<b>United HealthCare (H0710)</b>	United HealthCare Nursing Home Plan ~ PPO/SNP (001)	Connecticut	<b>Members:</b> 1-800-393-0993	Nursing Home	\$0.00	n/a Paid by subsidy	Co-Pays at the Extra Help level for formulary meds all year-round regardless of deductible or coverage gap..	D V	\$5,000 in-network \$10,000; in or out of network	4.5 STARS
	United HealthCare Assisted Living Plan ~ PPO/SNP (009)		<b>Non Members:</b> 1-800-834-3721	Assisting Living	\$0	n/a paid by subsidy		D V H	\$3,500 in-network; \$10,000 in or out of network	4.5 STARS
<b>WellCare (H0712)</b>	WellCare Access ~ HMO/SNP (005)	Fairfield and Hartford County	<b>Members:</b> 1-866-635-7047 <b>Non Members:</b> 1-866-527-0056 <b>TTY/TDD:</b> 1-877-247-6272	Dual-Eligible	\$0.00	n/a Paid by subsidy	\$0 co-pay for those on long term care Medicaid	D V H (6)	\$6,700	3.0 STARS
<b>Anthem Blue Cross &amp; Blue Shield (H5854)</b>	Anthem Dual Advantage ~ HMO/SNP (008)	Connecticut	<b>Members:</b> 1-866-673-4157 <b>Non Members:</b> 1-844-316-0358 <b>TTY/TDD:</b> 711	Dual-Eligible	\$0	n/a Paid by Subsidy		D V H (6)	\$6,700	Not enough data available

These Special Needs Plans are only available to CT beneficiaries on **BOTH** Medicare and Medicaid or Medicare and the Qualified Medicare Beneficiary Program. (4)MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. (5) MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium.. (\*\*)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. (6) These plans often offer additional benefits such as limited medical transportation, hearing aid coverage, dental services, over the counter assistance and gym membership.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2016 Connecticut Medicare Prescription Drug Plans MA-Only Plans**

**CHOICES Hotline! – 1-800-994-9422**

**\*\*\* MA-ONLY PLANS! The following 2 plans provide **NO Rx COVERAGE!** \*\*\***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Total Monthly Part C Premium (5)	Total Monthly Premium (with Full Extra Help Subsidy)	Health Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS)
<b>United Healthcare (H0755)</b>	United Healthcare Medicare Complete Essential ~ HMO (032)	Connecticut	<b>Members:</b> 1-800-711-0646 <b>Non Members:</b> 1-800-555-5757 <b>TTY/TDD:</b> 711	<b>\$0.00</b>	N/A	\$0	N/A	<b>D V H</b>	\$6,000	4 STARS
<b>ConnectiCare, Inc. (H3528)</b>	ConnectiCare VIP Prime 4 ~ HMO (003)	Connecticut	<b>Members:</b> 1-800-224-2273 <b>Non Members:</b> 1-877-224-8220 <b>TTY/TDD:</b> 1-800-842-9710	<b>\$0.00</b>	N/A	\$0	N/A	<b>D V H</b>	\$6,000	4 STARS

Medicare Advantage member are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (\*\*)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

This option should only be considered when an individual has “creditable” prescription coverage from another source, such as through the Veteran’s Administration.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**