

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

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. 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, 2018.

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 prescription 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 Administration for Community Living. 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 Prescription Drug Plan (PDP)** or a **Medicare Advantage Prescription Drug Plan (MAPD)**. Some employer-sponsored and union-sponsored retirement health plans also offer Part D coverage.
 - **PDP & Benchmark Plans** –These plans provide prescription drug coverage only. They are available to beneficiaries with Original Medicare. Benchmark PDPs offer Part D plans that offer basic benefits. In 2018, CT has:
 - 22 Medicare-approved PDPs. 7 are Benchmark PDPs.
 - **MAPD** –MAPD plans are privately managed healthcare plans (HMOs and PPOs) approved by Medicare. They are an alternative way to receive Medicare benefits together in one plan. Plan members receive prescription drug coverage and hospital and medical coverage. As a result, beneficiaries must have Medicare Parts A and B to enroll in a plan. Members are still required to pay their Medicare B monthly premiums in addition to the monthly plan premium. When considering this option, you should not only review your prescription costs, but also your medical out of pocket costs, which often differ from Original Medicare. Plans may require members to use certain in-network medical providers. Members may have a Maximum Out-of-Pocket (MOOP) limit for all in-network Part A and Part B Services. Plans may offer additional benefits such as limited medical transportation, hearing aid coverage, dental services, vision, over the counter assistance, and gym membership. In 2018, CT has:
 - 24 Medicare-approved MAPDs
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 - **MA** – MA plans provide an alternative way of receiving one’s Medicare A and B benefits. They are similar to MAPD plans (above) but they do not provide prescription coverage. 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. In 2018, CT has
 - 2 Medicare-approved MA-Only plans
 - **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. In 2018, CT has:
 - 4 Medicare-approved SNPs: 2 SNPs are available for dually eligible beneficiaries who reside in select counties; the other 2 SNPs are for individuals who live in certain institutions (like a nursing home) or who require nursing care at home.

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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 (\$35.02 in 2018) 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. The Medicare Savings Program helps pay Part B premiums. The Part D "Extra Help" Low Income Subsidy (LIS) pays Part D deductibles and some of or the entire monthly Medicare Part D premium. LIS also lowers the prescription co-pays for medications on your plan's formulary: \$3.35 for generic medications and \$8.35 for brand drugs in 2018 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 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.

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- 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 2018. As a recipient of the above assistance programs, you will not have a monthly premium for a Benchmark PDP. In addition, 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 are 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 no formulary drug restrictions. Individuals on the LINET program will be auto-enrolled into a Benchmark PDP 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 (AEP), a period between October 15th – December 7th. 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, 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.

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- 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.)
- 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 Medicare Savings Program. If you do, you may 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 \$405.00 for 2018)
 - 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/less 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

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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.

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 for a list of open enrollment events in your area.
2. Go onto the Medicare "Plan Finder" (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 plan) 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

Center for Medicare Advocacy: www.medicareadvocacy.org

Social Security: www.ssa.gov

State Department on Aging: www.ct.gov/agingservices

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

CT Association of Area Agencies on Aging: 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 CHOICES further assistance 1-800-994-9422. TDD/TTY users call 711.

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

January 1 – December 31, 2018 Connecticut Medicare Prescription Drug Plans PDPs

CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	CONTACT INFO	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	TYPE OF EXTRA COVERAGE IN THE GAP	BENEFIT TYPE
Aetna Medicare (S5810)	Aetna Medicare Rx Saver (036)	Phone: 1-855-338-7030	Yes	\$33.20	\$315 (no deductible for Tier 1)	\$0	No		Basic
	Aetna Medicare Rx Saver Select (276)	Website: www.aetnamedicare.com TTY/TDD: 711	Yes	\$17.70	\$405 (no deductible for Tier 1)	\$2.30	Yes	Contact Plan	Enhanced
Anthem Blue Cross and Blue Shield (S2893)	Blue Medicare Rx Value Plus (001)	Phone: 1-877-479-2227	No	\$38.20	\$235.00 (no deductible for Tier 1)	\$8.30	No		Basic
	Blue Medicare Rx Premier (003)	Website: www.rxmedicareplans.com TTY/TDD: 711	No	\$122.60	\$0	\$87.00	Yes	Contact plan	Enhanced
CIGNA HealthSpring RX(S5617)	CIGNA HealthSpring Rx Secure (008)	Phone: 1-800-735-1459	Yes	\$58.30	\$405	\$22.70	No		Basic
	CIGNA HealthSpring Rx Secure-Extra (247)	Website: www.Cignahealthspring.com TTY/TDD: 711	Yes	\$55.40	\$0	\$19.80	Yes	Contact plan	Enhanced

PDPs are stand-alone Prescription Drug Plans that offer prescription drug coverage to beneficiaries with Original Medicare.

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ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	CONTACT INFO	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	TYPE OF EXTRA COVERAGE IN THE GAP)	BENEFIT TYPE
EnvisionRx Plus (S7694)	EnvisionRx Plus (002)	Phone: 1-866-250-2005 Website: www.envisionrxplus.com TTY/TDD: 711	Yes	\$12.60	\$300 (no deductible for Tier 1)	\$0	No		Basic
Express Scripts Medicare (S5660)	Express Scripts Medicare- Value (105)	Phone: 1-866-477-5704 Website: www.Express-ScriptsMedicare.com TTY/TDD: 1-800-716-3231	Yes	\$33.40	\$405	\$0	No		Basic
	Express Scripts Medicare Choice (206)		Yes	\$93.10	\$350 (no deductible for Tier 1)	\$57.50	Yes	Contact Plan	Enhanced
	Express Scripts Medicare Saver (219)		Yes	\$22.60	\$405 (no deductible for Tier 1)	\$3.90	No		Enhanced
First Health Part D (S5768)	First Health Part D Value Plus (126)	Phone: 1-855-389-9688 Website: www.FirstHealthPartD.com TTY/TDD: 711	Yes	\$56.30	\$0	\$20.70	Yes	Contact plan	Enhanced

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ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	CONTACT INFO	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	TYPE OF EXTRA COVERAGE IN THE GAP	BENEFIT TYPE
Humana Insurance Company (S5884)	Humana Enhanced (002)	Phone: 1-800-706-0872 Website: www.humana.com/medicare TTY/TDD: 711	Yes	\$73.90	\$0	\$38.30	Yes	Contact Plan	Enhanced
	Humana Preferred Rx Plan (102)		Yes	\$34.60	\$405	\$0.00	No		Basic
	Humana Wal-Mart Rx Plan (149)		Yes	\$20.40	\$405 (No deductible for Tier 1)	\$7.50	No		Enhanced
SilverScript (S5601)	SilverScript Choice (004)	Phone: 1-866-552-6106 Website: www.silverscript.com TTY/TDD: 1-866-552-6288	Yes	\$29.40	\$0	\$0	No		Basic
	SilverScript Plus (005)		Yes	\$63.80	\$0	\$28.20	Yes	Contact plan	Enhanced
United HealthCare (S0522)	Symphonix Value Rx (079)	Phone: 1-855-283-2958 Website: www.UHCMedicareSolutions.com TTY/TTD: 711	Yes	\$30.70	\$405	\$0	No		Basic

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United HealthCare (S5820)	AARP Medicare Rx Preferred (002)	Phone: 1-888-867-5564	Yes	\$78.00	\$0	\$42.40	Yes	Contact Plan	Enhanced
	AARP Medicare Rx Saver Plus (348)	Website: www.AARPMedicareRx.com TTY/TTD: 711	Yes	\$40.80	\$405	\$5.20	No		Basic
United HealthCare (S5921)	AARP Medicare Rx Walgreens (385)	Phone: 1-800-753-8004 Website: www.AARPMedicareRx.com TTY/TTD: 711	Yes	\$26.80	\$405 (no deductible for Tier 1)	\$12.70	No		Enhanced
	WellCare Classic (076)	Phone: 1-888-293-5151 Website: www.wellcarepdp.com	Yes	\$32.60	\$405 (no deductible for Tier 1)	\$0	No		Basic
WellCare (S4802)	WellCare Extra (099)	TTY/TDD: 1-888-816-5252	Yes	\$65.20	\$0	\$29.60	No		Enhanced

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January 1 – December 31, 2018 Connecticut Medicare Prescription Drug Plans BENCHMARK PDPs
CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	CONTACT INFO	MONTHLY PREMIUM	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	Part D Premium Obligation with 75% Premium Assistance	Part D Premium Obligation with 50% Premium Assistance	Part D Premium Obligation with 25% Premium Assistance	BENEFIT TYPE
Aetna Medicare (S5810)	Aetna Medicare Rx Saver (036)	Phone: 1-855-338-7030	\$33.20	\$0.00	\$8.30	\$16.60	\$24.90	Basic
Envision Rx Plus (S7694)	Envision Rx Plus (002)	Phone: 1-866-250-2005	\$12.60	\$0.00	\$3.10	\$6.30	\$9.40	Basic
Express Scripts (S5660)	Express Scripts Medicare Value (105)	Phone: 1-866-477-5704	\$33.40	\$0.00	\$8.30	\$16.70	\$25.00	Basic
Humana Insurance Company (S5884)	Humana Preferred Rx Plan (102)	Phone: 1-800-706-0872	\$34.60	\$0.00	\$8.60	\$17.30	\$25.90	Basic
Silverscript (S5601)	SilverScript CHOICE (004)	Phone: 1-886-552-6106	\$29.40	\$0.00	\$7.30	\$14.70	\$22.00	Basic
United Healthcare (S0522)	Symphonix Value Rx (079)	Phone: 1-855-283-2958	\$30.70	\$0.00	\$7.70	\$15.30	\$23.00	Basic
WellCare (S4802)	WellCare Classic (076)	Phone: 1-888-293-5151	\$32.60	\$0.00	\$8.10	\$16.30	\$24.40	Basic

“Benchmark” plans 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.

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January 1 – December 31, 2018 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 PREMIUM	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA DRUG COVERAGE IN THE GAP	MAX OUT OF POCKET LIMITS	TYPE OF HEALTH PLAN/DRUG BENEFIT TYPE
Aetna Medicare (H5521)	Aetna Medicare Standard Plan (013)	Connecticut	Phone: 1-855-338-7027 Website: www.aetnamedicare.com TTY/TDD: 711	\$96.00 \$34.20 Rx \$61.80 H	\$0	\$0	Yes	\$6,700/ \$10,000	Local PPO/ Enhanced
	Aetna Medicare Elite Plan (157)	Connecticut		\$0	\$0	\$0	Yes	\$6,700/ \$10,000	Local PPO/ Enhanced
Aetna Medicare (H5793)	Aetna Medicare Value Plan (001)	Hartford, Litchfield, Tolland Counties		\$46.00 \$22.20 Rx \$23.80 H	\$0	\$125 (no deductible for Tier 1)	Yes	\$6,700	Local HMO/ Enhanced
	Aetna Medicare Elite Plan (010)	Fairfield, Middlesex, New Haven, New London Counties		\$0	\$0	\$0	Yes	\$6,700	Local HMO/ Enhanced
	Aetna Medicare Elite Plan (011)	Hartford, Litchfield, Tolland, Windham Counties		\$0	\$0	\$0	Yes	\$6,700	Local HMO/ Enhanced
	Aetna Medicare Standard Plan (008)	Connecticut		\$136.00 \$44.70 Rx \$91.30 H	\$9.10	\$0	Yes	\$6,700	Local HMO/ Enhanced

MAPDs are private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** their Medicare benefits in one plan.

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ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	MONTHLY PREMIUM	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA DRUG COVERAGE IN THE GAP	MAX OUT OF POCKET LIMITS	TYPE OF HEALTH PLAN/DRUG BENEFIT TYPE
Anthem Blue Cross and Blue Shield (H5854)	Anthem MediBlue Select HMO (007)	Hartford County	Phone: 1-844-364-2128 Website: www.anthem.com/shop TTY/TDD: 711	\$24.00 \$24 Rx \$0 H	\$0	\$405 (no deductible for Tier 1)	Yes	\$6,100	Local HMO/ Enhanced
	Anthem MediBlue Value HMO (009)	Fairfield, Litchfield, Middlesex, New Haven, Windham Counties		\$34.00 \$34 Rx \$0 H	\$0	\$380 (no deductible for Tier 1)	Yes	\$6,700	Local HMO/ Enhanced
	Anthem MediBlue Select HMO (010)	All except Tolland & New London Counties		\$0	\$0	\$275 (no deductible for Tier 1)	Yes	\$6,700	Local HMO/ Enhanced
ConnectiCare, Inc. (H3528)	ConnectiCare Choice Passage Plan 1 (010)	Connecticut		\$0	\$0	\$0	No	\$6,700	Local HMO/ Enhanced
	ConnectiCare Choice Plan 1 (013-1)	Hartford, Litchfield, Middlesex, Tolland Counties	Phone: 1-877-224-8220 Website: www.connecticare.com/medicare	\$185.00 \$81.20 Rx \$103.80 H	\$45.60	\$300 (no deductible for Tier 1)	Yes	\$3,400	Local HMO/ Enhanced
	ConnectiCare Choice Plan 1 (013-2)	New Haven, New London, Windham Counties	TTY/TDD: 1-800-842-9710	\$205.00 \$81.20 Rx \$123.80 H	\$45.60	\$300 (no deductible for Tier 1)	Yes	\$3,400	Local HMO/ Enhanced

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ConnectiCare, Inc. (H3528)	ConnectiCare Flex Plan 1 (006)	Connecticut	Phone: 1-877-224-8220 Website: www.connecticare.com/medicare TTY/TDD: 1-800-842-9710	\$236 \$84.70 Rx \$151.30 H	\$49.10	\$300 (no deductible for Tier 1)	Yes	\$5,300/ \$10,000	Local HMO-POS/Enhanced
	ConnectiCare Flex Plan 2 (012-1)	Hartford, Litchfield, Middlesex, Tolland Counties		\$120.00 \$62.70 Rx \$57.30 H	\$27.10	\$300 (no deductible for Tier 1)	No	\$6,000/ \$10,000	Local HMO-POS/Enhanced
	ConnectiCare Flex Plan 2 (012-2)	New Haven, New London, Windham Counties		\$140.00 \$67.50 Rx \$72.50 H	\$31.90	\$300 (no deductible for Tier 1)	No	\$6,000/ \$10,000	Local HMO-POS/Enhanced
	ConnectiCare Flex Plan 3 (011-1)	Hartford, Litchfield, Middlesex, Tolland Counties		\$46.00 \$13.80 Rx \$ 32.20 H	\$8.40	\$300 (no deductible for Tier 1)	No	\$6,700/ \$10,000	Local HMO-POS/Enhanced
	ConnectiCare Flex Plan 3 (011-2)	Fairfield, New Haven, New London, Windham Counties		\$66.00 \$23.10 Rx \$ 42.90 H	\$8.40	\$300 (no deductible for Tier 1)	No	\$6,700/ \$10,000	Local HMO-POS/Enhanced
UnitedHealthcare (R7444)	AARP MedicareComplete Choice - PPO (001)	Connecticut	Phone: 1-800-555-5757 Website: www.AARPMedicarePlans.com TTY/TDD: 711	\$48.00 \$19.90 Rx \$28.10 H	\$0	\$295 no deductible for tier 1)	No	\$5,500/ \$10,000	Regional PPO/Enhanced

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ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	MONTHLY PREMIUM	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA DRUG COVERAGE IN THE GAP	MAX OUT OF POCKET LIMITS	TYPE OF HEALTH PLAN/DRUG BENEFIT TYPE
United Healthcare (H0755)	United Healthcare Medicare Complete Plan 1 HMO (030)	Connecticut	Phone: 1-800-555-5757	\$97.00 \$21 Rx \$76 H	\$0	\$100 (no deductible for Tier 1)	No	\$3,700	Local HMO/ Enhanced
	United Healthcare Medicare Complete Plan 2 HMO (031)		Website: www.UHC MedicareSolutions.com	\$27.00 \$14.70 Rx \$12.30 H	\$0	\$150 (no deductible for Tier 1)	No	\$6,000	Local HMO/ Enhanced
	United Healthcare Medicare Plan 3 HMO (033)		TTY/TDD: 711	\$0	\$0	\$175 (no deductible for Tier 1)	No	\$6,700	Local HMO/ Enhanced
WellCare (H0712)	Wellcare Value HMO (019)	All Counties, except Windham	Phone: 1-866-527-0056	\$0	\$0	\$0	No	\$5,000	Local HMO/ Enhanced
	WellCare Rx HMO (020)	Fairfield, Hartford, Litchfield, Middlesex, Tolland Counties	Website: www.wellcare.com/medicare	\$16.10 \$16.10 Rx \$0 H	\$0	\$405 (no deductible for Tier 1)	No	\$3,400	Local HMO/ Basic
	WellCare Preferred (021)	Fairfield, Hartford, New London, Tolland Counties	TTY/TDD: 1-877-247-6272	\$40 \$13.40 Rx \$26.60 H	\$0	\$0	No	\$6,700	Local HMO/ Enhanced

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

**January 1 – December 31, 2018 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	PART D PREMIUM	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	MAX OUT OF POCKET LIMITS	TYPE OF HEALTH PLAN
United HealthCare (H0710)	United HealthCare Nursing Home Plan PPO/SNP (001)	Connecticut	Members: 1-888-834-3721	Institutional	\$35.60	\$0	\$405	Contact Plan	Local PPO
	United HealthCare Assisted Living Plan PPO/SNP (009)		Website: www.UHCMedicareSolutions.com	Institutional	\$27.10	\$0	\$200 (no deductible for Tier 1)	Contact Plan	Local PPO
WellCare (H0712)	WellCare Access HMO/SNP (005)	Fairfield & Hartford Counties	Members: 1-866-527-0056	Dual-Eligible	\$20	\$0	\$405 (no deductible for Tier 1)	Contact Plan	Local HMO
		Website: www.wellcare.com/medicare	TTY/TDD: 1-877-247-6272						
Anthem Blue Cross & Blue Shield (H5854)	Anthem MediBlue Dual Advantage HMO/SNP (008)	Connecticut	Phone: 1-844-834-6071	Dual-Eligible	\$35.60	\$0	\$405 (no deductible for Tier 1)	Contact Plan	Local HMO
			Website: www.anthem.com/shop						
			TTY/TDD: 711						

Special Needs Plans are only available to CT beneficiaries on **BOTH** Medicare and Medicaid or Medicare and the Qualified Medicare Beneficiary Program.

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

January 1 – December 31, 2018 Connecticut Medicare MA-Only Plans

CHOICES Hotline! – 1-800-994-9422

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

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	TOTAL MONTHLY PREMIUM	HEALTH DEDUCTIBLE	MAX OUT OF POCKET LIMITS	TYPE OF HEALTH PLAN
United Healthcare (H0755)	UnitedHealthcare Medicare Complete Essential HMO (032)	Connecticut	Phone: 1-800-555-5757 Website: www.UHCMedicareSolutions.com TTY/TDD: 711	\$0	\$0	\$6,000	Local HMO
ConnectiCare, Inc. (H3528)	Choice Plan 2 HMO (003)	Connecticut	Phone: 1-877-224-8220 Website: www.connecticare.com/medicare TTY/TDD: 1-800-842-9710	\$0	\$0	\$6,000	Local HMO

The MA-Only plan 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!

2018 Plan Contact Information

ORGANIZATION NAME (CONTRACT NUMBER)	Phone	Website
Aetna Medicare (H5521 & H5793)	1-855-338-7027	www.aetnamedicare.com
Aetna Medicare (S5810)	1-855-338-7030	www.aetnamedicare.com
Anthem Blue Cross and Blue Shield (H5854)	1-844-364-2128	www.anthem.com/shop
Anthem Blue Cross and Blue Shield (S2893)	1-877-479-2227	www.rxmedicareplans.com
Cigna-HealthSpring Rx (S5617)	1-800-735-1459	www.cignahealthspring.com
Connecticare, Inc. (H3528)	1-877-224-8220	www.connecticare.com/medicare
EnvisionRx Plus (S7694)	1-866-250-2005	www.envisionrxplus.com
Express Scripts Medicare (S5660)	1-866-477-5704	www.Express-ScriptsMedicare.com
First Health Part D (S5768)	1-855-389-9688	www.FirstHealthPartD.com
Humana Insurance Company (S5884)	1-800-706-0872	www.humana-medicare.com
SilverScript (S5601)	1-866-552-6106	www.SilverScript.com
United Healthcare (H0755 & R7444)	1-800-555-5757	www.UHCMedicareSolutions.com
United Healthcare (H0710)	1-888-834-3721	www.UHCMedicareSolutions.com
United Healthcare (S5921) AARP Medicare RX Walgreens	1-800-753-8004	www.AARPMedicarePlans.com
United Healthcare (S0522) Symphonix	1-855-283-2958	www.UHCMedicareSolutions.com
United Healthcare (S5820 & S5921)	1-888-867-5564	www.AARPMedicarePlans.com
WellCare (H0712)	1-866-527-0056	www.wellcare.com/medicare
WellCare (S4802)	1-800-900-4307	www.wellcarepdp.com

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