Medicare Prescription Drug Coverage - "Choosing the Plan that's Right for You!"

LOCAL HELP FOR PEOPLE WITH MEDICARE

An Enrollment Guide Produced by the CHOICES Program

In January 2006, the Medicare Prescription Drug Program became available for everyone who has Medicare Part A and/or Part B. It pays for outpatient prescription drugs, insulin and insulin supplies, and "stop smoking" drugs. The program is sometimes called "Medicare Rx." It's also known as "Medicare Part D."

- You won't get coverage for the program directly from Medicare, you have to buy it from private Medicare-approved companies that sell Part D plans. In Connecticut, there are 47 Medicare-approved Prescription Drug Plans (PDPs) in 2009. PDPs provide prescription drug coverage only; they don't cover other medical needs like hospital and medical care. You may want to consider a PDP if you have a "Medigap" policy that covers hospital and medical care.

- There are also 32 Medicare-approved Medicare Advantage (HMOs, PPOs, and PFFSs) plans. These are sometimes called MA-PD plans. They offer prescription drug coverage and hospital and medical coverage together in one plan. In addition, there are 7 Medicare plans called "Special Needs Plans" that are available for people with certain chronic diseases and other specialized health needs. One "Medical Savings Account" is also available where a high deductible Medicare Advantage Plan and a bank account are combined. See any of the resources on page 4 for additional information about Medicare Special Needs Plans or Medical Savings Accounts.

- Both PDPs and MA-PDs offer different plans with different benefits and costs. In addition to the PDPs and MA-PDs, some employer-sponsored and union-sponsored retirement health plans also offer Part D coverage.

- **You need to know about this program even if you have existing prescription drug insurance in order to make the best decision for your prescription drug needs.**

- For most people, enrollment is voluntary. You don't have to sign up for it. But if you don't enroll when you first have the opportunity, you may pay more for premiums later on. You may also have a waiting period for coverage. This may be important later on if you develop a sudden illness.

DSS Publication 2005 - 15, REV November13, 2008

NOTE: If you have Medicaid, ConnPACE or a Medicare Savings Program (QMB, SLMB or ALMB), you must be enrolled in a plan. But you still get to choose your own plan.

- Each plan offers its own selection of drugs (called a "formulary") and has its own preferred provider network. **It's important to select your plan carefully, especially because you will be limited to the drugs on your chosen plan's formulary**.
  - 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. The Annual Coordinated Election Period takes place each year between November 15th – December 31st. CHOICES has a "Prescription Drugs" Guidebook that explains more about Medicare prescription drug coverage for people in different situations. Ask CHOICES for this Guidebook.
- The purpose of this Guide is to:

(1) Help you decide if you should enroll in a plan

(2) Give you information you need to help you select and enroll in a plan.

SHOULD YOU ENROLL IN A PLAN?

You should think about enrolling if you don't have *any* prescription drug coverage or if the coverage you have isn't as good as Medicare prescription drug coverage. If your existing coverage is "creditable" (as good as Medicare), then you probably don't want to join a Medicare plan at this time. (Ask CHOICES for information on how to find out if your existing coverage is creditable.) If cost is an issue, you may qualify for Extra Help to pay for premiums, deductibles and co-pays. If you qualify you may not have any premiums or deductibles. Your co-pays may be as low as $2.40 (generic) or $6 (brand name).

Ask CHOICES for the income and asset limits for Extra Help.

HOW DO YOU PICK A PLAN?

Step 1. ___ Make a list of all the prescription drugs you take and how much you pay for them. Look at the dosage you take and the quantity you get.

Step 2. ___ If you have existing prescription insurance, find out if it's "creditable". (Your insurance company must send you this information.)

Step 3. ___ If costs are a major concern, find out if you qualify for Extra Help. 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. If you have ConnPACE and your income is below $15,600* (single) or $21,000* (couple), you must apply for Extra Help. *These amounts will be updated in 2009.

Step 4. ___ Think about what's most important to you in a prescription drug plan. Rank them in order of importance. E.g., can you take generic drugs or do you need brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take very few medications now? If so, a less expensive plan with a higher deductible may be adequate. If you take a lot of medications, you may want to search the plans that pay for drugs during the gap.

Step 5. ___ Finally, ask a lot of questions to find the best plan for your needs. Here are some things to think about:

- How much is the monthly premium? (Rx Premiums in CT range from $0 to approximately $111.30 per month.)
- Is there an annual deductible? How much is it?
- Does the plan cover the drugs you take now? *In 2009 the Medicare Part D Plan Finder Tool has added "Footnote #8" for some plans, instructing the viewer to call the plan for drug pricing information on some brand name drugs.
- What "tier" are your drugs on the different plans? This refers to different co-pay or co-insurance levels for different drugs, e.g., Tier 1-6 in some instances, and can be called a generic drug, value generic drug, preferred brand drug, non-preferred brand drug, specialty drugs, and injectibles. All tiers are not created equal. If two plans cover the same drug but one plan places it at Tier 1 & another at Tier 3, there may be 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 there a "transition" process? (Allowing the temporary usage of drugs that are not on the plan's formulary.)
- Is the plan convenient & accepted at your pharmacy? Does it offer mail order & *in 2009 is it more expensive?
- Is there a gap in coverage? Are co-pays higher during the coverage gap? *For 2009 CMS revised the available definitions for coverage gap to include the following: "Few"= less than 10% of generics on the formulary, "Some"= 10-65% of generics on the formulary, "Many"= 65-100% of generics on the formulary, "All"= 100% of generics on the formulary.
- Does the plan also offer hospital and medical coverage? (If this is important to you.)
- What is the plan's "exception" process if you are denied a particular drug?

REMEMBER! Look for the combination of factors that are most important to your situation. For example, for a person with few prescriptions, a less expensive plan may be adequate. On the other hand, for a person taking many, costly prescriptions; a more expensive plan may be well worth the additional premium dollars. On the following pages you will find general information about the PDPs and MA-PD plans in Connecticut. Telephone numbers for the plans are listed so you can contact them directly for more detailed information. If you decide you want to enroll for the first time or make a change of plans, do so by Dec. 31st, 2008 so your coverage will take effect as of Jan. 1st, 2009.

HOW TO ENROLL IN A PLAN

To enroll in a plan you can:

1. Call CHOICES at 1-800-994-9422 to speak to a CHOICES counselor.
2. Contact the plan directly. Plan phone numbers are listed on the following pages. You can also go to the plans' web sites.
3. Call Medicare (1-800-MEDICARE)
4. Visit www.medicare.gov. Using the Medicare "Plan Finder" tool you can compare up to three plans at a time. You will also be able to enter up to 25 medications to see which plans offer the drugs you take now. You can also use the "Plan Finder" tool to enroll on-line.

You can also get more information from these on-line sources:

- **State of CT Department of Social Services: www.ct.gov/medicarerx**
- **Medicare: www.medicare.gov**
- **Social Security: www.socialsecurity.gov**
- **Center for Medicare Advocacy: www.medicareadvocacy.org**
- **Department of Social Services, Aging Services Division: www.ct.gov/agingservices**

Call CHOICES at 1-800-994-9422 to speak to a counselor at the Area Agency on Aging serving your area of the state. CHOICES counselors are trained and certified to assist you with your Medicare issues and concerns. They can also help you with comparing Medicare prescription drug plans, getting Extra Help to pay for your premiums, deductibles, and co-pays and enrolling you into the plan of your choice.

CHOICES is a program of the State of Connecticut Department of Social Services, Aging Services Division, and serves as Connecticut's State Health Insurance Assistance Program (SHIP), as designated 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.

You Have CHOICES
ship state health insurance assistance programs
LOCAL HELP FOR PEOPLE WITH MEDICARE
1-800-994-9422

Connecticut Department of Social Services
--Caring for Connecticut--

You Have CHOICES
iSMP
Empowering Seniors To Prevent Healthcare Fraud
Call 1-800-994-9422

DSS Publication 2005 - 15, REV November 13, 2008
This publication is not a legal document. The official Medicare provisions are contained in the relevant laws, regulations and rulings.
This information is available in alternative formats. Call 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs(1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)					"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
Aetna Medicare (S5810)	Aetna Medicare Rx Essentials (036)	Non-Members 1-800-455-1560 TTY Users call: 1-800-628-3323 Members 1-877-238-6211 TTY Users call: 1-888-760-4748	$31.80	$195	T1 Preferred Generic $0	T2 Non-preferred Generic $12	T3 Preferred Brand $27	T4 Non-preferred Brand $67	T5 Specialty 25%	None	No
					Mail Order (90 Day Supply):						
					$0	$24	$54	$134	25%		
	Aetna Medicare Rx Plus (138)		$65.10	$0	T1 Preferred Generic $0	T2 Non-preferred Generic $10	T3 Preferred Brand $36	T4 Non-preferred Brand $76	T5 Specialty 33%	Some Generics ($10 Preferred Generics & $20 mail order Preferred Generics during coverage gap)	No
					Mail Order (90 Day Supply):						
					$0	$20	$72	$152	33%		
	Aetna Medicare Rx Premier (172)		$111.30	$0	T1 Preferred Generic $0	T2 Non-preferred Generic $10	T3 Preferred Brand $30	T4 Non-preferred Brand $65	T5 Specialty 33%	Many Generics (Preferred Generics $10 pharmacy/$20 mail order & Non-preferred Generics $25 / $50 mail order in coverage gap)	No
					Mail Order (90 Day Supply):						
					$0	$20	$60	$130	33%		
Anthem Blue Cross and Blue Shield (S2893)	Blue MedicareRx Premier (003)	Non-Members 1-877-479-2227 TTY Users call: 1-800-936-9984 Members 1-866-755-2776 TTY Users call: 1-866-798-7026	$80.90	$0	T1 $8	T2 $24	T3 $60	T4 33%		Many Generics (Preferred Generics $8 / $20 mail order in coverage gap)	No
					Mail Order (90 Day Supply):						
					$20	$60	$120	33%			
	Blue MedicareRx Value (014)		$41.70	$295	T1 $8	T2 $24	T3 $63	T4 25%		None	No
					Mail Order (90 Day Supply):						
					$20	$60	$157.50	25%			
	Blue MedicareRx Value Plus (001)		$43.30	$0	T1 $8	T2 $30	T3 $65	T4 33%		None	No
					Mail Order (90 Day Supply):						
					$20	$75	$162.50	33%			

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! The information in this chart is from Medicare. Please contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)					"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
Bravo Health (S5998)	BravoRx (015)	Non-Members 1-800-723-9209 TTY call: 1-800-964-2561 Members 1-877-504-7252 TTY call: 1-800-964-2561	$30.20	$295	T1 25%	T2 25%	T3 25%			None	Yes
					Mail Order (90 Day Supply):						
					25%	25%	25%				
CIGNA Medicare Rx (S5617)	CIGNA Medicare Rx Plan One (008)	Non-Members 1-800-735-1459 TTY call: 1-800-322-1210 Members 1-800-222-6700 TTY call: 1-800-322-1451	$30.60	$295	T1 $3	T2 $33	T3 $86	T4 25%		None	Yes
					Mail Order (90 Day Supply):						
					$7.50	$82.50	$215	25%			
	CIGNA Medicare Rx Plan Two (010)		$42.80	$0	T1 $0	T2 $6	T3 $38	T4 $80	T5 33%	None	No
					Mail Order (90 Day Supply):						
					$0	$15	$95	$200	33%		
	CIGNA Medicare Rx Plan Three (172)		$79.60	$0	T1 $6	T2 $35	T3 $60	T4 33%		Some Generics (25% in coverage gap)	No
					Mail Order (90 Day Supply):						
					$15	$87.50	$150	33%			
Coventry AdvantraRx (S5674)	AdvantraRx Premier (009)	Non-Members 1-800-882-3822 TTY Users call: 1-888-788-4010 Members 1-866-823-5178 TTY Users call: 1-866-236-1068	$43.60	$0	T1 $5 Preferred Generics	T2 $27 Preferred Generics	T3 $68 Non-preferred Generic & Non-preferred Brand	T4 33% Specialty		None	No
					Mail Order (90 Day Supply):						
					$10	$54	$204	Not available			

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS & CO-INSURANCE / MAIL ORDER (2)					"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
Coventry (cont.)	AdvantraRx Premier Plus (011)	(see previous page)	$59.20	$0	T1 $4 Preferred Generics	T2 $30 Preferred Brand	T3 $70 Non-preferred Generic & Non-preferred Brand	T4 33% Specialty		Many Generics ($15 pharmacy & $30 mail order)	No
					Mail Order (90 Day Supply):						
					$8	$60	$210	Not available			
	AdvantraRx Value (008)		$25.30	$0	T1 $9	T2 $25	T3 $55	T4 33%		None	No
					Mail Order (90 Day Supply):						
					$18	$50	$165	Not available			
EnvisionRx Plus (S7694)	EnvisionRxPlus Gold (036)	Non-Members 1-866-250-2005 TTY Users call: 1-866-763-9630 Members 1-866-250-2005 TTY Users call: 1-866-763-9630	$68.80	$0	T1 $0 Preferred Gererics	T2 $45 Non-preferred Generics	T3 $40 Preferred Brand	T4 $75 Non-preferred Brand	T5 33% Specialty	None	No
					Mail Order (90 Day Supply):						
					$0	$135	$120	$225	Not available		
	EnvisionRxPlus Silver (002)		$31	$295	T1 $4	T2 $33	T3 $23	T4 $75	T5 25%	None	Yes
					Mail Order (90 Day Supply):						
					$12	$99	$69	$225	Not available		

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)					"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
First Health Part D (S5768)	First Health Part D-Premier (038)	Non-Members 1-800-588-3322 TTY Users call: 1-888-788-4010	$28.40	$0	T1 $7	T2 $27	T3 $53	T4 33%		None	Yes
					Mail Order (90 Day Supply):						
					Not available	Not available	Not available	Not available			
	First Health Part D-Secure (085)	Members 1-866-865-0662 TTY Users call: 1-866-236-1068	$19.40	$175	T1 $4	T2 $20	T3 $50	T4 28%		None	No
					Mail Order (90 Day Supply):						
					Not available	Not available	Not available	Not available			
Health Net (S5678)	Health Net Orange Option 1 (004)	Non-Members 1-800-606-3604 TTY Users call: 1-800-929-9955	$31.70	$295	T1 $2 Preferred Generics	T2 $44 Preferred Brand	T3 $90 Non-preferred Brand	T4 25% Injectible	T5 25% Specialty	None	Yes
					Mail Order (90 Day Supply):						
		Members 1-800-806-8811 TTY Users call: 1-800-929-9955			$4	$88	$225	Not available	Not available		
	Health Net Orange Option 2 (010)		$46.20	$0	T1 $5 Preferred Generics	T2 $30 Preferred Brand	T3 $90 Non-preferred Brand	T4 33% Injectible	T5 33% Specialty	None	No
					Mail Order (90 Day Supply):						
					$10	$60	$225	Not available	Not available		

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
HealthSpring Prescription Drug Plan (S5932)	HealthSpring Prescription Drug Plan – Reg 2 (003)	Non-Members 1-800-331-6293 TTY Users call: 1-866-845-7230 Members 1-800-331-6293 TTY Users call: 1-866-845-7230	$29.10	$295	T1 $25%	T2 $25%			None	Yes
					Mail Order (90 Day Supply):					
					T1 $25%	T2 25%				
Humana Insurance Company (S5884)	Humana PDP Complete (031)	Non-Members 1-800-706-0872 TTY Users call: 1-877-833-4486 Members 1-800-281-6918 TTY Users call: 1-800-833-3301	$96.10	$0	T1 $7	T2 $40	T3 $70	T4 33%	Many Generics (Preferred Generics $7 pharmacy / $0 mail order)	No
					Mail Order (90 Day Supply):					
					$0	$100	$175	Not available		
	Humana PDP Enhanced (002)		$39.30	$0	T1 $7	T2 $40	T3 $70	T4 33%	None	No
					Mail Order (90 Day Supply):					
					$0	$100	$175	Not available		
	Humana PDP Standard (061)		$41.40	$295	T1 Preferred Generic 15%	T2 Preferred Brand 25%	T3 Other Non-preferred 47%		None	No
					Mail Order (90 Day Supply):					
					15%	25%	47%			

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
Medco Medicare Prescription Plan (S5660)	Medco Medicare Prescription Plan – Access (173)	Non-Members 1-800-758-3605 TTY Users call: 1-800-716-3231 Members 1-800-758-4574 TTY Users call: 1-800-716-3231	$69	$0	T1 $6 Generic	T2 $35 Preferred Brand	T3 75% Non-Preferred Brand	T4 33% Specialty	All Generics ($6 pharmacy & mail order during coverage gap)	No
					Mail Order (90 Day Supply):					
					$6	$87.50	75%	33%		
	Medco Medicare Prescription Plan – Choice (003)		$46.40	$0	T1 $6	T2 $33	T3 75%	T4 33%	None	No
					Mail Order (90 Day Supply):					
					$6	$95	75%	33%		
	Medco Medicare Prescription Plan – Value (105)		$28.20	$295	T1 23%	T2 23%	T3 53%	T4 25%	None	Yes
					Mail Order (90 Day Supply):					
					23%	23%	53%	25%		
Pennsylvania Life Insurance Company (S5597)	PrescribaRx Bronze (237)	Non-Members 1-800-807-9990 TTY call: 1-800-777-9083 Members 1-800-818-0007 TTY call: 1-800-958-2692	$30.40	$295	T1 25%	T2 25%	T3 25%		None	Yes
					Mail Order (90 Day Supply):					
					25%	25%	25%			
	PrescribaRx Gold (035)		$39.20	$0	T1 $6 Generic	T2 $44 Brand	T3 33% Specialty		None	No
					Mail Order (90 Day Supply):					
					$12	$88	Not available			
	PrescribaRx Platinum (200)		$73.30	$0	T1 $6 Generic	T2 $44 Brand	T3 33% Specialty		All Generics ($6 pharmacy / $12 mail order in coverage gap)	No
					Mail Order (90 Day Supply):					
					$12	$88	Not available			

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)						"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
RxAmerica (S5644)	Advantage Freedom Plan by Rx America (047)	800-429-6686	$40.70	$0	T1 $5	T2 35%	T3 33%	T4 45%			None	No
					Mail Order (90 Day Supply):							
					$0	40%	Not available	45%				
	Advantage Star Plan by Rx America (068)		$30	$295	T1 $5.50	T2 25%	T3 25%	T4 45%			None	Yes
					Mail Order (90 Day Supply):							
					$0	30%	Not available	$45%				
SilverScript Insurance Company (S5601)	SilverScript Value (004)	Non-Members 1-866-552-6106 TTY Users call: 1-866-552-6288 Members 1-866-235-5660 TTY Users call: 1-866-236-1069	$28.30	$295	T1 $8	T2 $39.25	T3 $98	T4 25%			None	Yes
					Mail Order (90 Day Supply):							
					$12	$88.25	$269.50	Not available				
	SilverScript Complete (073)		$70.10	$0	T1 $2.50 Value Generic	T2 $7.50 Generic	T3 $39 Preferred Brand	T4 $98 Non-preferred Brand	T5 33% Specialty		Many Generics (Value Generics $2.50/$6 mail order & Generic $7.50/$19 mail order)	No
					Mail Order (90 Day Supply):							
					$6	$19	$92	$270	Not available			
	SilverScript Plus (005)		$50.60	$50	T1 Value Generic $4	T2 Generic $9	T3 Value Brand $30	T4 Preferred Brand $35	T5 Non-preferred Brand $95	T6 Specialty 31%	Many Generics ($4 for Value Generics & $9 for Generics during the coverage gap)	No
					Mail Order (90 Day Supply):							
					$10	$21	$71	$82	$261	Not available		

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! The information in this chart is from Medicare. Please contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)					"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
Sterling Life Insurance Company (S4802)	Sterling Rx (023)	Non-Members 1-888-909-1713 TTY Users call: 1-888-858-8567 Members 1-866-364-8012 TTY Users call: 1-866-236-1069	$37	$295	T1 $7	T2 $25	T3 $57	T4 25%		None	No
					Mail Order (90 Day Supply):						
					$14	$50	$114	25%			
UniCare (S5960)	MedicareRx Rewards Standard (108)	Non-Members 1-866-892-5334 TTY Users call: 1-800-297-1538 Members 1-800-928-6201 TTY Users call: 1-877-247-1657	$30.40	$295	T1 25%	T2 25%	T3 25%	T4 25%	T5 25%	None	Yes
					Mail Order (90 Day Supply):						
					25%	25%	25%	25%	25%		
United American Insurance Company (S5755)	UA Medicare Part D Prescription Drug Cov (006)	Non-Members 1-866-524-4169 TTY Users call: 1-866-524-4170 Members 1-866-524-4169 TTY Users call: 1-866-524-4170	$41	$0	T1 $6	T2 $32	T3 $64	T4 33%		None	No
					Mail Order (90 Day Supply):						
					$15	$64	$128	33%			

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
United American Insurance Company (cont.)	UA Medicare Part D Rx Covg – Silver Plan (041)	Non-Members 1-866-299-3406 TTY Users call: 1-866-524-4170 Members 1-866-299-3406 TTY Users call: 1-866-524-4170	$36.90	$180	T1 $4	T2 $40	T3 $80	T4 25%	None	No
					Mail Order (90 Day Supply):					
					$10	$100	$200	25%		
UnitedHealthcare (S5820)	AARP MedicareRx Preferred (002)	Non-Members 1-888-867-5564 TTY Users call: 1-877-730-4192 Members 1-888-867-5575 TTY Users call: 1-877-730-4192	$38.50	$0	T1 $7 Preferred Generic	T2 $38 Generic & Preferred Brand	T3 $94.20 Other Non-Preferred	T4 33% Specialty	None	No
					Mail Order (90 Day Supply):					
					$0	$99	$267.60	30%		
UnitedHealthcare (S5921)	AARP Medicare Rx Enhanced (183)	Non-Members 1-888-867-5564 TTY Users call: 1-877-730-4192 Members 1-888-867-5575 TTY Users call: 1-877-730-4192	$81.90	$0	T1 $7	T2 $39	T3 $95	T4 33%	Many Generics (Preferred Generics $14 pharmacy & mail order)	No
					Mail Order (90 Day Supply):					
					$0	$102	$270	30%		

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
United Healthcare (cont.)	AARP MedicareRx Saver (181)	Non-Members 1-800-745-0922 TTY Users call: 1-877-730-4192 Members 1-888-867-5575 TTY Users call: 1-877-730-4192	$26.30	$295	T1 $5 Preferred Generic	T2 $22 Generic & Preferred Brand	T3 $63.55 Other Non-Preferred	T4 25% Specialty	None	Yes
					Mail Order (90 Day Supply):					
					$0	$51	$175.65	25%		
	UnitedHealth Rx Basic (182)	Non-Members 1-888-867-5561 TTY Users call: 1-877-730-4203 Members 1-888-867-5562 TTY Users call: 1-877-730-4203	$39.90	$0	T1 $7 Preferred Generic	T2 $35 Generic & Preferred Brand	T3 $98 Other Non-Preferred	T4 33% Specialty	None	No
					Mail Order (90 Day Supply):					
					$0	$90	$279	30%		
Universal American (S5803)	Community CCRx Basic (071)	Non-Members 1-866-423-5040 TTY Users call: 1-866-684-5351 Members 1-866-684-5353 TTY Users call: 1-866-684-5351	$32.10	$295	T1 $0 Generics	T2 30% Preferred Brand	T3 45% Non-Preferred Brand		None	No
					Mail Order (90 Day Supply):					
					Not available	Not available	Not available			

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE (4)	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
Universal American (cont.)	Community CCRx Choice (139)	Non-Members 1-866-423-5040 TTY Users call: 1-866-684-5351 Members 1-866-684-5353 TTY Users call: 1-866-684-5351	$52.40	$0	T1 $5	T2 $30	T3 $60	T4 33%	None	No
					Mail Order (90 Day Supply):					
					Not available	Not available	Not available	Not available		
	Community CCRx Gold (219)		$79.60	$0	T1 $5	T2 $30	T3 $60	T4 33%	All Generics ($5 pharmacy / mail order not available)	No
					Mail Order (90 Day Supply):					
					Not available	Not available	Not available	Not available		
WellCare (S5967)	WellCare Classic (139)	Non-Members 1-888-423-5252 TTY call: 1-888-816-5252 Members 1-888-550-5252 TTY call: 1-888-816-5252	$31.90	$295	T1 $0	T2 $41	T3 $92	T4 25%	None	No
					Mail Order (90 Day Supply):					
					$0	$123	$276	25%		
	WellCare Signature (036)		$35.70	$0	T1 $0	T2 $39	T3 $79	T4 33%	None	No
					Mail Order (90 Day Supply):					
					$0	$117	$237	33%		

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. (2) Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium and your chosen plan's premium. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

IMPORTANT! **The information in this chart is from Medicare. Please contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
								T1	T2	T3	T4		
Advantra Freedom (H0846)	Advantra Freedom-Freedom 5 (015)	PFFS	Non-Members 1-800-711-1607 TTY call: 1-888-788-4010 Members 1-866-386-2330 TTY call: 1-866-386-2335	Hartford, Litchfield, Middlesex, New London, Tolland, Windham	$19	$36	$0	$7	$30	$73	30%		None
								Mail Order (90 Day Supply):					
								$14	$60	$219	Not available		
Aetna Medicare (H0768)	Aetna Golden Choice Premier Plan (002)	PPO	Non-Members 1-800-455-1560 TTY call: 1-800-628-3323 Members 1-800-282-5366 TTY call: 1-800-628-3323	Fairfield, Hartford, Litchfield, New Haven	$48.50	$144	$0	T1 Preferr-ed Generic $5	T2 Non-preferr-ed Generic $15	T3 Preferr-ed Brand $27	T4 Non-preferr-ed Brand $68	T5 Specialty 25%	None
								Mail Order (90 Day Supply):					
								$10	$30	$54	$136	25%	
	Aetna Golden Choice Standard (001)				$24.70	$83	$215	T1 Preferr-ed Generic $4	T2 Non-preferr-ed Generic $12	T3 Preferr-ed Brand $24	T4 Non-preferr-ed Brand $65	Specialty 25%	None
								Mail Order (90 Day Supply):					
								$8	$24	$48	$130	25%	

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and PPOs (Preferred Provider Organization). (2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes).

(3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used.

(4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! The information in this chart is from Medicare. Contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
								T1	T2	T3	T4		
Aetna Medicare (H5736)	Aetna Medicare Open Standard Plan w/Rx (024)	PFFS	(see previous page)	Litchfield, Middlesex, Tolland	$25.40	$109	$275	T1 Preferr-ed Generic $0	T2 Non—preferr-ed Generic $2	T3 Preferr-ed Brand $45	T4 Non-preferr-ed Brand $80	T5 Specialty 33%	None
								Mail Order (90 Day Supply):					
								$0	$4	$90	$160	33%	
	Aetna Medicare Open Basic Plan w/ Rx (003)				$17.90	$32.00	$215	T1 Preferred Generic $4	T2 Non-preferred Generic $11	T3 Preferred Brand $24	T4 Non-preferred Brand $69	T5 Specialty 25%	None
								Mail Order (90 Day Supply):					
								$8	$22	$48	$138	25%	
Aetna Medicare (H5793)	Aetna Golden Medicare Premier Plan (003)	HMO		Fairfield, Hartford, Litchfield, New Haven	$53.20	$114	$0	T1 Preferred Generic $0	T2 Non-preferred Generic $10	T3 Preferred Brand $35	T4 Non-preferred Brand $75	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$0	$20	$70	$150	33%	

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and PPOs (Preferred Provider Organization). (2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes). (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used.
(4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! The information in this chart is from Medicare. Contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
Aetna (cont.)	Aetna Golden Medicare Value Plan (001)	HMO	(see previous page)	Fairfield, Hartford, Litchfield, New Haven	$0	$0	$0	T1 Preferr-ed Generic $0	T2 Non-preferr-ed Generic $2	T3 Preferr-ed Brand $45	T4 Non-preferr-ed Brand $80	T5 Specialty 33%	None
								Mail Order (90 Day Supply):					
								$0	$4	$90	$160	33%	
	Aetna Golden Medicare Standard Plan (008)				$26.10	$59.00	$0	T1 Preferr-ed Generic $5	T2 Non-preferr-ed Generic $15	T3 Preferr-ed Brand $27	T4 Non-preferr-ed Brand $68	T5 Specialty 25%	None
								Mail Order (90 Day Supply):					
								$10	$30	$54	$136	25%	
Anthem Blue Cross Blue Shield (H5854)	MediBlue HMO Plus (002)	HMO	Non-Members 1-800-238-1143 TTY call: 1-800-241-6894 Members 1-866-673-4157 TTY call: 1-800-241-6894	Fairfield, Hartford, New Haven	$31	$31	$0	T1 Preferr-ed Generic $7	T2 Preferr-ed Brand $35	T3 Non-preferr-ed Brand/ Generic $75	T4 Non-special-ty injecta-ble 33%	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$14	$70	$150	33%	Not avail	
	MediBlue HMO Select (003)				$49.10	$111	$0	T1 Preferre d Generic $7	T2 Preferre d Brand $35	T3 Non-preferre d Brand or Generic $75	T4 Non-specialt y Injectab le 33%	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$14	$70	$150	33%	Not avail	

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and PPOs (Preferred Provider Organization. (2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes). (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap. **Important!** The information in this chart is from Medicare. Contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
Anthem Blue Cross Blue Shield (cont.)	MediBlue HMO Value (005)	HMO	(See previous page)	Fairfield, Hartford, New Haven	$0	$0	$0	T1 Preferr-ed Generic $7	T2 Prefer-red Brand $35	T3 Non-preferr-ed Brand or Generic $75	T4 Non-special-ty injecti-ble 33%	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$14	$70	$150	33%	Not available	
Anthem Blue Cross Blue Shield (H1689)	Smart Value Plus (013)	PFFS	Non-Members 1-800-765-2585 TTY call: 1-800-425-5705 Members 1-800-797-2309 TTY call: 1-800-425-5705	Litchfield, Middlesex, New London, Windham	$0	$0	$0	T1 Preferred Generic $10	T2 Preferred Brand $35	T3 Non-preferred Brand or Generic $75	T4 Non-specialty injectible 33%	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$15	$87.50	$187.50	33%	Not available	
Connecti-Care, Inc. (H3528)	Connecti-Care VIP Option1 (006)	HMO	Non-Members 1-877-224-8220 TTY call: 1-800-842-9710 (cont. next page)	All CT Counties	$55.40	$119	$0	T1 $5	T2 $25	T3 50%	T4 33%		Many Generics
								Mail Order (90 Day Supply):					
								$7.50	$37.50	50%	33%		

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service) and PPOs (Preferred Provider Organization). (2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes). (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! **The information in this chart is from Medicare. Contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
Connecti-Care, Inc. (cont.)	Connecti-Care VIP Prime 1 (001)	HMO	(cont. previous page) Members 1-800-224-2273 TTY call: 1-800-842-9710	All CT Counties	$0	$0	$0	T1 $5	T2 $25	T3 50%	T4 33%		Many Generics
								Mail Order (90 Day Supply):					
								$7.50	$37.50	50%	33%		
	Connecti-Care VIP Prime 2 (005)				$28.20	$45	$0	T1 $5	T2 $25	T3 50%	T4 33%		Many Generics
								Mail Order (90 Day Supply):					
								$7.50	$37.50	50%	33%		
	Connecti-Care VIP Prime 3 (002)				$28.20	$45	$0	T1 $5	T2 $25	T3 50%	T4 33%		Many Generics
								Mail Order (90 Day Supply):					
								$7.50	$37.50	50%	33%		
Health Net of Connecticut (H0755)	Health Net Navy (020)	HMO	Non-Members 1-800-709-4192 TTY Users call: 1-888-747-2424 (cont. Next page)	All CT Counties	$39	$179	$0	T1 Preferred Generic $8	T2 Preferred Brand $35	T3 Non-preferred Brand $75	T4 Injectable 33%	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$16	$70	$188	Not avail.	Not avail.	
	Health Net Ruby Option 1 (001)				$22.90	$109	$0	T1 $8 Preferred Generics	T2 $35 Preferred Brand	T3 $75 Non-Preferred Brand	T4 33% Injectible	T5 33% Specialty	Many Generics
								Mail Order (90 Day Supply):					
								$16	$70	$188	Not avail.	Not avail.	

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service) and PPOs (Preferred Provider Organization). (2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes). (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap. **Important!** The information in this chart is from Medicare. Contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
Health Net of Connecticut (H0755)	Health Net Ruby Option 2 (022)	HMO	Non-Members 1-800-709-4192 TTY Users call: 1-888-747-2424	All CT Counties	$0	$0	$0	T1 $8 Preferr-ed Generics	T2 $35 Preferred Brand	T3 $75 Non-Preferred Brand	T4 33% Injectible	T5 33% Special-ty	None
								Mail Order (90 Day Supply):					
								$16	$70	$188	Not available	Not avail	
	Health Net Ruby Option 3 (028)		Members 1-800-547-8734 TTY Users call: 1-888-747-2424		$17.30	$59	$0	T1 $8 Preferred Generics	T2 $35 Preferred Brand	T3 $75 Non-Preferred Brand	T4 33% Injectible	T5 33% Special-ty	None
								Mail Order (90 Day Supply):					
								$16	$70	$188	Not available	Not avail	
Secure-Horizons Medicare Direct (H5435)	Secure-Horizon Medicare Direct Rx Plan 56 (025)	PFFS	Non-Members 1-800-555-5757 TTY call: 1-888-685-8480 Members 1-866-579-8774 TTY call: 1-800-387-1074	Hartford, Middlesex, Tolland	$0	$0	$0	T1 $5	T2 $34	T3 64	T4 33%		None
								Mail Order (90 Day Supply):					
								$10	$92	$182	33%		

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and (PPO) Preferred Provider Organization.
(2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes). (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used. (4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! **The information in this chart is from Medicare. Contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				"COVERAGE GAP" COVERAGE (4)
AARP Medicare Complete from Secure-Horizons (H0752)	AARP Medicare Complete (002)	HMO	Non-Members 1-800-547-5514 TTY call: 1-800-201-4874	New Haven	$0	$0	$0	T1 $4	T2 $28 Preferred Brand	T3 $58 Non-Preferred	T4 33% Specialty	Many Generics
								Mail Order (90 Day Supply):				
								$8	$74	$164	33%	
AARP Medicare Complete Choice from Secure-Horizons (R7444)	AARP Medicare-Complete Choice (001)	PPO	Members 1-800-665-4654 TTY call: 1-888-685-8480	All CT Counties	$0	$0	$0	T1 $5	T2 $35	T3 $65	T4 33%	None
								Mail Order (90 Day Supply):				
								$10	$95	$185	33%	
Universal American (H3333)	Today's Options Premier powered by CCRx (051)	PFFS	Non-Members 1-800-996-8867 TTY Users call: 1-800-777-9083 (cont. next page)	Tolland	$40.80	$93.10	$0	T1 $5	T2 $30	T3 $60	T4 25%	All Generics
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	
	Today's Options Premier powered by CCRx (053)			Hartford, Litchfield, Middlesex, New London	$40.80	$124.10	$0	T1 $5	T2 $30	T3 $60	T4 25%	All Generics
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and PPOs (Preferred Provider Organization).

(2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes).

(3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used.

(4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! **The information in this chart is from Medicare. Contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				"COVERAGE GAP" COVERAGE (4)
Universal American (cont)	Today's Options Premier powered by CCRx (054)	PFFS	(cont. previous page) Members 1-866-568-8921 TTY Users call: 1-800-958-2692	Fairfield New Haven, Windham	$40.80	$139.10	$0	T1 $5	T2 $30	T3 $60	T4 25%	All Generics
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	
	Today's Options Value powered by CCRx (057)			Tolland	$25	$29.90	$0	T1 $5	T2 $30	T3 $60	T4 25%	None
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	
	Today's Options Value powered by CCRx (059)			Hartford, Litchfield, Middlesex, New London	$25	$59.90	$0	T1 $5	T2 $30	T3 $60	T4 25%	None
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	
	Today's Options Value powered by CCRx (060)			Fairfield, New Haven, Windham	$25	$74.90	$0	T1 $5	T2 $30	T3 $60	T4 25%	None
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and PPOs (Preferred Provider Organization.

(2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes).

(3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used.

(4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! **The information in this chart is from Medicare. Contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Rx MA-PDs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIB-LE FOR DRUG COVERAG-E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)					"COVERAGE GAP" COVERAGE (4)
Unicare Life & Health Ins. Company (H0540)	Security-Choice Plus (020)	PFFS	Non-Members 1-888-949-5384 TTY call: 1-800-297-1538 Members 1-888-445-8916 TTY call: 1-800-297-1538	Middlesex	$0	$0	$0	T1 Preferr-ed Generic $10	T2 Preferr-ed Brand $35	T3 Non-prefer-red Brand or Generic $75	T4 Non-special-ty Injectab-le 33%	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$15	$87.50	$187.50	33%	Not available	
WellCare (H0712)	WellCare Choice (001)	HMO	Non-Members 1-866-238-4344 TTY call: 1-877-247-6272 Members 1-866-579-8006 TTY call: 1-877-247-6272	Fairfield, Hartford, New Haven, Tolland	$0	$0	$0	T1 $0	T2 $39	T3 $69	T4 33%		None
								Mail Order (90 Day Supply):					
								$0	$117	$207	33%		
	WellCare Premium (018)				$0	$99	$0	T1 $0	T2 $29	T3 $59	T4 33%		None
								Mail Order (90 Day Supply):					
								$0	$87	$177	33%		

(1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In CT, there include local HMOs (Health Maintenance Organizations), PFFS (Private Fee For Service), and PPOs (Preferred Provider Organizations.

(2) The first premium amount is for prescription drug coverage only. The second amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B Premium (96.40 in 2009 for most people in CT, but more for people with higher incomes).

(3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy. Costs are listed for a 30-day supply at a network pharmacy & by mail order. Prices are generally higher at a non-network pharmacy & may be higher by mail order. In most plans, co-pays and co-insurance depend on the drug's "Tier level." Plan Tier titles are indicated only when traditional tiers are not used.

(4) Coverage Gap coverage is defined as either: None, Some, Many or All – see page 3 for definitions. Co-pays may be higher, in plans offering coverage, during the gap.

Important! **The information in this chart is from Medicare. Contact the plan itself for more details!**

January 1 – December 31, 2009 Connecticut Medicare Special Needs Plans
CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	SPECIAL RULES FOR ENROLLING
ConnectiCare Inc. (H3528)	ConnectiCare VIP Custom 1 (004)	Medicare Advantage Plan	Non-Members 1-877-224-8220 TTY Users call: 1-800-842-9710 Members 1-800-224-2273 TTY Users call: 1-800-842-9710	All CT Counties	Must have certain chronic or disabling conditions
Evercare Health Plans (H0710)	Evercare Plan DP (002)	PPO	Non-Members 1-888-834-3721 TTY Users call: 1-888-685-8480 Members 1-877-702-5110 TTY Users call: 1-800-387-1074	Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham	Must have Medicare and Medicaid
	Evercare Plan IP (001)				Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details
	Evercare Plan MP (003)				Must have certain chronic or disabling conditions
HealthNet of CT (HO755)	Health Net Sage (027)	Medicare Advantage Plan	Non-Members 1-800-709-4192 TTY Users call: 1-888-747-2424 Members 1-800-547-8734 TTY Users call: 1-888-747-2424	All CT Counties	Must have certain chronic or disabling conditions
Wellcare (H0712)	WellCare Access (005)	Medicare Advantage Plan	Non-Members 1-866-238-4344 TTY Users call: 1-877-247-6272 Members 1-866-579-8006 TTY Users call: 1-877-247-6272	Fairfield, Hartford, New Haven, Tolland	Must have Medicare and Medicaid
	Wellcare Select (011)				Must have Medicare and Medicaid

- Call 1-800-MEDICARE (1-800-633-4227), or CHOICES (1-800-994-9422), or go on the web to www.medicare.gov for additional information about Medicare Special Needs Plans.

January 1 – December 31, 2009 Connecticut Medical Savings Accounts

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM)	PLAN SERVICE DELIVERY AREA (BY COUNTY)	ANNUAL DEDUCTIBLE	ANNUAL DEPOSIT	COST SHARING AFTER DEDUCTIBLE	ANNUAL OUT-OF-POCKET MAXIMUM
Advantra Savings (H7206)	Advantra Savings-Plan 2 (002)	Medical Savings Account	800-474-5993	Select counties in multiple states	$4,000	$1,570	$0	$4,000

- Call 1-800-MEDICARE (1-800-633-4227), or CHOICES (1-800-994-9422), or go on the web to www.medicare.gov for additional information about Medical Savings Accounts.

January 1 – December 31, 2009 Connecticut Medicare Rx BENCHMARK Plans

CHOICES Hotline! – 1-800-994-9422

Plan Sponsor Names
Bravo Health - BravoRx (Plan S5998-015)
Cigna Medicare Rx Plan One (Plan S5617-008)
EnvisionRxPlus Silver (Plan S7694-002)
First Health Part D Premier (Plan S5768-038)
HealthNet Orange Option 1 (Plan S5678-004)
HealthSpring PDP-Reg2 (Plan S5932-003)
Medco – Medicare Prescription Plan Value (Plan S5660-105)
Pennsylvania Life Insurance Co. - PrescribaRx Bronze (Plan S5597-237)
Rx America Advantage Star Plan (Plan S5644-068)
SilverScript Value (Plan S5601-004)
Unicare Medicare Rx Standard (Plan S5960-108)
United Healthcare's – AARP MedicareRx Saver (Plan S5921-181)

- "Benchmark" plans are those that offer basic (vs. enhanced) benefits and have premiums at or below the national average premium. In 2009 the national average premium is $31.74.
- Dual eligible beneficiaries (people who have both Medicare and Medicaid), people who are on a Medicare Savings Program (QMB, SLMB, or ALMB), SSI recipients, and people who qualify for Extra Help, will be randomly assigned to one of the above plans if they do not select one on their own. Beneficiaries who enroll in – or are assigned to – one of these plans will not have to pay a monthly premium. Beneficiaries who join a plan other than one of the above will have to pay the difference between their plan's premium and $31.74, unless they are on Medicaid (Title 19) or ConnPACE. The State of Connecticut will pay the full premium for Medicaid and ConnPACE beneficiaries.

IMPORTANT! The information in this chart is from Medicare. Please contact the plan itself for more details!

January 1 – December 31, 2009 Connecticut Medicare Rx Prescription Drug Plans

CHOICES Hotline! – 1-800-994-9422

Plan / Company	Telephone & Website Information	Low Income Subsidy Plan	National Plan
Aetna Medicare Rx Essentials (S5810-036)	(M) 1-877-238-6211 (NM) 1-800-455-1560 www.aetnamedicare.com		X
Aetna Medicare Rx Plus (S5810-138)			X
Aetna Medicare Rx Premier (S5810-172)			X
Blue MedicareRx Premier (S2893-003)	(M) 1-888-620-1747 (NM) 1-866-832-9702 www.bmedicarerx.com		X
Blue MedicareRx Value (S2893-014)			X
Blue MedicareRx Value Plus (S2893-001)			X
BravoRx (S5998-015)	(M) 1-877-504-7252 (NM) 1-800-723-9209 www.mybravohealth.com	X	
CIGNA Medicare Rx Plan One (S5617-008)	(M) 1-800-322-1210 (NM) 1-800-735-1459 www.cignamedicarerx.com	X	X
CIGNA Medicare Rx Plan Three (S5617-172)			X
CIGNA Medicare Rx Plan Two (S5617-010)			X
AdvantraRx Premier (S5674-009)	(M) 1-866-823-5178 (NM) 1-800-882-3822 www.advantrax.com		X
AdvantraRx Premier Plus (S5674-011)			X
AdvantraRx Value (S5674-008)			X
EnvisionRxPlus Gold (S7694-036)	(M) 1-866-250-2005 (NM) Same www.envisionrxplus.com		X
EnvisionRxPlus Silver (S7694-002)		X	X
First Health Part D-Premier (S5768-038)	(M) 1-866-865-0662 (MN) 1-800-588-3322 www.firsthealthpartd.com	X	X

First Health Part D-Secure (S5768-085)			X
Health Net Orange Option 1 (S5678-004)	(M) 1-800-806-8811 (NM) 1-800-606-3604 www.healthnet.com	X	X
Health Net Orange Option 2 (S5678-010)			X
HealthSpring Prescription Drug Plan - Reg 2(S5932-003)	(M) 1-800-331-6293 (NM) 1-800-331-6293 www.healthspring.com	X	X
Humana PDP Complete S5884-031 (S5884-031)	(M) 1-800-281-6918 (NM) 1-800-706-0872 www.humana-medicare.com		X
Humana PDP Enhanced S5884-002 (S5884-002)			X
Humana PDP Standard S5884-061 (S5884-061)			X
Medco Medicare Prescription Plan - Access(S5660-173)	(M) 1-800-758-4574 (NM) 1-800-758-3605 www.medcomedicare.com		X
Medco Medicare Prescription Plan - Choice(S5660-003)			X
Medco Medicare Prescription Plan - Value(S5660-105)		X	X
Community CCRx Basic (S5803-071)	(M) 1-866-684-5353 (NM) 1-866-423-5040 www.communityccrx.com		X
Community CCRx Choice (S5803-139)			X
Community CCRx Gold (S5803-219)			X
PrescribaRx Bronze (S5597-237)	(M) 1-800-818-0007 (NM) 1-800-807-9990 www.rxinfo.com	X	X
PrescribaRx Gold (S5597-035)			X
PrescribaRx Platinum (S5597-200)			X
Advantage Freedom Plan by RxAmerica (S5644-047)	(M / NM) 1-800-429-6686 www.meds4medicare.com		X
Advantage Star Plan by RxAmerica (S5644-068)		X	X

SilverScript Value (S5601-004)	(M) 1-866-235-5660 (NM) 1-866-552-6106 www.silverscript.com	X	X
SilverScript Complete (S5601-073)			X
SilverScript Plus (S5601-005)			X
Sterling Rx (S4802-023)	(M) 1-866-364-8012 (NM) 1-888-909-1713 www.sterlingplans.com		X
MedicareRx Rewards Standard (S5960-108)	(M) 1-800-928-6201 (NM) 1-866-892-5334 www.medicarerxrewards.com	X	X
UA Medicare Part D Prescription Drug Cov (S5755-006)	(M) 1-866-524-4169 (NM) Same www.partdcentral..com		X
UA Medicare Part D Rx Covg - Silver Plan (S5755-041)	(M) 1-866-299-3406 (NM) Same www.partdcentral.com		X
AARP MedicareRx Enhanced (S5921-183)	(M) 1-888-867-5575 (NM) 1-888-867-5564 www.partdcentral.com		X
AARP MedicareRx Preferred (S5820-002)	(M) 1-888-867-5575 (NM) 1-888-867-5564 www.partdcentral.com		X
AARP MedicareRx Saver (S5921-181)	(M) 1-888-867-5575 (NM) 1-800-745-0922 www.partdcentral.com	X	X
UnitedHealth Rx Basic (S5921-182)	(M) 1-888-867-5562 (NM) 1-888-867-5561 www.partdcentral.com		X
WellCare Classic (S5967-139)	(M) 1-888-550-5252 (NM) 1-888-423-5252 www.wellcare.com		X
WellCare Signature (S5967-036)			X

IMPORTANT! The information in this chart is from Medicare. Please contact the plan itself for more details!-