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

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 48 Medicare-approved Prescription Drug Plans (PDPs) in 2010. 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 29 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 4 Medicare plans called "Special Needs Plans" that are available for people with certain chronic diseases and other specialized health needs. See any of the resources on page 4 for additional information about Medicare Special Needs Plans.

- 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.

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NOTE: If you have Medicaid, ConnPACE or a Medicare Savings Program (QMB, SLMB or ALMB) and you want your Medicare Part D monthly Premiums paid for, you need to be enrolled in a benchmark plan. But you still get to choose which benchmark plan. However, you can still have Medicaid, ConnPACE or a Medicare Savings Program and not be in a benchmark plan. If you choose this option – you will be responsible to pay your monthly premiums. Call CHOICES at 1-800-994-9422 to discuss these options in more detail.

- 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 your coverage 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 $2.50 (generic) or $6.30 (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 each month.

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 $16,245* (single) or $21,855* (couple), you must apply for Extra Help. *These amounts may be updated in 2010.

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? Is there an annual deductible? How much is it?
- Does the plan cover the drugs you take now? 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 & if so - is it more expensive?
- Is there a gap in coverage? Are co-pays higher during the coverage gap? Available definitions for coverage gap 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, 2009 so your coverage will take effect as of Jan. 1st, 2010.

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

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This publication is not a legal document. The official Medicare provisions are contained in the relevant laws, regulations and rulings.
This publication was updated with assistance from Aging Services Student Interns Alyssa Cole & Leigh Ann Hutchinson.
Call 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

January 1 – December 31, 2010 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)	BENCH-MARK PLANS YES OR NO? (3)
Aetna Medicare (S5810)	Aetna Medicare Rx Plus (206)	Non-Members 1-800-455-1560 TTY Users call: 1-888-760-4748 Members 1-877-238-6211 TTY Users call: 1-888-760-4748	$37.50	$0	T1 Preferred Generic $5	T2 Non-preferred Generic $34	T3 Preferred Brand $36	T4 Non-preferred Brand $80	T5 Specialty 33%	None	No
					Mail Order (90 Day Supply):						
					$15	$87	$93	$225	33%		
	Aetna Medicare Rx Essentials (036)		$29.20	$310	T1 Preferred Generic $4	T2 Non-preferred Generic $29	T3 Preferred Brand $30	T4 Non-preferred Brand $72	T5 Specialty 25%	None	Yes
					Mail Order (90 Day Supply):						
					$12	$72	$75	$201	25%		
	Aetna Medicare Rx Premier (172)		$91.90	$0	T1 Preferred Generic $7	T2 Non-preferred Generic $37	T3 Preferred Brand $38	T4 Non-preferred Brand $87	T5 Specialty 33%	Many Generics (Preferred Generics $16 pharmacy/$48 mail order)	No
					Mail Order (90 Day Supply):						
					$21	$96	$99	$246	33%		
Anthem Blue Cross and Blue Shield (S2893)	Blue MedicareRx Premier (003)	Non-Members 1-866-832-9775 TTY Users call: 1-866-236-1069 Members 1-888-543-4917 TTY Users call: 1-866-236-1069	$92.70	$0	T1 $8	T2 $30	T3 $70	T4 33%		Many Generics (Tier 1-Preferred Generics $8 / $20 mail order)	No
					Mail Order (90 Day Supply):						
					$20	$75	$175	33%			
	Blue MedicareRx Value (014)		$47.70	$310	T1 $8	T2 $25	T3 $65	T4 25%		None	No
					Mail Order (90 Day Supply):						
					$20	$62.50	$162.50	25%			
	Blue MedicareRx Value Plus (001)		$53.10	$0	T1 $8	T2 $35	T3 $75	T4 33%		None	No
					Mail Order (90 Day Supply):						
					$20	$87.50	$187.50	33%			

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January 1 – December 31, 2010 Connecticut Medicare Rx PDPs (1)

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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	$34.10	$310	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: 1-800-322-1451 Members 1-800-222-6700 TTY call: 1-800-322-1451	$33.10	$310	T1 $3	T2 $31	T3 $77	T4 25%		None	Yes
					Mail Order (90 Day Supply):						
					$7.50	$77.50	$192.50	25%			
	CIGNA Medicare Rx Plan Two (010)		$37	$100	T1 $0	T2 $8	T3 $40	T4 $91	T5 25%	None	No
					Mail Order (90 Day Supply):						
					$0	$20	$100	$227.50	25%		
	CIGNA Medicare Rx Plan Three (172)		$66.40	$0	T1 $6	T2 $35	T3 $60	T4 33%		Many Generics & Some Brands (Tier 1 - 25% or 25% mail order)	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	$47.30	$0	T1 $12 Preferred Generics	T2 16% Preferred Generics	T3 51% Non-preferred Generic & Non-preferred Brand	T4 33% Preferred Brand Specialty-Generic and Brand		None	No
					Mail Order (90 Day Supply):						
					$30	15%	51%	Not available			

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Coventry (cont.)	AdvantraRx Premier Plus (011)	(see previous page)	$61.00	$0	T1 $5 Preferred Generics	T2 $25 Generics	T3 18% Preferred Brand	T4 75% Non-preferred brand	T5 33% Specialty -Generic and Brand	Many Generics ($15 pharmacy & $37.50 mail order)	No
					Mail Order (90 Day Supply):						
					$12.50	$62.50	16%	75%	Not available		
	AdvantraRx Value (008)		$34.70	$100	T1 $6 Preferred Generic	T2 20% Preferred Brand	T3 64% Non-Preferred Generic & Non-preferred Brand	T4 30% Specialty Generic and Brand		None	No
					Mail Order (90 Day Supply):						
					$15	18%	64%	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	$63.40	$150	T1 $4 Preferred Generics	T2 $30 Non-preferred Generics	T3 $25 Preferred Brand	T4 25% Non-preferred Brand	T5 25% Specialty	None	No
					Mail Order (90 Day Supply):						
					$12	$90	$75	25%	Not available		
	EnvisionRxPlus Silver (002)		$36.30	$310	T1 25%	T2 25%	T3 25%	T4 25%	T5 25%	None	No
					Mail Order (90 Day Supply):						
					25%	25%	25%	25%	25%		

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First Health Part D (S5768)	First Health Part D-Premier (038)	Non-Members 1-800-588-3322 TTY Users call: 1-888-788-4010 Members 1-866-865-0662 TTY Users call: 1-866-236-1068	$30.20	$150	T1 $8	T2 10%	T3 43%	T4 29%		None	Yes
					Mail Order (90 Day Supply):						
					$24	10%	43%	Not available			
	First Health Part D-Secure (085)		$10.80	$175	T1 $3	T2 20%	T3 40%	T4 28%		None	No
					Mail Order (90 Day Supply):						
					$7.50	18%	40%	Not available			
Health Net (S5678)	Health Net Orange Option 1 (004)	Non-Members 1-800-606-3604 TTY Users call: 1-800-929-9955 Members 1-800-806-8811 TTY Users call: 1-800-929-9955	$34.40	$310	T1 $4 Preferred Generics	T2 $42 Preferred Brand	T3 $95 Non-preferred Brand	T4 25% Injectible	T5 25% Specialty	None	Yes
					Mail Order (90 Day Supply):						
					$8	$84	$238	Not available	Not available		
	Health Net Orange Option 2 (010)		$64.50	$0	T1 $5 Preferred Generics	T2 $35 Preferred Brand	T3 $95 Non-preferred Brand	T4 33% Injectible	T5 33% Specialty	None	No
					Mail Order (90 Day Supply):						
					$10	$70	$238	Not available	Not available		

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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	$33.30	$310	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	$100.80	$0	T1 Preferred Generic $7	T2 Non-Preferred Generic / Preferred Brand $45	T3 Non-Preferred Brand $75	T4 Specialty 33%	Many Generics (Preferred Generics $7 pharmacy / $0 mail order)	No
					Mail Order (90 Day Supply):					
					$0	$112.50	$187.50	Not available		
	Humana PDP Enhanced (002)		$43.00	$0	T1 Preferred Generic $8	T2 Non-Preferred Generic / Preferred Brand $45	T3 Non-Preferred Brand $80	T4 Specialty 33%	None	No
					Mail Order (90 Day Supply):					
					$0	$112.50	$200	Not available		
	Humana PDP Value (102)		$30.70	$150	T1 Preferred Generic $5	T2 Non-Preferred Generic / Preferred Brand $35	T3 Non-Preferred Brand 35%		None	No
					Mail Order (90 Day Supply):					
					$0	$87.50	35%			

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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	$74.80	$0	T1 $6 Generic	T2 $40 Preferred Brand	T3 75% Non-Preferred Brand	T4 33% Specialty	Many Generics ($6 pharmacy & mail order)	No
					Mail Order (90 Day Supply):					
					$6	$100	75%	33%		
	Medco Medicare Prescription Plan – Choice (003)		$50.80	$100	T1 Generic $6	T2 Preferred Brand $39	T3 Non-Preferred Brand 75%	T4 Specialty 30%	None	No
					Mail Order (90 Day Supply):					
					$0	$97.50	75%	30%		
	Medco Medicare Prescription Plan – Value (105)		$33.70	$310	T1 25%	T2 25%	T3 25%	T4 25%	None	Yes
					Mail Order (90 Day Supply):					
					25%	25%	25%	25%		

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RxAmerica (S5644)	Advantage Freedom Plan by Rx America (047)	800-429-6686 TTY Users call: 1-877-279-0371	$50.10	$0	T1 Value Generic $2.50	T2 Generic $5	T3 Preferred Brand 33%	T4 Specialty 33%	T5 Non-preferred 45%	None	No
					Mail Order (90 Day Supply):						
					$5	$10	33%	Not available	45%		
	Advantage Star Plan by Rx America (068)		$34.50	$310	T1 Preferred Generic $4.75	T2 Preferred Brand 25%	T3 Specialty 25%	T4 Non-Preferred 45%		None	Yes
					Mail Order (90 Day Supply):						
					$14.25	25%	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	$34.40	$310	T1 Generic $8	T2 Preferred Brand $26.50	T3 Non-Preferred Brand $95	T4 Specialty 25%		None	Yes
					Mail Order (90 Day Supply):						
					$14	$66.25	$261.25	Not available			
	CVS Caremark Complete (073)		$59.30	$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/$5 mail order & Generic $7.50/$19 mail order)	No
					Mail Order (90 Day Supply):						
					$5	$19	$98	$270	Not available		

(1)PDPs are Prescription Drug Plans that offer prescription coverage only. (2)Costs are listed for a)a 30-day supply at a network pharmacy & b) thru 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)Due to new state legislation effective 10/1/2009 if you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium only if you are in a Benchmark Plan. A Benchmark plan is defined as a plan offering basic (vs. enhanced) benefits and has a premium below the national average premium, $34.57 in 2010. (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, 2010 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)	BENCH-MARK PLANS YES OR NO? (3)
SilverScript Insurance Company (S5601) (Cont.)	CVS Caremark Plus (005)	(same as above)	$49.10	$50	T1 Value Generic $2.50	T2 Generic $7.50	T3 Value Brand $25	T4 Preferred Brand $30	T5 Non-preferred Brand $90	T6 Specialty 31%	None	No
					Mail Order (90 Day Supply):							
					$5	$14	$63	$75	$248	Not available		
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: 1-800-899-2114	$77.70	$310	T1 Generic $9	T2 Brand $30	T3 Specialty 25%				None	No
					Mail Order (90 Day Supply):							
					$18	$60	25%					
Tufts Health Plan (S0655)	Tufts Health Plan Medicare Preferred PDP Enhanced (002)	Non-members 1-800-254-2475 TTY Non members: 1-888-899-8977 Members 1-800-701-9000 Member TTY 1-208-9562	$50.60	$0	T1 $8	T2 $30	T3 $65	T4 33%			None	No
					Mail Order (90 Day Supply):							
					$20	$75	$163	33%				
	Tufts Health Plan Medicare Preferred PDP Standard (001)		$63.80	$310	T1 25%	T2 25%	T3 25%	T4 25%			None	No
					Mail Order (90 Day Supply):							
					25%	25%	25%	25%				

(1)PDPs are Prescription Drug Plans that offer prescription coverage only. (2)Costs are listed for a)a 30-day supply at a network pharmacy & b) thru 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)Due to new state legislation effective 10/1/2009 if you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium only if you are in a Benchmark Plan. A Benchmark plan is defined as a plan offering basic (vs. enhanced) benefits and has a premium below the national average premium, $34.57 in 2010. (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.

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January 1 – December 31, 2010 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)	BENCH-MARK PLANS YES OR NO? (3)	PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE
Tufts Health Plan (S0655) (Cont.)	Tufts Health Plan Medicare Preferred PDP Premier (003)	(same as above)	$89.60	$0	T1 $8	T2 $25	T3 $60	T4 33%	Many Generics	No
					Mail Order (90 Day Supply):					
					$20	$63	$150	33%		
UniCare (S5960)	MedicareRx Rewards Standard (108)	Non-Members 1-877-541-7382 TTY Users call: 1-800-241-6894 Members 1-800-928-6201 TTY Users call: 1-877-247-1657	$35.40	$310	T1 Preferred Generic $7	T2 Preferred Brand/ Certain Generics 25%	T3 Non-specialty Injectables 25%	T4 Specialty 25%	None	No
					Mail Order (90 Day Supply):					
					$10.50	25%	25%	Not available		
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	$43.70	$0	T1 Generic $8	T2 Preferred Brand $37	T3 Non-preferred Brand $74	T4 Specialty 33%	None	No
					Mail Order (90 Day Supply):					
					$21	$74	$148	33%		

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January 1 – December 31, 2010 Connecticut Medicare Rx PDPs (1)

CHOICES Hotline! – 1-800-994-9422

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TELEPHONE: AND WEBSITE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE (4)	BENCH-MARK PLANS YES OR NO? (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	$38.30	$175	T1 Generic $4	T2 Preferred Brand $45	T3 Non-preferred Brand $90	T4 Specialty 25%	None	No
					Mail Order (90 Day Supply):					
					$10	$113	$225	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	$40.80	$0	T1 $7 Preferred Generic	T2 $43 Generic & Preferred Brand	T3 $94 Other Non-Preferred	T4 33% Specialty	None	No
					Mail Order (90 Day Supply):					
					$4	$114	$267	33%		
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	$86.50	$0	T1 Preferred Generic $7	T2 Generic Preferred Brand $42	T3 Non Preferred Generic / Non Preferred Brand $90	T4 Specialty 33%	Many Generics (Tier 1-Preferrred Generic $14 pharmacy & mail order)	No
					Mail Order (90 Day Supply):					
					$4	$111	$255	33%		

(1)PDPs are Prescription Drug Plans that offer prescription coverage only. (2)Costs are listed for a)a 30-day supply at a network pharmacy & b) thru 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)Due to new state legislation effective 10/1/2009 if you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium only if you are in a Benchmark Plan. A Benchmark plan is defined as a plan offering basic (vs. enhanced) benefits and has a premium below the national average premium, $34.57 in 2010. (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, 2010 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)	BENCH-MARK PLANS YES OR NO ? (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	$29.00	$310	T1 $6 Preferred Generic	T2 $25 Generic & Preferred Brand	T3 $80.25 Other Non-Preferred	T4 25% Specialty	None	Yes
					Mail Order (90 Day Supply):					
					$4	$60	$225.75	25%		
Universal American (S5803)	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	$39.50	$150	T1 Generic $5	T2 Preferred Brand $35	T3 Non-preferred Brand $65	T4 Specialty 29%	None	No
					Mail Order (90 Day Supply):					
					Not available	Not available	Not available	Not available		
	Community CCRx Basic (071)		$34.40	$310	T1 $0 Generics	T2 30% Preferred Brand	T3 50% Non-Preferred Brand		None	Yes
					Mail Order (90 Day Supply):					
					Not available	Not available	Not available			

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January 1 – December 31, 2010 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)	BENCH-MARK PLANS YES OR NO? (3)
Universal American (cont.)	Community CCRx Gold (219)	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	$82.80	$0	T1 Generic $6	T2 Preferred Brand $35	T3 Non-preferred Brand $65	T4 Specialty 33%	All Generics ($6 pharmacy / mail order not available)	No
					Mail Order (90 Day Supply):					
					Not available	Not available	Not available	Not available		
Universal American (S5597)	PrescribaRx Bronze (PDP) (237)	Non-members – 1-800-823-9990 TTY : 1-800-777-9083 Members – 1-800-818-0007	$31	$310	T1 25%	T2 25%	T3 25%		None	Yes
					Mail Order (90 Day Supply):					
					25%	25%	25%			
	PrescribaRx Gold (PDP) (035)		$40.90	$150	T1 $6	T2 $43	T3 29%		None	No
					Mail Order (90 Day Supply):					
					$12	$86	Not available			
WellCare (S5967)	WellCare Classic (139)	Non-Members 1-888-293-5151 TTY call: 1-888-816-5252 Members 1-888-550-5252 TTY call: 1-888-816-5252	$30.80	$310	T1 $4	T2 $39	T3 $80	T4 25%	None	Yes
					Mail Order (90 Day Supply):					
					$12	$117	$240	25%		
	WellCare Signature (036)		$39.60	$0	T1 $0	T2 $42	T3 $85	T4 33%	None	No
					Mail Order (90 Day Supply):					
					$0	$126	$255	33%		

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January 1 – December 31, 2010 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 Medicare (H5793)	Aetna Golden Medicare Standard Plan (008)	HMO	Members 1-800-282-5366 1-888-760-4748 (TTY/TDD) Non-Members 1-800-455-1560 1-888-760-4748 (TTY/TDD)	Fairfield, Hartford, Litchfield, New Haven	$28.50	$58	$0	T1 Preferred Generic $6	T2 Non-preferred Generic $32	T3 Preferred Brand $33	T4 Non-preferred Brand $80	T5 Specialty 25%	None
								Mail Order (90 Day Supply):					
								$12	$64	$66	$160	25%	
	Aetna Golden Medicare Value Plan (001)				$19.10	$24	$0	T1 Preferred Generic $8	T2 Non-preferred Generic $33	T3 Preferred Brand $34	T4 Non-preferred Brand $74	T5 Specialty 25%	None
								Mail Order (90 Day Supply):					
								$16	$66	$68	$148	25%	
	Aetna Medicare Premier Plan (HMO) (003)				$39.20	$98	$0	T1 Preferred Generic $5	T2 Non-preferred Generic $30	T3 Preferred Brand $35	T4 Non-preferred Brand $80	T5 Specialty 33%	Many Generics (Tier 1 = $15 pharmacy & $30 mail order)
								Mail Order (90 Day Supply):					
								$10	$60	$70	$160	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 Medicare health care under a single provider. There are different types of Medicare Advantage plans. In CT, they 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 2010 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)a 30-day supply at a network pharmacy & b)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.

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January 1 – December 31, 2010 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 Medicare (H5521)	Aetna Medicare Premier Plan (014)	PPO	Members 1-800-282-5366 1-888-760-4748 (TTY/TDD) Non-Members 1-800-455-1560 1-888-760-4748 (TTY/TDD)	Fairfield, Hartford, Litchfield, New Haven	$57.70	$143	$0	T1 Preferred Generic $5	T2 Non-preferred Generic $30	T3 Preferred Brand $35	T4 Non-preferred Brand $80	T5 Specialty 33%	Many Generics
								Mail Order (90 Day Supply):					
								$10	$60	$70	$160	33%	
	Aetna Medicare Standard Plan (013)				$33.20	$82	$0	T1 Preferred Generic $7	T2 Non-preferred Generic $25	T3 Preferred Brand $30	T4 Non-preferred Brand $72	T5 Specialty 25%	None
								Mail Order (90 Day Supply):					
								$14	$50	$60	$144	25%	

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January 1 – December 31, 2010 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)	PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE MEMBERS (M) NON-MEMBERS (NM)
Anthem Blue Cross Blue Shield (H5854)	MediBlue HMO Value (005)	HMO	Non-Members 1-800-797-0984 TTY call: 1-800-241-6894 Members 1-866-673-4157 TTY call: 1-800-241-6894	Fairfield, Hartford, New Haven	$0	$0	$0	T1 Preferred Generic $7	T2 Preferred Brand Certain Generic $42	T3 Non-preferred Brand Certain Generic $80	T4 Non-specialty injectible 33%	T5 Specialty 33%	Many Generics (Preferred Generics = $7 pharmacy, or $10.50 mail order)
								Mail Order (90 Day Supply):					
								$10.50	$105	$200	33%	Not available	
	MediBlue HMO Plus (002)				$2.60	$72	$0	T1 Preferred Generic $7	T2 Preferred Brand Certain Drugs $42	T3 Non-preferred Brand/ Certain Drugs $80	T4 Non-specialty injectable 33%	T5 Specialty 33%	Many Generics (Preferred Generics = $7 pharmacy, or $10.50 mail order)
								Mail Order (90 Day Supply):					
								$10.50	$105	$200	33%	Not avail	
	MediBlue HMO Select (003)				$11.30	$122	$0	T1 Preferred Generic $7	T2 Preferred Brand Certain Drugs $42	T3 Non-preferred Brand / Certain Drugs $80	T4 Non-specialty Injectable 33%	T5 Specialty 33%	Many Generics (Preferred Generics = $7 pharmacy, or $10.50 mail order)
								Mail Order (90 Day Supply):					
								$10.50	$105	$200	33%	Not avail	

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January 1 – December 31, 2010 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 (H1689)	Smart Value Plus (013)	PFFS	Non-Members 1-800-797-6419 TTY call: 1-800-241-6894 Members 1-888-445-8916 TTY call: 1-800-425-5705	Litchfield, Middlesex, New London, Tolland, Windham	$5.70	$34.50	$0	T1 Preferred Generic $8	T2 Preferred Brand Certain Generic $44	T3 Non-preferred Brand Certain Generic $85	T4 Non-specialty injectible 33%	T5 Specialty 33%	Many Generics (Tier 1 = $8 pharmacy or $12 mail order)
								Mail Order (90 Day Supply):					
								$12	$110	$212.50	33%	Not available	
Connecti-Care, Inc. (H3528)	Connecti-Care VIP Prime 1 (001)	HMO	Non-Members 1-877-224-8220 TTY call: 1-800-842-9710 (cont. next page)	All CT Counties	$0	$0	$150	T1 Preferred Generic $6	T2 Generic Preferred Brand $38	T3 Non-Preferred Generic / Non-Preferred Brand $72	T4 Specialty 33%		None
								Mail Order (90 Day Supply):					
								$12	$104	$206	33%		
	Connecti-Care VIP Option1 (006)				$37.60	$168	$0	T1 $10	T2 $40	T3 $80	T4 33%		Many Generics (Tier 1 = $10 pharmacy or $20 mail order)
								Mail Order (90 Day Supply):					
								$20	$80	$160	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 Medicare health care under a single provider. There are different types of Medicare Advantage plans. In CT, they 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 2010 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)a 30-day supply at a network pharmacy & b)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, 2010 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. (H3528) (Cont).	Connecti-Care VIP Prime 2 (005)	HMO	(same as above)	All CT Counties	$29.80	$68	$0	T1 $10	T2 $40	T3 $80	T4 33%		None
								Mail Order (90 Day Supply):					
								$20	$80	$160	33%		
	Connecti-Care VIP Prime 3 (002)				$38.20	$129	$0	T1 $10	T2 $40	T3 $80	T4 33%		Many Generics
								Mail Order (90 Day Supply):					
								$20	$80	$160	33%		
Health Net of Connecticut (H0755)	Health Net Navy 2 (HMO-POS) (029)	HMO	Non-Members 1-800-949-2516 TTY Users call: 1-888-747-2424	All CT Counties	$18.60	$89	$0	T1 Preferred Generic $8	T2 Preferred Brand $38	T3 Non-Preferred $76	T4 Injectable 33%	T5 Specialty 33%	None
								Mail Order (90 Day Supply):					
								$16	$76	$190	Not avail.	Not avail.	
	Health Net Navy (020)				$41	$162	$0	T1 Preferred Generic $8	T2 Preferred Brand $38	T3 Non-preferred $76	T4 Injectable 33%	T5 Specialty 33%	Many Generics (Tier 1 = $8 pharmacy, or $16 mail order)
								Mail Order (90 Day Supply):					
								$16	$76	$190	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 Medicare health care under a single provider. There are different types of Medicare Advantage plans. In CT, they 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 2010 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)a 30-day supply at a network pharmacy & b)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, 2010 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 1-800-949-2516 TTY Users call: 1-888-747-2424	All CT Counties	$10	$12	$0	T1 $8 Preferr-ed Generics	T2 $38 Preferred Brand	T3 $76 Non-Preferred Brand	T4 33% Injectible	T5 33% Special-ty	None
								Mail Order (90 Day Supply):					
								$16	$76	$190	Not available	Not avail	
	Health Net Ruby Option 1 (001)		Members 1-800-547-8734 TTY Users call: 1-888-747-2424		$24.40	$122	$0	T1 $8 Preferr-ed Generics	T2 $38 Preferr-ed Brand	T3 $76 Non-Preferr-ed	T4 33% Injectib-le	T5 33% Special-ty	Many Generics (Tier 1 = $8 pharmacy, or $16 mail order)
								Mail Order (90 Day Supply):					
								$16	$76	$190	Not avail.	Not avail.	
	Health Net Ruby Option 3 (028)				$19.20	$71	$0	T1 $8 Preferred Generics	T2 $38 Preferred Brand	T3 $76 Non-Preferred Brand	T4 33% Injectible	T5 33% Special-ty	None
								Mail Order (90 Day Supply):					
								$16	$76	$190	Not available	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 Medicare health care under a single provider. There are different types of Medicare Advantage plans. In CT, they 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 2010 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)a 30-day supply at a network pharmacy & b)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, 2010 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)
Secure Horizons by United Healthcare (H0752)	AARP Medicare Complete (002)	HMO	Non-Members 1-800-547-5514 TTY call: 1-866-832-8671 Members 1-800-234-1228 TTY call: 1-888-685-8480	New Haven	$0	$0	$0	T1 $6 Preferred Generic	T2 $38 Preferred Brand	T3 $72 Non-Preferred Generic / Non Preferred Brand	T4 33% Specialty	None
								Mail Order (90 Day Supply):				
								$12	$104	$206	33%	
Secure Horizons by United Healthcare (R7444)	AARP Medicare-Complete Choice (001)	PPO	Non-Members 1-800-643-4845 TTY call: 1-888-685-8480 Members - same	All CT Counties	$0	$0	$0	T1 $5 Preferred Generic	T2 $41 Generic Preferred Brand	T3 $79 Non-preferred Generic / Non-preferred Brand	T4 33% Specialty	None
								Mail Order (90 Day Supply):				
								$10	$113	$227	33%	
Universal American (H3333)	Today's Options Premier powered by CCRx (121)	PFFS	Non-Members 1-800-996-8867 TTY Users call: 1-800-777-9083	Tolland	$37.10	$129	$0	T1 $5 Generic	T2 $35 Preferred Brand	T3 $65 Non-Preferred Brand	T4 33% Specialty	All Generics
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	

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January 1 – December 31, 2010 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)	PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN
Universal American (H333) (cont.)	Today's Options Value powered by CCRx (147)	PFFS	(cont. previous page) Members 1-866-568-8921 TTY Users call: 1-800-958-2692	Fairfield, New Haven, Windham	$13.90	$104	$310	T1 25%	T2 25%	T3 25%	T4 25%	None
								Mail Order (90 Day Supply):				
								Non available	Not available	Not available	Not available	
	Today's Options Premier powered by CCRx (137)			Hartford, Litchfield, Middlesex, New London	$37.10	$160	$0	T1 Generic $5	T2 Preferred Brand $35	T3 Non-preferred Brand $65	T4 Specialty 33%	All Generics ($5 pharmacy)
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	
	Today's Options Value powered by CCRx (139)				$13.90	$89	$310	T1 25%	T2 25%	T3 25%	T4 25%	None
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	
	Today's Options Premier powered by CCRx (123)			Tolland	$10.80	$66	$0	T1 $5 Generic	T2 $35 Preferred Brand	T3 $65 Non-Preferred Brand	T4 33% Specialty	None
								Mail Order (90 Day Supply):				
								Not available	Not available	Not available	Not available	

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January 1 – December 31, 2010 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 (H333) (cont.)	Today's Options Value powered by CCRx (145)	PFFS	(see above page)	Fairfield, Hartford, Litchfield, Middlesex, New London, Windham	$37.10	$175	$0	T1 Generic $5	T2 Preferred Brand $35	T3 Non-preferred Brand $65	T4 Specialty 33%		All Generics ($5 pharmacy)
								Mail Order (90 Day Supply):					
								Not available	Not available	Not available	Not available		
Unicare Life & Health Ins. Company (H0540)	Security-Choice Plus (089)	PFFS	Non-Members 1-800-797-6470 TTY call: 1-800-241-6894 Members 1-888-445-8916 TTY call: 1-800-425-5705	Middlesex	$22.10	$56	$0	T1 Preferr-ed Generic $8	T2 Preferr-ed Brand Certain Generi $44	T3 Non-prefer-red Certain Brand $85	T4 Non-special-ty Injectab-le 33%	T5 Specialty 33%	Many Generics (Preferred Generics $8 pharmacy or $12 mail order)
								Mail Order (90 Day Supply):					
								$12	$110	$212.50	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 :same	Fairfield, Hartford, New Haven, Tolland	$6.60	$29	$0	T1 $3	T2 $39	T3 $79	T4 33%		None
								Mail Order (90 Day Supply):					
								$9	$117	$237	33%		
	WellCare Premium (018)				$9.20	$99	$0	T1 $5	T2 $29	T3 $59	T4 33%		None
								Mail Order (90 Day Supply):					
								$15	$87	$177	33%		

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

January 1 – December 31, 2010 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)	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE				SPECIAL RULES FOR ENROLLING
Evercare Health Plans (H0710)	Evercare Plan IP (001)	PPO	Non-Members 1-888-834-3721 TTY Users call: 1-800-387-1074 Members 1-800-393-0993 TTY Users call: 1-888-685-8480	Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham	$34.60	$310	T1 25%	T2 25%	T3 25%	T4 25%	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details
							Mail Order (90 Day Supply):				
							25%	25%	25%	25%	
	Evercare Plan DP (002)		Non-Members 1-888-834-3721 TTY Users call: 1-800-387-1074 Members 1-877-702-5110 TTY Users call: 1-888-685-8480		$30.50	$310	T1 25%	T2 25%	T3 25%	T4 25%	Must have Medicare and Medicaid
							Mail Order (90 Day Supply):				
							25%	25%	25%	25%	
	Evercare Plan MP (003)			New Haven	$0	$0	T1 Preferred Generic $5	T2 Generic Preferred Brand $45	T3 Non-preferred Generic / Non-preferred Brand $85	T4 Specialty 33%	Must have certain chronic or disabling conditions
							Mail Order (90 Day Supply):				
							$10	$125	$245	33%	
Wellcare (H0712)	WellCare Access (005)	Medicare Advantage Plan	Non-Members 1-866-238-4344 TTY Users call: 1-877-247-6272 Members 1-866-635-7047 TTY Users call: 1-877-247-6272	Fairfield, Hartford, New Haven, Tolland	$34.60	$310	T1 $3	T2 $38	T3 $79	T4 25%	Must have Medicare and Medicaid
							Mail Order (90 Day Supply):				
							$9	$114	$237	25%	

- 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, 2010 Connecticut Medicare Rx BENCHMARK Plans

CHOICES Hotline! – 1-800-994-9422

Plan Sponsor Names
Aetna Medicare – Aetna Medicare Rx Essentials (Plan S5810-036)
Bravo Health - BravoRx (Plan S5998-015)
Cigna Medicare Rx Plan One (Plan S5617-008)
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)
Rx America Advantage Star Plan by Rx America (Plan S5644-068)
SilverScript Insurance Co. - SilverScript Value (Plan S5601-004)
United Healthcare's – AARP MedicareRx Saver (Plan S5921-181)
Universal American – Community CCRX Basic (Plan S5803 – 071)
Universal American - PrescribaRx Bronze (Plan S5597-237)
WellCare's – WellCare Classic (PDP) (Plan S5967-139)

- "Benchmark" plans are those that offer basic (vs. enhanced) benefits and have premiums at or below the national average premium. In 2010 the national average premium is $34.57.
- 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 benchmark plans if they do not select one on their own. Beneficiaries who enroll in – or are assigned to – one of these benchmark plans will not have to pay a monthly premium. ConnPACE members in a benchmark plan will have their monthly premium paid for by ConnPACE in the 2010 calendar year.

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

January 1 – December 31, 2010 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) 1-800-282-5366 (NM) 1-800-529-5586 www.aetnamedicare.com	X	X
Aetna Medicare Rx Premier (S5810-172)			X
Aetna Medicare Rx Plus (PDP) (S5810-206)			X
Blue MedicareRx Premier (S2893-003)	(M) 1-888-620-1747 (NM) 1-866-832-9702 www.bmedicarerx.com		
Blue MedicareRx Value (S2893-014)			X
Blue MedicareRx Value Plus (S2893-001)			
BravoRx (S5998-015)	(M) 1-877-504-7252 (NM) 1-800-821-7513 www.mybravohealth.com	X	
CIGNA Medicare Rx Plan One (S5617-008)	(M) 1-800-222-6700 (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		
EnvisionRxPlus Silver (S7694-002)			
First Health Part D-Premier (S5768-038)	(M) 1-866-865-0662	X	X

First Health Part D-Secure (S5768-085)	(MN) 1-800-588-3322 www.firsthealthpartd.com		X
Health Net Orange Option 1 (S5678-004)	(M) 1-800-806-8811 (NM) 1-800-949-0166 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) 1-800-645-7322 www.humana-medicare.com		X
Humana PDP Value S5884-102 (S5884-102)			X
Humana PDP Enhanced S5884-002 (S5884-002)			X
Medco Medicare Prescription Plan - Access(S5660-173)	(M) 1-800-758-4531 (NM) 1-800-758-4531 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) 1-866-566-8741 (NM) 1-866-684-5353 www.communityccrx.com	X	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	X	X
PrescribaRx Gold (S5597-035)			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
CVS Caremark Complete (PDP) - (S5601-073)			X
CVS Caremark Plus (PDP) (S5601-005)			X
Sterling Rx (S4802-023)	(M) 1-866-445-9792 (NM) 1-888-909-1713 www.sterlingplans.com		
MedicareRx Rewards Standard - (S5960-108)	(M) 1-800-928-6201 (NM) 1-866-892-5334 www.medicarerxrewards.com		X
Tufts Health Plan Medicare Preferred - PDP Standard (PDP) - S0655-001	(M) 1-800-701-9000 (NM) 1-800-254-2475 Web address = not available		
Tufts Health Plan Medicare Preferred - PDP Enhanced (PDP) - S0655-002			
Tufts Health Plan Medicare Preferred - PDP Premier (PDP) - S0655-003			
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
WellCare Classic - (S5967-139)	(M) 1-888-550-5252 (NM) 1-888-550-5252 www.wellcare.com	X	
WellCare Signature - (S5967-036)			

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