

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 34 Medicare-approved Prescription Drug Plans (PDPs) in 2011. 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 15 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 3 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 in 2010 will take place between November 15th – December 31st. **In 2011, and going forward, the Annual Coordinated Election Period will take place between October 15th – December 7th. CHOICES has a “Prescription Drugs” Guidebook that explains more about Medicare prescription drug coverage for people in different situations. Ask CHOICES for this Guidebook.

New in 2011!

- As a result of the Affordable Care Act, Medicare beneficiaries who enter the “Donut Hole” in 2011 will receive a 50% discount on brand name drugs and a 7% discount on generic drugs. You do not need to do anything to receive these discounts. They will be automatically applied at the pharmacy. Call CHOICES at 1-800-994-9422 to learn more about the discount or Donut Hole.
 - Starting in 2011, those Medicare beneficiaries who pay a higher Part B Premium based on their modified adjusted gross income will also be responsible for a higher Part D Premium. The additional premium is calculated on a percentage of the Part D National base beneficiary premium, not on the individual plan premium. The additional premium will be collected by the Social Security Administration, not by the individual plan. The Social Security Administration will mail letters to those beneficiaries who pay a higher Part B Premium to inform them of this change and how to make the payment. Call CHOICES for more information.
- 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 2011.
- 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, 2010 so your coverage will take effect as of Jan. 1st, 2011.

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.



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

January 1 – December 31, 2011 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)
					T1	T2	T3	T4	T5		
Aetna Medicare (S5810) **As of 11/15/10 Aetna plans are not accepting <u>new</u> enrollments. Contact the plan directly for more information.	Aetna Medicare Rx Plus (206)	Non-Members 1-800-455-1560 TTY Users call: 1-888-760-4748	\$36.30	\$0	Information not available					Yes	No. Enhanced Plan
					Mail Order (90 Day Supply):						
	Aetna Medicare Rx Essentials (036)	Members 1-877-238-6211 TTY Users call: 1-888-760-4748	\$35.70	\$310	Information not available					None	Yes
					Mail Order (90 Day Supply):						
	Aetna Medicare Rx Premier (172)	Members 1-888-760-4748	\$72.80	\$0	Information not available					<u>Yes - Some Generics & Some Brands</u>	No. Enhanced Plan
					Mail Order (90 Day Supply):						
Anthem Blue Cross and Blue Shield (S2893)	Blue MedicareRx Premier (003)	Non-Members 1-866-479-2227 TTY Users call: 1-866-236-1069	\$106.60	\$0	T1 \$4	T2 \$9	T3 \$30	T4 \$70 *(5) Exception	T5 33%	Yes <u>Many Generics</u>	No. Enhanced Plan
					Mail Order (90 Day Supply):						
					\$4	\$22.50	\$75	\$175	33%		
	Blue MedicareRx Value Plus (001)	Members 1-888-543-4917 TTY Users call: 1-866-236-1069	\$55.50	\$0	T1 \$6	T2 \$12	T3 \$44	T4 \$90 * Exception	T5 33%	None	No
					Mail Order (90 Day Supply):						
					\$6	\$30	\$110	\$225	33%		

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

January 1 – December 31, 2011 Connecticut Medicare Rx PDPs⁽¹⁾
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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)
					T1	T2	T3	T4	T5		
Bravo Health (S5998)	BravoRx (015)	Non-Members 1-800-723-9209 Members 1-877-504-7252	\$34.00	\$310	T1 25% * (5) Exception	T2 25%	T3 25%	T4 25%	T5 25%	None	Yes
					Mail Order (90 Day Supply):						
					25%	25%	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	\$36.10	\$310	T1 \$3	T2 \$34	T3 \$80 * Exceptions	T4 25%	None	No	
					Mail Order (90 Day Supply):						
					\$7.50 Preferred Pharmacy / \$9 Network Pharmacy	\$85 Preferred Pharmacy / \$102 Network Pharmacy	\$200 Preferred Pharmacy / \$240 Network Pharmacy	25%			
	CIGNA Medicare Rx Plan Two (172)	TTY call: 1-800-322-1451	\$66.00	\$0	T1 \$0	T2 \$3	T3 \$39	T4 \$78 * Exception	T5 33%	Yes - Few Generics	No. Enhanced Plan
					Mail Order (90 Day Supply):						
					\$0 Preferred or Network Pharmacy	\$7.50 Preferred Pharmacy / \$9 Network Pharmacy	\$97.50 Preferred Pharmacy / \$117 Network Pharmacy	\$195 Preferred Pharmacy / \$234 Network Pharmacy	33% Preferred or Network Pharmacy		
EnvisionRx Plus (S7694)	EnvisionRxPlus Gold (036)	Non-Members & Members: 1-866-250-2005 TTY Users call: 1-866-763-9630	\$75.30	\$150	T1 \$4	T2 25%	T3 \$25	T4 25% * Exception	T5 25%	Yes – Many Generics	No
					Mail Order (90 Day Supply):						
	EnvisionRxPlus Silver (002)		\$46.10	\$310	T1 25% * Exception	T2 25%	T3 25%	T4 25%	T5 25%	None	No
					Mail Order (90 Day Supply):						
					25%	25%	25%	25%	25%		

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					T1	T2	T3	T4	T5		
First Health Part D (S5768)	First Health Part D-Premier (038)	Non-Members 1-800-882-3822 Members 1-866-823-5177	\$30.50	\$150	T1 \$8	T2 17%	T3 36% *(5) Exception	T4 29%		None	Yes
					Mail Order (90 Day Supply):						
					\$20	15%	36%	N/A			
First Health Part D (S5674)	First Health Part D-Premier Plus (011)		\$84.40	\$0	T1 \$0	T2 \$25	T3 30%	T4 56% * Exception	T5 33%	Yes – Some Generics & Some Brand	No. Enhanced Plan
					Mail Order (90 Day Supply):						
					\$0	\$62.50	27%	56%	N/A		
Health Net (S5678)	Health Net Orange Option 1 (004)	Non-Members 1-800-606-3604 <u>TTY Users call:</u> 1-800-929-9955 Members 1-800-806-8811	\$34.40	\$310	T1 \$4	T2 \$39	T3 \$75 * Exception	T4 25%	T5 25%	None	Yes
					Mail Order (90 Day Supply):						
					\$8 preferred / \$12 network pharmacy	\$78 preferred / \$117 network pharmacy	\$188 preferred / \$225 network pharmacy	25%	25%		
Health Net Orange Option 2 (010)	Health Net Orange Option 2 (010)	<u>TTY Users call:</u> 1-800-929-9955	\$75.00	\$0	T1 \$2	T2 \$34	T3 \$68 * Exception	T4 33%	T5 33%	None	No. Enhanced Plan
					Mail Order (90 Day Supply):						
					\$4 preferred / \$6 network pharmacy	\$68 preferred / \$102 network pharmacy	\$170 preferred / \$204 network pharmacy	33%	33%		

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					T1	T2	T3	T4				
HealthSpring Prescription Drug Plan (S5932)	HealthSpring Prescription Drug Plan – Reg 2 (003)	Non-Members 1-800-331-6293 Members 1-800-331-6293 TTY Users call: 1-866-845-7230	\$35.20	\$310	T1 \$25% * (5) Exceptions	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 Members 1-800-281-6918	\$110.10	\$0	T1 \$5 preferred pharmacy / \$10 network pharmacy	T2 \$38 preferred pharmacy / \$43 network pharmacy	T3 \$72 preferred pharmacy / \$77 network pharmacy * Exceptions	T4 33%	<u>Yes - Many Generics & Some Brands</u>	No. Enhanced Plan		
					Mail Order (90 Day Supply):							
					\$0 preferred / \$15 network pharmacy	\$104 preferred / \$114 network	\$206 preferred / \$216 network	N/A				
	Humana PDP Enhanced (002)				\$45.80	\$0	T1 \$7 preferred pharmacy / \$12 network pharmacy	T2 \$42 preferred pharmacy / \$47 network pharmacy	T3 \$70 preferred pharmacy / \$75 network pharmacy * Exceptions	T4 33%	<u>Yes – Few Generics</u>	No. Enhanced Plan
							Mail Order (90 Day Supply):					
							\$0 preferred / \$21 network pharmacy	\$116 preferred / \$126 network pharmacy	\$200 preferred / \$210 network pharmacy	N/A		
Humana Walmart-PreferredRx Plan (102)			\$14.80		\$310	T1 \$2 preferred pharmacy / \$10 network pharmacy	T2 \$5 preferred pharmacy / \$10 network pharmacy	T3 20% preferred pharmacy / 37% network	T4 35% preferred pharmacy / 50% network *Exceptions	None	Yes	
						Mail Order (90 Day Supply):						
						\$0 preferred / \$30 network	\$0 preferred / \$30 network	20% preferred / 37% network	35% preferred / 50% network			

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					T1 = \$6	T2 = \$40	T3 = \$95 *(5) Exceptions	T4 = 26%			
Medco Medicare Prescription Plan (S5660)	Medco Medicare Prescription Plan – Choice (173)	Non-Members 1-800-758-3605 Members 1-800-758-4574 TTY Users call: 1-800-716-3231	\$120.10	\$250 Tiers not subject to deductible	T1 = \$6	T2 = \$40	T3 = \$95 *(5) Exceptions	T4 = 26%	Yes - Many Generics	No. Enhanced Plan	
	Medco Medicare Prescription Plan – Value (105)		\$36.30	\$310	T1 = 25% * Exceptions	T2 = 25%	T3 = 25%	T4 = 25%			
RxAmerica (S5644)	Advantage Star Plan by Rx America (068)	Non-Members & Members : 800-429-6686 TTY Users call: 1-877-279-0371	\$32.40	\$310	T1 = \$5.25	T2 = 25%	T3 = 35% * Exceptions	T4 = 25%	None	Yes	
					Mail Order (90 Day Supply):						\$8 Preferred Pharmacy / \$15.75 Network Pharmacy
SilverScript Insurance Company (S5601)	CVS Caremark Value (004)	Non-Members 1-866-552-6106 TTY Users call: 1-866-552-6288	\$33.10	\$310	T1 = \$5	T2 = \$43	T3 = \$95 * Exception	T4 = 25%	None	Yes	
	CVS Caremark Plus (005)		\$75.20	\$0	T1 = \$2 Preferred / \$5 Network Pharmacy	T2 = \$5	T3 = \$35	T4 = \$90 *Exception n			33%
					Mail Order (90 Day Supply):						
					\$3 Preferred/ \$15 Network Pharmacy	\$8 Preferred / \$15 Network Pharmacy	\$79 Preferred / \$105 Network Pharmacy	\$248 Preferred / \$270 Network Pharmacy	N/A		

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					T1	T2	T3	T4	T5		
Sterling Life Insurance Company (S4802)	Sterling Rx (023)	Non-Members 1-888-909-1713 TTY Users call: 1-888-858-8567 Members 1-866-445-9792 TTY Users call: 1-800-899-2114	\$55.70	\$100 Tiers not subject to deductible	T1 \$4	T2 \$21	T3 \$36 *(5) Exceptions	T4 25%		None	No
					Mail Order (90 Day Supply):						
					\$10	\$52.50	\$90	25%			
Tufts Health Plan Medicare Preferred (S0655)	Tufts Medicare Preferred PDP Enhanced (002)	Non-members 1-877-218-4835 TTY Non members: 1-888-899-8977	\$69.60	\$0	T1 \$7	T2 \$30	T3 \$70 * Exceptions	T4 33%		Yes – Many Generics	No. Enhanced Plan
					Mail Order (90 Day Supply):						
	Tufts Medicare Preferred PDP Standard (001)	Members 1-800-701-9000 Member TTY 1-208-9562	\$44.60	\$310	T1 \$6	T2 \$28	T3 \$70 * Exceptions	T4 25%		None	No
					Mail Order (90 Day Supply):						
					\$15	\$84	\$210	25%			
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	\$35.10	\$310	T1 \$4	T2 \$7	T3 \$41	T4 25% * Exception	T5 25%	None	Yes
					Mail Order (90 Day Supply):						
					\$6	\$10.50	\$102.50	25%	N/A		

(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 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, \$33.66 in 2011. (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. (5) * Indicates a formulary exception.

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January 1 – December 31, 2011 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⁾
					T1	T2	T3	T4		
United American Insurance Company (S5755)	UA Medicare Part D Prescription Drug Cov (006)	Members & Non-Members 1-866-524-4169 <u>TTY Users call:</u> 1-866-524-4170	\$43.40	\$110 Tiers not subject to deductible	T1 \$10	T2 \$45	T3 \$95 * ⁽⁵⁾ Exceptions	T4 30%	None	No
					Mail Order (90 Day Supply):					
					\$26	\$90	\$190	30%		
UnitedHealthcare (S5820)	AARP MedicareRx Preferred (002)	Non-Members 1-888-867-5564 <u>TTY Users call:</u> 1-877-730-4192 Members 1-888-867-5575	\$32.90	\$0	T1 \$7	T2 \$45	T3 \$91 * Exceptions	T4 33%	None	Yes
					Mail Order (90 Day Supply):					
					\$7 Preferred Pharmacy / \$21 Network Pharmacy	\$120 Preferred Pharmacy / \$135 Network Pharmacy	\$258 Preferred Pharmacy / \$273 Network Pharmacy	33% Preferred of Network Pharmacy		
UnitedHealthcare (S5921)	AARP Medicare Rx Enhanced (183)	<u>TTY Users call:</u> 1-877-730-4192	\$88.50	\$0	T1 \$5	T2 \$40	T3 \$75 * Exceptions	T4 33%	<u>Yes Some Generics</u>	No. Enhanced
					Mail Order (90 Day Supply):					
					\$10 Preferred Pharmacy / \$15 Network Pharmacy	\$105 Preferred Pharmacy / \$120 Network Pharmacy	\$210 Preferred Pharmacy / \$225 Network Pharmacy	33% Preferred or Network Pharmacy		

(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 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, \$33.66 in 2011. (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. (5) * Indicates a formulary exception.

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

January 1 – December 31, 2011 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)
					T1	T2	T3	T4		
Universal American (S5803)	Community CCRx Choice (139)	Non-Members 1-866-423-5040 TTY Users call: 1-866-684-5351	\$83.30	\$0	T1 \$0	T2 \$35	T3 \$65 *(5) Exceptions	T4 33%	None	No. Enhanced Plan
					No Mail Order Available					
	Community CCRx Basic (071)	Members 1-866-684-5353 TTY Users call: 1-866-684-5351	\$31.70	\$310	T1 \$2	T2 31%	T3 55% * Exceptions	T4 25%	None	Yes
				No Mail Order Available						
WellCare (S5967)	WellCare Classic (139)	Non-Members 1-888-293-5151 Members 1-888-550-5252 TTY call: 1-888-816-5252	\$35.20	\$310	T1 \$0	T2 \$43	T3 \$95 * Exceptions	T4 25%	None	Yes
					Mail Order (90 Day Supply):					
					\$0	\$107 preferred pharmacy / \$129 network pharmacy	\$237 preferred pharmacy / \$285 network pharmacy	N/A		
	WellCare Signature (036)		\$53.50	\$0	T1 \$0	T2 \$40	T3 \$89 * Exceptions	T4 33%	None	No. Enhanced Plan
				Mail Order (90 Day Supply):						
				\$0	\$100 preferred pharmacy / \$120 network pharmacy	\$222 preferred pharmacy / \$267 network pharmacy	N/A			

(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 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, \$33.66 in 2011. (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. (5) * Indicates a formulary exception.

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

January 1 – December 31, 2011 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) **As of 11/15/10 Aetna plans are not accepting <u>new</u> enrollments.	Aetna Medicare Standard Plan (008)	HMO	<u>Members</u> 1-800-282-5366 <u>TTY Call:</u> 1-888-760-4748 <u>Non-Members</u> 1-800-455-1560	Fairfield, Hartford, Litchfield, New Haven	\$29.70	\$94.00	\$0	Information not available	<u>Yes – Some Generics.</u> Enhanced Plan
								Mail Order (90 Day Supply):	
	Aetna Medicare Value Plan (001)				\$0	\$0	\$0	Information not available	None. Enhanced Plan
								Mail Order (90 Day Supply):	
Aetna Medicare (H5521) **As of 11/15/10 Aetna plans are not accepting <u>new</u> enrollments. Contact the plan directly for more information.	Aetna Medicare Standard Plan (013)	PPO	<u>Members</u> 1-800-282-5366 <u>TTY Call:</u> 1-888-760-4748 <u>Non-Members</u> 1-800-455-1560	Fairfield, Hartford, Litchfield, New Haven	\$20.90	\$87.00	\$0	Information not available	None. Enhanced Plan
								Mail Order (90 Day Supply):	

(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) 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, \$110.50 or \$115.40 in 2011). (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. (5) * Indicates a formulary exception.

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

January 1 – December 31, 2011 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 DEDUCTIBLE FOR DRUG COVERAG -E ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)						“COVERAGE GAP” COVERAGE (4)	
								T1	T2	T3	T4	T5	T6		
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	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	\$0	\$0	\$0	T1 \$7	T2 \$42	T3 \$80 *(5) Excep-tion	T4 33%	T5 33%	T6 \$7	Yes - Many Generics.	
								Mail Order (90 Day Supply):							\$10.50
	MediBlue HMO Plus (002)				\$26.60	\$75	\$0	T1 \$0	T2 \$42	T3 \$80 *Excep-tion	T4 33%	T5 33%	T6 \$0	Yes - Many Generics. Enhanced Plan	
								Mail Order (90 Day Supply):							\$0
Connecti-Care, Inc. (H3528)	Connecti-Care VIP Prime 1 (001)	HMO	Non-Members 1-877-224-8220 TTY call: 1-800-842-9710 Members 800-224-8223	All CT Counties	\$0	\$0	\$150 Tiers not subject to deductible	T1 \$10	T2 \$40	T3 \$80 *Exception	T4 25%	None. Enhanced Plan			
								Mail Order (90 Day Supply):						\$20	\$80
	Connecti-Care VIP Option1 (006)				\$33.70	\$168	\$0	T1 \$10	T2 \$40	T3 \$80 *Exception	T4 33%	Many Generics. Enhanced Plan			
								Mail Order (90 Day Supply):						\$20	\$80

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Important! The information in this chart is from Medicare. Contact plans for more details!

January 1 – December 31, 2011 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 <u>ONLY</u> (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL <u>AND</u> MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE <u>ONLY</u>	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				“COVERAGE GAP” COVERAGE (4)
								T1	T2	T3	T4	
Connecti-Care, Inc. (H3528) (Cont).	Connecti-Care VIP Option 3 (008)	HMO	(same as above)	All CT Counties	\$0	\$0	\$150 Tiers not subject to deductible	T1 \$10	T2 \$40	T3 \$80 *(5) Exceptions	T4 33%	None. Enhanced Plan
								Mail Order (90 Day Supply):				
	\$20				\$80	\$160	33%					
	\$25.10				\$109	\$0	T1 \$10	T2 \$40	T3 \$80 *Exceptions	T4 33%	Many Generics. Enhanced Plan	
Mail Order (90 Day Supply):												
\$20	\$80	\$160	33%									
Secure Horizons by United Healthcare (H0752)	AARP Medicare Complete Plus (002)	HMO	Non-Members 1-800-547-5514 Members 1-800-234-1228	New Haven	\$0	\$0	\$0	T1 \$6	T2 \$42	T3 \$82 *Exception	T4 33%	None. Enhanced Plan
								Mail Order (90 Day Supply):				
								\$12 preferred pharmacy / \$18 network pharmacy	\$116 preferred pharmacy / \$126 network pharmacy	\$236 preferred pharmacy / \$246 network pharmacy	33%	
Secure Horizons by United Healthcare (R7444)	AARP Medicare-Complete Choice (001)	PPO	Members 1-800-643-4845 Non-Members 1-800-547-5514	All CT Counties	\$0	\$0	\$0	T1 \$6	T2 \$45	T3 \$85 *Exception	T4 33%	None. Enhanced Plan
								Mail Order (90 Day Supply):				
								\$12 preferred pharmacy / \$18 network pharmacy	\$125 preferred pharmacy / \$135 network pharmacy	\$245 preferred pharmacy / \$255 network pharmacy	33%	

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January 1 – December 31, 2011 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) & (NM) NON-MEMBERS	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS ONLY (2)	COMBIND MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				“COVER AGE GAP” COVERA GE (4)	
								T1	T2	T3	T4		
United-Healthcare (H0755)	Medicare Complete Plan 2 (031)	HMO	<u>Non-Members</u> 866-329-1675 <u>Members</u> 800-547-8734 <u>TTY call:</u> 888-747-2424	All Counties	\$0	\$0	\$0	T1 \$6	T2 \$42	T3 \$89 * (5) Exception	T4 33%	None	
								Mail Order (90 Day Supply):					
	Medicare Complete Plan 1 (030)				\$20.20	\$119	\$0	T1 \$6	T2 \$40	T3 \$82 *Exceptio	T4 33%		Yes – <u>Some</u> <u>Generics</u>
								Mail Order (90 Day Supply):					
Wellcare (H0712)	WellCare Choice (001)	HMO	<u>Non-Members</u> 1-877-232-7119 <u>TTY call:</u> 1-877-247-6272	Fairfield, Hartford, New Haven, Tolland	\$9.10	\$31.50	\$0	T1 \$3	T2 \$39	T3 \$79 *Exceptions	T4 33%	None. Enhanced Plan	
								Mail Order (90 Day Supply):					
	WellCare Premium (018)				\$32.60	\$102	\$0	T1 \$5	T2 \$29	T3 \$59 *Exceptions	T4 33%		None. Enhanced Plan
								Mail Order (90 Day Supply):					
								\$12 preferred pharmacy / \$15 network pharmacy	\$72 preferred / \$87 network pharmacy	\$147 preferred / \$177 network pharmacy	N/A		

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**January 1 – December 31, 2011 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
							T1	T2	T3	T4	
Evercare by UnitedHealthcare (H0710)	Evercare Plan IP (001)	PPO	Non-Members 1-888-834-3721 Members 1-800-393-0993	Fairfield, Hartford, Litchfield, New Haven, Tolland	\$30.70	\$310	T1 25% * (5) Except-ions	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 Members 1-877-702-5110	Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham	\$30.00	\$310	T1 15% * Exceptions	T2 15%			Must have Medicare and Medicaid
				Mail Order (90 Day Supply): 15% 15%							
Wellcare (H0712)	WellCare Access (005)	HMO	Non-Members 1-866-232-7119 <u>TTY Users call:</u> 1-877-247-6272 Members 1-866-635-7047	Fairfield, Hartford, New Haven, Tolland	\$33.70	\$310	T1 \$3	T2 \$41	T3 \$85 *Except-ions	T4 25%	Must have Medicare and Medicaid
				Mail Order (90 Day Supply): \$7 preferred pharmacy / \$9 network pharmacy \$102 preferred / \$123 network pharmacy \$212 preferred / \$255 network pharmacy N/A							

- (5) * Indicates a formulary exception.
- 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, 2011 Connecticut Medicare Rx BENCHMARK Plans
CHOICES Hotline! – 1-800-994-9422**

Plan Sponsor Names
*Aetna Medicare – Aetna Medicare Rx Essentials (Plan S5810-036) *The Aetna Medicare Rx Essentials Part D Plan is not accepting new enrollments at this time, but will continue to be a Connecticut Medicare Part D benchmark plan in the 2011 benefit year.
Bravo Health Insurance Co. - BravoRx (Plan S5998-015)
First Health Part D - First Health Part D Premier (Plan S5768-038)
HealthNet - HealthNet Orange Option 1 (Plan S5678-004)
HealthSpring PDP - HealthSpring PDP-Reg2 (Plan S5932-003)
Humana Insurance Company – Humana Walmart-Preferred Rx Plan (Plan S5884-102)
Rx America - Advantage Star Plan by Rx America (Plan S5644-068)
SilverScript Insurance Co. – CVS Caremark Value (Plan S5601-004)
UniCare – MedicareRx Rewards Standard (Plan S5960-108)
United Healthcare – AARP MedicareRx Preferred (Plan S5920-002)
Universal American – Community CCRx Basic (Plan S5803 – 071)
WellCare – 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 2011 the national average premium is \$33.66 for Connecticut.
- 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 2011 calendar year.

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

January 1 – December 31, 2011 Connecticut Medicare Rx Prescription Drug Plans

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	X
Aetna Medicare Rx Premier (S5810-172)			X
Aetna Medicare Rx Plus (PDP) (S5810-206)			X
Blue MedicareRx Premier (S2893-003)	(M) 1-888-543-4917		
Blue MedicareRx Value Plus (S2893-001)	(NM) 1-866-479-2227 www.bmedicarerx.com		
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) 1-800-222-6700		X
CIGNA Medicare Rx Plan Three (S5617-172)	(NM) 1-800-735-1459 www.cignamedicarerx.com		X
EnvisionRxPlus Gold (S7694-036)	(M) 1-866-250-2005 (NM) Same www.envisionrxplus.com		X
EnvisionRxPlus Silver (S7694-002)			X
First Health Part D-Premier (S5768-038)	(M) 1-866-823-5177 (MN) 1-800-882-3822 www.firsthealthpartd.com	X	X
First Health Part D-Premier Plus (S5674-011)			X
Health Net Orange Option 1 (S5678-004)	(M) 1-800-806-8811	X	
Health Net Orange Option 2 (S5678-010)	(NM) 1-800-606-3604 www.healthnet.com		
HealthSpring Prescription Drug Plan - Reg 2 (S5932-003)	(M) & (NM) 1-800-331-6293 www.healthspring.com	X	X
Humana PDP Complete S5884-031 (S5884-031)	(M) 1-800-281-6918		X

Humana PDP Value S5884-102 (S5884-102)	(NM) 1-800-706-0872 www.humana-medicare.com	X	X
Humana PDP Enhanced S5884-002 (S5884-002)			X
Medco Medicare Prescription Plan - Choice(S5660-173)	(M) 1-800-758-4574		X
Medco Medicare Prescription Plan - Value(S5660-105)	(NM) 1-800-758-3605 www.medcomedicare.com		X
Community CCRx Basic (S5803-071)	(M) 1-866-684-5353	X	X
Community CCRx Choice (S5803-139)	(NM) 1-866-423-5040 www.communityccrx.com		X
Advantage Star Plan by RxAmerica (S5644-068)	(M / NM) 1-800-429-6686 www.meds4medicare.com	X	X
CVS Caremark Value (PDP) (S5601 – 004)	(M) 1-866-235-5660	X	X
CVS Caremark Plus (PDP) (S5601-005)	(NM) 1-866-552-6106 www.silverscript.com		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) 1-877-541-7382 www.medicarerxrewards.com	X	X
Tufts Health Plan Medicare Preferred - PDP Standard (PDP) - S0655-001	(M) 1-800-701-9000 (NM) 1-877-218-4835 Web address = not available		
Tufts Health Plan Medicare Preferred - PDP Enhanced (PDP) - S0655-002			
UA Medicare Part D Prescription Drug Cov (S5755-006)	(M) 1-866-524-4169 (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)		X	X
WellCare Classic - (S5967-139)	(M) 1-888-550-5252 (NM) 1-888-550-5151 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!