

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



## An Enrollment Guide Produced by the CHOICES Program

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Starting January 1, 2006, a new 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 the coverage from private Medicare-approved companies that sell Part D plans. In Connecticut, there are 51 Medicare-approved Prescription Drug Plans (PDPs). 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 only covers hospital and medical care.
- There are also 23 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 9 Medicare Special Needs Plans that are available for people with certain chronic diseases and other specialized health needs. Call 1-800-MEDICARE (1-800-633-4227), or CHOICES (1-800-994-9422), or go on the web to [www.medicare.gov](http://www.medicare.gov) 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.

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

- Each plan offers its own selection of drugs (called a “formulary”) and has its own preferred provider network. **It’s important to select your plan carefully, especially because you will be limited to the drugs on your chosen plan’s formulary.**
- The initial open enrollment period lasted from November 15, 2005 - May 15, 2006. Everyone who has Medicare Part A and/or Part B has the opportunity to change their Medicare Part D 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 15<sup>th</sup> – December 31<sup>st</sup>. CHOICES has different Question & Answer Guides that explain more about Medicare prescription drug coverage for people in different situations. Ask CHOICES for any of the following Guides:
  - General Information
  - Retirees with Existing Health Insurance Coverage
  - Extra Help (to pay for Medicare prescription drug coverage)
  - Medicaid (Title 19)
  - ConnPACE
  - Medicare Savings Programs (QMB, SLMB or ALMB)
- 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 \$2.15 (generic) or \$5.35 (brand name). Ask CHOICES for the income and asset limits for Extra Help.

## HOW DO YOU PICK A PLAN?

- Step 1. \_\_\_ Make a list of all the prescription drugs you take and how much you pay for them. Look at the dosage you take and the quantity you get.
- Step 2. \_\_\_ If you have existing prescription insurance, find out if it's "creditable". (Your insurance company must send you this information.)
- Step 3. \_\_\_ If costs are a major concern, find out if you qualify for Extra Help. If you do, you will save money on premiums, deductibles and co-pays. If you have Medicaid (Title 19) or a Medicare Savings Program (QMB, SLMB or ALMB), you automatically qualify for Extra Help. If you have ConnPACE in and your income is below \$14,355\* (single) or \$19,245\* (couple), you must apply for Extra Help. \*These amounts will be updated in 2007.
- 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 narrow your search to the plans that pay for drugs during the coverage 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? (Premiums in CT range from \$0 to approximately \$87.40 per month.)
  - 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 (generic drugs), Tier 2 (preferred brand drugs), Tier 3 (non-preferred brand drugs) and Tier 4 (specialty drugs, like injectibles). If two plans cover the same drug but one plan places it at Tier 1 and another at Tier 3, there may be a significant difference in cost.
  - 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? Is it accepted at your pharmacy? Does it offer mail order?
  - Is there a gap in coverage? 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 December 31<sup>st</sup>, 2006 so your coverage will take effect as of January 1<sup>st</sup>, 2007.

## 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](http://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](http://www.ct.gov/medicarerx)
- **Medicare:** [www.medicare.gov](http://www.medicare.gov)
- **Social Security:** [www.socialsecurity.gov](http://www.socialsecurity.gov)
- **Center for Medicare Advocacy:** [www.medicareadvocacy.org](http://www.medicareadvocacy.org)
- **Department of Social Services, Aging Services Division:** [www.ct.gov/agingservices](http://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.



LOCAL HELP FOR PEOPLE WITH MEDICARE



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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 information is available in alternative formats. Call 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

**January 1 – December 31, 2007 Connecticut Medicare Rx PDPs<sup>(1)</sup>**  
**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	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)
					T1	T2	T3	T4		
<b>Advantra Rx (S5674)</b>  (Coventry)	AdvantraRx Value (008)	(M) 1-866-823-5178 (NM) 1-800-882-3822  www.advantrax.com	\$24.10	\$0	\$7	\$25	\$70	25%	No	No
	AdvantraRx Premier (009)		\$35.00	\$0	\$5	\$20	\$52	25%	No	No
	AdvantraRx Premier Plus (011)		\$48.40	\$0	\$2	\$20	\$60	25%	<b>YES (Preferred brand &amp; generics)</b>	No
					T1	T2	T3	T4		
<b>Aetna Life Insurance Co. (S5810)</b>	Aetna Medicare Rx Essentials (036)	(M) 1-877-238-6211 (NM) 1-800-445-1796  www.aetna.com	\$28.30	\$200	\$5	\$35	25%	-	No	No
	Aetna Medicare Rx Plus (138)		\$42.60	\$0	\$0	\$30	\$60	33%	No	No
	Aetna Medicare Rx Premier (172)		\$71.80	\$0	\$0	\$20	\$40	33%	<b>YES (Generic only)</b>	No
					T1	T2	T3	T4		
<b>Anthem Blue Cross and Blue Shield (S2893)</b>	Blue MedicareRx Value (014)	(M) 1-866-755-2776 (NM) 1-877-479-2227  www.anthem.com	\$22.00	\$265	\$8	\$25	\$54	25%	No	<b>YES</b>
	Blue MedicareRx Value Plus (001)		\$30.30	\$0	\$8	\$29	\$60	30%	No	No
	Blue MedicareRx Premier (003)		\$45.80	\$0	\$8	\$24	\$54	30%	<b>YES (Generic only)</b>	No

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- (3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for "full subsidy" Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national "benchmark" premium (\$27.35) and your chosen plan's premium. E.g., if your plan costs \$30.00 per month, the subsidy will cover \$27.35 of your premium and you will be responsible to pay \$2.65 per month.

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					T1	T2	T3	T4		
<b>CIGNA HealthCare (S5617)</b>	CIGNATURE Value Plan (008)	(M) 1-800-222-6700 (NM) 1-800-735-1459 www.cignature-rx.com	\$21.10	\$265	\$0	\$20	\$60	30%	No	Yes
	CIGNATURE Plus Plan (010)		\$29.10	\$0	\$4	\$30	\$50	30%	No	No
	CIGNATURE Complete Plan (172)		\$39.10	\$0	\$4	\$30	\$50	30%	<b>YES (Generic only)</b>	No
					T1	T2	T3	T4		
<b>Community Care Rx (S5803)</b>  (MEMBERHEALTH)	CCRX BASIC (071)	(M) 1-866-684-5353 (NM) Same www.communitycarerx.com	\$27.20	\$265 (\$0 for generics)	\$0	25%	50%	-	No	<b>YES</b>
	CCRX CHOICE (139)		\$35.60	\$0	\$0	\$20	\$45	25%	No	No
	CCRX GOLD (219)		\$43.10	\$0	\$5	\$25	\$50	25%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>Envision Rx Plus (S7694)</b>	Envision Rx Plus Standard (002)	(M) 1-866-250-2005 (NM) Same www.envisionrxplus.com	\$42.00	\$265	25%	info. not available			No	No
	Envision Rx Plus Gold (036)		\$60.50	\$0	\$0	\$20	\$35	25%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>First Health Part D (S5768)</b>	First Health Premier (038)	(M) 1-866-865-0662 (MN) 1-800-588-3322 www.firsthealth.com	\$27.40	\$0	\$5	\$25	\$51	25%	No	No
	First Health Select (050)		\$39.80	\$0	\$5	\$21	\$51	25%	<b>YES (Preferred brand &amp; generics)</b>	No

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<b>HealthNet (S5678)</b>	Health Net Orange Option 1 (004)	(M) 1-800-806-8811	\$24.30	\$265	\$0	\$32	25%	25%	No	<b>YES</b>
	Health Net Orange Option 2 (010)	(NM) 1-800-606-3604	\$29.00	\$0	\$5	\$28	\$56	33%	No	No
	Health Net Orange Option 3 (072)	www.healthnet.com	\$44.10	\$0	\$7	\$28	\$56	33%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>HealthSpring Prescription Drug Plan (S5932)</b>	HealthSpring Prescription Drug Plan (003)	(M) 1-866-845-6941 (NM) 1-888-802-2415 www.myhealthspring.com	\$24.70	\$265	25%	info. not available			No	<b>YES</b>
					T1	T2	T3	T4		
<b>Humana Inc. (S5884)</b>	Humana PDP Standard (061)	(M) 1-800-281-6918	\$16.90	\$265	25%	info. not available			No	<b>YES</b>
	Humana PDP Enhanced (002)	(NM) 1-800-706-0872	\$25.80	\$0	\$5	\$30	\$60	25%	No	No
	Humana PDP Complete (031)	www.humana-medicare.com	\$87.40	\$0	\$5	\$30	\$60	25%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>NMHC Group Solutions (S8841)</b>	NMHC Medicare PDP Gold (002)	(M) 1-866-443-1095 www.nmhc.com	\$30.50	\$0	\$12	33%	53%	33%	No	No

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					T1	T2	T3	T4		
<b>Pennsylvania Life (S5597)</b>	Prescription Pathway Gold Plan (035)	(M) 1-866-566-3050	\$23.20	\$0	\$7	\$37	\$37	33%	No	No
	Prescription Pathway Bronze Plan (068)	(NM) 1-800-978-9500	\$25.20	\$265	25%	info. not available			No	<b>YES</b>
	Prescription Pathway Platinum Plan (200)	www.rxpathway.com	\$43.70	\$0	\$7	\$31	\$60	33%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>Rx America (S5644)</b>	Advantage Star Plan (068)	(M) 1-800-429-6686	\$23.20	\$265	\$5	25%	25%	25%	No	<b>YES</b>
	Advantage Freedom Plan (047)	(NM) 1-877-279-0370 www.meds4medicare.com	\$27.90	\$265	\$5	\$20	\$40	25%	No	No
					T1	T2	T3	T4		
<b>SAMAscript (S7950)</b>	SAMAscript (002)	(M) 1-800-605-9208 (NM) Same www.express-scripts.com	\$45.20	\$265	25%	info. not available			No	No
					T1	T2	T3	T4		
<b>SilverScript (S5601)</b>	SilverScript (004)	(M) 1-866-235-5660	\$24.40	\$265	\$5	\$35	\$35	25%	No	<b>YES</b>
	SilverScript Plus (005)	(NM) 1-866-552-6106	\$33.00	\$0	\$10	\$25	\$70	33%	No	No
	SilverScript Complete (073)	www.silverscript.com	\$37.40	\$0	\$5	\$40	\$40	33%	<b>YES (Generics only)</b>	No

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					T1	T2	T3	T4		
<b>Sterling Prescription Drug Plan (S4802)</b>	Sterling RX (023)	(M) 1-866-865-0664 (NM) 1-888-909-1713	\$27.00	\$100	\$10	\$31	\$45	25%	No	Yes
	Sterling RX Plus (035)	www.sterlingplans.com	\$52.40	\$100	\$0	\$25	25%	25%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>Unicare (S5960)</b>	Medicare RX Rewards Value (002)	(M) 1-800-928-6201 (NM) 1-888-949-5384	\$22.10	\$265	\$5	\$29	25%	25%	No	Yes
	Medicare RX Premier (072)	www.unicare.com	\$42.20	\$0	\$10	\$30	\$60	30%	<b>YES (Generic only)</b>	No
<b>United American Insurance (S5755)</b>	UA Medicare Part D Prescription Drug Coverage - Silver Plan (041)	(M) 1-866-299-3406 (NM) Same www.uamedicarepartd.com	\$30.40	\$265	25%	info. not available			No	No
	UA Medicare Part D Prescription Drug Coverage (006)	(M) 1-866-524-4169 (NM) Same www.uamedicarepartd.com	\$39.80	\$0	\$9	\$30	\$60	33%	No	No

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<b>United HealthCare Insurance Co. (S5921)* and (S5820)</b>  <b>*formerly PacifiCare</b>	AARP Medicare Rx Plan – Saver (S5921-181)	(M) 1-888-867-5575 (NM) 1-800-745-0922 <a href="http://www.aarpmedicarerx.com">www.aarpmedicarerx.com</a>	\$18.50	\$265	\$5	\$20	\$46.30	25%	No	<b>YES</b>
	AARP Medicare Rx Plan (S5820-002)	(M) 1-888-867-5557 (NM) 1-888-867-5564 <a href="http://www.aarpmedicarerx.com">www.aarpmedicarerx.com</a>	\$26.30	\$0	\$6	\$28	\$68.50	33%	No	<b>YES</b>
	AARP Medicare Rx Plan – Enhanced (S5921-183)	(M) 1-888-867-5575 (NM) 1-888-867-5564 <a href="http://www.aarpmedicarerx.com">www.aarpmedicarerx.com</a>	\$43.80	\$0	\$6	\$28	\$68.50	33%	<b>YES (Generics only)</b>	No
	United Health Rx Basic (S5921-182)	(M) 1-888-867-5562 (NM) 1-888-867-5561 <a href="http://www.aarpmedicarerx.com">www.aarpmedicarerx.com</a>	\$28.00	\$0	\$7	\$20	\$45.65	33%	No	No
	United Health Rx Extended (S5820-106)	(M) 1-888-867-5562 (NM) 1-888-867-5561 <a href="http://www.aarpmedicarerx.com">www.aarpmedicarerx.com</a>	\$41.10	\$0	\$5	\$25	\$50	33%	No	No
					T1	T2	T3	T4		
<b>WellCare (S5967)</b>	WellCare Classic (139)	(M) 1-888-550-5252  (NM) 1-888-423-5252  <a href="http://www.wellcare.com">www.wellcare.com</a>	\$13.40	\$265	\$2	34%	34%	25%	No	<b>YES</b>
	WellCare Signature (036)		\$21.50	\$0	\$0	\$57	\$88	33%	No	<b>Yes</b>
	WellCare Complete (070)		\$36.80	\$0	\$0	\$20	\$70	30%	<b>YES (Generics only)</b>	No
					T1	T2	T3	T4		
<b>YOURx Plan (S5660) (Medco)</b>	YOURx Plan (003)	(M) 1-800-758-4574  (NM) 1-800-758-3605  <a href="http://www.yourxplan.com">www.yourxplan.com</a>	\$35.40	\$100	\$5	\$34	75%	30%	No	No

(1) PDPs are Prescription Drug Plans that offer prescription coverage only. Unlike MA-PDs, they do not offer hospital or medical coverage.

(2) These costs are for a 30-day supply at a network pharmacy. Prices are generally higher at a non-network pharmacy. Costs may be less when ordering a 90-day supply. In most plans, co-pays and co-insurance depend on the drug’s “Tier level.” Usually, T1 = generic; T2 = preferred brand; T3 = non-preferred brand; T4 = specialty drugs, injectibles or biologicals. However, in some plans, T1 consists of preferred generics only and non-preferred generics may be Tier 2 or 3. Most, if not all, plans offer mail order.

(3) If you are on Medicaid (Title 19) or ConnPACE, the State of Connecticut will pay the entire premium. If you qualify for “full subsidy” Extra Help, but you do not have Medicaid or ConnPACE, you will have to pay the difference between the national “benchmark” premium (\$27.35) and your chosen plan’s premium. E.g., if your plan costs \$30.00 per month, the subsidy will cover \$27.35 of your premium and you will be responsible to pay \$2.65 per month.

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

**January 1 – December 31, 2007 Connecticut Medicare Rx MA-PDs <sup>(1)</sup>  
CHOICES Hotline! – 1-800-994-9422**

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS <u>ONLY</u> (2)	COMBINED MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE <u>ONLY</u>	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				“COVERAGE GAP” COVERAGE
								T1	T2	T3	T4	
<b>Aetna Health Inc. (H5793)</b>	Aetna Golden Medicare Value (001)	Local HMO	(M) 1-800-282-5366	Fairfield, Hartford and New Haven	\$0	\$0	\$0	\$10	\$40	33%	-	No
	Aetna Golden Medicare Standard (002)	Local HMO	(NM) 1-800-445-1796		\$19.40	\$43	\$0	\$10	\$40	33%	-	<b>YES Generics only</b>
	Aetna Golden Medicare Premier (003)	Local HMO	www.aetna.com		\$42.70	\$88	\$0	\$0	\$25	\$55	33%	<b>YES Generics only</b>
<b>Aetna Medicare (H5736)</b>	Aetna Medicare Open Plan (002)	PFFS		Litchfield	\$21.80	\$80	\$265	info. not available				No
								T1	T2	T3	T4	
<b>Anthem Blue Cross and Blue Shield (H5854)</b>	Med Blue HMO Plus (002)	Local HMO	(M) 1-866-673-4157	Fairfield, Hartford and New Haven	\$19.10	\$23	\$0	\$8	\$29	\$60	25%	<b>YES Generics only</b>
	Med Blue HMO Select (003)	Local HMO	(NM) 1-800-238-1143 www.anthem.com		\$19.10	\$90	\$0	\$8	\$29	\$60	25%	<b>YES Generics only</b>
<b>Anthem Blue Cross and Blue Shield (H1689)</b>	Smart Value Plus (004)	PFFS	(M) 1-888-445-8916 (NM) 1-800-765-2585 www.anthem.com	Middlesex	\$18.30	\$46	\$0	\$10	\$30	\$60	30%	No

- (1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In Connecticut, these include local HMOs (Health Maintenance Organizations) and PFFS (Private Fee-for-Service Plans).
- (2) The first premium amount is for prescription drug coverage only. The second premium amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B premium (\$93.40 for most people in Connecticut, 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.

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**January 1 – December 31, 2007 Connecticut Medicare Rx MA-PDs <sup>(1)</sup>  
CHOICES Hotline! – 1-800-994-9422**

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS <u>ONLY</u> (2)	COMBINED MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE <u>ONLY</u>	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				"COVERAGE GAP" COVERAGE
								T1	T2	T3	T4	
<b>HealthNet of Connecticut (H0755)</b>	HealthNet Ruby Option 2 (022)	Local HMO	(M) 1-800-547-8734 (NM) 1-800-949-2516 www.healthnet.com	All counties in Connecticut	\$0	\$0	\$0	\$5	\$33	\$63	33%	No
	HealthNet Ruby Option 3 (024)	Local HMO			\$21.20	\$45	\$0	\$5	\$33	\$63	33%	No
	HealthNet Ruby Option 1 (001)	Local HMO			\$19.90	\$99	\$0	\$5	\$33	\$63	33%	<b>YES (Generics only)</b>
	HealthNet Navy Option 2 (020)	Local HMO			\$21.20	\$119	\$0	\$5	\$33	\$63	33%	No
<b>HealthNet (H5996)</b>	Health Pearl Option 6 (009)	PFFS	(M) 1-800-977-8221 (NM) 1-800-200-0410 www.healthnet.com	Hartford, Middlesex, New Haven, New London, Tolland and Windham	\$21.20	\$159	\$0	\$5	\$33	\$63	33%	No
								T1	T2	T3	T4	
<b>Humana Insurance Company (H1804)</b>	Humana Gold Choice (247)	PFFS	(M) 1-877-511-5000 (NM) 1-800-833-2312 www.humana-medicare.com	Hartford, Litchfield, Middlesex and Tolland	\$13.10	\$89	\$265	25%	info. not available			No
	Humana Gold Choice (248)	PFFS			\$23.60	\$99	\$0	\$4	\$30	\$60	25%	No
	Humana Gold Choice (249)	PFFS			\$23.60	\$129	\$0	\$4	\$30	\$60	25%	No

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- (2) The first premium amount is for prescription drug coverage only. The second premium amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B premium (\$93.40 for most people in Connecticut, 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.

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

**January 1 – December 31, 2007 Connecticut Medicare Rx MA-PDs <sup>(1)</sup>**  
**CHOICES Hotline! – 1-800-994-9422**

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS <u>ONLY</u> (2)	COMBINED MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE <u>ONLY</u>	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				"COVERAGE GAP" COVERAGE
								T1	T2	T3	T4	
<b>Secure Horizons Medicare Direct (H5435)</b>	Secure Horizons Medicare Direct Rx Plan 55 (014)	PFFS	(M) 1-866-579-8774 (NM) 1-800-555-5757	Middlesex	\$10.30	\$10.30	\$265	25%	info. not available			No
<b>Secure Horizons (H0752)</b>	Medicare Complete (002)	Local HMO	(M) 1-800-234-1228 (NM) 1-800-834-3721	New Haven	\$0	\$0	\$0	\$4	\$28	\$58	33%	No
								T1	T2	T3	T4	
<b>Today's Option (H3333)</b>	Today's Option Value Plus (025)	PFFS	(M) 1-888-445-8699, ext. 444 (NM) 1-800-332-3377, ext 444	Fairfield, Hartford, New Haven, New London and Windham	\$27.70	\$43	\$0	\$7	\$31	\$63	30%	No
	Today's Option Premier Plus (027)	PFFS			\$39	\$85	\$0	\$7	\$31	\$63	30%	<b>YES (Generics only)</b>
	Today's Option Value Plus (026)	PFFS	(M) 1-888-445-8699, ext. 444 (NM) 1-800-332-3377, ext 444	Litchfield, Middlesex, Tolland	\$0	\$0	\$0	\$7	\$31	\$63	30%	No
	Today's Option Value Plus (028)	PFFS			\$38.90	\$39.00	\$0	\$7	\$31	\$63	30%	<b>YES (Generics only)</b>

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- (2) The first premium amount is for prescription drug coverage only. The second premium amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B premium (\$93.40 for most people in Connecticut, 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.

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**January 1 – December 31, 2007 Connecticut Medicare Rx MA-PDs <sup>(1)</sup>  
CHOICES Hotline! – 1-800-994-9422**

PLAN SPONSOR AND NUMBER	PLAN NAME AND NUMBER	TYPE OF PLAN	TELEPHONE: MEMBERS (M) NON-MEMBERS (NM) AND WEBSITE	PLAN SERVICE DELIVERY AREA (BY COUNTY)	MONTHLY PREMIUM FOR DRUGS <u>ONLY</u> (2)	COMBINED MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE <u>ONLY</u>	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				“COVERAGE GAP” COVERAGE
								T1	T2	T3	T4	
Unicare Life and Health Insurance Co. (H0540)	Security Choice Plus (028)	PFFS	(M) 1-888-445-8916	Middlesex	\$11	\$11	\$0	\$10	\$30	\$60	30%	No
			(NM) 1-888-949-5384									
			www.unicare.com									
								T1	T2	T3	T4	
Wellcare (H0712)	Wellcare Choice (001)	Local HMO	(M) 1-888-888-9355	Fairfield, Hartford and New Haven	\$0	\$0	\$0	\$0	\$45	\$75	33%	No
	Wellcare Premium (017)	Local HMO	(NM) 1-866-238-4344		\$0	\$20	\$0	\$5	\$35	\$65	33%	No
			www.wellcare.com									

- (1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who want to receive all of their health care under a single provider. There are different types of Medicare Advantage plans. In Connecticut, these include local HMOs (Health Maintenance Organizations) and PFFS (Private Fee-for-Service Plans).
- (2) The first premium amount is for prescription drug coverage only. The second premium amount is for prescription, hospital and medical coverage combined. This is in addition to your Medicare Part B premium (\$93.40 for most people in Connecticut, 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.

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

**January 1 – December 31, 2007 Connecticut Medicare Special Needs MA-PDs <sup>(1)</sup>**  
**CHOICES Hotline! – 1-800-994-9422**

<b>PLAN SPONSOR AND NUMBER</b>	<b>PLAN NAME AND NUMBER</b>	<b>TELEPHONE NUMBERS:</b>	<b>PLAN SERVICE DELIVERY AREA (BY COUNTY)</b>	<b>SPECIAL RULES FOR ENROLLING</b>
<b>UNITED HEALTHCARE INSURANCE COMPANY (H0710) PREFERRED PROVIDER ORGANIZATION</b>	Evercare Plan IP (001)	(877) 702-5110	FAIRFIELD, HARTFORD, NEW HAVEN	MUST LIVE IN AN INSTITUTION (LIKE A NURSING HOME)
	Evercare Plan DP (002)	(888) 834-3721	FAIRFIELD, HARTFORD, NEW HAVEN	MUST HAVE MEDICARE AND MEDICAID
	Evercare Plan MP (003)	(888) 834-3721	HARTFORD	MUST HAVE CERTAIN CHRONIC OR DISABLING CONDITIONS
<b>WELLCARE (H0712) MA-PD</b>	Wellcare Access (005)	(866) 238-4344	FAIRFIELD, HARTFORD, NEW HAVEN	MUST HAVE MEDICARE AND MEDICAID
	Wellcare Select (011)	(866) 238-4344	FAIRFIELD, HARTFORD, NEW HAVEN	MUST HAVE MEDICARE AND MEDICAID
<b>HEALTH NET OF CONNECTICUT (H0755) MA-PD</b>	HealthNet Amber (021)	(800) 949-2516	CONNECTICUT	MUST HAVE MEDICARE AND MEDICAID
<b>SENIOR WHOLE HEALTH OF CONNECTICUT (H5949) MA-PD</b>	Senior Whole Health of Connecticut (001)	(888) 794-7268	CONNECTICUT	MUST HAVE MEDICARE AND MEDICAID
<b>UNITED HEALTHCARE INSURANCE COMPANY (H9418) MA-PD</b>	Evercare Plan IH-POS (001)	(888) 834-3721	LITCHFIELD, TOLLAND, WINDHAM	MUST LIVE IN AN INSTITUTION (LIKE A NURSING HOME)
	Evercare Plan DH-POS (002)	(888)-834-3721	LITCHFIELD, TOLLAND, WINDHAM	MUST HAVE MEDICARE AND MEDICAID

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

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

**January 1 – December 31, 2007 Connecticut Medicare Rx BENCHMARK Plans <sup>(1)</sup>  
CHOICES Hotline! – 1-800-994-9422**

PLAN SPONSOR NAME	BENCHMARK PLAN NAMES AND ID NUMBERS
Anthem Blue Cross and Blue Shield	Blue Medicare Rx Value Plan (S2893-014)
Cigna Healthcare	CIGNATURE Value Plan (S5617-008)
Community Care / MEMBERHEALTH	CCRX Basic Plan (S5803-071)
HealthNet	HealthNet Orange Option 1 (S5678-004)
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan (S5932-003))
Humana Inc.	Humana PDP Standard (S5884-061)
Prescription Pathway	Prescription Pathway Bronze Plan (S5597-068)
Rx America	Advantage Star Plan (S5644-068)
SilverScript	SilverScript (S5601-004)
Sterling Prescription Drug Plan	Sterling RX (S4802-023)
Unicare	Medicare RX Rewards Value (S5960-002)
United Healthcare Insurance Co.	1. AARP Medicare Rx Plan - Saver (S5921-181) 2. AARP Medicare Rx Plan (S5921-002)
WellCare	WellCare Classic (S5967-139)

- (1) "Benchmark" plans are those that offer basic (vs. enhanced) benefits and have premiums at or below the national average premium. In 2007 the national average premium is \$27.35.
- (2) Dual eligible beneficiaries (people who have both Medicare and Medicaid), people who are on a Medicare Savings Program (QMB, SLMB or ALMB), SSI recipients, and people who qualify for Extra Help, will be randomly assigned to one of the above plans if they do not select one on their own. Beneficiaries who enroll in - or are assigned to - one of these plans will not have to pay a monthly premium. Beneficiaries who join a plan other than one of the above will have to pay the difference between their plan's premium and \$27.35, unless they are on Medicaid (Title 19) or ConnPACE. The State of Connecticut will pay the full premium for Medicaid and ConnPACE beneficiaries. **IMPORTANT:** If in 2006 you were in a benchmark plan that is no longer considered a benchmark plan, you will be allowed to remain in your plan provided the premium does not exceed \$2 over the national average, i.e., provided the premium does not exceed \$29.35 per month. If the premium exceeds \$29.35 per month, you will be assigned to another plan that meets the benchmark standard.

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

**January 1 – December 31, 2007 National Medicare Rx Prescription Drug Plans  
CHOICES Hotline! – 1-800-994-9422**

<b>Parent Company</b>	<b>Contract Marketing Name(s)</b>	<b>Phone Number</b>
Aetna Inc.^	Aetna Medicare	(M) 1-877-238-6211 (NM) 1-800-445-1796
Caremark, Inc.^	Silverscript	(M) 1-866-235-5660 (NM) 1-866-552-6106
Cigna^	CIGNA HealthCare	(M) 1-800-222-6700 (NM) 1-800-735-1459
Coventry Health Care Inc.^	Coventry AdvantraRx, First Health Part D	(M) 1-866-823-5178 (NM) 1-800-882-3822
ENVISIONRX Plus Inc.	EnvisionRx Plus	(M) & (NM) 866-250-0662
Express Scripts, Inc.	SAMAscript	(M) & (NM) 1-800-605-9208
Health Net, Inc.	Health Net	(M) 1-800-806-8811 (NM) 1-800-606-3604
Humana Inc.*	Humana Insurance Company, Humana Insurance Company of New York	(M) 1-800-281-6918 (NM) 1-800-706-0872
Longs Drug Stores Corporation	RxAmerica	(M) 1-800-429-6686 (NM) 1-800-978-9500
Medco Health solutions LLC^	Medco YOURx Plan	(M) 1800-758-4574 (NM) 1-800-758-3605
Member Health Inc.^	MEMBERHEALTH (Community Care Rx)	(M) & (NM) 1-866-684-5353
NewQuest Health Solutions LLC	HealthSpring Prescription Drug Plan	(M) 1-866-845-6941 (NM) 1-888-802-2415
NMHC SYSTEMS, INC	NMHC Group Solutions	(M) & (NM) 1-866-443-1095
Torchmark Corporation	First United American Life Insurance Company, United American Insurance Company	*Please refer to the individual phone numbers on page 9.
UHC – Pacificare*^	UnitedHealthcare	*Please refer to the individual phone numbers on page 10.
WellCare Health Plans, Inc.*^	WellCare	(M) 1-888-550-5252 (NM) 1-888-423-5252
Wellpoint, Inc.^	Unicare, Anthem Blue Cross and Blue Shield	*Please see page 9 for Unicare and page 1 for Anthem phone numbers.

\* = Indicates Low Income Subsidy (LIS) plans offered nationally.

^ = Indicates was a national plan sponsor in 2006

\*\*You can use these plans to get your prescription drugs in any of the 50 states. This may be important to you if you spend part of the year outside of Connecticut.

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