

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



LOCAL HELP FOR PEOPLE WITH MEDICARE



Guide to Choosing a Medicare Prescription Drug Plan in Connecticut

Medicare Prescription Drug Coverage, also called Part D or Medicare Rx, began in 2006 and is available to everyone who has Medicare Part A and/or Part B. It is designed to help pay for the cost of outpatient prescription drugs, insulin, vaccines, and “stop smoking” drugs. You should re-evaluate your current Part D plan yearly in order to make the best decision for your current prescription drug needs.

- You won’t get Medicare Rx coverage directly from Medicare. Instead, you have to buy it from private, Medicare-approved, companies that sell Medicare Rx coverage either through a standalone **Part D Plan (PDP)** or a **Medicare Advantage Prescription Drug Plan (MAPD)**.
 - **PDPs** – Provides prescription drug coverage.
 - 30 Medicare-approved PDPs available in Connecticut for 2013
 - **MAPDs** – Are an alternative way to receive all of your Medicare benefits. These plans are privately managed healthcare plans (HMOs and PPOs) paid by Medicare to provide enrolled beneficiaries with all of their Medicare benefits - prescription drug coverage and hospital and medical coverage - together in one plan.
 - 16 Medicare-approved MAPDs available in Connecticut for 2013
 - There are also 2 Medicare Advantage plans that do not provide Rx coverage (**MA-Only**) and provide an alternative way of receiving one’s Medicare A and B benefits. These MA-Only plans are ideal for individuals with creditable Rx coverage through, for example, the Veterans’ Administration who do not wish to enroll in Medicare Rx coverage at this time. More information on “creditable coverage” can be found in the section *Who Should Enroll in Medicare Rx Plan?*
- **SNPs (Special Needs Plans)** – In 2013 there will be 2 SNPs available in Connecticut. SNPs are plans specifically designed to provide coverage for a category of beneficiaries such as chronic disease, Dual Eligible (Medicare and Medicaid eligible), or those in a skilled nursing facility. The SNPs in Connecticut for 2013 will be available to Dual Eligible and institutionalized individuals.
- In addition to the PDPs and MA-PDs, some employer-sponsored and union-sponsored retirement health plans also offer Part D coverage.

DSS Publication 2005 - 15, REV October 14, 2012

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

The purpose of this Guide is to:

1. Help you decide if you should enroll in Medicare prescription drug coverage
2. Provide an overview of the various plan options available to you
3. Provide you with basic plan information to assist in the process of selecting a plan in which to enroll.

WHY SHOULD YOU ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN?

Important: For most people, enrollment is voluntary, beneficiaries are not *required* to sign up for the coverage. However, if you don't enroll when you're first eligible, you could be assessed a "Late Enrollment Penalty" if/when you decide to enroll in the future. This penalty includes a higher monthly premium and a delay in the ability to enroll in coverage during an open enrollment period. For details on the Late Enrollment Period and how it could affect you, contact CHOICES at 1-800-994-942, or go to www.Medicare.gov

- 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 drug coverage is "creditable" (as good or better than Medicare), then you may not want to join a Medicare Rx plan at this time. As long as you have creditable drug coverage you will not be penalized for not enrolling in a Medicare Rx plan. Contact your plan administrator to inquire if your current drug coverage is considered creditable.
- If cost is a concern, there are programs that help with the cost of Medicare and Medicare Rx coverage for those who qualify! Contact the CHOICES Program at 1-800-994-9422 for assistance and to see if your income and assets may qualify you for Extra Help or a Medicare Savings Program to help you pay for premiums, deductibles and co-pays. If you qualify for any of these programs you may not have monthly premiums or deductibles and your co-pays may be as low as \$2.65 (generic) or \$6.60 (brand name).

**** NOTE FOR INDIVIDUALS WITH MEDICAID, EXTRA HELP, OR A MEDICARE SAVINGS PROGRAM (QMB, SLMB, OR ALMB) ****

As a recipient of these benefits you are required to have Medicare prescription coverage either through a PDP or an MAPD. If you have not enrolled in such coverage, Medicare will randomly select and enroll you in a standard "benchmark" plan. There is no guarantee that all of your medications will be covered by the randomly selected benchmark plan and you will be responsible for the full cost of uncovered medications. CHOICES strongly recommends that you assess your current prescription drug plan to ensure you are enrolled in the plan that best covers your medications needs. As a recipient of the above assistance programs, you are also entitled to a Special Enrollment Period (SEP) that allows you to change your PDP or MAPD plan throughout the calendar year. Call CHOICES at 1-800-994-9422 for more information, or go to www.Medicare.gov

ABOUT THE PLANS

- Each plan has its own monthly premium, deductible, and co-pay structure for the medications it covers.
- Each plan offers its own selection of drugs it will cover, called a “formulary”. If a medication is not on the plan’s formulary it is “non-formulary” and you will be responsible for the full cost of the medication. **It’s important to select your plan carefully, especially because your coverage will be limited to the drugs on your chosen plan’s formulary.** To ensure you get the most out of your Medicare prescription plan coverage, it is important to know your medications and find the plan that will best cover your individual prescription needs!
 - 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 (ACEP) each year between October 15th – December 7th.
- Plans may have restrictions on certain medications that could include Quantity Limits, Step Therapy or Prior Authorization. These restrictions may affect how your medications are covered and should be a consideration when reviewing your plan options for the following year.

STEPS TO HELP YOU CHOOSE A PLAN

If you are taking medications, it is in your best interest to find a plan that will provide you with the best coverage for those medications. Remember, every plan has its own list of medications it will cover (formulary). If a medication is non-formulary, you will be responsible for the full cost of the medication at the pharmacy.

www.Medicare.gov has a tool called the “Plan Finder” that allows the comparison of available plans based on your individual prescription drug needs. 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 best cover the medications you currently take. You can also use the “Plan Finder” tool to enroll in the plan of your choice online.

- Step 1. ___ If you have existing prescription insurance, find out if it’s “creditable”. (Your insurance company **must** send you this information.)
- Step 2. ___ Make a list of all the prescription drugs you take. Write the name exactly as it appears on your Rx bottle. If you are taking a brand name medication, you want to be sure the screen includes the brand name drug and not the generic version (note: you can discuss with your prescribing physician the possibility of taking generic medications, which may provide some cost savings to you). Be sure to include the dosage you take and the quantity you get each month.
- Step 3. ___ If costs are a concern, find out if you qualify for Extra Help or a Medicare Savings Program. 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.

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Step 4. ___ Think about what features or benefits are most important to you in a prescription drug plan. For Example: Can you take generic drugs or do you need brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take only a few low-cost medications? If so, a less expensive plan may be adequate. Do you take many or costly medications? If so, maybe an enhanced plan would better suit your needs and be well worth the additional premium dollars.

Step 5. ___ Finally, don't be afraid to ask questions to find the best plan for your needs. Questions like:

- How much is the monthly premium? (Rx Premiums in CT range from \$0 to approximately \$115.80 per month.)
- Is there an annual deductible? How much is it? (Mandated maximum of \$325.00 for 2013)
- 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. For example: Tiers 1-6 in some instances, and in others they are called generic drug, value generic drug, preferred brand drug, non-preferred brand drug, specialty drugs, and injectables. **All tiers are not created equal.** Two plans could cover the same drug but one plan could place it at Tier 1 & the other at Tier 3 causing significant cost differences!
- Are there prior authorization requirements for certain drugs? Is "step-therapy" required? (The requirement that you must try certain drugs first before you can get the medication prescribed by your doctor.)
- Is the plan convenient & accepted at your pharmacy? Does it offer mail order & if so - is it more expensive?
- Does the plan also offer hospital and medical coverage? A "MA-PD" plan (rather than a "stand alone Medicare Rx plan) offers combined medical and prescription drug coverage in one comprehensive benefit.
- 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 individual situation. You want to be sure to sign up for the best coverage based on your individual prescription drug needs! Contact CHOICES at 1-800-994-9422 (in state) 860-424-5274 (out of state) for assistance.

On the following pages you will find general information about the PDPs and MA-PD plans available 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. 7th, 2012 so your coverage will take effect as of January 1, 2013.

HOW TO ENROLL IN A PLAN

There are a number of ways you can enroll in a plan:

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

1. Call CHOICES at 1-800-994-9422 to speak to a CHOICES counselor who will take you step by step through the process, help you make an informed decision, and enroll you over the phone.
2. 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 best cover the medications you currently take. You can also use the “Plan Finder” tool to enroll in the plan of your choice online.
3. Call the plan of your choice directly. Plan phone numbers are listed on the following pages for your convenience. You can also go to the plans’ web sites.
4. Call Medicare (1-800-MEDICARE) and tell them you’ve made a decision and want to enroll in a Medicare Rx plan for 2013.

You can also get more information from these online sources:

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 for further assistance 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans PDPs

CHOICES Hotline! – 1-800-994-9422

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

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2012
Aetna Medicare (S5810)	Aetna CVS/pharmacy Prescription Drug Plan (036)	Members: 1-877-238-6211 Non Members: 1-800-832-2640	YES	\$31.60	\$325	\$0.00			3.5 STARS
	Aetna Medicare Rx Premier (172)	TTY/TDD: 1-888-760-4747	YES	\$109.60	\$0	\$78.20	YES	Many Generics, Some Brands	3.5 STARS
Anthem Blue Cross and Blue Shield (S2893)	Blue Medicare Rx Premier (003)	Members: 1-888-543-4917 Non Members: 1-877-479-2227		\$100.70	\$0	\$69.30	YES	Many Generics, Few Brands	4.0 STARS
	Blue Medicare Rx Value Plus (001)	TTY/TDD 1-866-236-1069		\$39.20	\$250.00 Some drugs	\$7.80			4.0 STARS
CIGNA Medicare Rx (S5617)	CIGNA Medicare Rx Plan One (008)	Members: 1-800-222-6700 Non Members: 1-800-735-1459	YES	\$34.00	\$325.00	\$2.60			3.0 STARS
	CIGNA Medicare Rx Plan Two (172)	TTY/TDD: 1-800-322-1452	YES	\$76.50	\$0	\$45.10	YES	Few Generics	3.0 STARS

PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare. (2) Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: "All": 100% of formulary drugs are covered through the gap, "Many": ≥65% to <100% of formulary drugs are covered through the gap, "Some": ≥10% to <65 % of formulary drugs are covered through the gap, "Few": >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), "No Gap Coverage": 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans PDPs

CHOICES Hotline! – 1-800-994-9422

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EnvisionRx Plus (S7694)	EnvisionRxPlus Silver (002)	Members: 1-866-250-2005	YES	\$33.20	\$325	\$1.80			3.0 STARS
	EnvisionRxPlus Gold(073)	Non Members: 1-866-250-2005	YES	\$54.00	\$150	\$22.60	YES	Some Generics	3.0 STARS
Express Scripts MEDICARE (S5660)	Express Scripts Medicare- Value (105)	Non-Members 866-477-5704	YES	\$47.80	\$325	\$16.40			4.0 STARS
First Health Part D (S5768)	First Health Part D Value Plus (126)	Members: 1-866-865-0662	YES	\$31.00	\$0	\$18.70			3.0 STARS
	First Health Part D Premier (038)	Non Members: 1-800-882-3822	YES	\$34.90	\$325	\$3.50			3.0 STARS
First Health Part D (S5674)	First Health Part D Premier Plus (011)	Members: 1-866-823-5178 Non Members: 1-877-882-3822	YES	\$92.40	\$0	\$61.00	YES	Some Generics and Some Brands	3.5 STARS

PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare. (2) Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: "All": 100% of formulary drugs are covered through the gap, "Many": ≥65% to <100% of formulary drugs are covered through the gap, "Some": ≥10% to <65 % of formulary drugs are covered through the gap, "Few": >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), "No Gap Coverage": 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

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Health Markets Medicare (S0128)	Reader's Digest Value Rx (004)	Members: 1-800-806-8811 Non Members: 1-888-625-5531		\$33.60	\$325	\$2.20			Too new to measure
HealthSpring Prescription Drug Plan (S5932)	HealthSpring Prescription Drug Plan -Reg 2 (003)	Members: 1-615-291-7024 Non Members: 1-677-357-1685	YES	\$37.70	\$325	\$6.30			2.5 STARS
Humana Insurance Company (S5884)	Humana Complete (031)	Members: 1-800-281-6918 Non Members: 1-800-706-0872	YES	\$114.00	\$0	\$82.60	YES	Some Generics and Some Brands	3.5 STARS
	Humana Enhanced (002)		YES	\$43.10	\$0	\$11.70			3.5 STARS
	Humana Walmart-Preferred Rx Plan (102)		YES	\$18.50	\$325	\$0.00			3.5 STARS

PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare. (2) Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: "All": 100% of formulary drugs are covered through the gap, "Many": ≥65% to <100% of formulary drugs are covered through the gap, "Some": ≥10% to <65 % of formulary drugs are covered through the gap, "Few": >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), "No Gap Coverage": 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans PDPs

CHOICES Hotline! – 1-800-994-9422

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SilverScript Insurance Company (S5601)	SilverScript Basic (004)	Members: 1-866-235-5660 Non Members: 1-866-552-6106 TTY/TDD: 1-866-552-6288	YES	\$30.50	\$325	\$0.00			3 STARS
	SilverScript Choice (111)		YES	\$29.20	\$0	\$16.50			3 STARS
	SilverScript Plus (005)		YES	\$102.90	\$0	\$71.50		Many generics, Some Brands	3 STARS
SmartD Rx (S0064)	SmartD Rx Plus (037)	Non-Members 1-855-976-2781		\$69.00	\$0	\$37.60		Some Generics	Too new to be measured
	SmartD Rx Saver (002)			\$32.40	\$325	\$0.00			Too new to be measured
UniCare (S5960)	Medicare Rx Rewards Standard (108)	Members: 1-800-928-6201 Non Members: 1-877-541-7382 TTY/TDD: 1-800-241-6894	YES	\$52.50	\$325	\$21.10			2 STARS
United American Insurance Company (S5755)	United American - Enhanced (006)	Members: 1-866-524-4169 Non Members: 1-866-524-4169 TTY/TDD: 1-866-524-4170	YES	\$51.20	\$140.00 Some drugs	\$19.85			3.5 STARS
	United American - Select (074)		YES	\$33.70	\$325	\$2.30			3.5 STARS

PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare.

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans PDPs

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CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
UnitedHealthcare (S5820)	AARP MedicareRx Preferred (002)	Members: 1-888-867-5575 Non Members: 1-888-867-5564	YES	\$37.70	\$0	\$6.30			3 STARS
UnitedHealthcare (S5921)	AARP MedicareRx Enhanced (183)	Members: 1-888-867-5575 Non Members: 1-866-679-3282	YES	\$90.00	\$0	\$58.60	YES	Some Generics, Some Brands	3 STARS
	AARP Medicare Rx Saver (348)		YES	\$15.00	\$325	\$0.00			3 STARS
WellCare (S5967)	WellCare Classic (139)	Members: 1-888-550-5252 Non Members: 1-888-293-5151		\$30.80	\$0	\$0.00			3 STARS
	WellCare Extra (174)	TTY/TDD: 1-888-816-5252		\$39.00	\$0	\$24.40			3 STARS

PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare. (2) Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: “All”: 100% of formulary drugs are covered through the gap, “Many”: ≥65% to <100% of formulary drugs are covered through the gap, “Some”: ≥10% to <65 % of formulary drugs are covered through the gap, “Few”: >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), “No Gap Coverage”: 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans BENCHMARK PLANS

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

CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME* (ID)	TELEPHONE)	MONTHLY PREMIUM without Extra Help Subsidy	PREMIUM WITH FULL SUBSIDY EXTRA HELP	Part D Premium Obligation with 75% Premium Assistance	Part D Premium Obligation with 50% Premium Assistance	Part D Premium Obligation with 25% Premium Assistance	RATING (OUT OF 5 STARS) AS OF 10/12/2011
SmartD Rx (S0064)	SmartD Rx Saver (002)	Non Members: 1-855-976-2781	\$32.40	\$0.00	\$8.10	\$16.20	\$24.30	
Aetna Medicare (S5810)	Aetna CVS/Pharmacy Prescription Drug Plan (036)	Non Members: 1-800-642-0013	\$31.60	\$0.00	\$7.90	\$15.80	\$23.70	3.5 STARS
Humana Insurance Company (S5884)	Humana Walmart-Preferred Rx Plan* (102)	Members: 1-800-281-6918 Non Members: 1-800-706-0872	\$18.50	\$0.00	\$4.60	\$9.25	\$13.80	3.5 STARS
SilverScript Insurance Company (S5601)	SilverScript Basic* (004)	Members: 1-866-235-5660 Non Members: 1-866-552-6106 TTY/TDD: 1-866-552-6289	\$30.50	\$0.00	\$7.60	\$15.20	\$22.80	3 STARS
United Healthcare Insurance Company (S5921)	AARP Medicare Rx Saver Plus* (348)	Non Members: 1-866-255-4835	\$15.00	\$0.00	\$3.70	\$7.50	\$11.20	3 STARS
WellCare (S5967)	WellCare Classic (139)	Members: 1-888-550-5252 Non Members: 1-888-293-5151 TTY/TDD: 1-888-816-5252	\$30.80	\$0.00	\$7.70	\$15.40	\$23.10	3 STARS

“Benchmark” plans are those that offer basic benefits and have premiums at or below the national average premium. Beneficiaries who receive Medicaid, a Medicare Savings Program, SSI or Extra Help will randomly be assigned to one of the above Benchmark plan if they do not select one on their own. Beneficiaries enrolled in one of these plans will not have a monthly premium for their coverage and will have low co-pays for formulary medications regardless of what plan (benchmark or otherwise) they are enrolled in.

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans MAPDs

CHOICES Hotline! – 1-800-994-9422

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

~ All MAPD plans currently offer national in-network pharmacy coverage ~

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some Dental (D) Vision (V) Hearing (H) Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
Aetna Medicare (H5793)	Aetna Medicare Value Plan - HMO (001)	Connecticut	Members: 1-800-282-5366 Non Members: 1-800-832-2640 TTY/TDD: 1-888-760-4748	\$0.00	\$0.00	\$0		D V H	\$6,700	3.5 STARS
	Aetna Medicare Standard Plan - HMO (008)			\$94.00	\$64.10	\$0	Some Generics	D V H	\$5,300	3.5 STARS
Aetna Medicare (H5521)	Aetna Medicare Standard Plan - PPO (013)			\$90.00	\$56.80	\$0		V H	\$6,700 (\$10,000)	3.5 STARS
Anthem Blue Cross and Blue Shield (H2836)	Anthem MediBlue Preferred Standard ~ PPO (001)	Select Counties Only	Members: 1-866-673-4157	\$18.00	Contact the carrier	\$100.00		D V	\$3,800 (\$3,800)	TOO NEW TO BE RATED
Anthem Blue Cross and Blue Shield (H5854)	Anthem MediBlue Value ~ HMO (005)	Various Counties	Non Members: 1-800-797-0984 TTY/TDD: 1-800-241-6894	\$28.00	\$0.00	\$130.00 some drugs		D V	\$6,000	3.5 STARS

MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving all their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. Additional gap coverage levels are determined separately for formulary generic and brand products.. A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit). Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans MAPDs

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

CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some Dental (D) Vision (V) Hearing (H) Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
ConnectiCare, Inc. (H3528)	ConnectiCare VIP Prime 1 ~ HMO (001)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Members: 1-800-224-2273 Non Members: 1-877-224-8220 TTY/TDD: 1-800-842-9710	\$0.00	\$0.00	\$0		V H	\$6,700	4.5 STARS
	ConnectiCare VIP Prime 2 ~ HMO (009)			\$40.00	\$12.80	\$0		V H	\$5,400	4.5 STARS
	ConnectiCare VIP Prime 3 ~ HMO (002)			\$134.00	\$102.60	\$0	All Generics	V H	\$3,400	4.5 STARS
	ConnectiCare VIP Option 1 ~ HMO-POS (006)			\$204.00	\$172.60	\$0	All Generics	V H	\$5,500 (\$5,500)	4.5 STARS
	ConnectiCare VIP Option 3 ~ HMO-POS (008)			\$24.00	\$0.00	\$0		V D H	\$6,700 (\$6,700)	4.5 STARS
UnitedHealthcare (R7444)	AARP MedicareComplete Choice - PPO (001)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Members: 1-800-643-4845 Non Members: 1-800-547-5514	\$20.00	\$8.60	\$0		VH	\$6,700 (\$10,000)	3.5 STARS

MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit). Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

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

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans MAPDs

CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
United Healthcare (H0752)	AARP Medicare Complete Plus ~ HMO-PPO (002)	New Haven	Members: 1-800-234-1228 Non Members: 1-800-547-5514	\$15.00	\$0.00	\$0		V	\$5,900	3.5 STARS
United Healthcare (H0755)	United Healthcare Medicare Complete Plan 1 ~ HMO (030)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Members: 1-800-711-0646 Non Members: 1-866-329-1674	\$99.00	\$79.80	\$0	Some Generics	D V H	\$3,400	3.5 STARS
	United Healthcare Medicare Complete Plan 2 ~ HMO (031)			\$0.00	\$0.00	\$0		D V H	\$5,600	3.5 STARS
WellCare (H0712)	WellCare Choice ~ HMO-POS (001)	Fairfield, Hartford, New Haven, Tolland	Members: 1-866-579-8006 Non Members: 1-877-817-5794	\$69.00	\$62.60	\$0		D V H	\$4,900 (\$4,900)	2.5 STARS
	Wellcare Value ~ HMO (019)		TTY/TDD: 1-877-247-6272	\$0.00	\$0.00	\$0		V H	\$4,900	2.5 STARS

MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving all their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit).Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

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

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans MAPD Special Needs Plans

CHOICES Hotline! – 1-800-994-9422

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Special Needs Plan Type	Total Monthly Premium (with Full Extra Help Subsidy) (5)	Part D Drug Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
UnitedHealthcare (H0710)	UnitedHealthcare Nursing Home Plan ~ PPO/SNP (001)	Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham	Members: 1-877-702-5110 Non Members: 1-888-834-3721	Nursing Home or needs skilled home care	\$0.00	\$325	Co-Pays will be at the Extra Help level for Formulary Meds all Year-Round regardless of deductible or coverage gap status	D V	\$6,700 (\$10,000)	3 STARS
WellCare (H0712)	WellCare Access ~ HMO/SNP (005)	Fairfield, Hartford, New Haven, Tolland	Members: 1-866-635-7047 Non Members: 1-877-817-5794 TTY/TDD: 1-877-247-6272	Dual-Eligible	\$0.00	\$325		D V H	\$6,700	2.5 STARS

These Special Needs Plans are only available to CT beneficiaries on BOTH Medicare and Medicaid! (4)MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving all their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. (5)MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (**)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

January 1 – December 31, 2013 Connecticut Medicare Prescription Drug Plans MA-Only Plans

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

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

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Total Monthly Part C Premium (5)	Total Monthly Premium (with Full Extra Help Subsidy)	Part D Drug Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
United Healthcare (H0755)	United Healthcare Medicare Complete Essential ~ HMO (032)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Members: 1-800-711-0646 Non Members: 1-800-555-5757	\$0.00	N/A	N/A	N/A	D V H	\$5,200	3.5 STARS
ConnectiCare, Inc. (H3528)	ConnectiCare VIP Prime 4 ~ HMO (003)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	Members: 1-800-711-0646 Non Members: 1-877-224-8220 TTY/TDD: 1-800-842-9710	\$0.00	N/A	N/A	N/A	V H	\$5,500	4 STARS

Medicare Advantage member are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (**)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.