



**CHOICES**  
Connecticut program for  
Health insurance assistance,  
Outreach, Information, Counseling,  
& Eligibility Screening  
1-800-994-9422

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# Prescription Drug Assistance

- **ConnPACE**
- **Low Income Subsidy (Extra Help)**
- **Medicare Savings Program  
(ALMB, SLMB, QMB)**
- **For Dual Eligible Individuals**
- **For Those with Retiree Coverage**
- **For Those with VA Benefits**
- **For Those Active on Medicaid**
- **Other Help**

*For Medicare Beneficiaries living in **Connecticut***

**November 2008**

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A cooperative program of the State of Connecticut Department of Social Services, the Area Agencies on Aging, and the Center for Medicare Advocacy that provides Connecticut residents with direction to benefit and support programs dealing with aging concerns.

**Department of Social Services, Aging Services Division  
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**NOTE:** This information, including any rates and services, is accurate to the extent available to **CHOICES** as of October 2008. For more comprehensive information or clarifications regarding an individual plan, product, or program, please contact the plan directly at the telephone number listed in this booklet.

For additional information on Medicare issues, including the Original Medicare Plan, Medigap Supplemental Insurance, Medicare Advantage Choices, and other health insurance issues generally, you should call the **CHOICES** health insurance counselor at your regional Area Agency on Aging (1-800-994-9422). **CHOICES** counselors do not sell or market insurance. They provide the necessary information and assistance to enable you to make your own health insurance choices. CHOICES publications can also be found on the Department of Social Services, Aging Services web site at [www.ct.gov/agingservices](http://www.ct.gov/agingservices).

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# INTRODUCTION

The high cost of prescription drugs is a fact of life for everyone, but older adults and persons with disabilities are particularly affected. This booklet is intended to be a guide for Connecticut residents with Medicare who need help paying for their prescription drugs. It describes Medicare's prescription drug insurance coverage; benefit programs which help lower its costs; and other forms of aid. It will not have all the answers for everyone. If you don't find what you need in this guide, call one of the organizations listed in the back of this booklet for assistance.

Here are some tips to start:

➤ **Talk to your doctor or pharmacist**

For the sake of your health, give your doctor and your pharmacist an up-to-date list of medications you take, including over-the-counter drugs like aspirin. Some drugs, when taken together, cause undesirable side effects. Use the Medicine Record Form at the back of this booklet to keep track of your medicines.

➤ **Ask about generic drugs**

Generic medications are sometimes less expensive than brand name medications. You should consult with your doctor and/or pharmacist when you are first given a prescription to see if a generic medication can be substituted for a brand name. You should check again from time to time to see if this can be done because generic versions of your brand name medications may have been brought to market.

➤ **Call CHOICES**

Call CHOICES at 1-800-994-9422. Have a **list of your Prescriptions** ready and at hand. The list should include the name of the medication, the dose you take and how many times a day you take it. This information will be needed to determine the best prescription drug plan for you.

**We can help you SELECT A MEDICARE Rx PLAN that covers all or most of your medications at the lowest cost.**

❖ **WARNING:** *Neither the State of Connecticut nor the **CHOICES** program guarantees the quality of services provided by any of the private programs listed in this booklet. In choosing any option, the **consumer** is ultimately responsible for researching and selecting the company and/or program offered.*

# MEDICARE & PRESCRIPTION DRUGS

## When do Medicare Parts A & B pay for Rx's?

**Medicare Part A** covers drugs that are prescribed for you while you are in a hospital.

**Medicare Part B** covers prescription drugs that must be provided in an outpatient setting or doctor's office. This can include chemotherapy and other medications that are administered by skilled personnel, such as injections. It also pays for certain diabetic supplies, oral cancer drugs and medications whose administration involves durable medical equipment.

## When does Medicare Part D pay for Rx's?

**Medicare Part D** covers prescription drugs which you pick up at your pharmacy or mail order (except as noted above).

**1. What is Medicare Part D?** Medicare prescription drug coverage (also known as **Medicare Rx**) is a program that pays for prescription drugs, insulin (and insulin supplies), and stop-smoking drugs. Medicare doesn't administer this program directly. Instead, it contracts with private companies to provide the coverage. In Connecticut in 2008, there are the following drug plan options:

- **51 stand-alone Prescription Drug Plans (PDP's)**. These are plans that provide only Rx coverage.
- **24 Medicare Advantage Plans** which offer drug coverage along with their other benefits (MA-PD's). They offer hospital and medical coverage in addition to prescription drug coverage. Some of these plans offer coverage in only certain counties within Connecticut. These can be Health Maintenance Organizations (HMO's), Preferred Provider Organizations (PPO's) or Private Fee for Service Plans (PFFS's).
- **9 Special Needs Plans**, all of which offer drug coverage. SNP's are MA-PD's, limited to individuals who either receive both Medicare and Medicaid or who have certain chronic medical conditions.

**2. Will I be put on a Part D plan automatically because I'm on Medicare? NO!!** You must **APPLY** for Medicare prescription drug coverage **UNLESS** you are on **ConnPACE, Medicaid (Title 19), Supplemental Security Income (SSI), are on the Medicare Savings Program (QMB, SLMB or ALMB) or qualify for Extra Help (LIS)**. If you are on one of these programs you will be automatically enrolled into a

Medicare prescription drug plan if you do not select a plan on your own.

**3. What drugs will the Prescription Drug Plan that I select cover?** Medicare Rx plans cover most outpatient prescription drugs, insulin and insulin supplies, and stop-smoking drugs. They are required to offer a choice of at least two drugs in each of 146 prescribing categories. They are also required to cover substantially all drugs in the following six categories of drugs: **anti-depressants, anti-psychotics, anti-convulsants, anti-cancer, immuno-suppressants and HIV/AIDS medications.**

Certain drugs are excluded from the Medicare prescription drug program. They include: **barbiturates, benzodiazepines, drugs exclusively for weight loss or gain, over-the-counter drugs, and drugs that are covered by Medicare Part A or Part B.** (NOTE: *a few plans cover some of the excluded drugs as an enhanced benefit for additional cost. Also, Medicaid and ConnPACE will cover some of these drugs for their members.*)

**EACH MEDICARE PRESCRIPTION DRUG PLAN OFFERS ITS OWN SELECTION OF MEDICARE-COVERED DRUGS, called a FORMULARY.** Each plan has a different formulary. Your plan will only pay for Medicare-covered drugs that are on its formulary! Your plan will not pay for excluded drugs!

Before deciding on a plan, you should carefully review its formulary to be sure that it covers all of the medications that you take. You should also look at the co-pay amounts of each of your drugs (because co-pay amounts vary for different types of drugs) and you should ask if any of your drugs are subject to utilization management tools, such as **prior authorization, quantity limits** and **step therapy**. These restrictions may make it more difficult for you to get your drugs

If you need a drug that is not on your plan's formulary, or if your plan is denying payment for a drug because of utilization management restrictions, you can request an **Exception** from your plan, **which is a request to have a drug covered.** You can also ask for an Exception to have a drug that you need reduced to a lower and less expensive tier. You will need your doctor's written support to obtain an Exception from your plan.

**4. How does the Medicare Prescription Drug Program work?** You may pay a **monthly premium.** The premium can be deducted from your Social Security check, or the plan can debit your bank account each month, or you can pay the plan directly.

In 2008, **PDP** premiums in Connecticut range from **\$14.60** per month to **\$99.50** per month. **MA-PD** premiums range from **\$0** to about **\$169** a month. Some plans have annual deductibles and all plans have co-pays or co-insurance (amounts **you** must pay

for each prescription). Most plans have **tiered** co-pays, meaning that the co-pay amount varies with the type of drug. Example: Tier 1 = generic drugs; Tier 2 = preferred brand; Tier 3 = brand; Tier 4 = specialty drugs. Plans determine their own tier structures and co-pay or co-insurance amounts for each tier.

*NOTE: People with limited income and assets may qualify for **Extra Help (LIS)** to pay for premiums, deductibles, co-pays and co-insurance. Ask your CHOICES counselor for more information.*

**Benefits offered by the Medicare Rx Standard Plan are as follows:**

- There may be an annual deductible. In 2008, the deductible cannot be more than **\$275** per year. Some plans do not have any deductible and others have a reduced deductible. **If your plan has a deductible you will need to pay the amount of the deductible before your coverage begins.**
- After you have met your deductible, you enter the **Initial Benefit Period**, during which your drug plan pays **75%** of the cost of each prescription and you pay **25%** (for the next \$2235 in drug costs). The most you will pay during the Initial Benefit Period is **\$558.75** (25% of \$2235).
- Once the total cost for medications reaches \$2510 you will enter the **COVERAGE GAP** (also called the **DOUGHNUT HOLE**). If the drug plan you have chosen has a coverage gap, you will pay **100% OF ALL PRESCRIPTION COSTS UNTIL YOU HAVE SPENT ANOTHER \$3216.25 OUT-OF-POCKET**. (In 2008, 15 PDP's pay for some generic drugs during the coverage gap. No plans pay for brand name drugs during the coverage gap. 21 MA-PD's pay for some generic drugs during the coverage gap. 2 of those pay for some brand-name medications during the coverage gap.)
- Once you have spent a total of **\$4050** (**\$275 + \$558.75 + \$3216.25**) in allowable True Out-Of-Pocket costs (TrOOP), you will be eligible for **Catastrophic Coverage**. For the remainder of the year, Medicare will pay **95%** of your prescription drug costs and you will pay only **5%** of each prescription, or a **\$2.25** or **\$5.60** co-pay, whichever is greater.

## **BENEFIT TABLE FOR THE MEDICARE RX STANDARD PLAN:**

***IMPORTANT:** Different plans may offer variations of this basic package. It is important to review the costs of each plan carefully before enrolling.*

<b>COVERAGE PERIODS</b>	<b>If your drugs cost ...</b>	<b>Plan pays ...</b>	<b>And you pay...</b>	<b>Therefore, your out-of-pocket costs are ...</b>
<b>Deductible</b> (amount you pay before Plan coverage begins)	\$ 0 - \$275	0	\$275	\$275
<b>Initial Benefit Period</b> (annual basic coverage)	\$275 - \$2510	\$1676.25 (75%)	\$558.75 (25%)	\$558.75 (25% of \$2,235)
<b>Coverage Gap / Doughnut Hole</b> (you pay all costs)	\$ 2510 - \$5726.25	0	\$3216.25	\$3216.25
<b>Total</b>	\$5726.25	\$1676.25	\$4050.00	\$4050 ( $\$275 + \$558.75 + \$3216.25$ )
<b>Catastrophic Coverage Period.</b> Begins when <b>total drug costs</b> (what you have paid and plan has paid) exceed \$5,726.25 per year	Over \$5,726.25 <b>(you have paid \$4050 and the plan has paid \$1675.25, total drug costs \$5726.25)</b>	95%	5% or \$2.25 /\$5.60 co-pays, whichever is greater	5% of drug costs that exceed \$5,726.25 or \$2.25 /\$5.60 per Rx

All Medicare Drug Plans, whether stand alone or part of a Medicare Advantage Plan, must offer benefits **at least as good as the Standard Plan** (in terms of overall benefits paid out as a percentage of revenues), but can and do vary from the Standard Plan in their details.

**5. What are allowable True Out-Of-Pocket costs (TrOOP)?** Once you have spent \$4050 on medication which is on your PDP's **formulary** (the list of Rx's for

which the plan will pay), you will have met your TrOOP requirement and will qualify for Catastrophic Coverage. **It is important to know that only certain payments count toward meeting the \$4050 TrOOP requirement:**

- Payments that **you** make (or payments **made by your family or by a charitable group**) for drugs that are on your plan's formulary count toward meeting the \$3850. (For ConnPACE members, **payments made by ConnPACE**, in addition to payments made by the ConnPACE member, also count toward the \$4050.)
- Premium payments, payments made by Medicare or other insurance payments made for drugs that are not on your plan's formulary, and payments for drugs purchased outside of the United States do **NOT** count toward the \$4050 TrOOP requirement.

**TO JOIN A MEDICARE PRESCRIPTION DRUG PLAN, CALL CHOICES at 1-800-994-9422.** Have a list of your Rx's ready and at hand. The list should include not only the name of the medication, but also the dose you take and how many times a day you take it. This information will be needed to determine the best prescription drug plan for you.

**WE CAN HELP YOU SELECT A MEDICARE Rx PLAN that covers all or most of your medications at the lowest cost.**

### **What is the Low Income Subsidy (Extra Help?)**

6. **Can I get help to pay for Medicare prescription drug coverage?** If your countable income is below **\$15,600** (single) or **\$21,000** (couple), and your countable assets (not including your house, car or certain types of savings) are below **\$10,490** (single) or **\$20,970** (couple), you may qualify for **EXTRA HELP** (a.k.a. **Low Income Subsidy or LIS**) to pay for Medicare prescription drug coverage. This Extra Help will take the form of **reduced premiums, deductibles and co-pays.**

*If you didn't get an application for **EXTRA HELP** but think you may qualify, call the Social Security Administration at 1-800-772-1213.* TTY users should call 1-800-325-0778. You can also visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web, or you can call CHOICES (1-800-994-9422) for assistance.

*See page 17 for more information.*

**Important!** If you are already on **Medicaid, SSI, or a Medicare Savings Program (QMB, SLMB, ALMB)** you **automatically** qualify for **EXTRA HELP** and **do not need to apply** because Medicare has enrolled you in the Extra Help program. You should have received a letter explaining the benefits that you will receive. For more information, please see page 21 or contact CHOICES at 1-800-994-9422.

**7. What if the cost of Medicare prescription drug coverage is more than I now pay for prescription drugs?** If you now take only a small number of medications, or you have another form of prescription insurance, your current costs may be less than they would be under the standard Medicare prescription drug benefit. You still need to consider Medicare prescription drug coverage because:

- You may need additional, more expensive medications in the future.
- You may have to pay a higher premium if you don't enroll when you are first eligible.
- You may also have a waiting period for coverage if you don't enroll when you are first eligible.

**8. Under what circumstances will I pay a higher premium?** You will pay higher premium amounts **if you enroll after the initial open enrollment period IF:**

- You don't have **any** prescription insurance.
- Your current, non-Medicare prescription insurance is not **creditable** (meaning your coverage is, on average, not as good as Medicare's prescription drug coverage).

Your premium will be **1% higher for each month you could have enrolled in a Medicare prescription drug plan but did not.** The 1% penalty is based on the national average monthly premium. For example, if the national average premium is \$27.35 per month, and you wait 7 months to join a plan, your penalty would be \$1.91 each month (.01 x \$27.35 x 7 months). This amount would be added to the premium of your chosen plan. **IT IS A LIFETIME PENALTY.**

If you decline Medicare prescription drug coverage because you have existing insurance that offers creditable coverage you will not have to pay a higher premium if you decide not to enroll right away. If you lose that creditable coverage you must select and enroll in a Medicare prescription drug plan within 63 days in order to avoid a higher premium and a possible waiting period for coverage.

All insurers, including employer or union sponsored retirement health plans, must send notices annually to their members indicating whether their coverage is creditable.

- Most **Medicare Supplemental Policies (Medigap)** policies are **NOT** considered **creditable**.
- **VA, TRICARE, Federal Employee Health Benefits (FEHB), and State of Connecticut retiree policies ARE** considered **creditable**.

**9. When can I enroll in a Medicare Prescription Drug plan?** You can enroll in a Medicare Rx plan from **November 15** through **December 31** of each year. This is called the Annual Coordinated Election Period (ACEP). Coverage will begin on January 1<sup>st</sup> of the

following year.

If you are **new to Medicare** (e.g. you just turned 65) you have a **7 month Initial Enrollment Period (IEP)**. The 7 months begins 3 months before you turn 65 and ends 3 months after your 65<sup>th</sup> birthday. If you do not enroll during the IEP you may have to wait until the next Annual Enrollment Period and you may be subject to a late enrollment penalty.

**10. Can I change plans?** Yes, under the following circumstances:

- If you belong to a PDP or an MA-PD, you may change your drug coverage from November 15<sup>th</sup> - December 31<sup>st</sup> of each year, with coverage effective January 1<sup>st</sup> of the following year. This is called the Annual Coordinated Enrollment Period (ACEP). You can change plans more often if you qualify for a Special Enrollment Period (SEP). SEPs are granted under specific circumstances (e.g. you moved out of your current plan's service area). Contact CHOICES to find out what other circumstances would qualify you for a SEP.
- If you belong to an MA (without prescription drug coverage) or an MA-PD (with prescription drug coverage), you may change **plans** January 1<sup>st</sup> – March 31<sup>st</sup> of each year. **You cannot add or drop prescription drug coverage during this period.** This is called the MA Open Enrollment Period (OEP. For example, if you are leaving a plan without prescription drug coverage, you can only enroll in a plan without prescription drug coverage. If you are leaving a plan with prescription drug coverage, you can only enroll into a plan with prescription drug coverage. You can also leave your MA or MA-PD plan and return to Original Medicare, provided you do not change your drug coverage status. Ask CHOICES form more information. ).
- **Individuals on Medicare and Medicaid and those on Medicare Saving Programs (QMB, SLMB and QI/ALMB) can change plans at anytime.** The new plan will become effective the first day of the month following the month in which the change was made. (For more information on the Medicare Savings Programs, please see page 21).

*NOTE: Individuals on Medicare Savings Programs can change plans at anytime but must enroll in a **benchmark plan** to avoid paying a portion of the plan's premium. Ask CHOICES for more information.*

To avoid delays in coverage or problems with enrollment it is strongly suggested that you enroll in your new plan by the 8<sup>th</sup> of the month proceeding the month in which you want your new coverage to begin. For example, if you want to be in your new plan by July 1<sup>st</sup>, you should enroll by June 8<sup>th</sup>.

**11. What else should I consider before choosing a Medicare prescription drug plan?**

- Do you live in the plan's service area?
- Is the plan accepted at the retail pharmacy that you use?
- Are your medications subject to utilization management tools?

If you spend part of the year in another state, you may want to consider one of the national plans with a wider preferred provider network. Please refer to the CHOICES Enrollment Guide for more information about choosing a plan and detailed information about the plans themselves.

**12. Do I have to do anything if I am happy with the Prescription Drug Plan I am now on?** Before you decide whether to stay with your existing plan each year you need to find out if your plan will change the following year. The way to find out is to study the information your plan will send you at the end of October in its **Annual Notice of Change (ANOC)**.

The ANOC includes information about changes to premium and deductible amounts, changes in doughnut hole coverage and changes to formularies, including the addition of utilization management tools such as prior authorization, quantity limits and step therapy. The ANOC also includes information about changes to tiered co-pay amounts, including the placement of drugs on a different tier.

**IMPORTANT:** If a plan granted an indefinite Exception in 2006 that it does not intend to continue in 2008, the plan should have notified the member of this change. This notice may have been included in the ANOC or it may have been sent in a separate notice mailed at the end of October.

If you remain satisfied with your plan after reading the ANOC you do not need to do anything. **Your membership in the plan will automatically continue into the next year.**

### **13. What are the Important Dates for 2008?**

- **November 15, 2008 – December 31, 2008** - The Annual Coordinated Election Period. Medicare-eligible individuals can enroll in or change their PDP. With the exception of dual eligible individuals and MSP recipients (who can change plans at any time), or other individuals who qualify for a Special Enrollment Period (SEP), people are locked into their PDP for the rest of the calendar year.
- **December 8, 2008** – The date by which people who wish to change plans should enroll in their new plan in order to ensure coverage by January 1, 2008.

- **January 1, 2008** - New Medicare prescription coverage begins for 2008.
- **January 1, 2008 – March 31, 2008** - The MA Open Enrollment Period. Medicare- eligible individuals can change their MA or MA-PD plan. With the exception of dual eligible individuals and MSP recipients (who can change plans at any time), or other individuals who qualify for a Special Enrollment Period (SEP), after March 31 members will be locked into their MA or MA-PD plan for the rest of the calendar year. People cannot add or drop prescription drug coverage during this period.

**14. Where can I get more information?** 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 to compare and enroll in a Medicare prescription drug plan and get Extra Help to pay for your premiums, deductibles, and co-pays.

**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)

## MEDICARE SUPPLEMENTAL (Medigap) INSURANCE & PRESCRIPTION DRUGS

### **Does Medicare Supplemental Insurance (Medigap) Cover Prescription Drugs?**

The *Medicare Prescription Drug, Modernization and Improvement Act (MMA) of 2003*, which created the Medicare Prescription Drug Program, includes a provision that prohibits the sale of any Medigap policy containing a prescription drug benefit after January 1, 2006. No new H, I and/or J Medigap policies with prescription drug coverage can currently be sold. Beneficiaries may still purchase plans H, I or J but should be aware that these plans no longer include drug coverage.

### **What if I enrolled in plans H, I or J before January 1, 2006?**

Beneficiaries who enrolled in plans H, I or J prior to January 1, 2006 have the option of renewing their policies and retaining the prescription drug benefit. Individuals should carefully weigh the pros and cons of this decision as it could mean paying higher premiums for a Medicare prescription drug plan in the future.

Policy holders who decided to retain their existing drug coverage under plans H, I or J after January 1, 2006 may continue to renew this coverage each year as long as they do not enroll in a Medicare prescription drug plan. Once an individual enrolls in a Medicare prescription drug plan he or she is electing to terminate their Medigap policy's prescription drug benefit. The prescription drug component of the Medigap policy will end on the first day that the Medicare Rx plan becomes effective.

The decision to continue existing drug coverage through plans H, I or J should be made carefully. Beneficiaries who **delayed enrollment into a Medicare Rx Plan** in favor of keeping a Medigap plan with prescription drug coverage may face **late enrollment penalties** if they decide to enroll in the Medicare prescription drug program in the future. Individuals who do not have existing creditable coverage (coverage as good as or better than Medicare's Standard Drug Plan) will incur a penalty of 1% per month for every month that they could have signed up for a Medicare Rx plan and did not. **PLANS H, I AND J ARE NOT CONSIDERED CREDITABLE COVERAGE.** Therefore individuals who have retained their policies beyond May 15, 2006 may have to pay higher premiums if they decide to leave their Medigap plan and enroll in a Medicare Rx plan in the future.

**What are my options if I have Medigap Plans H, I or J and have not yet enrolled in a Medicare Rx Plan?**

- You can **drop** the prescription **drug coverage part of their Medigap policy** and **enroll into a Medicare Rx plan**. The prescription drug component of the Medigap policy will end on the first day that the Medicare Rx plan becomes effective. The monthly premiums of the Medigap plan will be adjusted to reflect the reduction in benefits.
- You can **switch** to a Medigap policy **without drug coverage**.
- You can join a **Medicare Advantage Plan** and cancel their entire Medicare Supplemental Plan.

For more information on the recent changes to Medigap insurance contact the CHOICES Program in your region by calling 1-800-994-9422.

## MEDICARE ADVANTAGE PLANS & PRESCRIPTION DRUGS

### Do Medicare Advantage Plans Cover Prescription Drugs?

**YES. Some do.** Some Medicare Advantage Plans have a Medicare Prescription Drug Plan as a component. The drug component must offer coverage **at least as good as Medicare's Standard Drug Plan** (in terms of overall benefits paid out as a percentage of revenues), but can vary from the Standard Plan in its details.

If your Medicare Advantage plan sponsors a Medicare Rx plan you must enroll into that Medicare Rx plan. You may not enroll in a Medicare Rx plan offered by any other company. If you enroll in a Medicare Advantage Plan that does not offer drug coverage, you will be without it for the rest of the calendar year, because you cannot then enroll in a stand-alone PDP.

## RETIREE PLANS & PRESCRIPTION DRUGS

### Do Retiree Plans Cover Prescription Drugs?

Yes, some do. They may even sponsor Medicare Prescription Plans which they subsidize. If you have a retiree plan that supplements Medicare coverage, you may have some Rx coverage. If you are not sure what your plan covers, contact your

former employer's human resources representative or benefits specialist. Your benefits specialist will be able to tell you if you have existing drug coverage and if that coverage has changed as a result of the new Medicare prescription drug program.

If you do not have prescription drug coverage through your retiree plan or if your existing coverage is not considered creditable (as good as or better than the standard Medicare Rx benefit) you may need to select and enroll in a Medicare Rx plan to avoid paying higher premiums for a Medicare Rx plan in the future.

- If your retirement plan's Rx coverage is **creditable** and you **lose it**, you may join a Medicare Prescription Drug Plan within **60 days** of its termination.
- If you elect to **drop** creditable employer coverage, you have **90 days** to find a Medicare PDP.
- If your retirement drug plan is **not creditable**, you will have to wait until the Annual Coordinated Election Period (**Nov 15 through Dec 31** of each year) to select a Medicare Rx Plan.

For more information call CHOICES at 1-800-994-9422.



## **VA, TRICARE, FEHBP COVERAGES AND PRESCRIPTION DRUGS**

Veterans enrolled in the VA health care system may **choose** to enroll in Medicare Part D in addition to their VA benefits. **VA prescription drug coverage is considered by Medicare to be at least as good as Medicare Part D coverage (creditable coverage)**. Your VA prescription drug coverage will not change based on your decision to participate in Medicare Part D.

Because they have creditable coverage, veterans enrolled in the VA health care program who choose not to enroll in a Medicare Part D plan when they are first eligible for Medicare Part D will **not have to pay a higher premium on a permanent basis (late enrollment penalty)** if they enroll in a Medicare drug plan during a later enrollment period.

However, if you **dis-enroll** from VA health care or if you lose your enrollment status through no fault of your own (such as an enrollment decision by VA that further restricts access to benefits to your eligibility group), you may be subject to the late

enrollment penalty unless you **enroll in a Medicare Part D plan within 62 days of losing your VA coverage.**

If you are a veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state veterans home, a state mental institution, a jail, or a corrections facility), you may not have creditable coverage from VA while in that institution. If you think this applies to you, please contact the institution where you reside, the VA Health Benefits Service Center at 877-222-VETS (8387), or your local VA medical facility.

Should you lose VA coverage, find yourself in a situation where your VA coverage is not creditable or want coverage for prescription medications that the VA insurance do not cover, call CHOICES to find out about selecting an appropriate Medicare Rx Plan for yourself.

*NOTE: If the loss of your VA coverage is not voluntary, you will be able to sign up for a Medicare Drug Plan right away. If you drop it, you will have to wait until the annual Part D sign-up period (Nov 15-Dec 31) to enroll in a PDP.*

**Federal Employee Health Benefits Program drug coverage is creditable** (as good as Medicare's) and so you do not need to join a Medicare PDP and will have no penalty if you choose to do so in the future.

**TRICARE** prescription drug coverage is creditable coverage.

The prescription drug benefits of the **Connecticut State employee and retiree health plan** qualify as creditable coverage.



## **SOCIAL SECURITY AND (EXTRA HELP)**

### **What is the Low Income Subsidy (Extra Help)?**

**It is a federal government program which offers you help to pay for Medicare prescription drug coverage.** It pays a portion of your premium, deductibles and co-pay amounts in all cases. It pays the entire premium for any PDP whose cost is below \$29.17. It will reduce the co-pays for any medications on a Prescription Drug Plan's formulary, even if you are in a deductible period. You will pay no more than \$2.25 for a generic and \$5.60 for a brand name drug (if you qualify for the LIS Full Subsidy amount).

**LIS Coverage Amounts for those who Qualify  
Categorized by Income Level**

<b>ELIGIBILITY GROUP</b>		<b>COST-SHARING</b>			
<b>Monthly Income Limit</b>	<b>Resource Limit</b>	<b>Annual Deductible</b>	<b>Monthly Premium</b>	<b>Costs Until TrOOP Totals<sup>2</sup></b>	<b>Catastrophic Benefit After TrOOP Totals<sup>2</sup></b>
				<b>\$4,050<sup>2</sup></b>	<b>\$4,050<sup>2</sup></b>
<b>Deemed Eligible for Extra Help: Medicare and Medicaid*, Medicare Savings Programs**, and SSI-only</b>					
Full dual-eligible beneficiaries with income less than 100% FPL: • Single: ≤ \$866.67 • Married: ≤ \$1,166.67	Resource limits differ by state. Check with your state Medicaid agency.	\$0	\$0 <sup>1</sup>	\$1.05 for generic and preferred brand drugs or \$3.10 for all other drugs	\$0
All deemed beneficiaries with income between 100% and 135% FPL: • Single: \$866.68 to \$1,170 • Married: \$1,166.68 to \$1,575	Resource limits differ by state. Check with your state Medicaid agency.	\$0	\$0 <sup>1</sup>	\$2.25 for generic and preferred brand drugs or \$5.60 for all other drugs	\$0
<b>Must Apply for Extra Help: Other Low-Income Beneficiaries</b>					
Below 135% FPL: • Single: ≤ \$1,170 • Married: ≤ \$1,575	• Single: < \$7,790 <sup>3</sup> • Married: < \$12,440 <sup>3</sup>	\$0	\$0 <sup>1</sup>	\$2.25 for generic and preferred brand drugs or \$5.60 for all other drugs	\$0
Below 135% FPL: • Single:	• Single:	\$56	\$0 <sup>1</sup>	15% co-insurance	\$2.25 for generic and preferred brand drugs or

≤\$1,170 • Married: ≤ \$1,575	\$7,790 - \$11,990 <sup>3</sup> • Married: \$12,440 - \$23,970 <sup>3</sup>				\$5.60 for all other drugs
Between 135% and 150% FPL: • Single: 1,170 to \$1,300 • Married: \$1,575 to \$1,750	• Single: \$7,790 - \$11,990 <sup>3</sup> • Married: \$12,440 - \$23,970 <sup>3</sup>	\$56	Premium based on income: • 135% to 140% FPL - 25% of the monthly premium • 140% to 145% FPL - 50% of the monthly premium • 145% to 150% FPL - 75% of the monthly premium	15% co-insurance	\$2.25 for generic and preferred brand drugs or \$5.60 for all other drugs

### Who qualifies for the Low Income Subsidy (Extra Help)?

Your countable income must be below **\$15,600/yr, \$1300/mo** (single) or **\$21,000/yr, \$1750/mo** (couple), and your countable assets (not including your house, car or certain types of savings) must be below **\$10,490** (single) or **\$20,970** (couple). Those with dependents may qualify at higher levels.

*NOTE: The rules governing what income and resources count and what is excluded for the low income subsidy are very complex.*

### How do I sign up?

To obtain an application for EXTRA HELP, call the **Social Security Administration** at **1-800-772-1213**. TTY users should call 1-800-325-0778. You can also visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web, or you can call **CHOICES (1-800-994-9422)** for assistance.

**Important!** If you are already on **Medicaid, SSI, or a Medicare Savings Program (QMB, SLMB, ALMB)** you automatically qualify for **EXTRA HELP** and **DO NOT NEED TO APPLY** because Medicare has enrolled you in the Extra Help program. You should have received a letter explaining the benefits that you will receive. For more information contact CHOICES at 1-800-994-9422.

# CONNPACE AND PRESCRIPTION DRUGS

## CONNPACE – 2008

ConnPACE, the Connecticut Pharmaceutical Assistance Contract to the Elderly, helps eligible persons pay for most prescription drugs.

### Who is Eligible?

- You must be **65 or older**, or a person **over age 18 with a disability**.
- Your income must not exceed maximum limits. Effective **January 1, 2008**: Single applicants: **\$23,700** per year; married couples: **\$31,900** per year. *Income limits increase each January 1<sup>st</sup> based on the Social Security Cost of Living increase.*
- You must have lived in Connecticut for at least **183 days** prior to your application.
- In most cases, you **may not** have an insurance plan that covers all or a portion of your prescriptions on a continuous basis (other than a Medicare Prescription Drug Plan).
- You **may** have an insurance plan with a maximum benefit. ConnPACE will begin to pay for medicines after you have exhausted that benefit.
- You **may** have an insurance plan that covers only generics. Under certain circumstances, ConnPACE may cover brand name drugs for which there are no generic equivalents as well as brand name versions of drugs that have generics.
- If you are eligible for ConnPACE, you are also automatically eligible for the Connecticut ConnMAP program. ConnMAP requires Connecticut Medicare providers to accept assignment.

### How much does it cost?

- Enrollment fee in the ConnPACE program is \$30 per year per person.
- A maximum co-payment of \$16.25 will be charged by the pharmacy for each prescription filled.

### Is there Prior Authorization?

There are two situations in which ConnPACE recipients need to have their physician or pharmacist obtain prior authorization in order to have ConnPACE pay the program's portion of the prescription drug costs. These are:

- You are given a prescription written as Brand Medically Necessary when there is an equivalent generic available.
- You seek a refill when less than 75% of the previously issued drug has been used.

The prescribing physician has to complete certain forms in order to obtain prior authorization. Remind your prescribing physician that you are on ConnPACE and may need his help.

In those instances when you are obtaining a refill early, your pharmacist will initiate the prior authorization process for you.

For more information on Prior Authorization and to view Prior Authorization forms log onto [www.ctpharmacyprogram.com](http://www.ctpharmacyprogram.com) or call ACS the Department of Social Services' contractor for Prior Authorization at 1-866-759-4113.

### **How has Medicare Part D drug coverage changed ConnPACE?**

- ConnPACE wraps-around (coordinates benefits with) the new Medicare Prescription Drug Program. **It pays the premium for ANY Medicare PDP and it pays through any PDP deductibles** (including the Doughnut Hole). You will almost never pay more than \$16.25 for a prescription.
- Every ConnPACE recipient who has Medicare Part A and/or B is required to enroll in a Medicare Rx plan. If you were enrolled in ConnPACE prior to January 1, 2006 you should already be enrolled in a Medicare Rx plan.
- The Medicare Rx plan that you enroll in will give you a member card which you will use at the pharmacy, just like you use your ConnPACE card now.
- **You'll still pay your annual \$30 ConnPACE membership fee.**
- You will still be able to get all of the drugs you were taking prior to your enrollment in a Medicare Rx Plan, but you may have to go through an exceptions process to do so if any of those drugs is not covered by your Medicare Drug Plan.
- You will be limited to 90 day supply of medication at any one time. You will need a prescription for the three month supply from your doctor and willingness by a pharmacy to fill such an order.
- Individuals on ConnPACE with incomes below \$15,315 (single) or \$20,535 (couple) and countable assets below \$10,210 (single) and \$20,410 (couple) are also required to apply for Extra Help through the Social Security Administration to help cover costs associated with Medicare Rx. If you receive it, will pay no more than \$2.25 for generic and \$5.60 for brand name medications if they are on the PDP's formulary

### **If I am on ConnPACE, how do I select and enroll in a Medicare Rx plan?**

- 1. If you were on ConnPACE prior to January 1, 2006 you should have been auto-enrolled in a Medicare Rx plan.** You should have received a letter informing you which plan ConnPACE chose for you. For more information on the ConnPACE auto-enrollment process call ConnPACE at 1-800-423-5026 or a CHOICES counselor at 1-800-994-9422.
- 2. If you are joining ConnPACE you and you are already a member of a Medicare Rx Plan, you may keep it.**
- 3. If you are signing up for ConnPACE and do not have a Medicare Drug Plan, you may select a plan on your own or you can have ConnPACE select a plan for you.**

- To enroll on your own, call the plan directly, log onto [www.Medicare.gov](http://www.Medicare.gov) and use the online Medicare Rx plan finder tool, or call 1-800-Medicare or CHOICES at 1-800-994-9422.
- To have ConnPACE select and enroll you into a plan, simply choose that option on the ConnPACE application.

### **When can I switch Medicare Drug Plans if I have ConnPACE?**

- You may change plans during the Annual Coordinated Enrollment Period, which is from November 15<sup>th</sup> – December 31<sup>st</sup> of each year. Your new coverage will be effective January 1<sup>st</sup> of the following year.
- You may also change plans once during the calendar year.
- If you are on the Medicare Savings Program (QMB, SLMB, ALMB), you may change plans at any time.

*NOTE: Changing Medicare Drug Plans unnecessarily if you are a ConnPACE beneficiary is not wise. Doing so makes it necessary for ConnPACE and your new plan to coordinate benefits, which may not always go smoothly.*

### **How do I change plans?**

Just enroll in the new plan that you want. **DO NOT DISENROLL FROM YOUR EXISTING PLAN!!** Your enrollment in the new plan will **automatically cancel your enrollment in your former plan.** To avoid delays or problems with enrollment, it is strongly advised that you enroll in your new plan before the 8<sup>th</sup> of the month. For example, if you want to be in your new plan by July 1, 2008, you should enroll by June 8, 2008.

You can enroll in your new plan by calling the plan directly, calling 1-800-MEDICARE, logging onto [www.Medicare.gov](http://www.Medicare.gov) and using the online Medicare Rx plan finder tool or by calling CHOICES at 1-800-994-9422.

### **I am on ConnPACE (or enrolling in ConnPACE for the 1<sup>st</sup> time) and qualify for Extra Help (Low Income Subsidy) to pay for the costs associated with Medicare Rx. Do I have to apply for Extra Help?**

- **YES.** Individuals on ConnPACE with **incomes** below **\$15,315** (single) or **\$20,535** (couple) and countable **assets** below **\$10,210** (single) and **\$20,410** (couple) are **required** to apply for Extra Help. If you receive it, will pay no more than \$2.25 for generic and \$5.60 for brand name medications if they are on the PDP's formulary.
- Extra Help will save you money. With ConnPACE and the Extra Help together, you will pay no premiums and as little as **\$2.15/\$5.35** per prescription. **It will also save money for the State of Connecticut.** That is why you must complete an application for this program if you are receiving state aid through ConnPACE.

- Contact the **Social Security Administration** at **1-800-772-1213** to receive an application for Extra Help.

### **Whom do I call if I have specific questions about ConnPACE?**

You may call **ConnPACE** directly from within the state at **1-800-423-5026** or you may call the **CHOICES** Program from within the state at **1-800-994-9422** and a trained counselor will assist you.

### **How Do I Apply for ConnPACE?**

Call ConnPACE at 1-800-423-5026 or CHOICES at 1-800-994-9422.

*Please be aware that there may be additional changes to the ConnPACE Program in the future. For information regarding any program changes please contact your regional Area Agency on Aging CHOICES unit listed at the back of this booklet.*

## **MEDICAID AND PRESCRIPTION DRUGS**

### **What is Medicaid (Title 19)?**

Medicaid (Title 19) is a program administered by states and subsidized by the federal government which pays for medical care for those who can't afford it.

### **Who is eligible?**

- Individuals age 65 or older
- Disabled individuals between the ages of 18 and 65
- Blind Individuals

### **An individual must also:**

- Be a U.S. citizen or an eligible non-citizen
- Be a resident of Connecticut
- Cooperate with the Department in establishing eligibility

In 2008, you may be eligible for Medicaid if you have assets below the following amounts:

- Single Person           \$1600
- Married Couple       \$2400

You must also have income within certain limits. Income limits vary by region of Connecticut. If your income is too high for Medicaid, you may be able to deduct medical bills from excess income and still qualify for Medicaid. This process is called a spend-down.

### **If I have Medicaid, who pays for my prescription drugs?**

If you are a Medicaid client who does not also have Medicare coverage, Medicaid will pay for your Rx's. If you are a Medicaid recipient and are also eligible for Medicare Part A and/or B (Full Dual Eligible Individual), the way that you receive prescription drug coverage has changed. As a result of the *Medicare Modernization Act of 2003, which began January 1, 2006* **full dual eligible individuals** (those with both Medicare and full Medicaid) **must be enrolled in a Medicare Prescription Drug Plan to receive reimbursement for their Rx's.**

If you are on **Medicaid** and **new to Medicare** or if you are on **Medicare, without a Medicare Drug Plan, and new to Medicaid**, you need to join a Medicare Rx Plan. You may do that in two ways:

- You can enroll in a plan by calling the plan directly, by calling 1-800-MEDICARE, by logging onto [www.Medicare.gov](http://www.Medicare.gov) and using the online Medicare Rx plan finder tool, or by calling CHOICES at 1-800-994-9422.
- You can wait for Medicare to auto-enroll you in a plan.

*NOTE: Waiting for Medicare to act on your behalf may result in a temporary gap in your Rx coverage. While you will be reimbursed for monies you have to lay out during this time, you may have to pay out of your own pocket. If you find yourself in this situation, **call CHOICES immediately!** It is wise to contact a Medicare Drug Plan or CHOICES as soon as you find out you are about to become a Full Dual Eligible individual.*

**FULL DUAL eligible individuals in CT who are enrolled into a Medicare Rx plan will have a co-pay of \$0 for their medications. The state will make sure that the premium for any PDP is paid in full for the client.**

# MEDICARE SAVINGS PROGRAM (QBM, SLM, ALMB) & PRESCRIPTION DRUGS

## What is the Medicare Savings Program?

The **Medicare Savings Program (ALMB, SLMB, QMB)** can considerably lower your Medicare Prescription Drug Plan costs. If you qualify for the **MSP**, you will then be auto-enrolled in the **Low Income Subsidy** program (**Extra Help**) at the **Full Subsidy Level**. That will result in **Extra Help** paying the premium for any PDP if it is less than \$29.17 per month. Your prescription costs will be no more than \$2.25 for a generic and \$5.60 for a brand name drug for any medication that is on your PDP's formulary.

Any of the Medicare Savings Programs will also pay your Medicare Part B Premium (\$96.40 in 2008). The **QMB** program will pay the portion of your medical bills that Medicare doesn't cover (at the Medicaid reimbursement rate).

The **Medicare Savings Program is partial Medicaid.** The state of Connecticut will try to recover monies spent on you during your lifetime from your estate after your death.

Eligibility standards for this program are as follows:

		Income Limits	Asset Limits		Income Limits	Asset Limits
QMB (QO1)	Single	<b>\$1108.00</b>	\$4000	Couple	<b>\$1649.00</b>	<b>\$6000</b>
SLMB (QO3)	Single	<b>\$1281.40</b>	\$4000	Couple	<b>\$1882.40</b>	<b>\$6000</b>
ALMB (QO4)	Single	<b>\$1411.45</b>	No Asset Limit	Couple	<b>\$2057.45</b>	<b>No Asset Limit</b>

Some Medicaid recipients periodically go on **SPEND-DOWN**, because their income is over the eligibility limit for the program. They stay on **SPEND-DOWN** until they have spent an amount on medical services which equals the amount by which they exceed the limit. During this time most recipients will be placed on one of the Medicare Savings Programs and pay \$2.25 for generic drugs and \$5.60 for brand name-drugs. The state will not guarantee premium payment for any PDP. If the premium for the drug plan they belong to is more than \$29.16 per month, the client will be responsible for all amounts above that figure.

If you go on SPEND-DOWN, it is advisable, in most cases, to belong to a Medicare Drug Plan whose premium is less than \$29.17 per month. For more information and assistance in this matter, call CHOICES.

***NOTE:** If you are a Medicaid recipient and live in the community, and you are **NOT** eligible for Medicare Part A and/or B your prescription drugs will continue to be covered by the Medicaid program as usual.*

For more information on Medicaid in general contact your regional DSS office, listed in the blue pages of the telephone book or in the **CHOICES** booklet, Original Medicare and Supplemental Options.

For more information about Medicare Rx contact 1-800-Medicare or the CHOICES program at 1-800-994-9422.

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## ELIGIBILITY SCREENING TOOL

### **BenefitsCheckUpRx – Eligibility Screening Tool**

Are you in search of financial and prescription drug assistance? You may want to try **BenefitsCheckup**. **BenefitsCheckup** is a free online eligibility screening tool developed by the National Council on Aging (NCOA) to assist seniors and their caregivers in finding state and federal programs and services for which they may be eligible.

A new feature of this site is BenefitsCheckUpRx, which can assist you in finding prescription drug discount programs. It takes approximately fifteen minutes to complete the online questionnaire, which does require that you provide some personal **financial** information. However, the questionnaire is anonymous and does **not** ask for any personal **identifying** information. At the conclusion of the screening you will get a report outlining programs for which you may be eligible.

You may access this tool at [www.benefitscheckup.org](http://www.benefitscheckup.org), by logging onto [www.ct.gov/agingservices](http://www.ct.gov/agingservices) and clicking on **BenefitsCheckUp** or you may call the **CHOICES** program at 1-800-994-9422.

## DRUG MANUFACTURER PATIENT ASSISTANCE PROGRAMS

These are **special programs sponsored by drug companies**, sometimes called indigent prescription drug assistance programs, to **help people who cannot afford the cost of their brand name prescription drugs**. These companies have programs to give people prescription medicine free-of-charge or for a very low cost to individuals in need, regardless of age, if the eligibility criteria is met. If it is hard for you to pay for your drugs, ask your doctor if he or she can help you get assistance from the drug companies.

There are also organizations and web sites (accessible at your local library) that provide information and help you enroll in these programs (see chart on next page). **These are not public benefit programs. Acceptance is entirely up to the drug company. These programs do not cover generic drugs.**

### Who is Eligible?

Anyone can apply for these programs; you do not have to be an elderly person or a person with a disability. Each company sets its own requirements. Most companies require that:

- You have no insurance that covers outpatient prescription drugs
- You do not qualify for a government assistance program for prescription drugs (like Medicaid)
- Your income must be within certain income limits.

***NOTE: If you are eligible for Medicare Rx (have Medicare parts A and/or B), then this qualifies you as insured and you will most likely NOT be eligible for coverage through a Patient Assistance Program, so they are not substitute for Medicare Rx. There are some assistance programs, however, that will help pay for medications if you are on a Medicare drug plan and are I in the Doughnut Hole.***

### How Do I Apply?

To enroll in one of these programs, you have to apply to the drug company and meet their eligibility requirements. **In most cases, your doctor will know about these programs.**

The application process for each company is different. Usually **your doctor fills out and sends in the application form**. Ask your doctor to find out more about the patient assistance program or refer to the chart on the next page for assistance. Health care providers can use web sites such as **www.rxassist.org** to receive information on accessing patient assistance programs.

## HELP WITH ENROLLMENT IN PATIENT ASSISTANCE PROGRAMS

NAME OF PROGRAM	CONTACT INFORMATION	QUICK FACTS
<b>NeedyMeds</b>	<a href="http://www.needymeds.com">www.needymeds.com</a>	Has a web site with up-to-date information about patient assistance programs, a list of drugs that are covered, and a list of the drug companies.
<b>PhRMA, Pharmaceutical Research and Manufacturers of America</b>	1100 Fifteenth St., N.W. Washington, DC 20005 <a href="http://www.phrma.org">www.phrma.org</a>	Links to the Partnership for Prescription Assistance.
<b>The Medicine Program</b>	P.O. 1089 Poplar Bluff, MO 63902 e-mail: <a href="mailto:help@themedicineprogram.com">help@themedicineprogram.com</a> <a href="http://www.themedicineprogram.com">www.themedicineprogram.com</a>	Helps people apply for enrollment in one or more of the many patient assistance programs now available. If you are approved and enrolled, medication is sent to your doctor and he dispenses it to you. There is a one-time \$5 processing fee.

## **DISCOUNT PRESCRIPTION PROGRAMS**

Discount prescription drug programs may offer savings on the cost of prescription drugs through local pharmacies or through mail order or even both. The amount of money that you will save depends on the program you choose and the prescriptions you take.

In most cases, you are not required to purchase insurance (such as supplemental insurance) in order to benefit from these discount programs. Supplemental insurance companies may offer a discount prescription drug program only to their policyholders. Discount prescription programs are not insurance programs and are not part of the Medigap policy.



### **DISCOUNT LOCAL PHARMACY PRESCRIPTION SERVICES**

Some prescription drug services offer savings on prescriptions through local pharmacies. One place to start is to ask your pharmacist what plans they participate in and what they would recommend for you.

#### **What Are Some Questions I Should Ask Before Joining?**

- How does the program work?
- Are there eligibility requirements? If so, what are they?
- What pharmacies participate in this plan? (Determine whether there is one conveniently located near you)
- Does it cover both generic and brand name drugs?
- Are my prescriptions on its list of drugs?
- How much will it cost me for my prescriptions?
- Is there a membership fee? (single/couple)
- Who will be covered? (family/individual)
- Is there a processing fee, application fee, or enrollment fee?
- Do I receive a discount pharmacy card?
- Is there a mail order option?
- I live part of the time in another state. Can I use a pharmacy in another state?
- How do I sign up?



## DISCOUNT MAIL ORDER PRESCRIPTION SERVICES

Another option you have in obtaining your prescription drugs is through a mail order prescription drug service. Your prescription is delivered to you by mail. Not all drugs are covered. Not all services provide the same savings. Some of these programs are based in Connecticut; many are based in other states. There are many programs listed on the Internet. Some web sites will let you search for your drug and find out the price they will charge you. Once you join a mail order prescription service, either you or your doctor can send the company the prescription and your drugs will be delivered to you at home. You pay a discounted price for the drugs as well as the shipping charge.

***NOTE: If you are a member of a Medicare Prescription Drug Plan, you MUST order your medications through the PLAN'S MAIL ORDER SERVICE to receive coverage for their purchase.***

### **What Are Some Questions I Should Ask Before Joining?**

- How does the program work?
- Are you ordering from a licensed pharmacy?
- Does the service cover both generic and brand name drugs?
- Do you have access to a pharmacist for consultation?
- Does the program provide information on the drug when they send it to you?
- Does it provide drug interaction screening/information?
- Are my prescriptions on its list of drugs?
- Who will be covered? (family/individual).
- How much will it cost you for your prescriptions?
- Do you have the option of ordering 30-day, 60-day, or 90-day supply?
- Will the service remind you when it is time for a refill?
- What if there is an emergency and you need a prescription right away? How would you get it?
- How do you pay for your prescriptions?
- How do you order your prescriptions?

## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
<b>AARP Member Choice Program</b>	1-800-456-2277 TTY: 1-877-231-1510 Spanish: 1-800-231-1510 <a href="http://www.aarppharmacy.com">www.aarppharmacy.com</a>	Pharmacy & Mail Order	AARP members.	\$19.95 per year	◆ A list of participating pharmacies in your area is provided once you become a member
<b>CareMark/CVS (formerly AdvancePCS)</b>	1-800-238-2623 <a href="http://www.caremark.com">www.caremark.com</a> <a href="http://www.advancerx.com">www.advancerx.com</a> <a href="http://www.rxsavingsplan.com">www.rxsavingsplan.com</a>	Pharmacy & Mail Order	No requirements; program intended for individuals that have no other prescription drug coverage	No enrollment or annual fee	◆ Also provides discounts on medical supplies for some diabetic supplies (i.e., strips, lancets, monitors)
<b>Citizens Health Prescription Drug Discount Plan</b>	1-800-563-5479 <a href="http://www.citizensenergy.com">www.citizensenergy.com</a>	Pharmacy & Mail Order	Available to all persons.	\$12/annually for individuals; \$28/annually for families of 3 or more	◆ All prescription drugs are discounted.
<b>CVS Health Savings Pass Plan</b>	1-888-616-CARE (2273) <a href="http://www.cvshealthpass.com">www.cvshealthpass.com</a>	CVS Pharmacies only - mail order also available 1-888-607-4287	Available to all persons age 50 years and older.	\$69.95/annually-Basic Plan; \$99.95/annually-Plus Plan.	◆ Discounts also available on other health products/services

\*This is a sample list of discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s). You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.

## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

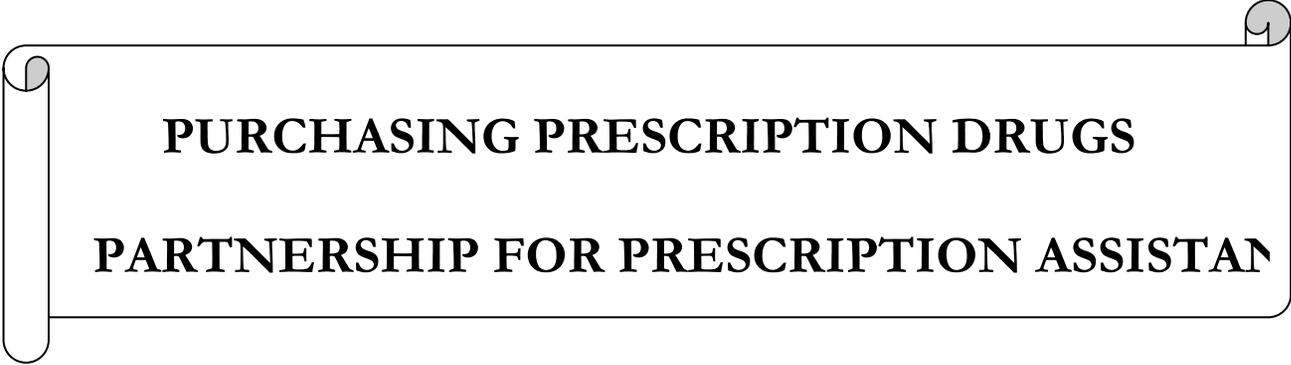
<b>Lilly Answers</b>	1-877-795-4559 <a href="http://www.lillyanswers.com">www.lillyanswers.com</a>	Pharmacy	Must be enrolled in a Medicare RX plan; have annual income at or below 200% Federal Poverty Level and have proof of denial for the Medicare RX Extra Help.	No enrollment fee \$25 per prescription for 30 day supply	◆ Applies to most Eli Lilly prescriptions

**\*This is a sample list of thirteen discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s). You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.**

## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
<b>Pequot Pharmaceutical Network</b>	1-800-219-1226 1-800-342-5779 (Price quotes) <a href="http://www.prxn.com">www.prxn.com</a>	Mail Order	Must be a senior or have a disability, Medicare enrollee; must not have other Rx coverage or have exhausted all other Rx coverage.	No monthly premium or fee	◆ Other plans available
<b>Prescription Benefits, Inc.</b>	1-205-824-3488 <a href="http://www.rxbenefits.com">www.rxbenefits.com</a>	Pharmacy	Available to all who have no other drug card	\$48/annually for individuals; \$60/annually for household	◆ All drugs administered by a pharmacist are covered

\*This is a sample list of thirteen discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s). You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.



## **PURCHASING PRESCRIPTION DRUGS**

### **PARTNERSHIP FOR PRESCRIPTION ASSISTANCE**

The **Partnership for Prescription Assistance** brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Many will get them free or nearly free. Its mission is to increase awareness of patient assistance programs and boost enrollment of those who are eligible. It offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies, that could provide help with more than 2,500 medicines, including a wide range of generic medicines.

To access the **Partnership for Prescription Assistance** by phone, call, toll-free:

**1-888-4PPA-NOW (1-888-477-2669).**

You may access them online at: **[www.pparx.org](http://www.pparx.org)**.

## PURCHASING PRESCRIPTION DRUGS THROUGH THE INTERNET

### **Is purchasing medication over the Internet safe?**

There are online pharmacies that provide legitimate prescription services, but there are also questionable sites that make purchasing medicines online risky. Some of the do's and don'ts provided by the U.S. Food and Drug Administration (FDA) about how to purchase medicines online safely and securely include:

#### **DO:**

Ensure that you are dealing with a legitimate pharmacy. Buy only from sites that require prescriptions from your physician and that also verify each prescription before dispensing the medicine. Use sites that provide convenient access to a licensed pharmacist who can answer your questions. Make sure that the site is a licensed pharmacy. You can do this by checking with your state board of pharmacy or with the National Association of Boards of Pharmacy (NABP) at [www.nabp.net](http://www.nabp.net) or calling 847-391-4406.

Safeguard your privacy and security by checking for easy-to-find policies.

Use common sense.

For more detailed consumer tips and warnings on purchasing prescription drugs via the internet you can log onto the FDA's website at [www.fda.gov/oc/buyonline](http://www.fda.gov/oc/buyonline)

#### **DON'T:**

Buy online from sites that offer to prescribe medicine for the first time without a physical exam by your doctor or that sell a prescription medicine without a prescription.

Buy from sites that sell medicines not approved by FDA.

Provide any personally identifiable identification (SSN, credit card, health history) unless you are confident the site will protect it and will not share it with others without your permission.

## **PURCHASING PRESCRIPTION DRUGS FROM CANADA**

### **Is it safe and legal to buy prescription drugs from Canada or elsewhere out of the country?**

The FDA has long allowed people to import a 90-day personal supply of drugs not available in this country, but warned of possible dangers. The FDA says that importing other drugs violates federal laws, but has not enforced the law when it comes to individuals purchasing prescription medications for personal use.

Purchasing prescription drugs from out of the country usually cost substantially less than buying them in the U.S. (Some drugs may have different names since these are brand names registered by the manufacturer. They have the same active ingredients, but may look different and have a different trade name).

Importing medicines rather than buying them through your Medicare Prescription Drug Plan can be a way to delay or prevent you from entering the Doughnut Hole.

For more information on this subject, please refer to The Canadian Council of Better Business Bureaus at the following address:

2 St. Claire Avenue East, Suite 800  
Toronto, Ontario M4T 2T5  
CANADA  
(416) 644-4936

Or at their Website: <http://www.ccbbb.ca/contact.cfm>

For additional information on importing drugs for Canada or any other country you may also log onto [www.fda.gov/importeddrugs](http://www.fda.gov/importeddrugs)

## RETAILERS' LOW COST DRUG DISCOUNT PROGRAMS

It began with Walmart and Target. **They offered generic prescription drugs for \$4 for a month's supply.** Not all generics, but a limited number that expanded over time to include many of the most prescribed medications. **Then they lowered the price if you ordered a three month supply, charging you just \$9.99.** Now, other merchants have joined them. Stop & Shop and ShopRite offer the program. Retailers who do not formally have these programs have been willing to match the price, so ask at your pharmacy if you don't want to switch stores.

To find out which medications are included, go online to the store's website where you will find lists of covered drugs, or call the pharmacies directly and ask. **If you have a Medicare Prescription Drug Plan, you can use these programs to postpone or prevent falling into the Doughnut Hole.** When you buy at the low prices offered and do not use your drug plan card, the cost of the medications is not counted against the threshold beyond which you will have to pay for the entire cost of your Rx's. Such a strategy may work against you, however, if your drug costs during the calendar year won't be high enough to get you into the doughnut hole and your plan has an initial deductible. You may then stay in that deductible period for a longer time and have to pay more out of pocket.

## OTHER RESOURCES

### Veterans Benefits

Outpatient pharmacy services are provided free to veterans receiving medications for treatment of service-connected conditions. Other veterans may be charged \$8 for each 30-day supply. In order to receive these benefits, you must fill out an application to enroll in the VA health care system. An application may be obtained by calling 1-877-222-8387 or your local VA facility. You must see a doctor at the VA before the prescription will be filled; a prescription from a non-VA doctor will not be accepted.

*NOTE: Only certain Veterans are eligible for low-cost VA services, including VA pharmacy services. The formulary maintained by the VA is comparatively limited. To receive fuller coverage, where necessary, Veterans may join a Medicare Drug Plan or, if they qualify, ConnPACE, without jeopardizing their VA coverage.*

For general information about VA pharmacy services, contact the Veterans Administration at 1-800-827-1000, or its New England Health Care Division at (860) 666-6951 or (203) 932-5711.

### Military Retiree Benefits

Retired military person under the age of 65 (i.e., Coast Guard, other uniformed services) and/or their dependents are entitled to prescription drug coverage as a part of their benefits. For more information, contact your local military installation or your specific Department of Defense (DoD) or Coast Guard retirement division.

### TRICARE Senior Pharmacy Program

TRICARE Senior Pharmacy Program provides prescription drug coverage for retired military personnel over the age of 65, including those retired from the Coast Guard and Reserves and all Medicare eligible family members/dependents. You must be retired from the military, and you must meet other eligibility requirements. Prescriptions are free if filled at Military Treatment Facilities (MTFs) and there is a \$3-\$9 co-pay if purchased from a TRICARE Network Pharmacy.

For assistance in the US and US Territories contact:

WPS TRICARE For Life  
P.O. Box 7889  
Madison, WI 53707-7889  
1-866-773-0404  
TDD 1-866-773-0405  
[www.tricare4u.com](http://www.tricare4u.com)

## **Community Health Centers**

Community Health Centers provide medical services to people on a sliding fee scale. The centers do not have a pharmacy; however, they may have samples of prescription medication available for patients. Some centers may also be able to help patient's access prescription drugs at discount prices. For information on the location of your local Community Health Center, please dial 211 for Infoline.

*Find CHOICES about your  
Health Insurance concerns at ...*

**Your Regional Area Agency on Aging**

Each of Connecticut's regional Area Agencies on Aging are staffed with a **CHOICES** Program Coordinator and Information Assistants who have received special training in health insurance matters such as Medicare, Medicaid, Medicare Supplement Insurance (Medigap), Medicare Advantage, Long Term Care Insurance and other related state and federal programs. Trained volunteers are also available to meet with seniors and other Medicare beneficiaries at sites throughout Connecticut. Call your Area Agency on Aging for free written information or advice, or referral to a counselor for further assistance. **Counselors do not sell insurance. They provide the information and assistance necessary for consumers to understand their rights, receive benefits to which they are entitled, and make informed CHOICES about health insurance and other aging concerns.**

Connecticut's Area Agencies on Aging (AAAs) are private, nonprofit organizations that serve the needs of older persons as a focal point and resource center for information, program development and advocacy.

**Senior Resources/Eastern CT AAA**

4 Broadway, 3<sup>rd</sup> Floor  
Norwich, CT 06360; 860-887-3561  
[www.seniorresourcesec.org](http://www.seniorresourcesec.org)

**North Central Area Agency on Aging**

Two Hartford Square West, Suite 101  
Hartford, CT 06106; 860-724-6443  
[www.ncaaact.org](http://www.ncaaact.org)

**Agency on Aging of South Central CT**

One Long Wharf Drive  
New Haven, CT 06511; 203-785-8533  
[www.agencyonaging-scc.org](http://www.agencyonaging-scc.org)

**Western CT Area Agency on Aging**

84 Progress Lane  
Waterbury, CT 06705; 203-757-5449  
[www.wcaaa.org](http://www.wcaaa.org)

**Southwestern CT Area Agency on Aging**

10 Middle Street  
Bridgeport, CT 06604; 203-333-9288  
[www.swcaa.org](http://www.swcaa.org)

Or Call them toll-free through the  
**CHOICES Health Insurance Hotline**  
**1-800-994-9422 (in-state only)**

## CHOICES Health Insurance Assistance Program

**CHOICES** is coordinated by the Aging Services Division of the CT Department of Social Services and operated through CT's five Area Agencies on Aging. Specifically, the acronym **CHOICES** represents **C**onnecticut's program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, and **E**ligibility **S**creening. The purpose of this program is to help older persons to understand and exercise their rights, receive benefits to which they are entitled, and make informed choices about quality of life issues.

For more information please go to [www.ct.gov/agingservices](http://www.ct.gov/agingservices).

**CHOICES** has been designated as the official State Health Insurance Program (SHIP) for the State of Connecticut. It is funded in large part by the Centers for Medicare and Medicaid Services (CMS), which administers the Medicare program for the federal government and is part of the U. S. Department of Health and Human Services.

CMS publishes a number of booklets and pamphlets on specific parts of the Medicare program. You can request these publications by calling the Medicare Hotline at **1-800-638-6833**. You can also see or print them from the Internet at: [www.medicare.gov](http://www.medicare.gov).

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### **The Center for Medicare Advocacy, Inc.**

**P. O. Box 350, Willimantic, Connecticut 06226**

**860-456-7790 or 1-800-262-4414**

The Center for Medicare Advocacy is staffed by attorneys, nurses, paralegals, and technical assistants and **provides legal advice, self-help materials, and representation to elders and people with disabilities who are unfairly denied Medicare coverage**. The Center's advice, written materials, and legal assistance are **free** to residents of Connecticut.

The Center produces a wide array of self-help packets, booklets, and brochures. These materials are **free** to all residents of Connecticut as a part of the State's comprehensive Medicare Information, Education, and Representation program.

The Center's staff members serve as consultants and trainers for groups that are interested in learning about Medicare coverage and appeals. The Center also responds to approximately 6,000 calls each year on its Connecticut toll-free line

and provides legal support and training for CT's CHOICES program. In addition, the organization is involved in policy development, education, and litigation activities of importance to Medicare beneficiaries nationwide and has an office in Washington, DC.

The Center is an integral member of the CHOICES team, funded in large part by a grant from the State of Connecticut, Department of Social Services. For up-to-date Medicare information and advocacy tips, visit the Center's website: [www.medicareadvocacy.org](http://www.medicareadvocacy.org)

# Medicine Record Form

Write down the name of each medicine you take, the reason you take it, and the dosage in the spaces below. Add new medicines as you receive them. You can show the list to your doctors. You may want to make copies of the blank form so you can create a new list when your medications change.

### Prescription Medications

Date Form Was Completed: \_\_\_\_\_

Name of Prescription	Reason taken	Date Started	Dosage	Time(s) of Day	Doctor

### Over-the-Counter Medicines

(Check here if you use any of these)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Allergy relief medicine | <input type="checkbox"/> Diet Pills | <input type="checkbox"/> Cold/Cough Medicine |
| <input type="checkbox"/> Antacids                | <input type="checkbox"/> Laxatives  | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Aspirin                 | <input type="checkbox"/> Vitamins   |  |