



LOCAL HELP FOR PEOPLE WITH MEDICARE



CHOICES

Prescription Drug Assistance

- **ConnPACE**
- **Low Income Subsidy (Extra Help)**
- **Medicare Savings Programs (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

May 2009

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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.

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NOTE: This information, including any rates and services, is accurate to the extent available to **CHOICES** as of May 2009. 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.

What's Inside

Prescription Drug Assistance

	Page Number
Introduction	4
Medicare and Prescription Drugs	5
Medicare Supplemental Insurance & Prescriptions Drugs	14
Medicare Advantage Plans & Prescription Drugs	15
Retiree Plans and Prescription Drug Coverage VA, TRICARE, FEHBP	15 16
Social Security & Extra Help	18
ConnPACE & Prescription Drugs	19
Medicaid & Prescription Drugs	23
Medicare Savings Program & Prescription Drugs	25
Eligibility Screening Tool	28
Drug Manufacturer Patient Assistance Programs	30
Discount Prescription Programs	31
Discount Mail Order Prescription Services	32

Sample Discount Pharmacy & Mail Order Services	33
Partnership for Prescription Drugs	35
Purchasing Prescription Drugs on the Internet	35
Purchasing Prescription Drugs in Canada	36
Retailers' Low Cost Drug Discount Programs	37
Other Resources: Veterans, Military Retirees & Community Health Centers	38 39
Medicine Record Form	40
Local Department of Social Services Offices	Appendix M-1
Area Agencies on Aging	Appendix M-2
CHOICES Health Insurance Assistance Program	Appendix M-3
The Center for Medicare Advocacy, Inc.	Appendix M-3

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 usually 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. We can help you make an informed decision about selecting 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 Prescription drugs?

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.

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 2009, there are the following drug plan options:

- **47 stand-alone Prescription Drug Plans (PDP's)**. These are plans that provide only Rx coverage.
- **32 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) MSP's Medicare Savings Plans
- **8 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. Plans 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 have to pay a **monthly premium.** You can pay the plan directly, have the plan debit your bank account or have the premium deducted from your Social Security check. The last option is not recommended as there could be an adjustment delay if you change plans in the future.

In 2009, **PDP** premiums in Connecticut range from **\$19.40** per month to **\$111.30** per month. **MA-PD** premiums range from **\$0** to about **\$179** 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 paying** 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 2009, the deductible cannot be more than **\$295** 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 drugs cost up to 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 \$2405 in drug costs). The most you will pay during the Initial Benefit Period is **\$601.25** (25% of \$2405).
- Once the total cost for medications reaches \$2700 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 \$3453.75 OUT-OF-POCKET**. (In 2009, 12 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)
- Once you have spent a total of **\$4350** (**\$295 + \$601.25 + \$3453.75**) 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 **\$2.40** or **\$6.00** 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.*

Coverage	Total Prescription Costs	Medicare Pays	You Pay	Your out-of-pocket cost
Deductible (you pay this amount before your Medicare coverage begins)	\$0 -\$295	0	100%	\$295
Initial Benefit Period (annual basic coverage)	\$295 - \$2700	75%	25%	\$601.25
Coverage Gap (<u>no coverage during this period</u>)	\$2700-\$6153.75	0	100%	\$3453.75
TOTAL	\$6153.75	\$1803.75	70%	\$4350
Catastrophic Benefit	\$6153.75 & over	95%	5%	5%

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 \$4350 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 \$4350 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 \$4350. (For ConnPACE members, **payments made by ConnPACE**, in addition to payments made by the ConnPACE member, also count toward the \$4350.)
- 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 \$4350 TrOOP requirement.

TO JOIN A MEDICARE PRESCRIPTION DRUG PLAN, CALL CHOICES at 1-800-994-9422. We can help you to 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 **\$16,236** (single) or **\$21,852** (couple), and your countable assets (not including your house, car or certain types of savings) are below **\$12,510** (single) or **\$25,010** (couple), these rates include \$1500 p.p. burial allowance. 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 on the web, or you can call CHOICES (1-800-994-9422) for assistance.

See page 18 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 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 your 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** recalculated each year based on the national Part D average.

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 1st 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 65th 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 15th - December 31st of each year, with coverage effective January 1st 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 Plan (without prescription drug coverage) or an MA-PD (with prescription drug coverage), you may change **plans** January 1st – March 31st of each year. **You cannot add or drop prescription drug coverage during this period.** This is called the Medicare Advantage 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 for 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 25).

*NOTE: Individuals on Medicare Savings Programs can change plans at anytime but must enroll in a **benchmark plan** (a plan whose premium is less than \$31.74 per month) to avoid having to pay to 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 8th 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 1st, you should enroll by June 8th.

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 restrictions?

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 for the coming year. The way to do this 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 on any of its formulary drugs. 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 for a particular drug in 2008 that it does not intend to continue in 2009, 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. If there are changes to the monthly Part D Premium, formulary changes etc., you may want to have a comparison done on the Medicare Drug Plan Finder by contacting 1-800-MEDICARE, CHOICES at 1800-994-9422 or go to the Medicare Web Site at www.medicare.gov

13. What are the Important Dates for 2009?

- **November 15, 2009 – December 31, 2009** - The Annual Coordinated Election Period. Medicare-eligible individuals can enroll in or change their PDP; unless they are dual eligible individuals, Social Security “Extra Help” 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, 2009** – The date by which people who wish to change plans should enroll in their new plan in order to ensure having coverage by January 1, 2010.
- **January 1, 2010** - New Medicare prescription coverage begins for 2010.
- **January 1, 2010 – March 31, 2010** - 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
- 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

MEDICARE SUPPLEMENTAL (Medigap) INSURANCE & PRESCRIPTION DRUGS

Does Medicare Supplemental Insurance (Medigap) Cover Prescription Drugs?

Yes and no:

YES: If you bought a Medigap Plan H, I, or J before January 1, 2006 and have **chosen to retain the Rx coverage part of that insurance**, it will still cover prescription medications.

NO: If you bought a Medigap Plan H, I, or J before January 1, 2006 and have **chosen to drop the Rx coverage part of that insurance**, you **do not** have Rx coverage unless you have signed up for a Medicare Part D Prescription Drug Plan (PDP).

NO: You may **no longer purchase** a Medigap insurance policy **with drug coverage** included in it. You may still buy an H, I, or J Medigap policies, but the drug coverage has been stripped out of them.

If I have kept my Medigap policy H, I, or J, prior to January 2006 will I be penalized if I want to join a Medicare Prescription Drug Plan?

YES: Medigap drug coverage is **not creditable coverage**. This means that the **Rx coverage** offered by a **Medicare Supplemental Plan** is **not equal or better than the coverage offered by Medicare's Standard Prescription Part D Drug Plan**. If you have retained your Medigap Rx coverage and choose to drop it and join a PDP, you will pay a **PENALTY** for each month since July 1, 2006 that you have not had a Part D plan. That penalty will be added to the monthly premium of any Medicare Rx plan that you join. You will continue to pay that penalty for the rest of your life, even if you switch from one Medicare Rx plan to another.

The same penalty will apply if you join a Medicare Advantage Plan which offers drug coverage.

Unless you are eligible to receive state or federal help with your PDP costs, or are eligible for a Medicare Advantage Special Needs Plan, you will not be able to sign up or drug coverage until the last six weeks of the calendar year for coverage to begin January 1 of the new year.

MEDICARE ADVANTAGE PLANS & PRESCRIPTION DRUGS

Do Medicare Advantage Plans Cover Prescription Drugs?

YES: Some do. Some Medicare Advantage Plans (MA's) **include** a Medicare Prescription Drug Plan (PDP). You can tell which MA's include Rx coverage because they are designated **MA-PD's**.

If you join a Medicare Advantage Plan, you **cannot also join** a stand-alone Medicare Prescription Drug Plan (PDP). If you sign up for an **MA** plan (which has no Rx coverage) **instead of an MA-PD**, you will be **without drug coverage** for the rest of the calendar year, unless you are, or become, eligible for a Special Enrollment Period. This occurs if you qualify for state or federal help with your Medicare Part D costs, if you qualify for a Special Needs Plan, or if you have dropped Medigap insurance to join an MA for the first time.

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.

The VA does not cover all drugs. A Veteran may want to enroll into a Medicare Part D plan to cover those drugs. They can do so during the Annual Coordinated Election which is November 15th – December 31st every year for effective coverage on January 1 of the following year.

However, if you **disenroll** 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 does 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.

The prescription drug coverage of the following are creditable, as good as Medicare and so you do not need to join a Medicare Prescription Drug Plan and will have no penalty if you choose to do so in the future

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 \$31.74. 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 \$2.40 for a generic and \$6.00 for a brand name drug (if you qualify for the LIS Full Subsidy amount).

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

Your countable income must be below **\$16,245/yr**, (single) or **\$21,855/yr**, (couple), and your countable assets (not including your house, car or certain types of savings) must be under **\$12,510 /yr**, (single) or **\$25,010/yr**, (couple). These amounts include \$1,500 burial allowance per person.

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 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 – 2009

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 on Medicare A or B or a person over age 18 with a disability; and
- Your income must not exceed maximum limits. Effective **January 1, 2009**: Single applicants: \$25,100; married couple: \$33,800. *Income limits increase each January 1st based on the Social Security Cost of Living increase; and
- You must have been living in Connecticut for at least 183 days prior to application.
- In most cases, you **may not** have another insurance plan that covers a portion of all of your prescriptions.
- You **may** have an insurance plan that provides a maximum of benefits. Eligibility will be granted when you have reached your maximum 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 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.

What is 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. The two circumstances requiring Prior Authorization are:

- Being issued a prescription written as “Brand Medically Necessary” when there is a therapeutic equivalent generic available.
- Seeking a refill when less than 75% of the previously issued drug has been utilized

Prior Authorization (PA) for brand name prescriptions and for some early refills (controlled drugs) requires the prescribing physician to complete certain forms in order to obtain PA for you. In instances when you are obtaining a refill early (most drugs) the Pharmacist will initiate the PA process for you. You should not have to do anything except remind your prescribing physician that you are on ConnPACE and may need PA.

For more information on Prior Authorization and to view Prior Authorization forms log onto www.ctdssmap.com or call EDS the Department of Social Services’ contractor for Prior Authorization at 1-866-409-8386 toll free or locally at (860) 269-2030.

How will ConnPACE works with the Medicare Prescription Drug Program (Medicare Rx)?

If you have Medicare and want to enroll in ConnPACE, you need to enroll in a Medicare prescription drug plan. If you do not choose a plan yourself ConnPACE can choose one for you.

How does ConnPACE work together with the Medicare Rx program?

Here is a summary of how the program works:

- The Medicare Rx plan that you enroll in will give you a member card that 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 won’t have to pay any monthly premiums for Medicare coverage.
- The plan you select may have an annual deductible; however, during the time that you are meeting this deductible you’ll never pay more that \$16.25 for each prescription you fill.
- You won’t have any gaps in coverage. The most you will pay in the coverage gap is \$16.25.

- You will still have co-pay. The amount you pay will depend on the amount of your income and assets, but it will never be more than \$16.25. It may even be less – as low as \$2.40/\$6.00 (for generic or brand-name drugs).
- The most you may be able to receive is a 90 day supply of medication at one time. This will depend on the pharmacy that you use.

How do I select and enroll in a Medicare Rx plan?

ConnPACE recipients have a few options for selecting and enrolling into a Medicare prescription drug plan.

- 1. If you are new to ConnPACE you need to select and enroll in a Medicare Rx plan on your own.** Individuals can select and enroll into any one of the Medicare Rx plans on their own by logging onto www.Medicare.gov and using the online Medicare Rx plan finder tool. You can also call 1-800-Medicare or CHOICES at 1-800-994-9422 and a trained counselor will assist you. If you do not wish to enroll into a plan on your own you may request that ConnPACE select and enroll you into a plan by choosing that option on the ConnPACE application.
- 2. If you were on ConnPACE prior to January 1, 2006 you should already be enrolled into a Medicare Rx Plan.** If you are **NOT** please contact ConnPACE at 1-800-423-5026 or a CHOICES counselor at 1-800-994-9422.

Can I change plans if I have ConnPACE?

Yes. You can change plans during the Annual Coordinated Enrollment Period, which is from November 15th – December 31st of each year. Your new coverage will be effective January 1st of the following year. Note: ConnPACE members are also entitled to a one time Special Enrollment Period per year.

NOTE: If you have a Medicare Savings Program you are not limited to the Annual Coordinated Enrollment Period. You can change plans any time.

How do I change plans?

To change plans, you just need to enroll in the new plan that you want. You don't need to 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 8th of the month.** For example, if you want to be in your new plan by July 1, 2009, you should enroll by June 8, 2009

You can enroll in your new plan by calling the plan directly, calling 1-800-MEDICARE, or by calling CHOICES at 1-800-994-9422.

NOTE: If you are satisfied with the plan that you have you do not need make a change each year. You can remain in your current plan. You do not need to do anything to remain in your current plan.

I am on ConnPACE (or enrolling in ConnPACE for the 1st time) and qualify for the Extra Help to pay for the costs associated with Medicare Rx. Do I have to apply for the Extra Help?

Yes. ConnPACE recipients with incomes below \$16,236 (single) or \$21,852 (couple) and countable assets below \$12,510 (single) and \$25,010 (couple) (these rates include \$1,500 burial allowance per person) are required to apply for Extra Help available to cover costs associated with Medicare Rx.

Like the Medicare prescription drug benefit itself, the Extra Help subsidy will save you money. With ConnPACE and the Extra Help together, you will pay no premiums, and as little as \$2.40/\$6.00 per prescription. It will also save money for the State of Connecticut. For this reason, ConnPACE may have asked you to complete an application for Extra Help *if* your income is below the Extra Help income limit. If you are joining ConnPACE for the first time it is a good idea to complete an application for Extra Help before applying for the ConnPACE program. Contact the Social Security Administration at 1-800-772-1213 to receive an application for the Extra Help.

Who do I call if I have specific questions about Medicare Rx and the ConnPACE wrap-around?

For more information about how ConnPACE works with the Medicare prescription drug program contact CHOICES at 1-800-994-9422 and a trained counselor will be able to assist you.

Who 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 CHOICES at 1-800-994-9422 or ConnPACE 1-800-423-5026 for an application or for more information.

Please be aware that there may be additional changes to the ConnPACE Program in the future.

For information regarding any new program changes please contact your regional Area Agency on Aging CHOICES Counselor listed at the back of this booklet.

MEDICAID (Title 19)

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 you are considered a **Full Dual Eligible Individual**. 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 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 (QMB, SLMB, 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 **Medicare Savings Program**, 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 \$31.74 per month. Your prescription costs will be no more than **\$2.40** for a generic and **\$6.00** for a brand name drug for any medication that is on your PDP's formulary.

→ What is QMB?

QMB is the Qualified Medicare Beneficiary program. The **QMB** program provides
⇒ Monthly income allowed in CT: \$1,181 for an individual and \$1,771 for a couple. These figures change on April 1st each year.

⇒ Personal assets, including cash, bank accounts, stocks, and bonds cannot exceed \$4,000 for an individual and \$6,000 for a couple.

If the individual qualifies for the **QMB** program, the following benefits are available:

- ⇒ Payment of Medicare Part A monthly premiums (if applicable, \$443/month in 2009);
- ⇒ Payment of Medicare Part B monthly premiums (\$96.40 in 2009);
- ⇒ Payment of Part B annual deductible (\$135/year in 2009);
- ⇒ Payment of co-insurance and deductible amounts for services covered under both Medicare Parts A and B.

Note: Individuals who are eligible for QMB probably do not need to purchase or retain a Medigap insurance policy. Check to see if the Medigap policy covers important services not covered by the QMB program.

➔ What is SLMB?

SLMB is the Specified Low-Income Medicare Beneficiary program. The **SLMB** program provides limited payments for some Medicare beneficiaries. To qualify the individual must be eligible for Medicare and must meet income guidelines.

The Income Guidelines as of April 1, 2009 are:

- Monthly income allowed in CT: \$1,361.50 for an individual and \$2,014. for a couple. These figures change on April 1st each year.
- Personal assets, including cash, bank accounts, stocks, and bonds can not exceed \$4,000 for an individual and \$6,000 for a couple.

If the individual qualifies for the **SLMB** program, the following benefits are available:

- Payment of Medicare Part B monthly premiums (\$96.40 in 2009);

**** See the special note in the Medicare Rx section of this booklet to learn how individuals on SLMB may qualify for the new Medicare prescription drug program and the Extra Help to help to cover the associated costs.**

➔ What is ALMB (QI)? **

ALMB is the Additional Low-Income Medicare Beneficiary program. Another name for this program is the Qualifying Individual (QI) program. The **ALMB** program provides the same benefits as the SLMB program (payment of Part B premium), but is **subject to available program funding**. The income guidelines are also different from SLMB:

- Monthly income allowed in CT in 2009: \$1,497.05 for an individual and \$2,196.25 for a couple. These figures change April 1st each year.
 - **⇒ALMB (QI) program has been extended through December 2010.**

**** See special note in the Medicare Rx section of this booklet to learn how individuals on ALMB may qualify for the new Medicare prescription drug program and the Extra Help to help to cover the associated costs.**

Applications and information about the QMB, SLMB, and ALMB programs are available at the individual's local Connecticut Department of Social Services office, listed in Appendix M-1 through Appendix M-3 in this booklet.

Any of the **Medicare Savings Programs** will also pay your Medicare Part B Premium (\$96.40 in 2009). The **QMB** program will pay the portion of your medical bills that Medicare doesn't cover (at the Medicaid reimbursement rate).

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 \$2.40 for generic drugs and \$6.00 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 \$31.74 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 \$31.74 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.

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**, by logging onto **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 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

Drug Manufacturer Patient Assistance Programs

NAME OF PROGRAM	CONTACT INFORMATION	QUICK FACTS
NeedyMeds	www.needymeds.com	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.
PhRMA, Pharmaceutical Research and Manufacturers of America	1100 Fifteenth St., N.W. Washington, DC 20005 www.phrma.org	Links to the Partnership for Prescription Assistance.
The Medicine Program	P.O. 1089 Poplar Bluff, MO 63902 e-mail: help@themedicineprogram.com www.themedicineprogram.com	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.
Together Rx	Together Rx Access, LLC PO Box 9426 Wilmington, DE 19809-9944 1-800-444-4106 www.togetherrxaccess.com	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

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 and you want to order by mail, you MUST order your medications through the PLAN'S MAIL ORDER SERVICE to receive coverage for your 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
AARP Member Choice Program	1-800-456-2277 TTY: 1-877-231-1510 www.aarp-pharmacy.com	Pharmacy & Mail Order	AARP members.	\$19.95 per year	◆ A list of participating pharmacies in your area is provided once you become a member.
CareMark/CVS (formerly AdvancePCS)	1-800-238-2623 www.caremark.com www.advancex.com www.rxsavingsplan.com	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).
Citizens Health Prescription Drug Discount Plan	1-800-563-5479 www.citizenshealth.com	Pharmacy & Mail Order	Available to all persons.	\$12/annually for individuals; \$28/annually for families of 3 or more	◆ All prescription drugs are discounted.
CVS Health Savings Pass Plan	1-888-616-CARE (2273) www.cvshealthpass.com	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.
Lilly Answers	1-877-795-4559 www.lilly.com	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

SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES*

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
Pequot Pharmaceutical Network	1-800-219-1226 1-800-342-5779 (Price quotes) www.prxn.com	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
Prescription Benefits, Inc.	1-800-334-8134 www.rxbenefits.com	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 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.

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.

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 are listed below.

DO:

- Make sure 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 or calling 847-391-4406.

- Safeguard your privacy and security by checking for easy-to-find policies.
- 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/Drugs/ResourcesForYou/ucm078592.htm

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, however, US citizens continue to purchase prescription medications for personal use from Canada and other countries.

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 from Canada or any other country you may also log onto 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 it's 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

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.



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"/> Aspirin | <input type="checkbox"/> Laxatives |
| | <input type="checkbox"/> Vitamins | <input type="checkbox"/> Other _____ |

DEPARTMENT OF SOCIAL SERVICES OFFICES

Bridgeport Office Telephone Number: 203-551-2700
925 Housatonic Avenue FAX Number: 203-579-6790
Bridgeport, CT 06606-5700

Towns Served: Bridgeport, Easton, Fairfield, Monroe, Norwalk, Stratford, Trumbull,
Weston, Westport

Danbury Office Telephone Number: 203-207-8900
342 Main Street FAX Number: 203-207-8970
Danbury, CT 06810-4783

Towns Served: Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford,
Newtown, Redding, Ridgefield, Sherman

Hartford Office Telephone Number: 860-723-1000
3580 Main Street FAX Number: 860-566-7144
Hartford, CT 06120-1187

Towns Served: Avon, Bloomfield, Canton, East Granby, Farmington, Granby, Hartford,
Newington, Rocky Hill, Simsbury, Suffield, West Hartford, Wethersfield,
Windsor, Windsor Locks

Manchester Office Telephone Number: 860-647-1441
699 East Middle Turnpike Toll Free: 800-859-6646
Manchester, CT 06040-3744

Towns Served: Andover, Bolton, East Hartford, East Windsor, Ellington, Enfield,
Glastonbury, Hebron, Manchester, Marlborough, Somers, South Windsor,
Stafford, Tolland, Vernon

Middletown Office Telephone Number: 860-704-3100
117 Main Street Extension Clinton, Deep River, Essex,
Middletown, CT 06457-3843 Old Saybrook: 860-388-3515
Guilford: 203-453-8009
Madison: 203-245-5655
FAX Number: 860-704-3057

Towns Served: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam,
East Hampton, Essex, Guilford, Haddam, Killingworth, Lyme, Madison,
Meriden, Middlefield, Middletown, Old Lyme, Old Saybrook, Portland,
Westbrook

New Britain Office Telephone Number: 860-612-3400
30 Christian Lane FAX Number: 860-612-3505
New Britain, CT 06051-4121

Towns Served: Berlin, Bristol, Burlington, New Britain, Plainville, Plymouth, Southington

DEPARTMENT OF SOCIAL SERVICES OFFICES

New Haven Office Telephone Number: 203-974-8000
194 Bassett Street FAX Number: 203-789-6930
New Haven, CT 06511-1059

Towns Served: Ansonia, Bethany, Branford, Derby, East Haven, Hamden, Milford,
New Haven, North Branford, North Haven, Orange, Seymour, Shelton,
Wallingford, West Haven, Woodbridge

Norwich Office Telephone Number: 860-823-5000
Uncas-on-Thames FAX Number: 860-892-1583
401 West Thames Street – Unit 102
Norwich, CT 06360-7167

Towns Served: Bozrah, Colchester, East Lyme, Franklin,
Griswold, Groton, Lebanon, Ledyard, Lisbon, Montville,
New London, North Stonington, Norwich, Preston, Salem, Sprague,
Stonington, Voluntown, Waterford

Stamford Office Telephone Number: 203-251-9300
1642 Bedford Street FAX Number: 203-251-9310
Stamford, CT 06905-4731

Towns Served: Darien, Greenwich, New Canaan, Stamford, Wilton

Torrington Office Telephone Number: 860-496-6900
62 Commercial Street, Suite 1 Toll Free: 800-742-6906
Torrington, CT 06790-9983 FAX Number: 860-496-6977

Towns Served: Barkhamsted, Bethlehem, Canaan, Colebrook, Cornwall, Goshen,
Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk, North
Canaan, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren,
Washington, Winchester, Woodbury

Waterbury Office Telephone Number: 203-597-4000
249 Thomaston Avenue FAX Number: 203-597-4048
Waterbury, CT 06702-1397

Towns Served: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect,
Southbury, Waterbury, Watertown, Wolcott

Willimantic Office Public Hours Mondays, Tuesdays & Fridays
676 Main Street Telephone Number: 860-465-3500
Willimantic, CT 06226-2702 Fax Number: 860-465-3555

Towns Served: Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford,
Hampton, Killingly, Mansfield, Plainfield, Pomfret, Putnam, Scotland,
Sterling, Thompson, Union, Willington, Windham (Willimantic) and
Woodstock

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 informational assistants who have received special training in health insurance matters such as Medicare, Medicaid, Medicare Supplement Insurance (Medigap), 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 are private, nonprofit organizations which serve the needs of older persons as a focal point and resource center for information, program development and advocacy.

**Senior Resources/Eastern CT Area Agency
on Aging
4 Broadway 3rd Floor
Norwich, CT 06360; 860-887-3561**
www.seniorresourcesec.org

**Agency on Aging of South Central
Connecticut
One Long Wharf Drive
New Haven, CT 06511; 203-785-8533**
www.aopartnerships.org

**North Central Area Agency on Aging
151 New Park Avenue
Hartford, CT 06106; 860-724-6443**
www.ncaact.org

**Southwestern CT Agency on Aging
10 Middle Street
Bridgeport, CT 06604; 203-333-9288**
www.swcaa.org

**Western CT Area Agency on Aging
84 Progress Lane
Waterbury, CT 06705; 203-757-5449**
www.wcaaa.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 Connecticut'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 enable 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, including publications such as "Medicare Managed Care (HMO) in CT" and "Prescription Drug Assistance" please go to 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) of the U. S. Dept. of Health and Human Services, which administers the Medicare program for the federal government. 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.

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 also 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 which 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 Connecticut'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

Notes Page: