



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

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# Prescription Drug Assistance

*With*

- **Medicare Rx**
- **ConnPACE**
- **Patient Assistance Programs**

*for Medicare Beneficiaries living in Connecticut*

**May 2007**

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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 May 2007. 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/agingervices](http://www.ct.gov/agingervices).



## 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 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 and/or pharmacist**

Before choosing a prescription drug plan, talk to your doctor or pharmacist about your plan. Your doctor or pharmacist may be able to recommend a program that can help cover the cost of the drugs you take.

➤ **Keep a list of your medications**

When a doctor prescribes a medication for you, be sure to let him or her know what other drugs you are taking, 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.

➤ **Determine whether you will be taking brand name or generic drugs**

Generic medications are sometimes less expensive than brand name medications. You should check with your doctor and/or pharmacist to see if a generic medication can be substituted for a brand name.

➤ **Consider pharmacy vs. mail order programs**

Some prescription drug services offer savings on prescriptions through local pharmacies. Another option is to obtain your prescription drugs through a mail order prescription drug service. Local pharmacy programs are often beneficial for short-term, acute care prescriptions when convenience is desired. The mail order programs often provide greater savings for long-term maintenance drugs. Some programs offer both options.

➤ **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.

**CHOICES** advises that you discuss the plan with your pharmacist or doctor before signing onto any discount plan. **CHOICES** is providing the following information as a basic guide to help seniors and persons with disabilities who may have inadequate prescription drug coverage and may not be able to afford their prescription drugs.

# MEDICARE

## Does Medicare Cover Prescription Drugs?

Generally, Medicare Parts A and B cover some prescription drugs that must be provided in the hospital, nursing home, or in the doctor's office. Some chemotherapy is also covered. Some Medicare Advantage and some supplemental plans do offer some prescription coverage. Although original Medicare will continue to only offer limited prescription drug coverage, beneficiaries do have other coverage options available to them through add-ons to the Medicare program.

## Medicare Rx: the Medicare Prescription Drug Benefit

**1. What is Medicare prescription drug coverage?** Medicare prescription drug coverage is a new program that pays for prescription drugs, insulin and insulin supplies, and "stop-smoking" drugs for people who have Medicare. It started on January 1, 2006. It's also known as "Medicare Rx" and "Medicare Part D."

Medicare doesn't administer the new program directly. Instead, it contracts with private companies to provide the coverage. In 2007, in Connecticut, there are 51 stand-alone Prescription Drug Plans, plans that provide only Rx coverage, (PDPs), 24 Medicare Advantage (MA-PD) plans (i.e. HMO, PPO or PFFS) and 9 Special Needs Plans (SNPs are MA-PDs limited to individuals who receive both Medicare and Medicaid) that offer Medicare prescription drug coverage. Most of these companies, in turn, offer several plans with different levels of coverage and costs. In addition, some employers may "wrap around" the new program to offer coverage through their retirement health plans.

You need to enroll in one of these plans to have Medicare prescription drug coverage. The plan you join will give you a member card that you can use at participating pharmacies. Some plans also allow members to get their prescriptions through the mail.

**2. Do I have to apply for Medicare prescription drug coverage or will I get it automatically because I'm on Medicare?** Most people need to take action and enroll in a plan to get Medicare prescription drug coverage. But if you are on ConnPACE, Medicaid (Title 19), or Supplemental Security Income (SSI), or if the State pays your Part B premiums through a Medicare Savings Program (QMB, SLMB or ALMB), you will be automatically enrolled into a Medicare prescription drug plan if you do not select a plan on your own.

If you have both Medicare and Medicaid you most likely have already been enrolled into a Medicare Rx plan by Medicare. You should have received a letter telling you the plan that was selected for you. If you do not like the plan that you have been enrolled into you may change

plans once per month. The change will be effective on the first day of the following month.

**3. What drugs will Medicare cover?** Each Medicare-approved plan offers its own selection of covered drugs, called a “formulary.” Formularies vary from plan to plan. *Before deciding on a plan you should carefully review its formulary to be sure that it covers all of the medications that you take.*

Medicare will cover most outpatient prescription drugs, insulin and insulin supplies, and “stop-smoking” drugs. Medicare-approved plans offer a choice of at least two drugs in each of 146 categories of drugs. Each Medicare-approved plan also includes in its formulary all drugs in the following six categories of drugs: anti-depressants, anti-psychotics, anti-convulsants, anti-cancer, immuno-suppressants and HIV/AIDS.

Some drugs are excluded, i.e., Medicare won’t cover them. These include barbiturates, benzodiazepines, drugs 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.)*

**4. How does the Medicare prescription drug “standard benefit” 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 2007, PDP premiums in Connecticut range from about \$13/month to \$87/month. MA-PD prescription premiums range from \$0 to about \$159 a month. Some plans have annual deductibles and all plans have co-pays or co-insurance (amounts you are responsible to pay for each prescription). Most plans have “tiered” co-pays, i.e., the co-pay amount varies with the type of drug. (Tier 1 = generic drugs; Tier 2 = preferred brand; Tier 3 = brand; Tier 4 = specialty drugs.) *NOTE: People with limited income and assets may qualify for “Extra Help” to pay for premiums, deductibles, co-pays and co-insurance. Ask your CHOICES counselor for the “Extra Help” Q & A Guide.*

Different plans offer different benefits, but in general the standard benefit will work as follows:

- There may be an annual deductible. In 2007, the deductible cannot exceed **\$265** 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 this amount before your coverage begins.
- After you have met your deductible, you enter the “Initial Benefit Period.” Medicare pays 75% of each prescription and you pay 25% for the next \$2,135 in drug costs. The most you will pay during the Initial Benefit Period is **\$533.75** (25% of \$2,135). The next period is a coverage gap sometimes called the “donut hole.” If your chosen plan has a

coverage gap, you will pay 100% of all prescriptions until you have spent another **\$3,051.25** out-of-pocket. (In 2007, 15 plans pay for generic drugs during the coverage gap. No plans pay for brand name drugs during the coverage gap.)

- Once you have spent a total of **\$3,850 (\$265 + \$533.75 + \$3,051.25)** 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 \$2.15 or \$5.35 co-pay, whichever is greater.

The following table shows how the Medicare prescription drug standard benefit works. **IMPORTANT:** Different plans may offer variations around this basic package. It is important to review the costs of each plan carefully before enrolling.

#### Medicare Prescription Drug Coverage – Standard Benefit

Coverage	If your drugs cost ...	Medicare pays ...	and you pay...	therefore, your out-of-pocket costs are ...
Deductible (you pay this amount before your Medicare coverage begins)	\$ 0 - \$265	0	100%	\$265
Initial Benefit Period (annual basic coverage)	\$266 - \$2,400	75%	25%	\$533.75 (25% of \$2,135)
Coverage Gap (no coverage during this period – the “donut hole”)	\$ 2,400 - \$5,451.25	0	100%	\$3,051.25 ((\$5,451.25 minus \$2,400))
Total				\$3,850 ((\$265 + \$533.75 + \$3,051.25))
Catastrophic Benefit (if your drug cost exceed \$5451.25 per year, i.e., you have paid \$3,850 out of pocket)	Over \$5,451.25	95%	5%* *(or \$2.15 or \$5.35 co-pays, whichever is greater)	*5% of your drug costs that exceed \$5,451.25

**5. What are allowable out-of-pocket costs?** As described above, once you have spent \$3,850 in allowable out-of-pocket costs, you will have met your TrOOP requirement and you will qualify for Catastrophic Coverage. For the rest of the year, Medicare will pay 95% of your prescription drug costs. **It is important to know that only certain payments count toward meeting the \$3,850 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 \$3,850. (For ConnPACE members, payments made by ConnPACE, in addition to payments made by the ConnPACE member, also count toward the \$3,850.)

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 in Canada, do NOT count toward the \$3,850 TrOOP requirement.

**6. Can I get help to pay for Medicare prescription drug coverage?** If your countable income is below \$15,315 (single) or \$20,535 (couple), and your countable assets (not including your house, car or certain types of savings) are below \$10,210 (single) or \$20,410 (couple), you may qualify for Extra Help 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.

**Important!** If you are on Medicaid, SSI, or a Medicare Savings Program you automatically qualify for Extra Help and do not need to apply. Medicare has enrolled you in the Extra Help. 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 pay now 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. When will I pay a higher premium?** If you don't have any prescription insurance, or if your insurance is not "creditable" (meaning your coverage is, on average, not as good as Medicare prescription drug coverage), you will pay higher premium amounts if you enroll after the initial open enrollment period. 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 and it is a lifetime penalty. 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 ( $.01 \times \$27.35 \times 7$  months). This amount would be added permanently to the premium of your chosen plan.

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. However, 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.

During the fall of 2006, all insurers, including employer or union sponsored retirement health plans, should have sent notices to their members indicating whether their coverage is creditable. Note: Most "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 November 15 – 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 (i.e. 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 these circumstances:

- If you belong to a PDP you may change plans 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 qualifying circumstances such as 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 a MA-PD (with prescription drug coverage), you may change plans January 1<sup>st</sup> – March 31<sup>st</sup> of each year. This is called the MA Open Enrollment Period (OEP). You can change more often if you

qualify for a Special Enrollment Period (SEP) as described above. You cannot add or drop prescription drug coverage during this period. 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 of the month following the month in which the change was made.

Important: 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.

**NOTE:** 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 preceding 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. How do I choose a Medicare prescription drug plan?** You may be receiving information from many sources, including Medicare and various plans that offer coverage in your area. You need to study this information and ask the following questions at a minimum:

- Do you live in the plan's service area?
- How much is the monthly premium?
- Is there an annual deductible?
- Are the medications that you take on the plan's formulary?
- Are there different co-pay amounts for different drugs?
- Is the plan accepted at the retail or mail order 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 an existing plan?** 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 “donut 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 in 2006 that it does not intend to continue in 2007, 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. Important Dates for 2007

**January 1, 2007** - New Medicare prescription coverage begins for 2007.

**January 1, 2007 – March 31, 2006** - 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), people are 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.

**November 15, 2007 – December 31, 2007** - 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, 2007** – 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.

**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 with comparing and enrolling in a Medicare prescription drug plan and getting 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)

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

The *Medicare Prescription Drug, Modernization, and Improvement Act (MMA) of 2003* includes a provision that prohibits the sale of any Medigap policy containing a prescription drug benefit. Therefore, effective January 1, 2006 no new H, I and/or J Medigap policies will be sold with prescription drug coverage.

### **Information for those purchasing a Medigap policy for the first time:**

As a result of MMA effective January 1, 2006 Medigap companies are no longer allowed to market or sell any Medigap plan with prescription drug coverage. Therefore, Medigap plans H, I and J are no longer being sold with a prescription drug benefit. Beneficiaries may still purchase plans H, I or J but should be aware that these plans no longer include drug coverage.

### **Information for beneficiaries who 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 into 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 renew 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 (that is coverage as good as or better than the Medicare Rx standard benefit) 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 will have to pay higher premiums if they decide to leave their Medigap plan and enroll in a Medicare Rx plan in the future.

Medigap companies sent a notice to their enrollees in the fall of 2005 informing them of whether or not the Medigap policy they have is considered creditable coverage. Most

Medigap plans are not considered creditable coverage because their coverage is not as good as the standard Medicare Rx benefit.

### **Additional options for Medigap H, I & J Policy Holders Who Have Not Yet Enrolled In a Medicare Rx Plan**

Policy holders who did not join a Medicare Rx plan in 2006 may also decide to drop the prescription drug coverage benefit from their Medigap policy and enroll into a Medicare Rx plan in order to receive prescription drug coverage. The prescription drug component of the Medigap policy will end on the first day that the Medicare Rx plan becomes effective. In most cases, the monthly premiums of the Medigap plan will be adjusted to reflect the reduction in benefits.

Beneficiaries may also switch to a different Medigap policy or join a Medicare Advantage plan.

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

### **Do Medicare Advantage Plans Cover Prescription Drugs?**

Yes, some Medicare Advantage plans cover prescription drugs. Some plans cover only generic drugs while others cover both generic and brand name drugs. Most offer drug coverage through the new Medicare prescription drug program (Medicare Rx). In most instances, there is a co-pay for each prescription. Most managed care plans have a formulary, or a list of drugs that are covered by the managed care plan. In addition, 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. It is important to check with your Medicare Advantage plan to find out if your prescription drugs are covered and how your plan works with the new Medicare prescription drug program.

### **Do Retiree Plans Cover Prescription Drugs?**

Yes, some do. If you have a retiree plan that supplements Medicare coverage, you may have some prescription drug 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 benefit.

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.

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



## DEPARTMENT OF SOCIAL SERVICES DRUG PROGRAMS



### CONNPACE – 2007!

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; and
- ◆ Your income must not exceed maximum limits. Effective **January 1, 2007**: Single applicants: \$23,100; married couple: \$31,100. \*Income limits increase each January 1<sup>st</sup> based on the Social Security Cost of Living increase; and
- ◆ You must have been living in Connecticut for at least 183 days prior to your 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 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.

## 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.ctpharmacyprogram.com](http://www.ctpharmacyprogram.com) or call ACS the Department of Social Services' contractor for Prior Authorization at 1-866-759-4113.

## What are the changes to ConnPACE?

In 2006 the ConnPACE program underwent some changes. Important changes to the program that you should know about are:

- ◆ ConnPACE wraps-around the new Medicare prescription drug benefit (also called Medicare Rx and Medicare Part D)
- ◆ Every ConnPACE recipient who has Medicare Part A and/or B is required to enroll in a Medicare Rx plan
- ◆ Individuals 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.

## How will ConnPACE work with the new Medicare prescription drug program (Medicare Rx)?

January 1, 2006 a new prescription drug program became available to people on Medicare. The program known as Medicare Rx or Medicare Part D pays for outpatient prescription drugs, insulin and insulin supplies and "stop smoking" drugs. If you have Medicare and ConnPACE, you need to enroll in a Medicare prescription drug plan. If you were enrolled in ConnPACE prior to January 1, 2006 you are most likely already enrolled into a Medicare RX plan.

On December 1, 2005 Governor Rell signed into law a Bill that allows ConnPACE to “wrap-around” (meaning “work with” or coordinate benefits with) the new Medicare prescription drug program. ConnPACE recipients who are also enrolled in Medicare Part A and/or B are required to select and enroll in a Medicare Rx plan. Additionally, those recipients 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 available to cover costs associated with Medicare Rx.

### **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 may also be able to get prescriptions by mail if this feature is available in the plan you select.
- 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 than \$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 be able to get all of the drugs you started taking prior to January 1, 2006 but may have to go through an exceptions process to do so if the drugs are not covered by your Medicare Rx plan.
- You will still have a 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 \$2.15/\$5.35 (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 and whether or not you receive your medications via mail order.

### **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. If you are on ConnPACE you can:

- 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](http://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 have most likely already been enrolled into a Medicare Rx plan.** If you did not select and enroll into a plan on your own last year ConnPACE selected a plan for you and enrolled you into that 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.

### **Can I change plans if I have ConnPACE?**

Yes. You can 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. 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 8<sup>th</sup> of the month.** For example, if you want to be in your new plan by July 1, 2007, you should enroll by June 8, 2007.

**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 1<sup>st</sup> 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 \$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 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 \$2.15/\$5.35 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 new Medicare prescription drug program contact CHOICES at 1-800-994-9422 and a trained counselor will be able to assist you. You may also request the CHOICES booklet “Medicare Prescription Drug Coverage: Information for ConnPACE Recipients”.

**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 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)

In 2007, you may be eligible for Medicaid if you have assets below the following amounts:

- ◆ Single Person                   \$1,600
- ◆ Married Couple               \$2,400

You must also have income within certain limits. Income limits vary by region. 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 spenddown.

### Does Medicaid Cover Prescription Drugs?

#### \*\*\* Important Changes as of January 1, 2006 \*\*\*

If you are a Medicaid recipient and are also eligible for Medicare Part A and/or B, the way that you receive prescription drug coverage has changed. As a result of the *Medicare Modernization Act of 2003*, beginning January 1, 2006 full dual eligible individuals (those with both Medicare and full Medicaid) now receive prescription drug coverage through the new Medicare prescription drug program, Medicare Rx not Medicaid. Medicaid recipients in most cases MUST be enrolled in a Medicare Rx plan in order to retain their Medicaid health insurance benefits. Most full dual eligible individuals were enrolled into a Medicare Rx plan by Medicare in the fall of 2005. Letters went out to full dual eligible individuals informing them of the change in benefits and providing the name of the prescription drug plan that Medicare selected for them. Additionally, full duals should have received ID cards and welcome packets directly from the Medicare Rx plan.

Full dual eligible individuals in CT who are enrolled into a Medicare Rx plan will continue to have a co-pay of \$0 for their medications.

**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 and a trained counselor will assist you.

## 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...

[www.benefitscheckup.org](http://www.benefitscheckup.org)

A new feature to this site is BenefitsCheckUpRx which can assist you in finding prescription drug discount programs. It takes approximately fifteen minutes to complete the online questionnaire. It does require that you provide some 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 complete the questionnaire on your own 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 and a CHOICES counselor will assist you.

## DRUG COMPANY 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) and
- ◆ Your income must be within certain income limits.

**\*Please note: If you are eligible for Medicare Rx (have Medicare parts A and/or B), then this qualifies you as “insurable”, therefore, any prescription drugs covered by your Medicare Rx plan may NOT be covered through a Patient Assistance Program.**

### How Do I Apply?

To enroll in one of these programs, you have to apply to the drug company and meet their eligibility requirements. Often, 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](http://www.rxassist.org) to receive information on accessing patient assistance programs.

## HELP WITH ENROLLMENT IN PATIENT ASSISTANCE PROGRAMS

Always check with your doctor

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>	Produces “Directory of Prescription Drug Patient Assistance Programs” which lists drug company programs that provide drugs to physicians whose patients could not otherwise afford them. Directory includes information about how to make a request for assistance, what prescriptions are covered, and basic eligibility criteria.
<b>The Medicine Program</b>	P.O. 1089 Poplar Bluff, MO 63902 1-573-778-0333 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 \$5 processing fee for each medication requested.

## **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?
- Does it work with the new Medicare prescription drug program?
- What pharmacies participate in this plan? (Determine whether there is one conveniently located near you)
- Do you cover both generic and brand name drugs?
- Are my prescriptions on your list of drugs? What drugs are covered?
- How much will it cost me for my prescriptions?
- How much money will I save?
- Is there a membership fee? (single/couple)
- 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?
- Who will be covered? (family/individual)
- 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.

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

#### **The Mail Order Pharmacy**

- How does the program work?
- Does a registered pharmacist own the pharmacy?
- Are you a licensed pharmacy?
- Do I have access to a pharmacist for consultation?
- Do you provide information on the drug when you send it?
- Do you provide drug interaction screening/information?
- How long have you been in business?
- Is there a local pharmacy option?
- How do I sign-up for this service?
- What are your business hours?

#### **Your Prescriptions**

- Do you cover both generic and brand name drugs?
- Are my prescriptions on your list of drugs? What drugs are covered?
- Who will be covered? (family/ individual)
- Do I need a prescription from my doctor?
- How do I get my prescription to you? (mail, phone, fax)
- How do I order my prescription?

## **Additional Questions to Ask Before Joining**

### **Your Cost**

- How much will it cost me for my prescriptions?
- How do I pay for my prescriptions? Can I be billed for my order?
- How much will I save?
- Is there a membership fee? (single/couple)
- Is there a processing fee, application fee, or enrollment fee?
- How much will my shipping charges be?
- Your order
- What if my order is out of stock?
- How is my order shipped?
- When can I expect delivery of my order?
- Will I receive a 30-day, 60-day, or 90-day supply? Do I have this option? Is one way cheaper than another?
- I live part of the time in another state. Can I have my medication shipped there?

### **Refills**

- Will you remind me when it is time for a refill?
- How far in advance can I request a refill?

### **Urgent Situations**

- What if there is an emergency and I need the prescription right away? How would I get my prescription?
- What if I run out of medication? How fast can you get it to me and how much will that cost?

### **Signing Up**

- How do I sign up?
- Are there eligibility requirements? If so, what are they?

## 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.aarp-pharmacy.com">www.aarp-pharmacy.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 (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 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\*

<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
<b>Peoples Prescription Plan</b>	1-877-432-7809 <a href="http://www.peoplesrxcard.com">www.peoplesrxcard.com</a>	Pharmacy & Mail Order	Available to all persons.	\$71.40/annually per household; \$5.95 per month	◆ All prescription drugs except: anti-wrinkle agents, growth hormones, immunization agents, blood or plasma, Levonorgestrel & Minoxidil

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## 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>	1-800-334-8134 <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 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?**

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 technically importing other drugs violates federal laws, but this is a difficult law to enforce. The agency continues to warn buyers to beware. Although drug re-importation laws have recently passed in both the House and the Senate, the laws have yet to be implemented.

Prescription drugs in Canada cost substantially less than in the U.S. because the national health-care system forces drug companies to discount their prices. 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.

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 2TS  
CANADA

Or at their Website: [www.canadiancouncilbbb.ca/prescription.html](http://www.canadiancouncilbbb.ca/prescription.html)

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)

## 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 \$7 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.

For general information about VA pharmacy services, contact the Veterans Administration at 1-800-827-1000, the Newington VA at (860) 666-6951, the West Haven VA at (203) 932-5711 or your local outpatient clinics and ask for the Eligibility Department.

### **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 more information contact the TRICARE Senior Pharmacy at 1-877-DOD-MEDS.

### **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 patients 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 informational 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.ncaaaact.org](http://www.ncaaaact.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.wcaaaa.org](http://www.wcaaaa.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)**





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