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SAMPLE

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Important Changes to your Medicaid Pharmacy Coverage What You Need to Know

Dear Medicare and Medicaid Beneficiary:

The Department of Social Services is sending this letter to notify you of important changes to the Medicaid Pharmacy coverage for individuals also enrolled in Medicare Part D. These changes result from passage of the Connecticut state budget for the next two fiscal years. **This letter will give you information about these changes and what you need to do as a Medicaid client.**

CHANGE # 1: Beginning January 1, 2010, Medicaid clients must be enrolled in one of the Connecticut-approved Medicare Part D ‘benchmark’ plans in order to have your monthly Part D premium paid by Medicare. If you choose to enroll in a plan other than those listed below you will be responsible for paying a portion of your monthly Medicare Part D premium. Medicaid will no longer provide coverage of Medicare Part D premium costs for non-benchmark Medicare Part D plans.

- If you are currently enrolled in one of the 2010 Connecticut-approved benchmark plans listed below, you will not be required to take any action and your monthly Medicare Part D premium will continue to be covered in full by Medicare.
- If you need to enroll in one of the 2010 Connecticut-approved benchmark plans listed below, please contact Medicare at 1-800-633-4227 or the Connecticut CHOICES program at 1-800-994-9422 for assistance with selecting a benchmark plan that BEST covers all of your prescription drug needs.

2010 Connecticut-Approved Medicare Part D BENCHMARK PLANS

Company Name and Plan ID	Plan Name	Member Services Phone #	Monthly Premium (this amount is paid directly by Medicare)
Aetna Medicare S5810-036	Aetna Medicare Rx Essentials	877-238-6211	\$29.20
Bravo Health Ins. Co. S5998-015	BravoRx	877-504-7252	\$34.10
CIGNA Medicare Rx S5768-038	CIGNA Medicare Rx Plan One	800-222-6700	\$33.10
First Health Part D S5768-038	First Health Part D-Premier	866-865-0662	\$30.20
Health Net S5678-004	Health Net Orange Option 1	800-806-8811	\$34.40
HealthSpring PDP S5932-003	HealthSpring PDP-Reg 2	800-331-6293	\$33.30
Medco Medicare Rx Plan S5660-105	Medco Medicare Rx Plan-Value	800-758-4574	\$33.70
RxAmerica S5644-068	Advantage Star Plan by RxAmerica	800-429-6686	\$34.50
SilverScript Insurance Co. S5601-004	SilverScript Value	866-235-5660	\$34.40
United Healthcare S5921-181	AARP MedicareRx Saver	888-867-5575	\$29.00
Universal American S5803-071	Community CCRx Basic	866-684-5353	\$34.40
Universal American S5597-237	PrescribaRx Bronze	800-818-0007	\$31.00

- If you are currently enrolled or choose to enroll in a Medicare Advantage Prescription drug plan, you may be responsible for paying a portion of your Medicare Part D monthly premium cost. A Medicare Advantage Prescription drug plan is run by private companies that contract with Medicare to provide you with all of your Medicare benefits including hospital, medical, and prescription drugs. It is important to check with your Medicare Advantage prescription drug plan to determine if you are required to pay a prescription drug premium to that plan.

CHANGE # 2: Medicaid clients who are also receiving the Medicare Part D benefit will be responsible for paying up to \$15.00 per month in Medicare Part D co-payments. A co-payment is an amount you pay for each prescription.

- You will be responsible for paying Medicare Part D co-payments of up to \$15.00 per month. Once the \$15.00 per month in Medicare Part D co-payments has been reached, the Connecticut Department of Social Services will begin providing coverage for Medicare Part D copayments for the rest of the month.
- Pharmacies are not obligated to provide Medicare Part D prescriptions without collecting the necessary co-payments.

CHANGE # 3: The Connecticut Department of Social Services will no longer pay for Medicare Part D prescriptions that are not covered by your Part D plan. These are drugs that are not on your Part D Plan's formulary (which means approved drug list).

- If your physician prescribes a drug for you that is **not** on your Medicare Part D Plan's formulary, the pharmacist should contact your physician to discuss other drugs that are covered by your Medicare Part D Plan. Your physician may either change your prescription to a drug that is covered by your Medicare Part D Plan, or may ask your Medicare Part D Plan to grant an exception or authorization for that drug to be covered. If the specific drug is medically necessary for you to receive and it is not covered by your Part D plan, your physician must ask the Part D Plan for this exception or authorization.
- It is important to remember that this applies only to those drugs that are non-formulary (that is, not on your plan's approved drug list) or that require prior authorization under your Medicare Part D Plan. Medicare Part D **excluded** drugs will continue to be covered by the Department as they have in the past (i.e. Benzodiazepines, Barbiturates, Over-the-Counter (OTC) Medications, and drugs for weight gain).

If you need to enroll in one of the 2010 Connecticut-approved benchmark plans, please contact Medicare at 1-800-633-4227 or the Connecticut CHOICES program at 1-800-994-9422 for assistance with selecting a benchmark plan that BEST covers all of your prescription drug needs.

If you have any questions regarding this letter, please contact the Client Assistance Call Center toll free at 1-866-409-8430 or, in the local Farmington, Connecticut, area at 860-269-2031, Monday through Friday from 8:00 a.m. to 5 p.m.