

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



An Enrollment Guide Produced by the CHOICES Program

Starting January 1, 2006, there is a new prescription drug program for everyone who has Medicare Part A and Part B. It will pay for outpatient prescription drugs, insulin and insulin supplies, and “stop smoking” drugs. This new program is sometimes called “Medicare Rx.” It’s also known as “Medicare Part D.”

- You won’t get coverage for the program directly from Medicare. You have to buy the coverage from private Medicare-approved companies that sell Part D plans. In Connecticut, there are 17 Medicare-approved Prescription Drug Plans (PDPs). PDPs provide prescription drug coverage only; they don’t cover other medical needs like hospital and medical care. You may want to consider a PDP if you have a “Medigap” policy that only covers hospital and medical care.
- There are also 4 Medicare-approved Medicare Advantage (HMOs and PPOs) plans. These are sometimes called MA-PD plans. They offer prescription drug coverage and hospital and medical coverage together in one plan.
- Both PDPs and MA-PDs offer different plans with different benefits and costs. In addition to the PDPs and MA-PDs, some employer-sponsored and union-sponsored retirement health plans will also offer Part D coverage.
- **You need to know about the new program even if you have existing prescription drug insurance. This is because your insurance may change when the new Medicare program begins on January 1, 2006. This is true even if the coverage you have now is through a Medigap plan, a Medicare HMO, retirement health insurance, ConnPACE or Medicaid (Title 19)!**
- For most people, enrollment is voluntary. You don’t have to sign up for it. But if you don’t enroll when you first have the opportunity, you may pay more for premiums later on. You may also have a waiting period for coverage. This may be important later on if you develop a sudden illness.

NOTE: If you have Medicaid, ConnPACE or a Medicare Savings Program (QMB, SLMB or ALMB), you must enroll in a plan. But you still get to choose your own plan. If you do not select a plan on your own, you will be enrolled into a plan. You may be able to change plans later on if you find one that better meets your needs. (Ask CHOICES for more information.)

- Each plan offers its own selection of drugs (called a “formulary”) and has its own preferred provider network. **It’s important to select your plan carefully, especially because you will be limited to the drugs on your chosen plan’s formulary.**
- The initial open enrollment period will last from November 15, 2006 - May 15, 2006. You still have time to learn more about the new program and to study different plans. CHOICES has different Question & Answer Guides that explain more about Medicare prescription drug coverage for people in different situations. Ask CHOICES for any of the following Guides:
 - General Information
 - Retirees with Existing Health Insurance Coverage
 - Extra Help (to pay for Medicare prescription drug coverage)
 - Medicaid (Title 19)
 - ConnPACE
 - Medicare Savings Programs (QMB, SLMB or ALMB)
- The purpose of this Guide is to:
 - (1) Help you decide if you should enroll in a plan
 - (2) Give you information you need to help you select and enroll in a plan.

SHOULD YOU ENROLL IN A PLAN?

You should think about enrolling if you don’t have *any* prescription drug coverage or if the coverage you have isn’t as good as Medicare prescription drug coverage. If your existing coverage is “creditable” (as good as Medicare), then you probably don’t want to join a Medicare plan at this time. (Ask CHOICES for information on how to find out if your existing coverage is creditable.) If cost is an issue, you may qualify for Extra Help to pay for premiums, deductibles and co-pays. If you qualify you may not have any premiums or deductibles. Your co-pays may be as low as \$2 (generic) or \$5 (brand name). Ask CHOICES for the income and asset limits for Extra Help.

HOW DO YOU PICK A PLAN?

- Step 1. ___ Make a list of all the prescription drugs you take and how much you pay for them. Look at the dosage you take and the quantity you get.
- Step 2. ___ If you have existing prescription insurance, find out if it's "creditable". (Your insurance company must send you this information.)
- Step 3. ___ If costs are a major concern, find out if you qualify for Extra Help. If you do, you will save money on premiums, deductibles and co-pays. If you have Medicaid (Title 19) or a Medicare Savings Program (QMB, SLMB or ALMB), you automatically qualify for Extra Help. If you have ConnPACE and your income is below \$14,355 (single) or \$19,245 (couple), you must apply for Extra Help.
- Step 4. ___ Think about what's most important to you in a prescription drug plan. Rank them in order of importance. E.g., can you take generic drugs or do you need brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take very few medications now? If so, a less expensive plan with a higher deductible may be adequate. If you take a lot of medications, you may want to narrow your search to the plans that pay for drugs during the coverage gap.
- Step 5. ___ Finally, ask a lot of questions to find the best plan for your needs. Here are some things to think about:
- How much is the monthly premium? (Premiums in CT range from \$0 to approximately \$65 per month.)
 - Is there an annual deductible? How much is it?
 - Does the plan cover the drugs you take now?
 - What "tier" are your drugs on the different plans? (This refers to different co-pay or co-insurance levels for different drugs, e.g., Tier 1 (generic drugs), Tier 2 (preferred brand drugs), Tier 3 (non-preferred brand drugs) and Tier 4 (specialty drugs, like injectibles). If two plans cover the same drug but one plan places it at Tier 1 and another at Tier 3, there may be a significant difference in cost.
 - Are there prior authorization requirements for certain drugs? Is "step-therapy" required? (The requirement that you must try certain drugs first before you can get the medication prescribed by your doctor.)
 - Is there a "transition" process? (Allowing the temporary usage of drugs that are not on the plan's formulary.)
 - Is the plan convenient? Is it accepted at your pharmacy? Does it offer mail order?
 - Is there a gap in coverage? Does the plan also offer hospital and medical coverage? (If this is important to you.)
 - What is the plan's "exception" process if you are denied a particular drug?

REMEMBER! Look for the combination of factors that are most important to your situation. For example, for a person with few prescriptions, a less expensive plan may be adequate. On the other hand, for a person taking many, costly prescriptions; a more expensive plan may be well worth the additional premium dollars. On the following pages you will find general information about the PDPs and MA-PD plans in Connecticut. Telephone numbers for the plans are listed so you can contact them directly for more detailed information. If you decide you want to enroll for 2006, you can do so up to the deadline of May 15, 2006.

HOW TO ENROLL IN A PLAN

To enroll in a plan you can:

1. Call CHOICES at 1-800-994-9422 to speak to a CHOICES counselor.
2. Contact the plan directly. Plan phone numbers are listed on the following pages. You can also go to the plans's web sites.
3. Call Medicare (1-800-MEDICARE)
4. Visit www.medicare.gov. Using the Medicare "Plan Finder" tool you can compare up to three plans at a time. You will also be able to enter up to 25 medications to see which plans offer the drugs you take now. You can also use the "Plan Finder" tool to enroll on-line.

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.ctelderlyservices.state.ct.us

Call CHOICES at 1-800-994-9422 to speak to a counselor at the Area Agency on Aging serving your area of the state. CHOICES counselors are trained and certified to assist you with your Medicare issues and concerns. They can also help you with comparing Medicare prescription drug plans, getting Extra Help to pay for your premiums, deductibles, and co-pays and enrolling you into the plan of your choice.

CHOICES is a program of the State of Connecticut Department of Social Services, Aging Services Division, and serves as Connecticut's State Health Insurance Assistance Program (SHIP), as designated by the Centers for Medicare and Medicaid Services. CHOICES is administered in partnership with the Area Agencies on Aging and the Center for Medicare Advocacy, Inc.



LOCAL HELP FOR PEOPLE WITH MEDICARE



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This publication is not a legal document. The official Medicare provisions are contained in the relevant laws, regulations and rulings. This information is available in alternative formats. Call 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

CHOICES Hotline! 1-800-994-9422
January 1 – December 31, 2006 * Costs for Medicare Rx PDPs (1)

COMPANY INFO	PLAN NAME	TELEPHONE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)	% OF "TOP 100" DRUGS INCLUDED IN FORMULARY (4)
					T1	T2	T3	T4			
Advantra Rx	AdvantraRx Value *	(800) 882-3822	\$19.35	\$0	\$10	\$40			No	No	78%
	AdvantraRx Premier *	(800) 882-3822	\$29.74	\$0	\$5	\$25	\$51		No	No	100%
	AdvantraRx Premier Plus *	(800) 882-3822	\$42.89	\$0	\$0	\$20	\$55		No	No	100%
					T1	T2	T3	T4			
Aetna Life Insurance Co.	Aetna Medicare Rx Essentials *	(800) 213-4599	\$37.61	\$250	\$5	\$25			No	No	86%
	Aetna Medicare Rx Plus *	(800) 213-4599	\$49.31	\$0	\$7	\$35			Yes (Generic only)	No	86%
	Aetna Medicare Rx Premier *	(800) 213-4599	\$65.58	\$0	\$2	\$20	\$40		Yes (Generic only)	No	100%
					T1	T2	T3	T4			
Anthem Blue Cross and Blue Shield	Blue MedicareRx Option 1	(877) 479-2227	\$28.64	\$0	\$10	\$26	\$52	25%	No	Yes	92%
	Blue MedicareRx Option 2	(877) 479-2227	\$37.15	\$0	\$8	\$24	\$48	25%	No	No	92%
	Blue MedicareRx Option 3	(877) 479-2227	\$50.33	\$0	\$8	\$20	\$40	25%	Yes (Generic only)	No	92%
					T1	T2	T3	T4			
CIGNA HealthCare	Cignature Value Plan *	(800) 735-1459	\$36.78	\$250	\$4	\$20	\$40		No	No	99%
	Cignature Plus Plan *	(800) 735-1459	\$42.00	\$0	\$5	\$30	\$50		No	No	99%
	Cignature Complete Plan *	(800) 735-1459	\$50.57	\$0	\$5	\$30	\$50		Yes (Generic only)	No	99%

- (1) PDPs are Prescription Drug Plans that offer prescription coverage only. They do not offer hospital or medical coverage.
- (2) In most plans, co-pays and co-insurance depend on the drug's "Tier level." Generally, T1 = generic; T2 = preferred brand; T3 = brand; T4 = specialty drug. Some plans have higher co-pays or co-insurance for using an out-of-network pharmacy.
- (3) If you qualify for "full subsidy" Extra Help and enroll in a plan where premiums are not covered in full, you will have to pay the difference between the regional "benchmark" premium (\$30.27) and your chosen plan's premium. (If you have Medicaid (Title 19) or a Medicare Savings Program, you qualify for a full subsidy Extra Help. Other people with limited income and assets may also qualify for Extra Help.)
- (4) The "Top 100" are the drugs most often taken by people who signed up for the Medicare discount drug card. This may or may not reflect the drugs CT beneficiaries take.
- NOTE: All the plans on this page offer mail order. * This is a national plan; you can get your prescription drugs in all 50 states.

IMPORTANT! The information in this chart is from Medicare; it is for general comparison purposes only and subject to change. Contact the plan for more details!

CHOICES Hotline! 1-800-994-9422
January 1 – December 31, 2006 * Costs for Medicare Rx PDPs (1)

COMPANY INFO	PLAN NAME	TELEPHONE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (2)				"COVERAGE GAP" COVERAGE	ARE PREMIUMS COVERED IN FULL IF YOU QUALIFY FOR "FULL SUBSIDY" EXTRA HELP? (3)	% OF TOP 100 DRUGS INCLUDED IN FORMULARY (4)
					T1	T2	T3	T4			
Community Care Rx (Memberhealth)	CCRX BASIC *	(866) 684-5353	\$31.49	\$250	\$0	25%	45%		No	No	95%
	CCRX CHOICE *	(866) 684-5353	\$39.57	\$250	\$4	\$20	\$40		No	No	95%
	CCRX GOLD *	(866) 684-5353	\$43.53	\$100	\$4	\$25	\$50		No	No	95%
					T1	T2	T3	T4			
HealthNet	Health Net Orange	(800) 547-8734	\$20.03	\$0	\$5	\$35	25%	25%	No	Yes	86%
	Health Net Orange**	(800) 547-8734	\$24.26	\$0	\$5	\$25	\$59	25%	No	Yes	100%
					T1	T2	T3	T4			
Humana Inc.	Humana PDP Standard	1-800-851-1768	\$7.32	\$250	25%	25%	25%	25%	No	Yes	100%
	Humana PDP Enhanced	1-800-851-1768	\$13.92	\$0	\$7	\$30	\$60	25%	No	No	100%
	Humana PDP Complete	1-800-851-1768	\$55.08	\$0	\$7	\$30	\$60	25%	Yes (Brand & generic)	No	100%
					T1	T2	T3	T4			
PacifiCare Life and Health Insurance Co.	PacifiCare Saver Plan *	(800) 943-0399	\$22.04	\$0	\$7.5	\$22	\$52.25	33%	No	Yes	78%
	PacifiCare Select Plan *	(800) 943-0399	\$34.95	\$0	\$7.5	\$22	\$64.50	33%	No	No	87%
	PacifiCare Complete Plan *	(800) 943-0399	\$39.11	\$0	\$7.5	\$22	\$52.60	33%	Yes (Generic only)	No	78%

- (1) PDPs are Prescription Drug Plans that offer prescription coverage only. They do not offer hospital or medical coverage.
- (2) In most plans, co-pays and co-insurance depend on the drug's "Tier level." Generally, T1 = generic; T2 = preferred brand; T3 = brand; T4 = specialty drug. Some plans have higher co-pays or co-insurance for using an out-of-network pharmacy.
- (3) If you qualify for "full subsidy" Extra Help and enroll in a plan where premiums are not covered in full, you will have to pay the difference between the regional "benchmark" premium (\$30.27) and your chosen plan's premium. (If you have Medicaid (Title 19) or a Medicare Savings Program, you qualify for a full subsidy. Other people with limited income and assets may also qualify for Extra Help.)
- (4) The "Top 100" are the drugs most often taken by people who signed up for the Medicare discount drug card. This may or may not reflect the drugs CT beneficiaries take.
- NOTE: All the plans on this page except Community Care Rx (Memberhealth) offer mail order.
- * This is a national plan; you can get your prescription drugs in all 50 states.
- ** Some plans offer a 5th tier for co-pay or co-insurance costs. Contact the plans indicated by a "*" for additional tier cost details.

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					T1	T2	T3	T4			
Prescription Pathway (S5597)	Prescription Pathway Bronze Plan	(800) 765-8900	\$26.23	\$250	25%	25%			No	Yes	93%
	Prescription Pathway Silver Plan	(800) 765-8900	\$35.67	\$250	\$5	\$28	25%		No	No	93%
	Prescription Pathway Gold Plan	(800) 765-8900	\$47.64	\$0	\$5	\$28	25%		No	No	93%
					T1	T2	T3	T4			
Prescription Pathway (S5825)	Prescription Pathway Silver Plan	(800) 825-8200	\$35.65	\$250	\$6	\$27	25%		No	No	93%
	Prescription Pathway Gold Plan	(800) 825-8200	\$47.64	\$0	\$6	\$27	25%		No	No	93%
	Prescription Pathway Platinum Plan	(800) 825-8200	\$64.26	\$0	\$6	\$27	\$40	25%	No	No	100%
					T1	T2	T3	T4			
Rx America	Advantage Star Plan	(877) 279-0370	\$31.52	\$250	\$2	25%	25%	25%	No	No	88%
	Advantage Freedom Plan	(877) 279-0370	\$34.19	\$250	25%	25%	25%	25%	No	No	100%
					T1	T2	T3	T4			
SilverScript	SilverScript *	(866) 552-6106	\$24.67	\$250	\$8	25%	25%		No	Yes	92%
	SilverScript Plus *	(866) 235-4582	\$51.84	\$100	\$8	\$23	\$60	25%	No	No	98%
					T1	T2	T3	T4			
Sterling Prescription Drug Plan	Sterling Prescription Drug Plan	(888) 858-8572	\$56.30	\$100	\$10	\$25	45%	25%	No	No	98%

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(3) If you qualify for "full subsidy" Extra Help and enroll in a plan where premiums are not covered in full, you will have to pay the difference between the regional "benchmark" premium (\$30.27) and your chosen plan's premium. (If you have Medicaid (Title 19) or a Medicare Savings Program, you qualify for a full subsidy. Other people with limited income and assets may also qualify for Extra Help.)

(4) The "Top 100" are the drugs most often taken by people who signed up for the Medicare discount drug card. This may or may not reflect the drugs CT beneficiaries take. Medicaid recipients were excluded from the discount cards.

NOTE: All the plans on this page offer mail order.

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					T1	T2	T3	T4			
Unicare	Medicare RX Rewards *	(866) 892-5335	\$18.85	\$250	\$5	\$25	25%	25%	No	Yes	92%
	Medicare RX Rewards Plus *	(866) 892-5335	\$27.35	\$0	\$10	\$30	25%	25%	No	No	92%
	Medicare RX Premier *	(866) 892-5335	\$36.43	\$0	\$10	\$30	\$60	30%	Yes (Generic only)	No	98%
					T1	T2	T3	T4			
United American Insurance Co.	UA Medicare Part D Prescription Drug Coverage	(866) 524-4169	\$32.59	\$0	\$9	\$30	\$60	33%	No	No	98%
					T1	T2	T3	T4			
United HealthCare Insurance Co.	AARP Medicare Rx Plan *	(888) 867-5564	\$23.69	\$0	\$5	\$28	\$56	25%	No	Yes	100%
	United Medicare MedAdvance *	(888) 566-6657	\$27	\$0	\$10	\$23	\$54	25%	No	Yes	100%
					T1	T2	T3	T4			
WellCare**	WellCare Signature *	(888) 423-5252	\$20.59	\$0	\$0	\$0	\$70	\$70	No	Yes	88%
	WellCare Complete *	(888) 423-5252	\$38.61	\$0	\$0	\$0	\$15	\$50	No	No	85%
	WellCare Premier *	(888) 423-5252	\$41.25	\$0	\$0	\$0	\$30	\$60	No	No	85%
					T1	T2	T3	T4			
YOURx Plan (Medco)	Medco Prescription Savings Plan *	(800) 758-3605	\$30.47	\$250	\$4	\$17	75%	25%	No	No	98%

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(3) If you qualify for "full subsidy" Extra Help and enroll in a plan where premiums are not covered in full, you will have to pay the difference between the regional "benchmark" premium (\$30.27) and your chosen plan's premium. (If you have Medicaid (Title 19) or a Medicare Savings Program, you qualify for a full subsidy. Other people with limited income and assets may also qualify for Extra Help.)

(4) The "Top 100" are the drugs most often taken by people who signed up for the Medicare discount drug card. This may or may not reflect the drugs CT beneficiaries take. Medicaid recipients were excluded from the discount cards.

NOTE: All the plans on this page offer mail order.

* This is a national plan; you can get your prescription drugs in all 50 states.

** Some plans offer a 5th tier for co-pay or co-insurance costs. Contact the plans indicated by a "****" for additional tier cost details.

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CHOICES Hotline! 1-800-994-9422
January 1 – December 31, 2006 * Costs for Medicare Rx MA-PDs (1)

COMPANY INFO	PLAN NAME	TELEPHONE	PLAN SERVICE DELIVERY AREA	MONTHLY PREMIUM FOR DRUGS ONLY (2)	TOTAL MONTHLY PREMIUM FOR DRUGS, HOSPITAL AND MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE ONLY	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				"COVERAGE GAP" COVERAGE	% OF TOP 100 DRUGS INCLUDED IN FORMULARY (4)
							T1	T2	T3	T4		
Health Net of CT	Health Net Smart Choice (021)	(800) 949-2516	Connecticut	\$17.12	\$17.12	\$250	25%				No	97%
	Health Net Smart Choice (022)	(800) 949-2516	Connecticut	\$17.69	\$20	\$0	\$5	\$27	\$59	25%	No	97%
	Health Net Smart Choice (001)	(800) 949-2516	Connecticut	\$17.69	\$99	\$0	\$5	\$27	\$59	25%	No	97%
	Health Net Smart Choice POS for CT (020)	(800) 949-2516	Connecticut	\$17.69	\$119	\$0	\$5	\$27	\$59	25%	No	97%
							T1	T2	T3	T4		
Oxford Health Plans (CT) Inc.	Oxford Medicare Advantage	(800) 303-6720	New Haven County only	\$0	\$0	\$0	\$3	\$28	\$63	25%	No	97%
							T1	T2	T3	T4		
United HealthCare Insurance Co. (local PPO)	Evercare Plan P	(888) 697-9058	Fairfield, Hartford and New Haven Counties	\$20.39	\$20.39	\$0	\$4	\$28	\$63	25%	No	97%
	Evercare Plan DP	(888) 697-9058	Hartford County	\$30.27	\$30.27	\$0	\$4	\$28	\$62	25%	No	97%

- (1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who are in (or want to join) a Medicare managed care plan.
- (2) The first premium amount is for prescription drug coverage only. The second premium amount is for prescription, hospital and medical coverage combined.
- (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy.
- (4) The "Top 100" are the drugs most often taken by people who signed up for the Medicare discount drug card. This may or may not reflect the drugs CT beneficiaries take. Medicaid recipients were excluded from the discount cards.

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COMPANY INFO	PLAN NAME	TELEPHONE	PLAN SERVICE DELIVERY AREA	MONTHLY PREMIUM FOR DRUGS <u>ONLY</u> (2)	TOTAL MONTHLY PREMIUM FOR DRUGS, HOSPITAL <u>AND</u> MEDICAL (2)	ANNUAL DEDUCTIBLE FOR DRUG COVERAGE <u>ONLY</u>	30-DAY SUPPLY CO-PAYS AND CO-INSURANCE (3)				"COVERAG E GAP" COVERAGE	% OF TOP 100 DRUGS INCLUDED IN FORMULARY (4)
							T1	T2	T3	T4		
WellCare	WellCare Choice	(866) 238-4344	Fairfield County	\$0	\$0	\$0	\$0	\$45	\$100	33%	No	85%
	WellCare Select	(866) 238-4344	Fairfield County	\$7.57	\$7.57	\$250	\$0	38%	43%	25%	No	85%
	WellCare Access	(866) 238-4344	Fairfield County	\$25.64	\$25.64	\$250	25 %	25%	25%	25%	No	85%
							T1	T2	T3	T4		
	WellCare Choice	(866) 238-4344	Hartford County	\$0	\$0	\$0	\$0	\$45	\$100	33%	No	85%
	WellCare Select	(866) 238-4344	Hartford County	\$7.57	\$7.57	\$250	\$0	38%	43%	25%	No	85%
	WellCare Access	(866) 238-4344	Hartford County	\$25.61	\$25.61	\$250	25 %	25%	25%	25%	No	85%
							T1	T2	T3	T4		
	WellCare Choice	(866) 238-4344	New Haven County	\$0	\$0	\$0	\$0	\$45	\$100	33%	No	85%
	WellCare Select	(866) 238-4344	New Haven County	\$7.57	\$7.57	\$250	\$0	38%	43%	25%	No	85%
	WellCare Access	(866) 238-4344	New Haven County	\$25.64	\$25.64	\$250	25 %	25%	25%	25%	No	85%

- (1) MA-PDs are Medicare Advantage Prescription Drug Plans that offer prescription coverage and hospital and medical coverage. These plans are options for people who are in (or want to join) a Medicare managed care plan.
- (2) The first premium amount is for prescription drug coverage only. The second premium amount is for prescription, hospital and medical coverage combined.
- (3) The co-pay and co-insurance amounts shown are for the prescription drug coverage only. Contact the plan for the amounts of primary care co-pays and other cost sharing information. Some plans have higher prescription co-pays or co-insurance for using an out-of-network pharmacy.
- (4) The "Top 100" are the drugs most often taken by people who signed up for the Medicare discount drug card. This may or may not reflect the drugs CT beneficiaries take. Medicaid recipients were excluded from the discount cards.

NOTE: All the plans on this page offer mail order.

IMPORTANT! The information in this chart is from Medicare; it is for general comparison purposes only and subject to change. Contact the plan for more details!

CHOICES Hotline! 1-800-994-9422
January 1 – December 31, 2006 * Costs for Medicare PDP National Plans

NATIONAL PLANS*		
Aetna Life Insurance Co.	<ol style="list-style-type: none"> 1. Aetna Medicare Rx Essentials 2. Aetna Medicare Rx Plus 3. Aetna Medicare Rx Premier 	(800) 213-4599
CIGNA	<ol style="list-style-type: none"> 1. Cignature Rx Value Plan 2. Cignature Rx Plus Plan 3. Cignature Rx Complete Plan 	(800) 735-1459
Coventry Health & Life Insurance	<ol style="list-style-type: none"> 1. AdvantraRx Value 2. AdvantraRx Premier 3. AdvantraRx Premier Plus 	(800) 882-3822
Medco Containment Life Insurance Co. (YOURx Plan)	<ol style="list-style-type: none"> 1. YOURx Plan (Medco) 	(800) 758-3605
Memberhealth, Inc. (Community Care Rx)	<ol style="list-style-type: none"> 1. Community Care Rx Basic 2. Community Care Rx Choice 3. Community Care Rx Gold 	(866) 684-5353
PacifiCare Life and Health Insurance Co.	<ol style="list-style-type: none"> 1. PacifiCare Saver Plan 2. PacifiCare Saver Plan 3. PacifiCare Saver Plan 	(800) 943-0399
SILVERSCRIPT Insurance Co.	<ol style="list-style-type: none"> 1. SilverScript 2. SilverScript Plus 	(866) 552-6106 (866) 235-4582
Unicare	<ol style="list-style-type: none"> 1. Unicare Medicare Rx Rewards 2. Unicare Medicare Rx Rewards 3. Unicare Medicare Rx Rewards 	(866) 892-5335
United Healthcare Insurance Co.	<ol style="list-style-type: none"> 1. AARP Medicare Rx Plan 2. United Medicare MedAdvance 	(888) 867-5564 (888) 566-6657
Wellcare Health Plans	<ol style="list-style-type: none"> 1. Wellcare Signature 2. Wellcare Complete 3. Wellcare Premier 	(888) 423-5252

* You can use these plans to get your prescription drugs in any of the 50 states. This may be important to you if you spend part of the year outside Connecticut.

IMPORTANT! The information in this chart is from Medicare.
Please contact the plan for more details!

CHOICES Hotline! 1-800-994-9422
January 1 – December 31, 2006 Medicare PDP Default Plans

PRESCRIPTION DRUG PLANS (PDPs) APPROVED TO RECEIVE AUTO-ENROLLED AND FACILITATED-ENROLLED DUAL ELIGIBLES, MSP RECIPIENTS AND FULL SUBSIDY EXTRA HELP RECIPIENTS (1)		
ORGANIZATION NAME	PLANS OFFERED	TELEPHONE
Anthem Blue Cross and Blue Shield	Blue Medicare Rx Option 1	(877) 479-2227
HealthNet	HealthNet Orange (both plans)	(800) 547-8734
Humana Inc.	Humana Standard Plan	(800) 851-1768
PacifiCare Life & Health Insurance Co.	PacifiCare Saver Plan	(800) 943-0399
Prescription Pathway	Prescription Pathway Bronze Plan	(800) 765-8900
SilverScript	SilverScript	(866) 552-6106
Unicare	Medicare RX Rewards	(866) 892-5335
United Healthcare Insurance Co.	1. AARP Medicare Rx Plan 2. United Medicare MedAdvance	(888) 867-5564 (888) 566-6657
WellCare	WellCare Signature	(888) 423-5252

(1) Dual eligibles (people who have Medicare and Medicaid), people who are on a Medicare Savings Program (QMB, SLMB or ALMB), SSI recipients who do not have Medicaid, and people who qualify for Extra Help, will be randomly assigned to one of the above plans if they do not select one on their own. Beneficiaries who enroll in - or are assigned to - one of these plans will not have to pay a monthly premium. Beneficiaries who join a plan other than one of the above may have to pay part of the premium.

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Please contact the plan for more details!