

Medicare Part D Exceptions and Appeals Process Informational Forum



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Introduction



Introduction

- Medicare Modernization Act of 2003 created prescription drug benefit
- More than 500,000 Medicare beneficiaries in CT
- DSS's priorities:
 - *Outreach, education for beneficiaries and providers*
 - *Assist ConnPACE clients in the transition into the Medicare Part D prescription drug program*
 - *Educate and assist other Medicare beneficiaries with the application and enrollment process*



Current Medicare Part D Statistics

# of Dual Eligibles Enrolled in Part D	62,871
# Enrolled in 'Enhanced" Plans	1,829
Estimated monthly Dual Premiums	\$38,000
# of Individuals Enrolled in ConnPACE	42,430
# Enrolled in Part D	40,688
Estimated monthly premium	\$500,000



Medicare Part D Connecticut Plan Comparison 2006-2007

	<u>2006</u>	<u>2007</u>
# of Plans	17	21
# of Plan options	44	51
# of benchmark plans	11	15
No deductible plans	28	31
Reduced deductible plans	3	4
Standard deductible plans	13	16
Generic drug coverage/gap	6	13
Generic/brand coverage/gap	1	2
Benchmark premium	\$30.27	\$27.35
Premium ranges	\$7.32-\$64.23	\$16.90-\$87.40
Standard deductible	\$250	\$265

2007 Medicare Part D Stand-Alone Prescription Drug Plans

Company Name	Plan Name	Benefit Type	Offers Variable Co-payments	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
Aetna Medicare	Aetna Medicare Rx Essentials	Basic	•	\$28.30	\$200	
Aetna Medicare	Aetna Medicare Rx Plus	Enhanced	•	\$42.60	\$0	
Aetna Medicare	Aetna Medicare Rx Premier	Enhanced	•	\$71.80	\$0	Generics
Anthem Blue Cross and Blue Shield	Blue MedicareRx Value	Basic	•	\$22.00	\$265	
Anthem Blue Cross and Blue Shield	Blue MedicareRx Value Plus	Enhanced	•	\$30.30	\$0	
Anthem Blue Cross and Blue Shield	Blue MedicareRx Premier	Enhanced	•	\$45.80	\$0	Generics
CIGNA HealthCare	CIGNATURE Rx Value Plan	Basic	•	\$21.10	\$265	
CIGNA HealthCare	CIGNATURE Rx Plus Plan	Enhanced	•	\$29.10	\$0	
CIGNA HealthCare	CIGNATURE Rx Complete Plan	Enhanced	•	\$39.10	\$0	Generics
Coventry AdvantraRx	AdvantraRx Value	Enhanced	•	\$24.10	\$0	
Coventry AdvantraRx	AdvantraRx Premier	Basic	•	\$35.00	\$0	
Coventry AdvantraRx	AdvantraRx Premier Plus	Enhanced	•	\$48.40	\$0	Generics & Preferred Brands
*EnvisionRx Plus	EnvisionRxPlus Standard	Basic		\$42.00	\$265	
*EnvisionRx Plus	EnvisionRxPlus Gold	Enhanced	•	\$60.50	\$0	Generics
*First Health Part D	First Health Premier	Basic	•	\$27.40	\$0	
*First Health Part D	First Health Select	Enhanced	•	\$39.80	\$0	Generics & Preferred Brands
Health Net	Health Net Orange Option 1	Basic	•	\$24.30	\$265	
Health Net	Health Net Orange Option 2	Basic	•	\$29.00	\$0	
Health Net	Health Net Orange Option 3	Enhanced	•	\$44.10	\$0	Generics
*HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan -Reg 2	Basic		\$24.70	\$265	
Humana Insurance Company	Humana PDP Standard S5884-061	Basic		\$16.90	\$265	
Humana Insurance Company	Humana PDP Enhanced S5884-002	Enhanced	•	\$25.80	\$0	
Humana Insurance Company	Humana PDP Complete S5884-031	Enhanced	•	\$87.40	\$0	Generics
Medco YOURx PLAN	Medco YOURx PLAN	Basic	•	\$35.40	\$100	
MEMBERHEALTH	Community Care Rx BASIC	Basic	•	\$27.20	\$265	
MEMBERHEALTH	Community Care Rx CHOICE	Enhanced	•	\$35.60	\$0	
MEMBERHEALTH	Community Care Rx GOLD	Enhanced	•	\$43.10	\$0	Generics

2007 Medicare Part D Stand-Alone Prescription Drug Plans, cont

Company Name	Plan Name	Benefit Type	Offers Variable Co-payments	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
*NMHC Group Solutions	NMHC Medicare PDP Gold	Basic	•	\$30.50	\$0	
Pennsylvania Life Insurance Company	Prescription Pathway Gold Plan Reg 2	Enhanced	•	\$23.20	\$0	
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 2	Basic		\$25.20	\$265	
Pennsylvania Life Insurance Company	Prescription Pathway Platinum Plan Reg 2	Enhanced	•	\$43.70	\$0	Generics
RxAmerica	Advantage Star Plan by RxAmerica	Basic	•	\$23.20	\$265	
RxAmerica	Advantage Freedom Plan by RxAmerica	Basic	•	\$27.90	\$265	
*SAMAScript	SAMAScript	Basic		\$45.20	\$265	
SilverScript	SilverScript	Basic	•	\$24.40	\$265	
SilverScript	SilverScript Plus	Enhanced	•	\$33.00	\$0	
SilverScript	SilverScript Complete	Enhanced	•	\$37.40	\$0	Generics
Sterling Prescription Drug Plan	Sterling Rx	Basic	•	\$27.00	\$100	
Sterling Prescription Drug Plan	Sterling Rx Plus	Enhanced	•	\$52.40	\$100	Generics
Unicare	MedicareRx Rewards Value	Basic	•	\$22.10	\$265	
Unicare	MedicareRx Rewards Premier	Enhanced	•	\$42.20	\$0	Generics
United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan	Basic		\$30.40	\$265	
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	Enhanced	•	\$39.80	\$0	
UnitedHealthcare	AARP MedicareRx Plan - Saver	Basic	•	\$18.50	\$265	
UnitedHealthcare	AARP MedicareRx Plan	Basic	•	\$26.30	\$0	
UnitedHealthcare	UnitedHealth Rx Basic	Basic	•	\$28.00	\$0	
UnitedHealthcare	UnitedHealth Rx Extended	Enhanced	•	\$41.10	\$0	
UnitedHealthcare	AARP MedicareRx Plan - Enhanced	Enhanced	•	\$43.80	\$0	Generics
WellCare	WellCare Classic	Basic	•	\$13.40	\$265	
WellCare	WellCare Signature	Basic	•	\$21.50	\$0	
WellCare	WellCare Complete	Enhanced	•	\$36.80	\$0	Generics

benchmark plan - \$0 Premium with Full Low-Income Subsidy
 extra coverage during gap * new 2007 plan

2006 & 2007 Comparison: Standard Costs and Out of Pocket (OOP) Thresholds



Standard Benefit: 2006	Standard Benefit: 2007
You pay the first \$250 (Deductible)	You pay the first \$265 (Deductible)
You pay 25% of the next \$2,000 (25% of \$2,000 = 500) (Initial Benefit Period)	You pay 25% of the next \$2,135 (25% of \$2,135 = \$533.75) (Initial Benefit Period)
Donut hole "threshold" = \$2,250 What you <u>and</u> the plan have spent (\$250 + \$2,000 = \$2,250)	Donut hole "threshold" = \$2,400 What you <u>and</u> the plan have spent (\$265 + \$2,135 = \$2,400)
You pay 100% of the next \$2,850 (The "donut hole")	You pay 100% of the next 3,051.25 (The "donut hole")
"Catastrophic Coverage" Begins after <u>you</u> have spent \$3,600 : Your out-of-pocket spending requirement (\$250 + \$500 + \$2850 = \$3,600) OR, put another way: Total spending (you <u>and</u> the plan) to trigger Catastrophic Coverage = \$5,100 (\$250 + \$2,000 + \$2,850 = \$5,100)	"Catastrophic Coverage" Begins after <u>you</u> have spent \$3,850 : Your out-of-pocket spending requirement (\$265 + \$533.75 + \$3051.25 = \$3,850) OR, put another way: Total spending (you <u>and</u> the plan) to trigger Catastrophic Coverage = \$5,451.25 (\$265 + \$2,135 + \$3051.25 = \$5,451.25)
Minimum cost-sharing in Catastrophic Coverage period: \$2 (generic); \$5 (brand)	Minimum cost-sharing in Catastrophic Coverage period: \$2.15 (generic); \$5.35 (brand)



Highlights of Activities

- Participated in the Medicare Modernization Act Workgroup
- Held “live” Medicare Part D “Town Hall Meeting”
- Created a Medicare Part D webpage:
www.ct.gov/medicarerx
- Produced a Medicare Part D DVD
- Obtained a Medicare Part D bus.
- To date: visited 67 towns, held 102 events, and had 2,000 visitors



Highlights of ConnPACE Initiatives

- Notified clients of low-income subsidy available from SSA
- Provided additional resources to respond to increased requests for assistance
- Helped facilitate enrollment into most appropriate PDP
- Provided top three PDP to ConnPACE clients for selection
- Ensured that clients received medications without interruption once Part D was implemented

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Our Partners



Our Partners

- State: DSS Pharmacy Unit, DSS Aging Services Division
- Federal : CMS, SSA



Our Partners

- Community, Advocacy and Other Entities:
 - *Area Agencies on Aging*
 - *Center for Medicare Advocacy*
 - *UConn School of Pharmacy*
 - *CT Pharmacists Assoc.*
 - *Infoline*
 - *NAMI – National Alliance on Mental Illness*
 - *AARP*
 - *United Seniors in Action*
 - *Pharmacists*
 - *Prescribers*
 - *Senior Centers*



Our Partners - CHOICES

- CHOICES Program: Key collaborator leading Part D outreach and enrollment efforts
- CHOICES partners: DSS Aging Services, CT's 5 AAAs, and Center for Medicare Advocacy
- CHOICES services: Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening services.



CHOICES Outreach Highlights

- How did CHOICES help?
 - CHOICES assisted 62,000 clients last year, including 40,000 with Medicare Part D issues and 21,000 with ConnPACE questions.
 - CHOICES gave nearly 1,000 presentations, held 185 Part D enrollment events, and participated in more than 80 radio and television shows.
- Coordinated the "Medicare Rx Express" bus and outreach calendar
- Developed and chaired the CT Medicare Modernization Act Workgroup
- Developed Part D informational materials
- Provided training to professionals in the community



CHOICES Outreach Highlights

- Took part in the CMS National Medicare Rx Bus Tour in conjunction with Congressional leaders
- Partnered with NAMI to conduct Medicare Part D educational trainings to various groups of mental illness advocates and NAMI participants
- Trained Infoline/211 staff to assist with enrollment on weekends and evenings
- Provided materials for a twenty-four page insert for the Hartford Courant
- Provided information leaflets to DSS Meals on Wheels recipients



UConn School of Pharmacy

- Approximately 160 UConn Pharmacy Students reviewed the drug regimens of approximately 16,000 ConnPACE beneficiaries
- Reviewed drug regimens for individuals taking 3-7 drugs and assisted with the reviews for individuals taking 8 or more medications
- Narrowed the choices from 44 options in CT to the three (3) plans that covered all or substantially all of their medications
- The partnership between the School of Pharmacy and the Department is believed to be the first of its kind nationally – students took 2nd place in a national Medicare D Outreach award



CT Pharmacists Association

- Approximately 40 Pharmacists entered into a contractual arrangement with the Department to provide drug regimen reviews for ConnPACE beneficiaries taking 8 or more medications
- More complex reviews were conducted
- Helped to identify the 3 plans that covered all or substantially all of their medications
- Individual pharmacists also assisted the UConn students with more complex reviews
- It was a beneficial partnership & received a number of inquiries from other states as well as kudos from the Center for Medicare & Medicaid Services (CMS)



Center for Medicare Advocacy (CMA)

- CMA works to increase access to comprehensive Medicare coverage and excellent health care for elders and people with disabilities
- Provides the highest quality analysis, education and advocacy
- Responds to over 6,000 calls annually from elders, people with disabilities & their families/support networks
- Provides education to help secure access to a full set of health benefits and services, including prescription drugs
- Provides legal training/support to CHOICES and the National MS Society

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Medicare Part D Non-Formulary Exception Review Process

OVERVIEW

- Per Section 13 of Public Act 06-188, DSS is implementing a new Medicare Part D non-formulary Exception Review Process
- The Part D plan Exception/Appeals process is not being utilized to it's fullest & we need to make sure that plans pay for medically necessary non-formulary drugs
- DSS has been paying for Medicare Part D non-formulary drugs and payment for non-formulary drugs has exceeded the available appropriation
- A plan of action has been established by the Department to significantly reduce these non-formulary prescription drug costs, that should be picked up by the Part D plan
- The goal is to help educate prescribers on the formulary options they have available within each of the Medicare Part D plans



OVERVIEW

- Non-formulary drug coverage will continue by the Department, until the Medicare Part D plan has made a final decision
- The Medicare Part D Exception process will be the responsibility of the Department from start to finish,
- The process established will be seamless to the beneficiary



DSS Exception/Review Process

- On a weekly basis Pharmacy Technicians will review Medicare Part D non-formulary claims paid by the Department from the prior week
- These claims will come from a report produced by EDS that will include the following information:
 - *Beneficiary*
 - *Claim number*
 - *Medication dispensed (name, dosage)*
 - *Primary insurance carrier*
 - *Prescriber (name, telephone number)*
 - *Dispensing pharmacy*



Upon receiving the report, Pharmacy Technicians will begin the process

- **Step 1** – *review the Medicare Part D formulary*
- **Step 2** – *contact the prescriber to educate/discuss formulary options and exception review process*
- **Step 3** – *fax information being discussed*
 - *Client name, non-formulary medication, formulary medication alternatives, a brief explanation and available options*



The process continues

- **Step 4** – Prescriber options:

(a) – prescriber wishes to change to a formulary drug, DSS Pharmacy Technicians complete paperwork for his/her signature and mail a notice to the beneficiary

(b) – if the prescriber wishes to file an exception with the Part D plan, DSS Pharmacy Technicians complete appropriate paperwork, obtain prescriber's signature and fax to the Medicare Part D plan

- **Step 5** – Medicare Part D plan will notify DSS Pharmacy Technicians of any decision made within 24 to 72 hours

DSS Pharmacy Technicians will follow-up with the plan (if necessary) after one week



The process continues

- ***Step 6***

(a) if the plan agrees to cover the non-formulary drug, DSS Pharmacy Technicians will obtain a signature from the plan and provide a copy to the prescriber

(b) If the plan does not agree to cover the non-formulary drug, DSS will begin Medicare Part D appeal process



How will this Impact the Prescriber and Pharmacist ?

- Pharmacists must continue to submit claims directly to the Part D plans as they do today
- When a drug is a non-formulary/non-covered drug, the Part D plan provides a 'rejection' code to the pharmacist
- At that time, the pharmacist bills the state (as secondary payor for the beneficiary) – as is done today, the rejection code must be passed along to the state in order for the state to continue payment
- A 30 day initial supply will be approved for coverage on this initial prescription



In summary.....

- DSS Pharmacy technicians will serve as the “liaison” between prescriber, Medicare Part D plan, and the department.
- Through this process, DSS will continue to cover Medicare Part D non-formulary drugs until a PDP decision has been rendered
- The Process will be seamless to the beneficiary, most will not even know these actions on their behalf are transpiring.
- With the Department continuing to pay for the non-formulary drugs, it is critical that the Department initiate and follow through the entire process.
- Pharmacy technicians will complete most of the required information so not to further inconvenience prescriber and to facilitate positive participation



Connecticut Department of Social Services

Medicare Part D Non-Formulary Medication Change Request
For Physician Authorization



Physician Name: _____ Patient Name: _____

Physician Fax: _____ Patient Date of Birth: _____

This is a request from the State of Connecticut Department of Social Services regarding the above patient's medication and whether a change to a formulary medication on his/her Medicare Part D Prescription Drug Plan is appropriate. Please consider an alternative from the list below.

Current Non-Formulary Medication: _____

Formulary Medication: _____

Formulary Medication: _____

Formulary Medication: _____

Formulary Medication: _____

Prescriber Formulary Drug choice: _____

By signing below, the physician agrees to change the patient's medication to one of the above listed formulary medication(s), and to write or call a new prescription into the pharmacy for the client.

Physician Signature: _____ **Date:** _____

Decline Change: _____ **Date:** _____

(Please Note: By declining, the Department will follow-up with the appropriate forms necessary to file an Exception Request to the Medicare Part D Plan on behalf of the above patient)

Neither a change nor exception is necessary because the patient is no longer taking this medication:

UPON COMPLETION, PLEASE RETURN VIA FAX TO:

DSS, Pharmacy Unit

(860) 951-9544

The fax machine is in a secured location as required by HIPAA regulations.

Any questions, please call the Department of Social Services – Pharmacy Unit (860) 424-5180

Cover Letter A



Connecticut Department of Social Services

Medicare Part D Non-Formulary Exception Request For Physician Authorization

Physician Name: _____

Physician Fax Number: _____

Patient Name: _____

Patient Date of Birth: _____

Please complete the following form and fax it back to the State of Connecticut Department of Social Services at (860) 951-9544.

This is an exception request for a Medicare Part D drug that is Non-Formulary on its this patients' Medicare Part D Prescription Drug Plan (PDP) _____.

The State of Connecticut is currently paying for the cost for non-formulary medication and is making every effort to shift the medication cost to the primary payer, the Medicare Part D PDP.

Please complete the missing information on the attached form, fax it back to us, and we will complete the process in order to take the burden off of you.

The patient is no longer taking the medication indicated

Thank you for your cooperation.

**UPON COMPLETION, PLEASE RETURN VIA FAX TO:
(860) 951-9544**

The fax machine is in a secured location as required by HIPAA regulations.

Any questions, please call the Connecticut Department of Social Services-Pharmacy Unit
at: (860) 424-5150, option #5

Cover Letter B



Connecticut Department of Social Services

Medicare Part D Non-Formulary Exception Request

For Department Submission to the Medicare Part D Plan

Medicare Part D Plan: _____

Plan Fax #: _____

Patient Name: _____

Patient Address: _____

SSN/PLAN ID: _____

**The following is a request from the physician for an exception
for the following non-formulary medication for the above
named individual:**

Non-formulary medication: _____

Attached is the completed universal exception form

**UPON DECISION, PLEASE RETURN VIA FAX TO:
(860) 951-9544**

The fax machine is in a secured location as required by HIPAA regulations.

**Any questions, please call the Connecticut Department of Social Services-
Pharmacy Unit at: (860) 424-5150, option #5**

Cover Letter C



Plan Name _____
 Phone # _____
 Fax # _____

Medicare Part D Coverage Determination Request Form

This form **cannot** be used to request:

- > Medicare non-covered drugs, including barbiturates, benzodiazepines, fertility drugs, drugs prescribed for weight loss, weight gain or hair growth, over-the-counter drugs, or prescription vitamins (except prenatal vitamins and fluoride preparations).
- > Biotech or other specialty drugs for which drug-specific forms are required. [See <Part D plan website.>] OR [See links to plan websites at http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp]

Patient Information		Prescriber Information		
Patient Name:		Prescriber Name:		
Member ID#:		NPI# (if available):		
Address:		Address:		
City:	State:	City:	State:	
Home Phone:	Zip:	Office Phone #:	Office Fax #:	Zip:
Sex (circle):	M F	DOB:	Contact Person:	

Diagnosis and Medical Information				
Medication:		Strength and Route of Administration:		Frequency:
<input type="checkbox"/> New Prescription OR Date Therapy Initiated:		Expected Length of Therapy:		Qty:
Height/Weight:	Drug Allergies:		Diagnosis:	
Prescriber's Signature:				Date:

Rationale for Exception Request or Prior Authorization FORM CANNOT BE PROCESSED WITHOUT REQUIRED EXPLANATION	
<input type="checkbox"/> Alternate drug(s) contraindicated or previously tried, but with adverse outcome (eg, toxicity, allergy, or therapeutic failure) → Specify below: (1) Drug(s) contraindicated or tried; (2) adverse outcome for each; (3) if therapeutic failure, length of therapy on each drug(s);	
<input type="checkbox"/> Complex patient with one or more chronic conditions (including, for example, psychiatric condition, diabetes) is stable on current drug(s); high risk of significant adverse clinical outcome with medication change → Specify below: Anticipated significant adverse clinical outcome	
<input type="checkbox"/> Medical need for different dosage form and/or higher dosage → Specify below: (1) Dosage form(s) and/or dosage(s) tried; (2) explain medical reason	
<input type="checkbox"/> Request for formulary tier exception → Specify below: (1) Formulary or preferred drugs contraindicated or tried and failed, or tried and not as effective as requested drug; (2) if therapeutic failure, length of therapy on each drug and adverse outcome; (3) if not as effective, length of therapy on each drug and outcome	
<input type="checkbox"/> Other: _____ → Explain below	
REQUIRED EXPLANATION: _____ _____ _____	

Request for Expedited Review
<input type="checkbox"/> REQUEST FOR EXPEDITED REVIEW [24 HOURS] → BY CHECKING THIS BOX AND SIGNING ABOVE, I CERTIFY THAT APPLYING THE 72 HOUR STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.



For Questions/Assistance

◆ CMS

- www.medicare.gov
- 1-800-MEDICARE (1-800-633-4227)

◆ Center for Medicare Advocacy

- www.medicareadvocacy.org
- 1-800-262-4414

◆ CHOICES

- 1-800-994-9422

◆ ConnPACE

- www.connpace.com
- 1-800-423-5026
- (860) 823-9265 (Hartford Area)

◆ Social Security Administration

- www.ssa.gov
- 1-800-772-1213



DSS CONTACT INFORMATION

DSS Pharmacy Manager:

Evelyn Dudley (860) 424-5654

DSS Pharmacist:

Emily Piddock (860) 424-5813

Pharmacy Technicians:

Christine Buczynski (860) 424-5180

Christine O'leary (860) 424-5865

Rajesh Shah (860) 424-5865



Medicare Part D Contact Information

Aetna

1-800-445-1796

- Aetna Medicare Rx Essentials
- Aetna Medicare Rx Plus
- Aetna Medicare Rx Premier Plus

Anthem Blue Cross and Blue Shield

1-877-479-2227

- Blue Medicare Rx Value
- Blue Medicare Rx Value Plus
- Blue Medicare Rx Premier

CIGNA Healthcare

1-800-735-1459

Signature Rx Value Plus
Signature Rx Plus Plan
Signature Rx Complete Plan



Medicare Part D Contact Information

Coventry Advantra Rx

1-800-882-3822

- AdvantraRx Value
- AdvantraRx Premier
- AdvantraRx Premier Plus

EnvisionRx Plus *

1-866-250-2005

- Envision Rx Plus Standard
- Envision Rx Plus Gold

First Health Part D *

1-800-588-3322

- First Health Premier
- First Health Select

HealthNet

1-800-606-3604

- HealthNet Orange Option 1
- HealthNet Orange Option 2
- HealthNet Orange Option 3



Medicare Part D Contact Information

HealthSpring

Prescription Drug Plan * 1-888-802-2415

- HealthSpring Prescription Drug Plan-Reg 2

Humana Insurance Company 1-800-706-0872

- Humana PDP Standard
- Humana PDP Enhanced
- Humana PDP Complete

Medco YOURx PLAN 1-800-758-3605

- Medco YOURx Plan

MEMBERHEALTH 1-866-684-5353

- Community Care Rx BASIC
- Community Care Rx CHOICE
- Community Care Rx GOLD



Medicare Part D Contact Information

NMHC Group Solutions *

1-866-443-1095

- NMHC Medicare PDP Gold

Pennsylvania Life Insurance Co.

1-800-978-9500

- Prescription Pathway Gold Plan
- Prescription Pathway Bronze Plan
- Prescription Pathway Platinum Plan

RxAmerica

1-877-279-0370

- Advantage Star Plan by RxAmerica
- Advantage Freedom Plan by RxAmerica

SAMAScript *

1-800-605-9208

- SAMAScript

* denotes new plan for 2007



Medicare Part D Contact Information

Silver Script

1-866-552-6106

- SilverScript
- SilverScript Plus
- SilverScript Complete

Sterling Prescription Drug Plan

1-888-909-1713

- Sterling Rx
- Sterling Rx Plus

Unicare

1-866-892-5335

- Medicare Rx Rewards Value
- Medicare Rx Rewards Premier

United American

Insurance Company

1-866-524-4169

- UA Medicare Part D Rx Coverage-Silver Plan
- UA Medicare Part D Prescription Drug Coverage



Medicare Part D Contact Information

United Healthcare

- AARP Medicare Rx Plan-Saver
- AARP Medicare Rx Plan
- UnitedHealth Rx Basic
- UnitedHealth Rx Extended

1-800-745-0922

1-888-867-5561

1-888-867-5564

AARP Medicare Rx Plan-Enhanced WellCare

- WellCare Classic
- WellCare Signature
- WellCare Complete

1-888-423-5252

* denotes new plan for 2007

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Thank you