

## Medicare Prescription Drug Coverage - "Choosing the Plan that's Right for You!"



LOCAL HELP FOR PEOPLE WITH MEDICARE



## Annual Coordinated Election Period CHOICES Enrollment Guide

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Medicare Prescription Drug Coverage, also called Part D or Medicare Rx, began in 2006 and is available to everyone who has Medicare Part A and/or Part B. It is designed to help pay for the cost of outpatient prescription drugs, insulin, vaccines, and "stop smoking" drugs. Even if you already have existing prescription drug insurance, you need to know about this program in order to make the best decision for your prescription drug needs.

- You won't get Medicare Rx coverage directly from Medicare. Instead, you have to buy it from private, Medicare-approved, companies that sell Medicare Rx coverage either through a stand alone **Part D Plan (PDP)** or a **Medicare Advantage Prescription Drug Plan (MAPD)**.
  - **PDPs** – Only provide prescription drug coverage and do not cover other medical needs like hospital and medical care. You may want to consider a PDP if you have a "Medigap" policy that covers hospital and medical care.
    - 30 Medicare-approved PDPs available in Connecticut for 2012
  - **MAPDs** – Are an alternative way to receive all of your Medicare benefits. these plans are privately managed healthcare plans (HMOs and PPOs) paid by Medicare to provide enrolled beneficiaries with all of their Medicare benefits - prescription drug coverage and hospital and medical coverage - together in one plan.
    - 15 Medicare-approved MAPDs available in Connecticut for 2012
    - There are also 2 Medicare Advantage plans that do not provide Rx coverage (**MA-Only**) and provide an alternative way of receiving one's Medicare A and B benefits. These MA-Only plans are ideal for individuals with creditable Rx coverage through, for example, the Veterans' Administration who do not wish to enroll in Medicare Rx coverage at this time. More information on "creditable coverage" can be found in the section *Who Should Enroll in Medicare Rx Plan?*
  - **SNPs (Special Needs Plans)** – In 2012 there will be 2 SNPs available in Connecticut. SNPs are plans specifically designed to provide coverage for a category of beneficiaries such as chronic disease, Dual Eligible (Medicare and Medicaid eligible), or those in a skilled nursing facility. The SNPs in Connecticut for 2012 will be available to Dual Eligible individuals.
- In addition to the PDPs and MA-PDs, some employer-sponsored and union-sponsored retirement health plans also offer Part D coverage.

## **WHO SHOULD YOU ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN?**

- For most people, enrollment is voluntary, beneficiaries are not *required* to sign up for the coverage. However, if you don't enroll when you're first eligible, you very well could be assessed a "Late Enrollment Penalty" if/when you decide to enroll in the future. This penalty includes a higher monthly premium and a delay in the ability to enroll in coverage during an open enrollment period. For details on the Late Enrollment Period and how it could effect you, contact CHOICES at 1-800-994-9422.
- 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 drug coverage is "creditable" (as good or better than Medicare), then you may not want to join a Medicare Rx plan at this time. As long as you have creditable drug coverage you will not be penalized for not enrolling in a Medicare Rx plan. Contact your plan administrator to inquire if your current drug coverage is considered creditable.
- If cost is a concern, there are programs that help with the cost of Medicare and Medicare Rx coverage for those who qualify! Contact the CHOICES Program at 1-800-994-9422 for assistance and to see if your income and assets may qualify you for Extra Help or a Medicare Savings Program to help you pay for premiums, deductibles and co-pays. If you qualify for any of these programs you may not have monthly premiums or deductibles and your co-pays may be as low as \$2.60 (generic) or \$6.30 (brand name).

### **\*\* NOTE FOR INDIVIDUALS WITH MEDICAID, EXTRA HELP, OR A MEDICARE SAVINGS PROGRAM (QMB, SLMB, OR ALMB) \*\***

**As a recipient of these benefits you are required to have Medicare Rx coverage either through a PDP or an MAPD. If you have not enrolled in such coverage, Medicare will randomly select and enroll you in a standard "benchmark" plan. There is no guarantee that all of your medications will be covered by the randomly selected benchmark plan and you will be responsible for the full cost of such medications. CHOICES strongly recommends you have a drug screen completed to ensure you enroll in the plan that best covers your medications needs. As a recipient of the above assistance programs, you are also entitled to a Special Enrollment Period (SEP) that allows you to change your PDP or MAPD plan throughout the calendar year.**

**If you have *creditable* coverage through the VA or a group plan and choose not to enroll in Medicare Rx coverage at this time, you must contact 1-800-MEDICARE and request to "Opt Out of Medicare Rx Coverage". In the future you can always opt back in to the coverage if you so decide.**

## **ABOUT THE PLANS?**

- Each plan has its own monthly premium, deductible, and co-pay structure for the medications it covers.
- Each plan offers its own selection of drugs it will cover, called a “formulary”. If a medication is not on the plan’s formulary it is “non-formulary” and you will be responsible for the full cost of the medication. **It’s important to select your plan carefully, especially because your coverage will be limited to the drugs on your chosen plan’s formulary.** To ensure you get the most out of your Medicare Rx coverage, it is important to screen your medications and find the plan that will best cover your individual Rx needs!
  - Everyone who has Medicare Part A and/or Part B has the opportunity to change their Medicare Rx plan or join the program for the first time during the Annual Coordinated Election Period (ACEP) each year between October 15<sup>th</sup> – December 7<sup>th</sup>.
- Plans may have restrictions on certain medications that could include Quantity Limits, Step Therapy or Prior Authorization. These restrictions may affect how your medications are covered and should be a consideration when reviewing your plan options for the following year.

### **The purpose of this Guide is to:**

- (1) Help you decide if you should enroll in Medicare Rx coverage
- (2) Provide an overview of the various plan options available to you
- (3) Provide you with basic plan information to assist in the process of selecting a plan in which to enroll.

## **STEPS TO HELP YOU PICK A PLAN?**

If you are taking medications, it is in your best interest to find a plan that will provide you with the best coverage for those medications. Remember, every plan has its own list of medications it will cover (formulary). If a medication is non-formulary, you will be responsible for the full cost of the medication at the pharmacy. [www.Medicare.gov](http://www.Medicare.gov) has a tool called the “Plan Finder” that allows the comparison of available plans based on your individual Rx needs.

- Step 1. \_\_\_ If you have existing prescription insurance, find out if it’s “creditable”. (Your insurance company must send you this information.)
- Step 2. \_\_\_ Make a list of all the prescription drugs you take. Write the name exactly as it appears on your Rx bottle. If you are taking a brand name medication, you want to be sure the screen includes the brand name drug and not the generic version (note: you can discuss with your prescribing physician the possibility of taking generic medications, which may provide some cost savings to you). Be sure to include the dosage you take and the quantity you get each month.

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Step 3. \_\_\_ If costs are a major concern, find out if you qualify for Extra Help or a Medicare Savings Program. 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.

Step 4. \_\_\_ Think about what features or benefits are most important to you in a prescription drug plan. For Example: 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 only a few low-cost medications? If so, a less expensive plan may be adequate. Do you take many or costly medications? If so, maybe an enhanced plan would better suit your needs and be well worth the additional premium dollars.

Step 5. \_\_\_ Finally, don't be afraid to ask questions to find the best plan for your needs. Questions like:

- How much is the monthly premium? (Rx Premiums in CT range from \$0 to approximately \$100.80 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. For example: Tiers 1-6 in some instances, and in others they are called generic drug, value generic drug, preferred brand drug, non-preferred brand drug, specialty drugs, and injectibles. **All tiers are not created equal.** Two plans could cover the same drug but one plan could place it at Tier 1 & the other at Tier 3 causing significant cost differences!
- 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 & accepted at your pharmacy? Does it offer mail order & if so - is it more expensive?
- Is there a gap in coverage? Are co-pays higher during the coverage gap?
- Does the plan also offer hospital and medical coverage? This would then be a MAPD plan rather than a stand alone Medicare Rx plan.
- 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 individual situation. The bottom line is that you want to be sure the best coverage based on your individual prescription drug needs! Contact CHOICES at 1-800-994-9422 for assistance.

On the following pages you will find general information about the PDPs and MA-PD plans available 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 the first time or make a change of plans, do so by Dec. 7<sup>th</sup>, 2011 so your coverage will take effect as of January 1, 2012.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

## HOW TO ENROLL IN A PLAN

There are a number of ways you can enroll in a plan! You can:

1. Call CHOICES at 1-800-994-9422 to speak to a CHOICES counselor who will take you step by step through the process, and enroll you over the phone.
2. Call the plan of your choice directly. Plan phone numbers are listed on the following pages for your convenience. You can also go to the plans' web sites.
3. Call Medicare (1-800-MEDICARE) and tell them you've made a decision and want to enroll in a Medicare Rx plan for 2012.
4. Visit [www.medicare.gov](http://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 best cover the medications you currently take. You can also use the "Plan Finder" tool to enroll in the plan of your choice on-line.

You can also get more information from these on-line sources:

- **State of CT Department of Social Services:** [www.ct.gov/medicarerw](http://www.ct.gov/medicarerw)
- **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)

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.



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This publication is not a legal document. The official Medicare provisions are contained in the relevant laws, regulations and rulings.

Call for further assistance 1-800-994-9422. TDD/TTY users call 1-800-842-4524.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2012 Connecticut Medicare Rx PDPs(1)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>Aetna Medicare (S5810)</b>	<b>Aetna CVS/pharmacy Prescription Drug Plan (036)</b>	<b>Members:</b> 1-877-238-6211  <b>Non Members:</b> 1-800-832-2640	<b>YES</b>	<b>\$26.00</b>	<b>\$320</b>	<b>\$0.00</b>			<b>2.5 STARS</b>
	Aetna Medicare Rx Premier (172)	<b>TTY/TDD:</b> 1-888-760-4747	YES	\$91.90	\$0	\$59.90	YES	Many Generics	2.5 STARS
<b>Blue MedicareRx (S2893)</b>	Blue MedicareRx Premier (003)	<b>Members:</b> 1-888-543-4917  <b>Non Members:</b> 1-877-479-2227		\$104.90	\$0	\$72.90	YES	Many Generics	3.5 STARS
	Blue MedicareRx Value Plus (001)	<b>TTY/TDD</b> 1-866-236-1069		\$40.70	\$95	\$8.70			3.5 STARS
<b>Bravo Health (S5998)</b>	BravoRx (015)	<b>Members:</b> 1-877-504-7252  <b>Non Members:</b> 1-800-723-9209	YES	\$34.20	\$320	\$2.20			2.5 STARS
<b>CIGNA Medicare Rx (S5617)</b>	<b>CIGNA Medicare Rx Plan One (008)</b>	<b>Members:</b> 1-800-222-6700  <b>Non Members:</b> 1-800-735-1459	<b>YES</b>	<b>\$30.60</b>	<b>\$320</b>	<b>\$0.00</b>			<b>2.5 STARS</b>
	CIGNA Medicare Rx Plan Two (172)	<b>TTY/TDD:</b> 1-800-322-1452	YES	\$67.80	\$0	\$35.80	YES	Few Generics	2.5 STARS

(1)PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare. (2) Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: “All”: 100% of formulary drugs are covered through the gap, “Many”: ≥65% to <100% of formulary drugs are covered through the gap, “Some”: ≥10% to <65 % of formulary drugs are covered through the gap, “Few”: >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), “No Gap Coverage”: 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit). **Continue...**

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**January 1 – December 31, 2012 Connecticut Medicare Rx PDPs(1)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>Community CCRx PDP (S5803)</b>	<b>Community CCRx Basic (071)</b>	<b>Members:</b> 1-866-684-5353  <b>Non Members:</b> 1-866-423-5040	<b>YES</b>	<b>\$31.50</b>	<b>\$320</b>	<b>\$0.00</b>			<b>3 STARS</b>
	Community CCRx Choice (139)	<b>TTY/TDD:</b> 1-866-684-5351	YES	\$83.10	\$0	\$51.10			3 STARS
<b>EnvisionRx Plus (S7694)</b>	EnvisionRxPlus Silver (002)	<b>Members:</b> 1-866-250-2005  <b>Non Members:</b> 1-866-250-2005	YES	\$33.40	\$320	\$1.40			2.5 STARS
	Rite Aid/EnvisionRxPlus (073)		YES	\$65.80	\$0	\$35.20	YES	Some Generics	2.5 STARS
<b>First Health Part D (S5768)</b>	First Health Part D Value Plus (126)	<b>Members:</b> 1-866-865-0662  <b>Non Members:</b> 1-800-882-3822	YES	\$25.80	\$0	\$20.60			2.5 STARS
	<b>First Health Part D Premier (038)</b>		<b>YES</b>	<b>\$30.10</b>	<b>\$250</b>	<b>\$0.00</b>			<b>2.5 STARS</b>
<b>First Health Part D (S5674)</b>	First Health Part D Premier Plus (011)	<b>Members:</b> 1-866-823-5178  <b>Non Members:</b> 1-800-882-3822	YES	\$92.20	\$0	\$60.20	YES	Some Generics and Some Brands	3 STARS

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**January 1 – December 31, 2012 Connecticut Medicare Rx PDPs(1)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>Health Net (S5678)</b>	<b>Health Net Orange Option 1 (004)</b>	<b>Members:</b> 1-800-806-8811  <b>Non Members:</b> 1-800-865-9431		<b>\$33.60</b>	<b>\$320</b>	<b>\$0.00</b>			<b>3 STARS</b>
	Health Net Orange Option 2 (010)	<b>TTY/TDD:</b> 1-800-929-9955		\$87.30	\$0	\$55.30			3 STARS
<b>HealthSpring Prescription Drug Plan (S5932)</b>	<b>HealthSpring Prescription Drug Plan -Reg 2 (003)</b>	<b>Members:</b> 1-615-291-7024  <b>Non Members:</b> 1-615-291-7024	<b>YES</b>	<b>\$33.90</b>	<b>\$320</b>	<b>\$0.00</b>			<b>2.5 STARS</b>
<b>Humana Insurance Company (S5884)</b>	Humana Complete (031)	<b>Members:</b> 1-800-281-6918  <b>Non Members:</b> 1-800-706-0872	YES	\$110.20	\$0	\$78.20	YES	Many Generics and Some Brands	3 STARS
	Humana Enhanced (002)		YES	\$38.90	\$0	\$8.80			3 STARS
	<b>Humana Walmart-Preferred Rx Plan (102)</b>		<b>YES</b>	<b>\$15.10</b>	<b>\$320</b>	<b>\$0.00</b>			<b>3 STARS</b>

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**January 1 – December 31, 2012 Connecticut Medicare Rx PDPs(1)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>Medco Medicare Prescription Plan (S5660)</b>	Medco Medicare Prescription Plan - Value (105)	<b>Members:</b> 1-800-758-4574 <b>Non Members:</b> 1-800-758-3605 <b>TTY/TDD:</b> 1-800-716-3231	YES	\$42.40	\$320	\$10.40			4 STARS
SilverScript Insurance Company (S5601)	CVS Caremark Plus (005)	<b>Members:</b> 1-866-235-5660 <b>Non Members:</b> 1-866-552-6106	YES	\$85.20	\$0	\$53.20			3 STARS
	<b>CVS Caremark Value (004)</b>	<b>TTY/TDD:</b> 1-866-552-6288	<b>YES</b>	<b>\$30.70</b>	<b>\$320</b>	<b>\$0.00</b>			<b>3 STARS</b>
UniCare (S5960)	MedicareRx Rewards Standard (108)	<b>Members:</b> 1-800-928-6201 <b>Non Members:</b> 1-877-541-7382 <b>TTY/TDD:</b> 1-800-241-6894	YES	\$40.50	\$320	\$8.50			2 STARS
United American Insurance Company (S5755)	United American - Preferred (006)	<b>Members:</b> 1-866-524-4169 <b>Non Members:</b> 1-866-524-4169	YES	\$45.20	\$140	\$13.20			2.5 STARS
	<b>United American - Select (074)</b>	<b>TTY/TDD:</b> 1-866-524-4170	<b>YES</b>	<b>\$31.90</b>	<b>\$320</b>	<b>\$0.00</b>			<b>2.5 STARS</b>

(1)PDPs are stand alone Prescription Drug Plans that offer only prescription drug coverage. These plans are available for people with Traditional Medicare.

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**January 1 – December 31, 2012 Connecticut Medicare Rx PDPs(1)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME (ID)	TELEPHONE	NATIONAL PDP?	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PREMIUM WITH FULL SUBSIDY EXTRA HELP	COVERAGE IN THE GAP	Type of Extra Coverage in the Gap(2)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>UnitedHealthcare (S5820)</b>	AARP MedicareRx Preferred (002)	<b>Members:</b> 1-888-867-5575 <b>Non Members:</b> 1-888-867-5564	YES	\$37.00	\$0	\$5.00			<b>3 STARS</b>
<b>UnitedHealthcare (S5921)</b>	AARP MedicareRx Enhanced (183)	<b>Members:</b> 1-888-867-5575 <b>Non Members:</b> 1-888-867-5563	YES	\$85.30	\$0	\$53.30	YES	Some Generics	<b>3 STARS</b>
<b>WellCare (S5967)</b>	<b>WellCare Classic (139)</b>	<b>Members:</b> 1-888-550-5252 <b>Non Members:</b> 1-888-293-5151		<b>\$33.70</b>	<b>\$320</b>	<b>\$0.00</b>			<b>3.5 STARS</b>
	WellCare Signature (036)	<b>TTY/TDD:</b> 1-888-816-5252		\$55.90	\$0	\$36.40			3.5 STARS

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**January 1 – December 31, 2012 Connecticut Medicare Rx BENCHMARK PLANS(3)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME* (ID)	TELEPHONE	MONTHLY PREMIUM without Extra Help Subsidy	PREMIUM WITH FULL SUBSIDY EXTRA HELP	Part D Premium Obligation with 75% Premium Assistance	Part D Premium Obligation with 50% Premium Assistance	Part D Premium Obligation with 25% Premium Assistance	RATING (OUT OF 5 STARS) AS OF 10/12/2011
Aetna Medicare (S5810)	Aetna CVS/pharmacy Prescription Drug Plan* (036)	Members: 1-877-238-6211 Non Members: 1-800-832-2640 TTY/TDD: 1-888-760-4747	\$26.00	\$0.00	\$6.50	\$13.00	\$19.50	2.5 STARS
<b>CIGNA Medicare Rx (S5617)</b>	<b>CIGNA Medicare Rx Plan One* (008)</b>	<b>Members: 1-800-222-6700 Non Members: 1-800-735-1459 TTY/TDD: 1-800-322-1453</b>	<b>\$30.60</b>	<b>\$0.00</b>	<b>\$7.60</b>	<b>\$15.30</b>	<b>\$22.90</b>	<b>2.5 STARS</b>
Community CCRx PDP (S5803)	Community CCRx Basic* (071)	Members: 1-866-684-5353 Non Members: 1-866-423-5040 TTY/TDD: 1-866-684-5351	\$31.50	\$0.00	\$7.90	\$15.70	\$23.60	3 STARS
<b>First Health Part D (S5768)</b>	<b>First Health Part D Premier* (038)</b>	<b>Members: 1-866-865-0662 Non Members: 1-800-882-3823</b>	<b>\$30.10</b>	<b>\$0.00</b>	<b>\$7.50</b>	<b>\$15.00</b>	<b>\$22.60</b>	<b>2.5 STARS</b>
Health Net (S5678)	Health Net Orange Option 1 (004)	Members: 1-800-806-8811 Non Members: 1-800-865-9431 TTY/TDD: 1-800-929-9955	\$33.60	\$0.00	\$9.60	\$17.60	\$25.60	3 STARS
<b>HealthSpring Prescription Drug Plan (S5932)</b>	<b>HealthSpring Prescription Drug Plan -Reg 2* (003)</b>	<b>Members: 1-615-291-7024 Non Members: 1-615-291-7024</b>	<b>\$33.90</b>	<b>\$0.00</b>	<b>\$9.90</b>	<b>\$17.90</b>	<b>\$25.90</b>	<b>2.5 STARS</b>
Humana Insurance Company (S5884)	Humana Walmart-Preferred Rx Plan* (102)	Members: 1-800-281-6918 Non Members: 1-800-706-0874	\$15.10	\$0.00	\$3.80	\$7.50	\$11.30	3 STARS
<b>SilverScript Insurance Company (S5601)</b>	<b>CVS Caremark Value* (004)</b>	<b>Members: 1-866-235-5660 Non Members: 1-866-552-6106 TTY/TDD: 1-866-552-6289</b>	<b>\$30.70</b>	<b>\$0.00</b>	<b>\$7.70</b>	<b>\$15.30</b>	<b>\$23.00</b>	<b>3 STARS</b>
United American Insurance Company (S5755)	United American - Select* (074)	Members: 1-866-524-4169 Non Members: 1-866-524-4169 TTY/TDD: 1-866-524-4171	\$31.90	\$0.00	\$8.00	\$15.90	\$23.90	2.5 STARS
<b>WellCare (S5967)</b>	<b>WellCare Classic (139)</b>	<b>Members: 1-888-550-5252 Non Members: 1-888-293-5151 TTY/TDD: 1-888-816-5252</b>	<b>\$33.70</b>	<b>\$0.00</b>	<b>\$9.70</b>	<b>\$17.70</b>	<b>\$25.70</b>	<b>3.5 STARS</b>

(\*)Indicates a plan that provides national coverage, ideal for those that travel outside of the state. (3)“Benchmark” plans are those that offer basic benefits and have premiums at or below the national average premium. Beneficiaries who receive Medicaid, a Medicare Savings Program, SSI or Extra Help will randomly be assigned to one of the above Benchmark plan if they do not select on on their own. Beneficiaries enrolled in one of these plans will not have a monthly premium for their coverage and will enjoy low co-pays for formulary medications year-round regardless of what plan (benchmark or otherwise) they are enrolled in.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2012 Connecticut Medicare Rx MAPDs(4)**

**CHOICES Hotline! – 1-800-994-9422**

~ All MAPD plans currently offer national in-network pharmacy coverage ~

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some Dental (D) Vision (V) Hearing (H) Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
Aetna Medicare (H5793)	Aetna Medicare Value Plan - HMO (001)	Fairfield, Hartford, Litchfield, New Haven	<b>Members:</b> 1-800-282-5366	\$0.00	\$0.00	\$0		<b>DENTAL VISION HEARING</b>	\$6,700	<b>3.5 STARS</b>
	Aetna Medicare Standard Plan - HMO (008)		<b>Non Members:</b> 1-800-832-2640	\$94.00	\$72.20	\$0	Many Generics	DENTAL VISION HEARING	\$3,400	3.5 STARS
Aetna Medicare (H5521)	Aetna Medicare Standard Plan - PPO (013)		<b>TTY/TDD:</b> 1-888-760-4748	\$87.00	\$55.00	\$0		<b>VISION HEARING</b>	<b>\$6,700 (\$10,000)</b>	<b>3.5 STARS</b>
Anthem Blue Cross and Blue Shield (H2836)	Anthem MediBlue Preferred Standard ~ PPO (001)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	<b>Members:</b> 1-866-673-4157	\$0.00	\$0.00	\$60		DENTAL VISION	\$3,400 (\$3,400)	TOO NEW TO BE RATED
Anthem Blue Cross and Blue Shield (H5854)	Anthem MediBlue Value ~ HMO (005)		<b>Non Members:</b> 1-800-797-0984	<b>TTY/TDD:</b> 1-800-241-6894	\$0.00	\$0.00	\$60		<b>DENTAL VISION</b>	<b>\$5,400</b>

(4)MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** thier Medicare benefits.This is an alternative to Traditional Medicare with a PDP. (5)MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (2)Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: “All”: 100% of formulary drugs are covered through the gap, “Many”: ≥65% to <100% of formulary drugs are covered through the gap, “Some”: ≥10% to <65 % of formulary drugs are covered through the gap, “Few”: >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), “No Gap Coverage”: 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit). (\*\*)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

Continue...

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2012 Connecticut Medicare Rx MAPDs(4)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some Dental (D) Vision (V) Hearing (H) Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>ConnectiCare, Inc. (H3528)</b>	ConnectiCare VIP Prime 1 ~ HMO (001)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	<b>Members:</b> 1-800-224-2273  <b>Non Members:</b> 1-877-224-8220  <b>TTY/TDD:</b> 1-800-842-9710	\$0.00	\$0.00	\$150		<b>VISION DENTAL HEARING</b>	\$5,400	<b>4 STARS</b>
	ConnectiCare VIP Prime 3 ~ HMO (002)			\$119.00	\$88.30	\$0	Many Generics	VISION DENTAL HEARING	\$3,400	4 STARS
	ConnectiCare VIP Option 1 ~ HMO-POS (006)			\$179.00	\$147.00	\$0	Many Generics	<b>VISION DENTAL HEARING</b>	<b>\$5,500 (\$5,500)</b>	<b>4 STARS</b>
	ConnectiCare VIP Option 3 ~ HMO-POS (008)			\$0.00	\$0.00	\$150		VISION DENTAL HEARING	\$6,700 (\$6,700)	4 STARS
<b>UnitedHealthcare (R7444)</b>	AARP MedicareComplete Choice - PPO (001)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	<b>Members:</b> 1-800-643-4845  <b>Non Members:</b> 1-800-547-5514	\$20.00	\$7.90	\$0		<b>VISION HEARING</b>	<b>\$6,700 (\$10,000)</b>	<b>3 STARS</b>

(4)MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** their Medicare benefits. This is an alternative to Traditional Medicare with a PDP. (5)MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (2)Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: “All”: 100% of formulary drugs are covered through the gap, “Many”: ≥65% to <100% of formulary drugs are covered through the gap, “Some”: ≥10% to <65 % of formulary drugs are covered through the gap, “Few”: >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), “No Gap Coverage”: 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit). (\*\*)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

*Continue...*

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2012 Connecticut Medicare Rx MAPDs(4)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Monthly Part C Premium (5)	Total Monthly Premium with Full Extra Help Subsidy	Part D Drug Deductible	Extra Drug Coverage in Gap (2)	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max. Out-Of-Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
<b>UnitedHealthcare (H0752)</b>	AARP Medicare Complete Plus ~ HMO-PPO (002)	New Haven	<b>Members:</b> 1-800-234-1228 <b>Non Members:</b> 1-800-547-5514	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>		<b>VISION HEARING</b>	<b>\$4,950</b>	<b>3.5 STARS</b>
<b>UnitedHealthcare (H0755)</b>	UnitedHealthcare Medicare Complete Plan 1 ~ HMO (030)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	<b>Members:</b> 1-800-711-0646 <b>Non Members:</b> 1-866-329-1674	\$121.00	\$96.50	\$0	Some Generics	DENTAL VISION HEARING	\$3,400	3.5 STARS
	UnitedHealthcare Medicare Complete Plan 2 ~ HMO (031)			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>		<b>DENTAL VISION HEARING</b>	<b>\$5,600</b>	<b>3.5 STARS</b>
<b>WellCare (H0712)</b>	WellCare Choice ~ HMO-POS (001)	Fairfield, Hartford, New Haven, Tolland	<b>Members:</b> 1-866-579-8006 <b>Non Members:</b> 1-877-817-5794	\$49.00	\$37.50	\$0		DENTAL VISION HEARING	\$3,250 (\$3,250)	3 STARS
	Wellcare Value ~ HMO (019)		<b>TTY/TDD:</b> 1-877-247-6272	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>		<b>VISION HEARING</b>	<b>\$4,900</b>	<b>3 STARS</b>

(4)MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** thier Medicare benefits.This is an alternative to Traditional Medicare with a PDP. (5)MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (2)Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: “All”: 100% of formulary drugs are covered through the gap, “Many”: ≥65% to <100% of formulary drugs are covered through the gap, “Some”: ≥10% to <65 % of formulary drugs are covered through the gap, “Few”: >0% to <10% of formulary drugs are covered through the gap (and must also be >15 products covered through the gap), “No Gap Coverage”: 0% of formulary drugs are covered through the gap (or ≤15 products covered through the gap). A label of “All Formulary Drugs” is applied for plans that cover 100% of “generic” and 100% of “brand” products (either by covering all formulary drug products in the gap or by having no initial coverage limit). (\*\*)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2012 Connecticut Medicare Rx MAPD Special Needs Plans(4 &6)**

**CHOICES Hotline! – 1-800-994-9422**

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Special Needs Plan Type	Total Monthly Premium (with Full Extra Help Subsidy) (5)	Part D Drug Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
UnitedHealthcare (H0710)	UnitedHealthcare Dual Complete ~ PPO/SNP (002)	Fairfield, Hartford, Litchfield, New Haven, Tolland, Windham	Members: 1-877-702-5110  Non Members: 1-888-834-3721	Dual-Eligible	\$0.00	\$320	Co-Pays will be at the Extra Help level for Formulary Meds all Year-Round regardless of deductible or coverage gap status	DENTAL VISION	\$6,700 (\$10,000)	3 STARS
WellCare (H0712)	WellCare Access ~ HMO/SNP (005)	Fairfield, Hartford, New Haven, Tolland	Members: 1-866-635-7047  Non Members: 1-877-817-5794  TTY/TDD: 1-877-247-6272	Dual-Eligible	\$0.00	\$320		DENTAL VISION HEARING	\$6,700	3 STARS

(6)These Special Needs Plans are only available to CT beneficiaries on **BOTH** Medicare and Medicaid! (4)MAPDs are Medicare Advantage Plans- Private insurance plans that contract with Medicare to provide members an alternative way of receiving **all** thier Medicare benefits.This is an alternative to Traditional Medicare with a PDP. (5)MAPD members are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (\*\*)Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**

**January 1 – December 31, 2012 Connecticut Medicare Rx MA-Only Plans**

**CHOICES Hotline! – 1-800-994-9422**

**\*\*\* MA-ONLY PLANS! The following 2 plans provide NO Rx COVERAGE! \*\*\***

ORGANIZATION NAME (CONTRACT NUMBER)	PLAN NAME - TYPE (ID)	SERVICE AREA BY COUNTY	CONTACT INFO	Total Monthly Part C Premium (5)	Total Monthly Premium (with Full Extra Help Subsidy)	Part D Drug Deductible	Extra Coverage in Gap	Some (D) Dental (V) Vision (H) Hearing Coverage Included	Max Out Of Pocket In-Network (Out of Network)	RATING (OUT OF 5 STARS) AS OF 10/12/2011
UnitedHealthcare (H0755)	UnitedHealthcare Medicare Complete Essential ~ HMO (032)	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham	<b>Members:</b> 1-800-711-0646  <b>Non Members:</b> 1-866-329-1675	<b>\$0.00</b>	N/A	N/A	N/A	<b>DENTAL VISION HEARING</b>	\$5,200	3.5 STARS
ConnectiCare, Inc. (H3528)	ConnectiCare VIP Prime 4 ~ HMO (003)	<b>Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham</b>	<b>Members:</b> 1-800-711-0646  <b>Non Members:</b> 1-866-329-1676  <b>TTY/TDD:</b> 1-800-842-9710	<b>\$0.00</b>	N/A	N/A	N/A	<b>DENTAL VISION HEARING</b>	\$5,500	4 STARS

(5) Medicare Advantage member are still required to pay their Medicare B monthly premiums in addition to the Part C premium. (\*\*) Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

**Important! All information in these charts is from Medicare. Contact plans directly for more details!**