Guide to Choosing a Medicare Prescription Drug Plan in Connecticut: Choosing the Plan that's Right for You

CHOICES Hotline:
1-800-994-9422

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WHAT ARE CHOICES and SMP?

The CHOICES and SMP programs are administered by the State of Connecticut Department of Rehabilitation Services, State Unit on Aging, in partnership with Connecticut's five Area Agencies on Aging and the Center for Medicare Advocacy, Inc. CHOICES and SMP are funded, in whole or in part, by the grants from the federal Administration for Community Living. Program services are provided at no cost.

CHOICES is Connecticut's State Health Insurance assistance Program (SHIP). The national SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits. CHOICES Team Members, staff, in-kind professionals and volunteers, provide the following services:

- **Counseling.** CHOICES is not affiliated with any insurance company and offers free, expert and unbiased assistance with plan comparisons and enrollments into Medicare Part D & Medicare Advantage plans. CHOICES also provides information and plan comparisons for Medicare Supplement (Medigap) plans; conducts eligibility screenings and provides application assistance for programs such as Medicare Savings Program, Extra Help/Low Income Subsidy, and Medicaid.

- **Outreach and Education.** CHOICES provides Medicare educational presentations to small and large groups throughout the community. Team Members also participate in local outreach events such as Medicare Open Enrollment events, senior fairs, health fairs, and other special events around the state.

- **Training.** CHOICES Regional Coordinators recruit and train Team Members by conducting annual CHOICES New Team Member Training and CHOICES Update Trainings throughout the year.

SMP is Connecticut's Senior Medicare Patrol Program (SMP). The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. SMP Team members, trained volunteers and staff, provide the following services:

- **One-on-one counseling** and assistance to people on Medicare or their family members and caregivers. Counselors are available to help read Medicare Summary Notices, guide people in resolving errors and in suspicious cases, SMP can help beneficiaries to report fraud to the proper authorities.

- **Outreach and Education.** SMP Team Members conduct outreach activities such as distributing literature at local health fairs, senior centers, libraries, writing public service announcements for print and media, and conducting presentations for beneficiaries, caregivers and other concerned citizens. Presentations cover the types of Medicare fraud and abuse that occur and the steps that beneficiaries can take to protect themselves.

IMPORTANT CONTACT INFORMATION

Agency on Aging of South Central CT 117 Washington Ave, Suite 17 North Haven, CT 06473	203-785-8533	www.aoascc.org Serves locations in New Haven County and Shelton
Center for Medicare Advocacy PO Box 350 Willimantic, CT 06226	1-800-262-4414	www.medicareadvocacy.gov
CHOICES Statewide Hotline	1-800-994-9422	Statewide toll-free number, routes in-state callers to their local Area Agency on Aging
CT Insurance Department 153 Market Street 7th Floor Hartford, CT 06103	1-800-203-3447	www.ct.gov/cid Regulates Medigap plans in CT
Medicare	1-800-MEDICARE (1-800-633-4227)	www.medicare.gov
North Central Area Agency on Aging 151 New Park Avenue, Box 75 Hartford, CT 06106	860-724-6443	www.ncaaact.org Serves Hartford County and locations in Tolland County and Plymouth
Senior Resources Agency on Aging 19 Ohio Avenue Norwich, CT 06360	860-887-3561	www.seniorresourcesec.org Serves New London, Middlesex, and Windham Counties and locations in Tolland County
Senior Medicare Patrol (SMP) Statewide Hotline	1-800-994-9422	Statewide toll-free number, routes in-state callers to their local Area Agency on Aging
Social Security Administration Several local offices in CT	1-800-772-1213	www.ssa.gov
Southwestern CT Agency on Aging 1000 Lafayette Boulevard Bridgeport, CT 06604	203-333-9288	www.swcaa.org Serves locations in Fairfield County
State Unit on Aging 55 Farmington Avenue 12th Floor Hartford, CT 06105	860-424-5274	https://portal.ct.gov/AgingandDisability
Western CT Area Agency on Aging 84 Progress Lane Waterbury, CT 06705	203-757-5449	www.wcaaa.org Serves Litchfield County and locations in New Haven and Fairfield Counties

NEW MEDICARE CARDS ARE HERE!

New Medicare cards have been mailed to Connecticut residents. The new cards will help protect your identity because Social Security numbers have been removed from your card and were replaced with a unique ID number that is not tied to your Social Security benefits.

Please be wary of scams. Medicare is not making any calls in reference to the new Medicare Cards. If you live in Connecticut, are on Medicare and have not received your card, the Center for Medicare and Medicaid Services recommends one of the following:

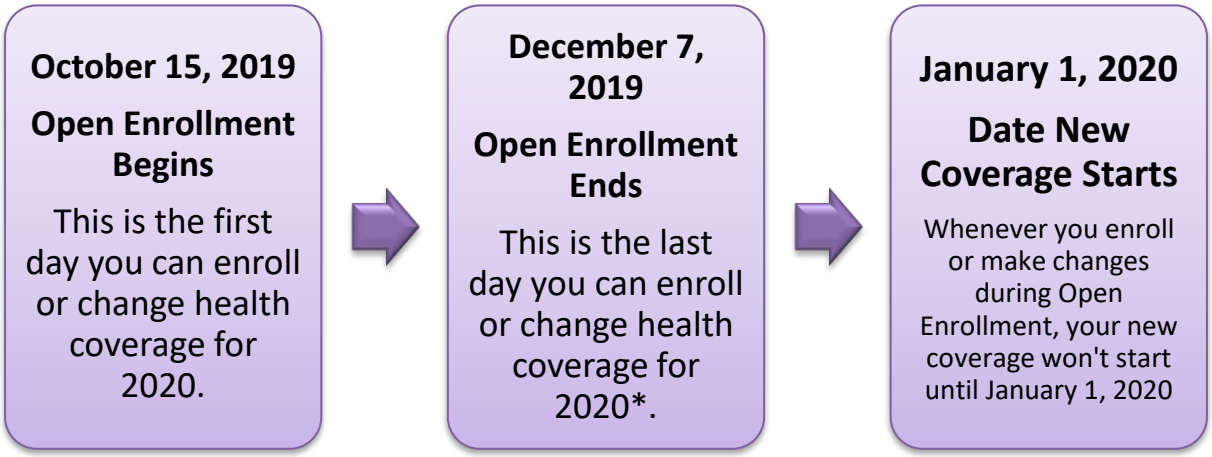
1. Sign into MyMedicare.gov to see if your card was mailed. If so, you can print an official card. You will need to create an account if you don't already have one.
2. Call 1-800-MEDICARE (1-800-633-4227). There might be something that needs to be corrected, such as updating your mailing address.

Even though your Medicare ID number is no longer your Social Security number, it's important to guard your card. Only share your ID number for purposes of getting your healthcare needs met with doctors and other health care representatives you know are legitimate. Never share your number with someone offering you a free service for your Medicare ID number and be wary of those who call you over the phone.

Should your Medicare number get into the wrong hands, contact the Senior Medicare Patrol program at your local Area Agency on Aging at 1-800-994-9422.

Starting January 1, 2020, your old Medicare card and Medicare number will no longer be accepted, so it is important you have your new card. If you haven't yet received your new card, call 1-800-Medicare for assistance.

2019 MEDICARE OPEN ENROLLMENT DATES



*You may be able to make additional changes after Open Enrollment if you qualify for a Special Enrollment Period. Ask CHOICES for more information if you need to make changes after Open Enrollment ends.

MEDICARE OPTIONS

Original Medicare

- Original Medicare include Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- Beneficiaries can add Part D (Prescription coverage)
- To help pay out of pocket costs (ex. deductibles and co-insurance) beneficiaries can also add supplement coverage (ex. Medigap policy or coverage from a former employer or union).

Medicare Advantage

- Medicare Advantage is an “all in one” alternative to Original Medicare. Plans include Part A and B and usually Part D.
- Some plans offer extra benefits that Original Medicare doesn’t cover, such as vision, hearing and dental.
- Special Needs Plans are available for beneficiaries who meet specific criteria.

THE PURPOSE OF THIS GUIDE IS TO:

1. Help you decide if you should enroll in Medicare Part D Prescription Drug Plan or a Medicare Advantage Plan;
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.

There are many factors to consider when selecting a Medicare Prescription Drug Plan or Medicare Advantage Plan. Although this guide provides detailed plan information, you may want to seek help from a certified CHOICES counselor in your community. Medicare beneficiaries are encouraged to re-evaluate their Medicare coverage during the annual "Open Enrollment Period" (October 15 – December 7). This is the time plans frequently change their coverage and it may be the only time you can change to another plan. If you enroll during this period your coverage begins January 1st of the following year.

Medicare prescription plans are available from private, Medicare-approved, companies that sell Medicare coverage either through a standalone **Medicare Part D Prescription Drug Plan (PDP)** or a **Medicare Advantage Prescription Drug Plan (MA-PD)**.

Medicare Prescription Drug Plans, also called Medicare Part D or Medicare Rx, are available to anyone who has Medicare Part A and/or Part B. PDPs provide prescription drug coverage only. "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 a benchmark plan if they do not select a plan on their own. Beneficiaries enrolled in a benchmark plan will not have a monthly premium for their coverage and will have low co-pays for formulary medications. In 2020, CT has:

- 25 Medicare-approved PDPs
- 7 Medicare-approved PDP Benchmark plans.

Medicare Advantage, also known as Medicare Part C, is managed by private health insurance companies Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). Beneficiaries receive some or all of their Medicare benefits – hospital, medical, and/or prescription coverage - together in one plan. Plans may require members to use certain medical providers (physicians and hospitals) that are in the plans' network. To enroll in a Medicare Advantage plan, beneficiaries must have both Medicare Part A and Part B. Members are required to pay their Medicare Part B monthly premiums in addition to their Medicare Part C premium. Members have Maximum Out-of-Pocket (MOOP) limits on their spending that includes costs for all in-network Part A and Part B services.

Beginning in 2019, Medicare Advantage plans have the option of applying step therapy for physician-administered and other Part B drugs. Step therapy requires enrollees to try one or

more similar, lower cost drugs to treat their condition before the plan covers a higher priced medication. Plans requiring step therapy must offer enrollees drug management care coordination programs. Incentives such as gift cards may be offered to enrollees to encourage participation in beneficiary engagement programs. *Previously, physician-administered and other Part B drugs were not subject to step therapy requirements. Additionally, incentives or rewards were not utilized to encourage participation in care coordination program.* ***Source: National Council on Aging (NCOA)***

Medicare Advantage options:

- **MA-Only plans -** do not provide prescription coverage. These plans are appropriate for individuals who have "as good as" or "better than" prescription coverage from another source, also referred to as "creditable coverage". One example of creditable coverage is prescription coverage provided through the Veterans' Administration. Some employer-sponsored and union-sponsored retirement health plans also offer prescription coverage. Please check with your Plan Administrator to determine if your prescription coverage is creditable. In 2020, CT has:
    - 2 Medicare-approved MA-only plans
- **Medicare Advantage with Prescription Drug Plan (MA-PD) -** members elect to receive all of their Medicare benefits, hospital, medical and prescription drug coverage, together in one plan. This is an alternative to enrolling in Original Medicare with a PDP. When considering this option, beneficiaries should review their prescription costs, as well as, their medical out of pocket costs. In 2020, CT has:
    - 28 Medicare-approved MA-PDs
- **Medicare Advantage Special Needs Plans (SNP)** -are specifically designed to provide coverage for: 1) dual-eligible beneficiaries (enrolled in Medicare/Medicaid or Medicare/Qualified Medicare Beneficiary), 2) beneficiaries who reside in an institution (like a nursing facility) or require nursing care at home, or 3) beneficiaries who have specific chronic or disabling conditions (like diabetes, End-Stage Renal Disease, HIV/AIDS, chronic heart failure, or dementia). In 2020, CT has:
    - 7 Medicare-approved SNPs for dual-eligible beneficiaries (D-SNPs)
    - 3 Medicare-approved SNPs for beneficiaries who reside in an institution or require nursing care at home (I-SNPs)
    - 1 Medicare-approved SNP for beneficiaries who have certain chronic or disabling conditions (C-SNPs)

WHY SHOULD YOU ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN?

You should consider enrolling in a Medicare prescription drug plan if you don't have any prescription drug coverage, or if the coverage you have isn't creditable ("as good as" or "better than") Medicare's prescription drug coverage. For most people, enrollment is voluntary; however, **if you don't enroll when you're first eligible, you could be assessed a "Late Enrollment Penalty" of 1% of the national base beneficiary premium ($32.74 in 2020) for every month you were without creditable coverage if and when you decide to enroll in the future**. This penalty includes a higher monthly premium and a delay in coverage, since enrollment would be limited to the Open Enrollment Period. Under most circumstances, this Late Enrollment Penalty will apply for as long as you continue to be eligible for Medicare.

- If your existing drug coverage is creditable, then you may not want to join a Medicare prescription plan. As long as you have creditable drug coverage you will not be penalized for not enrolling in a Medicare prescription plan. Contact your plan administrator to inquire if your current drug coverage is considered "creditable".
- If cost is a concern, you may be eligible for programs that help with the cost of Medicare and Medicare prescription coverage. **Effective March 1, 2019, an individual with a gross monthly income of $2,560.86, or a couple with a combined gross monthly income of $3,466.14, may qualify for the Medicare Savings Program**, which will help pay Part B premiums, and in some cases may also help with other cost sharing (co-pays, co-insurance and deductibles). Beneficiaries enrolled in the Medicare Savings Program are automatically enrolled into the Extra Help/Low Income Subsidy program. **Extra Help pays the Part D deductible; some or the entire monthly Medicare Part D premium; lowers the prescription co-pays for medications on your plan's formulary: $3.60 for generic medications and $8.95 for brand drugs**; and eliminates the coverage gap, also known as the "donut hole". In addition, beneficiaries with Extra Help have a special enrollment period to make plan changes each quarter of the calendar year, if needed.

ABOUT THE PLANS

- Everyone who has Medicare Part A and/or Part B has the opportunity to change their Medicare Part D plan or join Part D for the first time during the annual Open Enrollment Period (October 15th – December 7th).
- Each plan has its own monthly premium, deductible, and co-pay structure for the medications it covers.
- Some plans offer reduced prices if you use mail order or network pharmacies.
- 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 a "non-formulary" drug and you will be responsible for the full cost of the medication, even if you have other medical benefits such as Medicaid. **It's important to select your plan carefully; your coverage will be limited to the drugs on your chosen plan's formulary**. To ensure you get the most out of your Medicare prescription plan coverage, it is important to know your medications and find the plan that will best cover your individual prescription needs! Your costs could be lowered by using a preferred pharmacy, if one is offered by the plan.
- Plans may have restrictions on certain medications such as 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.
- Anyone on Extra Help, Medicare Savings Program (QMB, SLMB, ALMB), or Medicaid, is automatically enrolled in a randomly selected prescription standard "**benchmark**" drug plan if he/she does not have prescription coverage already. There is no guarantee that all of your medications will be covered by the randomly selected benchmark plan. To avoid being responsible for the full cost of uncovered medications, CHOICES strongly recommends that you review your current prescription drug plan to ensure you are enrolled in the plan that best covers your medication 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 MA-PD plan on a quarterly basis throughout the calendar year.
- Individuals who are eligible for Extra Help and are awaiting their assignment to a prescription drug plan can be enrolled immediately into a temporary prescription drug plan, called LINET, at their pharmacy by showing "best available evidence" that they have Extra Help. The letter you received from the Department of Social Services

informing you of your Medicare Savings Program coverage is best available evidence. LINET is premium free and there no formulary drug restrictions. Individuals on the LINET program will be auto-enrolled into a Medicare Part D plan within two months if they have not selected one for themselves.

STEPS TO HELP YOU CHOOSE 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 the lowest cost.

The Federal website, www.Medicare.gov, has an online tool called the "Plan Finder" that sorts the plans by the lowest annual cost and allows you to make a side by side comparison of three plans of your choosing. You will also be able to compare costs at up to three pharmacies and add up to 40 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 online.

Step 1 If you have existing prescription insurance, find out if it's "creditable". (Your insurance company **must** send you this information before October 15.)

Step 2 Make a list of all the prescription drugs you take. Write the name exactly as it appears on your prescription 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.

Step 3 If costs are a concern, find out if you qualify for Extra Help or a Medicare Savings Program. If you do, you may save money on premiums, deductibles, and co-pays. If you have Medicaid (Title 19) or the 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 a 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 to consider:

- How much is the monthly premium?
- Is there an annual deductible? How much is it? (Maximum of $435 for 2020)
- Does the plan cover the drugs you take now?
- What Tier level are the medications you are taking for the plan you are considering? The co-pay or co-insurance you are responsible for varies depending on what "Tier" your plan considers your medication. 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 the plan convenient & accepted at your pharmacy? Does it offer mail order & if so - is it more expensive?
- What is the plan's "exception" process if you are denied a particular drug?
- If you are considering a Medicare Advantage plan (a private Medicare plan that administers your Medicare dollars) have you reviewed your hospital and medical out of pocket expenses? Are your medical providers in the plan's network? Should you consider a PPO that allows you coverage if you go out of network? Does the plan offer additional coverage benefits, such as dental or gym memberships? Please keep in mind that you are not eligible to change plans outside of the open enrollment period (unless you are on Extra Help) even if your provider leaves the plan's network, or if your insurance carrier drops hospitals or providers during the course of the year.

HOW TO ENROLL IN A PLAN

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

1. Call CHOICES at **1-800-994-9422** to speak to a CHOICES counselor at the Area Agency on Aging serving your area of the state. A counselor will take you step by step through the process to help you as you make an informed decision. They can enroll you into the plan of your choice over the phone. CHOICES holds enrollment events throughout the State where you can receive assistance. Contact the toll-free CHOICES line or

https://portal.ct.gov/AgingAndDisability and click “Programs and Services”, then “CHOICES”, for a list of open enrollment events in your area.

2. Go onto the Medicare “Plan Finder” (www.medicare.gov) and enroll in the plan of your choice online.

3. 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’ website.

4. Call Medicare (1-800-MEDICARE) and tell them you’ve made a decision and want to enroll in a Medicare Rx plan.

If you are changing from one Medicare plan to another, you only need to enroll in the new plan and it will remove you from your current plan. For example: If you are enrolled in a Medicare Advantage plan and want to return to Medicare, you enroll in a Medicare Part D plan and it will remove you from your Medicare Advantage plan automatically. In this case, beneficiaries should consider purchasing a private, Medicare Supplement plan (also called Medigap plan) to help with out of pocket expenses. These plans are standardized and enrollment is available at any point in the year by contacting the plan directly. CHOICES can help you understand the Medicare supplement plan options and provide a list of current premiums.

IMPORTANT INFORMATION ABOUT NOTICES

Beginning in the fall of 2018, plans will no longer mail copies of the Evidence of Coverage to beneficiaries. Instead, the Evidence of Coverage will be available online and a hard copy must be requested. All of these documents should be reviewed thoroughly to help you decide if your current plan still meets your needs for the upcoming year. Here’s a list of notifications and resources which you should review and/or request as you prepare for Medicare Open Enrollment:

- The Annual Notice of Change (ANOC), a 10+ page document sent out to people enrolled in a Medicare Advantage and/or Medicare Part D. The ANOC is sent by your Medicare plan and includes any changes to your current plans coverage, costs, or service area that will become effective in January. Insurance companies can make changes every year that may increase your out-of-pocket cost or decrease your benefits, so it’s important to review this document thoroughly. You should receive this notice by September 30, if not contact your plan directly.

- The Evidence of Coverage is 140+ page document that contains a detailed overview of what your current plan covers, cost, and more. Medicare Advantage and/or Medicare Part D plans are no longer required to mail hard copies of the Evidence of Coverage to plan enrollees. Instead, Medicare Advantage and Medicare Part D plans are required to publish the EOC on their website by October 15.

- Plans are required to mail a printed notice called the Notification of Electronic Materials to all enrollees explaining how to obtain hard copies of plan materials routinely available on the plan's website (EOC, provider directories and formularies). The notice must list the plan's website, the date the documents will be available on the website, and a phone number to request hard copies of the EOC, plan provider directories and/or plan formularies.

- Medicare & You Handbook is sent by The Centers for Medicare and Medicaid Services (CMS) in late September to current enrollees. This handbook contains lots of useful information about when Medicare covers certain services, including preventive care, medical equipment and supplies and much more. If you don't receive one by the second week in October, call 1-800-Medicare to get another copy with your state's specific plan information, or go to www.Medicare.gov to view the general information online.

- Notice of Plan Termination/Reassignment Notice. If your Medicare Part D or Extra Help plan will no longer be available in the upcoming year, CMS will send you a blue notification. You will have the option of selecting a new drug plan for the upcoming year or you will be reassigned to one by CMS. Your decision must be made before December 31st.

If you haven't already done so, consider creating a MyMedicare.gov account to receive all notices via email. In addition, call your plan to learn about their paperless options. You can find their customer service phone number on your insurance card. ***Source for Important information about Notices: MyMedicareMatters: National Council on Aging***

NEW COVERAGE LIMITATIONS FOR AT-RISK BENEFICIARIES

In April 2018, under the Comprehensive Addiction & Recovery Act (CARA), CMS issued regulations that establish a framework for Medicare prescription drug plans to use to identify beneficiaries who are at-risk of misusing frequently abused drugs and to manage utilization. Plans will identify at-risk beneficiaries based on their opioid use. Beneficiaries with certain medical conditions are exempt from review for potential opioid abuse. When a plan determines that an enrollee is at-risk for opioid misuse, a variety of steps will be taken to address the concerns. Some examples include: 1) case management, 2) a "lock-in" with selected prescribers or network pharmacies, 3) point-of-sale edits at the pharmacy that limit supply amounts, or 4) prohibit at-risk Low Income Subsidy beneficiaries from using the Special Enrollment Period to change plans. Limitations can only be imposed after the plan notifies the beneficiary of their at-risk status. Beneficiaries can appeal an at-risk determination, if they believe their plan has made a mistake. These new procedures take effect on January 1, 2020.

DEFINITIONS OF ENHANCED COVERAGE, BASIC COVERAGE, AND STANDARD COVERAGE BENEFIT TYPES

Actuarially Equivalent Standard Coverage consists of coverage of covered Part D drugs subject to an annual deductible; 25 percent coinsurance (or an actuarially equivalent structure) up to an initial coverage limit; coinsurance equal to the gap coinsurance percentages (or an actuarially equivalent amount) during the coverage gap; and catastrophic coverage after an individual incurs out-of-pocket expenses above the annual out-of-pocket threshold.

Basic Alternative Coverage is alternative prescription drug coverage that is actuarially equivalent to defined standard prescription drug coverage. A Part D sponsor offering a basic alternative prescription drug benefit design could combine features such as the following to maintain an actuarial value of coverage equal to defined standard prescription drug coverage:

- A reduction in the deductible;
- Changes in cost-sharing (e.g., benefit designs that use tiered copayments or coinsurance) in an actuarially equivalent manner to the 25 percent cost-sharing above the deductible and below the initial coverage limit under defined standard coverage and in an actuarially equivalent manner to the gap coverage coinsurance (that is equal to the costs of non-applicable and applicable drugs multiplied by the gap coinsurance percentages) during the coverage gap; and
- A modification of the initial coverage limit

Enhanced Alternative Coverage refers to alternative prescription drug coverage whose value exceeds that of defined standard coverage. This is only possible if a Part D sponsor offers supplemental benefits in addition to its basic prescription drug benefit. Supplemental benefits consist of:

- Reductions in cost-sharing in the coverage gap such that enrollees are liable for less than the coinsurance in the gap for defined standard coverage, and the actuarial value of the benefit provided is increased above the actuarial value of basic prescription drug coverage.
- Reductions in cost-sharing that increase the actuarial value of the benefits provided above the actuarial value of basic prescription drug coverage – for example: (1) a reduction in the deductible; (2) a reduction in the coinsurance percentage or copayments applicable to covered Part D drugs obtained between the annual deductible and the initial coverage limit and/or above the annual out-of-pocket threshold; and/or (3) an increase in the initial coverage limit; and/or
- Supplemental drugs

Source: CMS Part D Manual, Chapter 5 Section 20

2020 PART D STANDARD PLAN COST-SHARING*

Part D Benefit Cost Period	Cost & Who Pays What	Beneficiary Pays (TrOOP)	Plan Pays	Total Amount Spent on Plan Covered Drugs (both beneficiary payments and plan payments)
Initial Deductible	Beneficiary Pays 100%	Up to $435	$0	**$435** (amount spent on deductible, before ICP begins)
Initial Coverage Period (ICP)	Costs of covered drugs are shared: 25% by beneficiary, 75% by plan	Up to $1,005* *maximum beneficiary would pay if plan has no deductible	$3,015	**$4,020** (amount spent during ICP including applicable deductible, before Coverage Gap begins
Coverage Gap (Donut Hole)	**While the Part D coverage gap ("donut hole") officially closes in 2020, beneficiaries will still have to share a portion of costs after the ICP:** • The beneficiary will pays 25% for **generic** drugs, 25% for **brand-name** drugs, plus a small portion of the pharmacy dispensing fee (approx. $1-3). • Plan pays 75% for **generic** drugs and 5% for **brand-name** drugs. • Drug manufacturer provides 70% discount on **brand-name** drugs. **Note about True Out of Pocket (TrOOP) cost:** The total amount spent in the Coverage Gap (up to $5,018.75) includes: • The drug costs paid by the beneficiary, **and** • The 70% discount on **brand-name** drugs provided by the drug manufacturer. Payments made by the plan during the Coverage Gap (75% on **generics**, 5% on **brand-name** drugs) do not count toward the TrOOP.			**Up to $5,018.75** - Total Amount spent between the end of the ICP and prior to the Catastrophic Benefit Period. **$9,719.38** – Total amount spent during both the ICP and the Coverage Gap before Catastrophic Benefit Period Begins.
Catastrophic Benefit Period	When an enrollee's total out-of-pocket spending reaches $6,350, they hit the catastrophic benefit period in which costs of covered drugs are shared. Beneficiary pays reduced copay/coinsurance; plan pays the difference.	Greater of: 5% co-insurance **OR** $3.60 co-pay for generic, $8.95 co-pay for brand-name or non-preferred.	Any remaining portion of the negotiated drug price.	Beneficiary will remain in the Catastrophic Benefit Period through December 31, 2020. Part D benefit will reset on January 1, 2021, starting again with the deductible.

*Most Part D plans are not standard plans. This means calculating the TrOOP costs during the initial deductible and ICP varies by plan.

Source: *Center for Benefits Access-National Council on Aging (NCOA).*

2020 Connecticut Medicare Part D Prescription Drug Plans (PDP)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME (ID)	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	EXTRA COVERAGE IN THE GAP	BENEFIT TYPE
Blue MedicareRx (S2893)	www.rxmedicareplans.com Phone: 1-877-479-2227				Member Rating of Plan: 84% Star Rating: 5	
Blue MedicareRx Value Plus (001)	No	**$42.50**	$435*	$7.70	No	Basic
Blue MedicareRx Premier (003)	No	**$128.00**	$0	$93.20	Yes	Enhanced
Cigna (S5617)	www.cignahealthspring.com Phone: 1-800-735-1459				Member Rating of Plan: 83% Star Rating: 3.5	
Cigna-HealthSpring Rx Secure (008)	Yes	**$32.70**	$435	$0	No	Standard
Cigna-HealthSpring Rx Secure-Extra (247)	Yes	**$48.30**	$100*	$13.50	Yes	Enhanced
Cigna-HealthSpring Rx Secure Essential (281)	Yes	**$22.20**	$435*	$8.70	No	Enhanced
EnvisionInsurance (S7694)	www.envisionrxplus.com Phone: 1-888-377-1439				Member Rating of Plan: 81% Star Rating: 3	
EnvisionRxPlus (002)	Yes	**$14.20**	$435*	$0	No	Basic
Express Scripts Medicare (S5660)	www.Express-ScriptsMedicare.com Phone: 1-866-477-5704				Member Rating of Plan: 85% Star Rating: 3	
Express Scripts Medicare – Value (105)	Yes	**$37.00**	$435	$2.20	No	Standard
Express Scripts Medicare - Choice (206)	Yes	**$84.80**	$250*	$50.00	Yes	Enhanced
Express Scripts Medicare – Saver (219)	Yes	**$24.10**	$435*	$4.20	No	Enhanced

**Tier 1 medications not subject to deductible*

2020 Connecticut Medicare Part D Prescription Drug Plans (PDP)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME (ID)	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	EXTRA COVERAGE IN THE GAP	BENEFIT TYPE
Humana Insurance Company (S5884)	www.humana-medicare.com Phone: 1-800-706-0872				Member Rating of Plan: 81% Star Rating: 3	
Humana Basic Rx Plan (102)	Yes	**$35.10**	$435	$0	No	Standard
Humana Premier Rx Plan (149)	Yes	**$62.30**	$435*	$27.50	No	Enhanced
Humana Walmart Value Rx Plan (182)	Yes	**$13.20**	$435*	$6.20	No	Enhanced
Mutual of Omaha Rx (S7126)	www.mutualofomaharx.com Phone: 1-800-961-9006				Plan too new for ratings	
Mutual of Omaha Rx Plus (002)	No	**$49.30**	$435	$14.50	No	Standard
Mutual of Omaha Rx Value (035)	No	**$24.10**	$435*	$23.30	Yes	Enhanced
SilverScript (S5601)	www.silverscript.com Phone: 1-866-552-6106				Member Rating of Plan: 82% Star Rating: 4	
SilverScript Choice (004)	Yes	**$33.10**	$275*	$0	No	Basic
SilverScript Plus (005)	Yes	**$89.80**	$0	$55.00	Yes	Enhanced
United Healthcare (S5820)	www.AARPMedicareRX.com Phone: 1-888-867-5564				Member Rating of Plan: 82% Star Rating: **3.5**	
AARP MedicareRx Preferred (002)	Yes	**$77.60**	$0	$42.80	No	Enhanced

**Tier 1 medications not subject to deductible*

2020 Connecticut Medicare Part D Prescription Drug Plans (PDP)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME (ID)	NATIONAL PDP	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	PART D PREMIUM WITH FULL SUBSIDY EXTRA HELP	EXTRA COVERAGE IN THE GAP	BENEFIT TYPE
United Healthcare (S5921)	www.AARPMedicareRX.com AARP MedicareRx Saver Plus: 1-888-867-5564 AARP MedicareRx Walgreens: 1-800-753-8004				Member Rating of Plan: 83% Star Rating: 3.5	
AARP MedicareRX Saver Plus (348)	Yes	**$32.50**	$435	$0	No	Standard
AARP MedicareRX Walgreens (385)	Yes	**$36.20**	$435*	$18.50	No	Enhanced
WellCare (S4802)	www.wellcarepdp.com Phone: 1-888-900-4307				Member Rating of Plan: 83% Star Rating: 3.5	
WellCare Classic (076)	Yes	**$31.90**	$435	$0	No	Standard
WellCare Value Script (137)	Yes	**$15.70**	$435*	$15.70	No	Enhanced
WellCare Wellness Rx (171)	Yes	**$13.30**	$435*	$13.30	No	Enhanced
WellCare (S5768)	www.wellcarepdp.com Phone: 1-888-900-4307				Member Rating of Plan: 81% Star Rating: 3.5	
WellCare Medicare Rx Value Plus (126)	Yes	**$70.30**	$0	$35.50	No	Enhanced
WellCare (S5810)	www.wellcarepdp.com Phone: 1-888-900-4307				Member Rating of Plan: 82% Star Rating: 3.5	
WellCare Medicare Rx Saver (36)	Yes	**$35.10**	$435	$0	No	Standard
Wellcare Medicare Rx Select (276)	Yes	**$21.90**	$400*	$6.10	No	Enhanced

**Tier 1 medications not subject to deductible*

2020 Connecticut Medicare BENCHMARK Prescription Drug Plans (PDP)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME (ID)	MONTHLY PREMIUM	PART D 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
EnvisionInsurance (S7694)	www.envisionrxplus.com Phone: 1-888-377-1439			Member Rating of Plan: 81% Star Rating: 3	
EnvisionRxPlus (002)	**$14.20**	**$0**	$3.50	$7.10	$10.60
Cigna (S5617)	www.cignahealthspring.com Phone: 1-800-735-1459			Member Rating of Plan: 83% Star Rating: 3.5	
Cigna-HealthSpring Rx Secure (008)	**$32.70**	**$0**	$8.20	$16.30	$24.50
Humana Insurance Company (S5884)	www.humana-medicare.com Phone: 1-800-706-0872			Member Rating of Plan: 81% Star Rating: 3	
Humana Basic Rx Plan (102)	**$35.10**	**$0**	$9.00	$17.70	$26.40
SilverScript (S5601)	www.silverscript.com Phone: 1-866-552-6106			Member Rating of Plan: 82% Star Rating: 4	
SilverScript Choice (004)	**$33.10**	**$0**	$8.30	$16.50	$24.80
United Healthcare (S5921)	www.AARPMedicareRX.com 1-888-867-5564			Member Rating of Plan: 83% Star Rating: 3.5	
AARP MedicareRx Saver Plus (348)	**$32.50**	**$0**	$8.10	$16.20	$24.40
WellCare (S5810)	www.wellcarepdp.com Phone: 1-888-900-4307			Member Rating of Plan: 82% Star Rating: 3.5	
WellCare Medicare Rx Saver (036)	**$35.10**	**$0**	$9.00	$17.70	$26.40
WellCare (S4802)	www.wellcarepdp.com Phone: 1-888-900-4307			Member Rating of Plan: 83% Star Rating: 3.5	
WellCare Classic (076)	**$35.10**	**$0**	$9.00	$17.70	$26.40

2020 Connecticut Medicare Advantage Prescription Drug Plans (MA-PD)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME – TYPE (ID)	SERVICE AREA	MONTHLY PREMIUM	TOTAL PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA COVERAGE IN THE GAP	IN-NETWORK MAX OUT OF POCKET LIMITS	PLAN/BENEFIT TYPE
Aetna Medicare (H5521)	www.aetnamedicare.com Phone: 1-855-275-6627				Member Rating of Plan: 88% Star Rating: 4.5		
Aetna Medicare Explorer Premier (013)	Connecticut	**$88** $64.60 H $23.40 Rx	$64.60	$250*	Yes	$6,700	PPO/ Enhanced
Aetna Medicare Elite Plan (157)	Connecticut	**$0**	$0	$0	Yes	$6,700	PPO/ Enhanced
Aetna Medicare (H5793)	www.aetnamedicare.com Phone: 1-855-275-6627				Member Rating of Plan: 84% Star Rating: 4		
Aetna Medicare Value Plan (001)	Connecticut	**$78** $54.50 H $23.50 Rx	$54.50	$0	Yes	$6,700	HMO/ Enhanced
Aetna Medicare Elite Plan (010)	Connecticut	**$0**	$0	$0	Yes	$6,700	HMO/ Enhanced
Aetna Medicare Prime PCP Elite (012)	Connecticut	**$0**	$0	$0	Yes	$6,700	HMO/ Enhanced
Anthem Blue Cross and Blue Shield (H5854)	www.anthem.com/shop Phone: 1-844-364-2128				Member Rating of Plan: 86% Star Rating: 4		
Anthem MediBlue Plus (007)	Hartford County	**$25** $0 H $25 Rx	$0	$435*	Yes	$6,700	HMO/ Enhanced
Anthem MediBlue Plus (009)	Fairfield, Litchfield, Middlesex, New Haven, & Windham Counties	**$35** $5.80 H $29.20 Rx	$5.80	$380*	Yes	$6,700	HMO/ Enhanced
Anthem MediBlue Select (010)	All Counties except New London & Tolland Counties	**$0**	$0	$275*	Yes	$6,700	HMO/ Enhanced
Anthem MediBlue Extra (011)	Connecticut	**$21.20** $0 H $21.20 Rx	$0	$435*	Yes	$6,700	HMO/ Enhanced
Anthem MediBlue Prime (015)	New Haven	**$0**	$0	$435*	Yes	$6,700	HMO/ Enhanced

**Tier 1 medications not subject to deductible*

2020 Connecticut Medicare Advantage Prescription Drug Plans (MA-PD)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME – TYPE (ID)	SERVICE AREA	MONTHLY PREMIUM	TOTAL PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA COVERAGE IN THE GAP	IN-NETWORK MAX OUT OF POCKET LIMITS	PLAN/BENEFIT TYPE
CarePartners of Connecticut (H5273)	www.carepartnersct.com Phone: 1-833-270-2728				Plan too new for ratings		
CareAdvantage Preferred (001)	All Counties except Fairfield & Middlesex Counties	**$0**	$0	$0	No	$6,700	HMO/ Enhanced
CareAdvantage Prime (002)	All Counties except Fairfield & Middlesex Counties	**$29** $0.40 H $28.60 Rx	$0.40	$0	No	$4,900	HMO/ Enhanced
CareAdvantage Premier (003)	All Counties except Fairfield & Middlesex Counties	**$89** $59.70 H $29.30 Rx	$59.70	$0	No	$3,700	HMO/ Enhanced
Connecticare, Inc. (H3528)	www.connecticare.com/medicare Phone: 1-877-224-8220				Member Rating of Plan: 87% Star Rating: 4.5		
ConnectiCare Choice Plan 1 (016)	Connecticut	**$182** $85.80 H $96.20 Rx	$147.20	$300*	Yes	$3,400	HMO/ Enhanced
ConnectiCare Choice Plan 3 (014)	Connecticut	**$0**	$0	$435*	No	$6,700	HMO/ Enhanced
ConnectiCare Flex Plan 1 (006)	Connecticut	**$240** $135.20 H $104.80 Rx	$205.20	$300*	Yes	$5,300	HMO-POS/ Enhanced
ConnectiCare Flex Plan 2 (015)	Connecticut	**$133** $55.20 H $77.80 Rx	$98.20	$300*	No	$6,000	HMO-POS/ Enhanced
ConnectiCare Flex Plan 3 (011-1)	Hartford, Litchfield, Middlesex, & Tolland Counties	**$49** $0 H $49 Rx	$14.20	$300*	No	$5,500	HMO-POS/ Enhanced
ConnectiCare Flex Plan 3 (011-2)	Fairfield, New Haven, New London, & Windham Counties	**$69** $2.30 H $66.70 Rx	$34.20	$300*	No	$5,500	HMO-POS/ Enhanced
ConnectiCare Passage Plan 1 (010)	Connecticut	**$0**	$0	$275*	No	$6,700	HMO/ Enhanced

**Tier 1 medications not subject to deductible*

2020 Connecticut Medicare Advantage Prescription Drug Plans (MA-PD)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME – TYPE (ID)	SERVICE AREA	MONTHLY PREMIUM	TOTAL PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA COVERAGE IN THE GAP	IN-NETWORK MAX OUT OF POCKET LIMITS	PLAN/BENEFIT TYPE
United Healthcare (H0755)	www.UHCMedicareSolutions.com Phone: 1-800-555-5757				Member Rating of Plan: 84% Star Rating: 4		
UnitedHealthcare Medicare Advantage Plan 1 (030)	Connecticut	**$99** $76.10 H $22.90 Rx	$76.10	$100*	Yes	$4,700	HMO/ Enhanced
UnitedHealthcare Medicare Advantage Plan 2 (031)	Connecticut	**$29** $10.80 H $18.20 Rx	$10.80	$150*	Yes	$6,000	HMO/ Enhanced
UnitedHealthcare Medicare Advantage Plan 3 (033)	Connecticut	$0	$0	$175*	Yes	$6,700	HMO/ Enhanced
United Healthcare (H3442)	www.AARPMedicarePlans.com Phone: 1-800-555-5757				Plan too new for ratings		
AARP Medicare Advantage Walgreens (001)	Connecticut	**$0**	$0	$0	Yes	$6,700	PPO/ Enhanced
United Healthcare (R7444)	www.AARPMedicarePlans.com Phone: 1-800-555-5757				Member Rating of Plan: 86% Star Rating: 3.5		
AARP Medicare Advantage Choice (001)	Connecticut/ New England	**$47** $22.80 H $24.20 Rx	$22.80	$295*	Yes	$5,500	Regional PPO/ Enhanced
WellCare (H0712)	www.wellcare.com/medicare Phone: 1-866-527-0056				Member Rating of Plan: 84% Star Rating: 3.5		
WellCare Value (019)	All Counties except Windham County	**$0**	$0	$0	No	$5,000	HMO/ Enhanced
WellCare Compass (020)	All Counties except Windham County	**$10.50** $0 H $10.50 Rx	$0	$435*	No	$5,000	HMO-POS/ Basic
WellCare Preferred (021)	All Counties except New Haven & Windham Counties	**$40** $15.80 H $24.20 Rx	$0	$0	Yes	$6,700	HMO/ Enhanced

**Tier 1 medications not subject to deductible*

2020 Connecticut Medicare Advantage Special Needs Plans (SNP)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME -(ID)	SERVICE AREA BY COUNTY	SPECIAL NEEDS PLAN TYPE	MONTHLY PREMIUM	TOTAL PREMIUM WITH FULL EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA COVERAGE IN THE GAP	PLAN/ BENEFIT TYPE
Anthem Blue Cross and Blue Shield (H5854)	www.anthem.com/shop Anthem MediBlue Dual Advantage: 1-844-834-6071 Anthem MediBlue ESRD: 1-844-364-2128				Member Rating of Plan: 86% Star Rating: 4		
Anthem MediBlue Dual Advantage (008)	Connecticut	Dual-Eligible**	**$32.10** $0 H $32.10 Rx	$0	$435*	Yes	HMO D-SNP Enhanced
Anthem MediBlue ESRD (012)	Fairfield, Hartford, Litchfield, Middlesex, New Haven & Tolland Counties	End-Stage Renal Disease Requiring Dialysis	**$16.60** $0 H $16.60 Rx	$0	$310*	No	HMO-POS C-SNP Enhanced
Anthem MediBlue Dual Advantage Select (013)	Connecticut	Dual-Eligible**	**$30** $0 H $30 Rx	$0	$435*	Yes	HMO D-SNP Enhanced
Anthem MediBlue Care on Site (014)	Hartford, Middlesex, New Haven & Tolland,	Institutional	**$5.60** $0 H $5.60 Rx	$0	$0	Yes	HMO I-SNP Enhanced
ConnectiCare (H3276)	www.connecticare.com/medicare Phone: 1-877-224-8220				Plan too new for ratings		
ConnectiCare Choice Dual (001)	Connecticut	Dual-Eligible	**$34.80** $0 H $34.80 Rx	$0	$435	No	HMO D-SNP Standard
United Healthcare (H0710)	www.UHCMedicareSolutions.com Phone: 1-888-834-3721				Plan too small for ratings		
UnitedHealthcare Assisted Living Plan (009)	Fairfield, Hartford, & New Haven Counties	Institutional	**$20.80** $0 H $20.80 Rx	$0	$200*	No	PPO I-SNP Enhanced
UnitedHealthcare Nursing Home Plan (026)	Connecticut	Institutional	**$35.10** $0 H $35.10 Rx	$0	$435	No	PPO I-SNP Standard

**Tier 1 medications not subject to deductible*

***QMB Beneficiaries are eligible to participate in plan*

2020 Connecticut Medicare Advantage Special Needs Plans (SNP)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME -(ID)	SERVICE AREA BY COUNTY	SPECIAL NEEDS PLAN TYPE	MONTHLY PREMIUM	TOTAL PREMIUM WITH FULL SUBSIDY EXTRA HELP	PART D DRUG DEDUCTIBLE	EXTRA COVERAGE IN THE GAP	HEALTH PLAN TYPE
United Healthcare (H0271)	www.UHCMedicareSolutions.com Phone: 1-888-834-3721				Plan too new for ratings		
UnitedHealthcare Dual Complete (014)	Connecticut	Dual-Eligible	**$27.90** **$0 H** **$27.90 Rx**	$0	$435	No	PPO D-SNP Standard
WellCare (H0712)	www.wellcare.com/medicare Phone: 1-866-527-0056				Member Rating of Plan: 84% Star Rating: 3.5		
WellCare Access (005)	All Counties except Windham County	Dual-Eligible**	**$16.10** $0 H $16.10 Rx	$0	$435*	No	HMO D-SNP Basic
WellCare Liberty (028)	Fairfield & Hartford Counties	Dual-Eligible**	**$25.40** $0 H $25.40 Rx	$0	$435*	No	HMO D-SNP Basic
WellCare Freedom	All Counties except Windham County	Dual-Eligible	**$23.60** $0 H $23.60 Rx	$0	$435*	No	HMO D-SNP Basic

**Tier 1 medications not subject to deductible*

***QMB Beneficiaries are eligible to participate in plan*

2020 Connecticut Medicare Advantage Plans without Prescription Coverage (MA-only)

Plan information contained in the charts below is from Medicare. Contact plans directly for more details.

PLAN NAME - TYPE (ID)	SERVICE AREA	TOTAL MONTHLY PREMIUM	IN-NETWORK MAX OUT OF POCKET LIMITS	HEALTH PLAN TYPE
ConnectiCare, Inc. (H3528)	www.connecticare.com/medicare Phone: 1-877-224-8220		Member Rating of Plan: Star Rating: 4.5	
ConnectiCare Choice Plan 2 (003)	Connecticut	**$0**	$6,000	HMO
United Healthcare (H0755)	www.UHCMedicareSolutions.com Phone: 1-800-555-5757		Member Rating of Plan: Star Rating: 4	
UnitedHealthcare Medicare Advantage Essential (032)	Connecticut	**$0**	$6,000	HMO

State Unit on Aging

Aging and Disability Services

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