

MEDICARE DRUG INSURANCE AND YOU

Colorado Options 2011

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Dora
Department of Regulatory Agencies
Division of Insurance

Who is eligible?

Do you receive Medicare benefits (Part A and/or Part B)? If so, you qualify for Medicare prescription drug coverage, also known as Medicare Part D. Enrollment is voluntary; however, you will pay a penalty if you do not enroll when you are first eligible unless you have drug coverage that is as good as or better than that offered by Medicare.

Anyone who has been approved for Medicare can enroll in drug coverage during the same period they can enroll in Medicare, usually the three months before and after their 65th birthday month. There are additional Special Enrollment Periods for people with specific circumstances.

Prescription drug plans and drugs covered can vary. It's in your best interest to shop and compare for the plan that best covers your prescriptions. SHIP (Senior Health Insurance Assistance Program) counselors are available throughout Colorado to assist you in selecting the best prescription drug plan to fit your needs. SHIP counselors provide unbiased information on Part D plans at no charge to consumers. Call **1-888-696-7213**.

I already have Part D. Do I need to enroll again or make a change?

If you have a Part D plan in 2010 and you take no action, your plan will probably continue into 2011. There may be new premiums, copays, and drugs that are covered in 2011. We recommend you evaluate your prescription drug coverage each year to determine which plan best fits your needs for the coming year. Plans can, and do, make changes each year. Premiums change and the list of drugs covered by a plan change, so we advise you to review the changes in your plan and the changes in your prescription needs to see if another plan better suits you.

Part D coverage is provided by private insurance companies. Your Part D insurance provider is required to mail an "Annual Notice of Change" to you during October of each year. This notice from your plan will give you information on the premium for the next year along with general changes, but the plan is not required to mail you a complete "formulary" — the list of drugs it covers. It's up to you to find out if the prescription drugs you take will be covered by the plan from year to year. If you have not received your Annual Notice of Change by November 15, call your plan for details.

You can check coverage at www.medicare.gov, on the Medicare website, call **1-800-MEDICARE**, call the plan or check the formulary on the plan's website.

Annual Election Period (AEP) November 15 – December 31, 2010

This is the time to enroll in Medicare prescription drug coverage, or to switch from one plan to another. Your plan will be effective on January 1, 2011, and you will generally have to stay in that plan until the next annual enrollment period, so it's important to review your plan and make sure you have the best one for you. To allow time for your enrollment to be recognized and membership materials to reach you in time for use on January 1, it is best if you complete your enrollment by December 8.

Note: There will be a new AEP starting in the fall of 2011 – October 15 through December 7 for plans to start January, 2012.

Special Enrollment Periods

Those who become eligible for Medicare during 2011, or who have certain special circumstances (such as moving from one coverage area to another, moving in or out of a nursing home, or losing employee coverage), will have a Special Enrollment Period to choose a plan at other times during the year.

Can I get help paying for the cost of my drugs?

You may qualify for "Extra Help" to pay some of your Part D costs if your income and assets, or resources, are limited. People who have "Extra Help" for assistance with their prescription drug costs in 2010 may need to switch coverage in order to continue to have a zero-premium plan in 2011. Four plans that offered no premium in 2010 will have a premium in 2011. To find a plan with no premium, see page 5.

How does Medicare Part D coverage work?

In Colorado, there are 31 stand-alone plans (plans that only cover drugs) provided by private companies approved by Medicare. In addition, there are 20 Medicare Advantage (HMO, PPO and PFFS plans) or other Medicare Health Plans that provide prescription drug coverage in conjunction with health coverage.

Each plan has a different list of covered drugs, premiums, deductibles, co-pays and pharmacy networks. Each company must offer a standard plan, but can also offer enhanced plans with additional coverage. Some offer a plan with no annual deductible, but the drug copays may be higher.

Will I be able to change Medicare Part D plans whenever I want to?

Once you have enrolled, you will not be able to change plans at will unless you have both Medicare and Medicaid or you have other special circumstances. It is important that you choose the plan that provides the best coverage for you. You will be able to change your Part D plan only during the Annual Election Period each year. After that you will be locked into that plan until the end of the year.

What are the special circumstances to note for this Annual Election Period?

There are fewer prescription drug and Medicare Advantage (MA) plans available for 2011. Nearly 16,000 people in Colorado are affected by the reduction in plans and will have to make other choice for health coverage and/or prescription drug coverage. Those people should have gotten letters from their companies informing them of their loss of coverage and other options they may have. Those losing their Medicare Advantage plan health coverage have a special "guarantee issue" period to pick up a different health plan or to return to original Medicare with a Medicare Supplement plan.

FOR MORE HELP IN COMPARING PRESCRIPTION DRUG PLANS, CALL THE COLORADO SHIP AT 1-888-696-7213

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What is the Medicare Part D standard plan?

Congress created the Medicare Part D standard plan and each company offering drug insurance must offer a standard plan. Companies can offer enhanced coverage as well. Under the standard plan, you pay a monthly premium, a deductible before the plan starts paying (\$310 in 2011), and then 25% of the total cost of your drugs during the initial coverage period until you reach the coverage gap, or “donut hole”, when the total cost of the drugs you have purchased equals \$2,840.

If you reach the coverage gap in 2011, you pay a portion of the drug costs, but not the full price as in past years. Due to health care reform, consumers will see a 50% discount on covered brand name drugs and a 7% discount for generic drugs (minus the pharmacy dispensing fee.) The full non-discounted price of the drug counts towards the coverage gap and if the total price of drugs for a consumer equals \$4,550 within a year they would reach the catastrophic coverage level and pay only about 5% of the cost of their drugs. (See chart on this page.)

Are your prescription drugs on the plan’s formulary?

Formularies are lists of drugs for which a Medicare drug insurance plan will pay. Drugs not on the formulary are not covered. Each plan will pay for some brand-name and generic drugs in each therapeutic category, but will not pay for all drugs. You will need to see if your current drugs are on the formulary for the plans you are considering. If not, you will have to pay all of the costs out of your pocket. You should eliminate plans that don’t cover the majority of your prescriptions, especially more expensive brand-name drugs, or consider asking your doctor to switch your prescriptions to those covered by a plan formulary.

Certain types of drugs or categories of drugs are not covered by Medicare prescription drug plans by law. These drugs or categories of drugs are called “exclusions” and include nonprescription drugs; drugs used for anorexia, weight loss or weight gain; drugs used for fertility or sexual dysfunction; and drugs used for cosmetic purposes.

Prescription drug plans also cannot cover drugs used for the relief of cough or colds, or prescription vitamins and mineral products. However some of these may be covered by Parts A or B.

Barbiturates and Benzodiazepines are excluded from coverage as well. However, some Part D prescription drug plans may offer some of those drugs in their enhanced plans. One way to search for coverage is to go to www.medicare.gov and click on “Compare Medicare Prescription Drug Plans.” This tool will allow you to enter the prescriptions you are taking and will show you a list of plans offered in your area. It will also let you know which of your drugs are covered by those plans’ formularies. If you need help using this website or want someone to do this comparison for you, contact your local SHIP office by calling **1-888-696-7213**.

What is the copay for covered drugs?

Several plans may cover your drugs, but copays vary from plan to plan. Most insurers use a “tiered” copay system where payment varies depending on whether it is a generic, preferred brand-name, or non-preferred brand-name drug for that insurer. A few insurers will charge you a set percentage of their costs — such as 25%.

What are the premiums and deductibles?

Medicare drug insurance plan premiums vary widely. In Colorado, stand-alone drug plan premiums for 2011 range from \$14.80 to \$99.90. Plans also have different annual deductible amounts, ranging from \$0 to \$310. Medicare Advantage and Health Plans have monthly premiums that include both health and prescription drug coverage. Those plans have premiums from \$0 to \$246.20 per month.

What coverage gap costs will you pay?

Because of national healthcare reform, the amount a consumer pays during the gap has been lowered. Drug manufacturers will give a 50% discount on covered brand name drugs during the gap. Medicare will provide a 7% benefit on generic drugs purchased in the gap. The gap discounts will continue to rise in years to come until by 2020 consumers will have to pay just 25% of the cost of drugs, as they do in the initial coverage period, effectively closing the gap.

Which pharmacies do you use?

Each insurer has a network of pharmacies where you can use your drug insurance. It is important to ensure that your preferred pharmacy is part of the network for the plan you choose. Drug purchases in out-of-network pharmacies cost more and may not count toward your true out-of-pocket expenses. Generally, most prescription drug plans are accepted at large pharmacy chains. If you use an independent pharmacy, you should ask the pharmacy which Medicare prescription drug plans they accept. Most Medicare drug insurers also offer a mail order pharmacy option.

2011 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums.

DEDUCTIBLE
BENEFICIARY PAYS 100% OR \$310

COVERAGE ZONE
BENEFICIARY PAYS 25% OR \$632.50
PLAN PAYS 75%

COVERAGE ZONE ENDS WHEN TOTAL DRUG COST = \$2,840

COVERAGE GAP (“DONUT HOLE”)
BENEFICIARY PAYS COST MINUS 50% BRAND DRUG DISCOUNT AND
7% GENERIC DRUG BENEFIT.
TOTAL COST OF DRUGS DURING GAP = \$3607.50

GAP ENDS WHEN TOTAL DRUG COST = \$6,447.50

CATASTROPHIC COVERAGE
BENEFICIARY PAYS NO MORE THAN 5%
PLAN PAYS 15%, MEDICARE PAYS 80%

If you have employer or retiree drug insurance

If you have good drug benefits through your or your spouse's current employer plan, or with a retiree plan, you may keep your current coverage. If Medicare considers your employer retiree coverage to be as good as Medicare coverage (creditable coverage), you will not pay a higher premium if you choose to enroll in a Medicare prescription drug plan later. You should receive a notice regarding your prescription drug coverage from your employer plan before November 15. If not, you should contact your benefits administrator to find out if your drug coverage is creditable. Keep that information so you can use it to document your current coverage.

IT IS IMPORTANT THAT YOU CONTACT YOUR BENEFITS ADMINISTRATOR BEFORE MAKING ANY DECISIONS REGARDING YOUR PRESCRIPTION DRUG COVERAGE. IF YOU CHOOSE A MEDICARE PART D PLAN OUTSIDE YOUR EMPLOYER COVERAGE, YOU MAY LOSE YOUR EMPLOYER COVERAGE AND MAY NOT BE ABLE TO GET IT BACK.

If you have coverage through FEHBP, TRICARE for Life or VA

If you have prescription drug benefits through Federal Employees Health Benefits Program (FEHBP) or TRICARE for Life, you may enroll in Medicare prescription drug coverage, if you choose. However, the drug coverage through these plans is better than the Medicare prescription drug plan coverage.

You might want to enroll in a Medicare drug plan if you are eligible for Extra Help in paying your prescription drug costs. You cannot receive the Extra Help through your FEHBP or TRICARE for Life. Extra Help may provide lower drug copays than your retiree plan.

If you have coverage through Veteran's Affairs (VA), you have the option of getting your prescriptions through the VA **and** enrolling in a Medicare prescription drug plan. You **cannot** use both VA coverage and Medicare coverage at the same time. However, you can use your Medicare prescription drug coverage to receive Extra Help and to fill prescriptions at pharmacies outside the VA system.

If you currently have little or no drug costs

If you currently have little or no drug costs, you may be asking yourself why you should enroll in a Medicare prescription drug plan. It is important to remember that Medicare drug coverage is an insurance program designed to protect you now and in the future.

Insurance is something that cannot be purchased only when you need it and you cannot predict your future prescription needs. The longer you delay, the more it will cost. The penalty is a monthly surcharge of 1% for each month that you are eligible and do not enroll. The 1% is based on the national average premium for all prescription drug plans, which is \$32.34 for 2011. It's not as simple as 1% per month, because there are times that you cannot enroll in Part D, as the Annual Election Period is only at the end of each year.



As an example, if you become eligible for Medicare in April of 2011, you would have up to three months (through July) after your month of eligibility to enroll in Medicare Part D with no penalty. If you chose not to enroll then and decided to enroll during the next Annual Election Period at the end of the year, you would have a five month – or 5% of the 2012 national average premium – penalty for as long as you have prescription drug coverage. This would show up as a surcharge to your monthly premium. If you wait another year, your penalty would be the 5% for this year, plus another 12% for next year, or 17% when your plan starts.

If you don't take many prescriptions at this time, ask yourself if you may need prescription drug coverage in the future. If you don't sign up during this Annual Election Period and you are diagnosed with a disease in February that will require extensive and expensive drugs, you will have to wait until the end of that year to enroll in prescription drug coverage to begin the first of the following year.

If you have drug coverage through a Medigap plan

Prior to January 1, 2006, some Medicare Supplement Insurance or "Medigap" plans (H, I and J) offered drug coverage. Effective January 1, 2006, no Medigap plans are allowed to include drug coverage, but people who already had plans are allowed to keep the drug coverage. If they change their minds and want to take Part D, they must enroll during the Annual Election Period and pay the 1% per month surcharge for every month they didn't have Part D coverage.

If you have drug coverage through a Medigap plan, you will generally save money and get better coverage with Medicare Part D. If you have Medigap drug insurance, you will be required to drop it prior to enrolling in a Medicare prescription drug plan. **YOU WILL NOT BE ALLOWED TO KEEP BOTH.**

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE AND PRESCRIPTION DRUG PLAN WEBSITES IN OCTOBER 2010. THIS INFORMATION IS SUBJECT TO ERROR. PLEASE CONFIRM ALL INFORMATION WITH DRUG PLAN.

Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Annual Deductible	Coverage in Gap	Tiered Copays	Mail Order	
Aetna Medicare 1-800-529-5586 www.aetnamedicare.com	Aetna Medicare Rx Costco Plus Plan (S5810-231) Aetna Medicare Rx Essentials (S5810-061) Aetna Medicare Rx Premier (S5810-197)	As of the printing of this newspaper, the Aetna plans were under sanction by CMS and not available for enrollment by new members. Current members in 2010 can stay with the coverage, but must get plan detail and drug coverage information from Aetna.					
Anthem Blue Cross/Blue Shield 1-800-261-8667 www.anthem.com	Blue MedicareRx Standard (S5596-025) Blue MedicareRx Plus (S5596-026) Blue MedicareRx Premier (S5596-027)	\$36.70 \$65.80 \$111.70	\$310 \$0 \$0	None P-Gs Many Gs/Some B's	\$4/\$7/\$38/25%/25% \$4/\$7/\$43/\$85/33% \$6/\$43/\$85/33%/33%	Yes Yes Yes	
BravoRx 1-800-723-9209 www.bravohealth.com	BravoRx Basic (S5998-031)	\$32.70	\$310	None	25%	Yes	
CIGNA MedicareRx 1-800-735-5681 www.cignamedicarerx.com	CIGNA Medicare Rx Plan One (S5617-133) CIGNA Medicare Rx Plan Two (S5617-197)	\$59.50 \$78.50	\$310 \$0	None Few Gs	\$3/\$30/\$78/25% \$0/\$3/\$35/\$78/33%	Yes Yes	
EnvisionRxPlus 1-866-250-2005 www.envisionrx.com	EnvisionRxPlus Silver (S7694-027) EnvisionRxPlus Gold (S7694-061)	\$41.00 \$54.10	\$310 \$150	None Many Gs	25% \$4/25%/\$25/25%/25%	Yes Yes	
First Health Part D/Coventry Health Care 1-800-588-3322 www.firsthealthpremier.com	First Health Part Premier (S5768-119) First Health Part D-Premier Plus (S5670-138)	\$30.80 \$97.20	\$150 \$0	None None	\$9/16%/35%/29% \$0/\$25/30%/57%/33%	Yes Yes	
Health Net 1-800-606-3604 www.healthnet.com	Health Net Orange Option 1 (S5678-060) Health Net Orange Option 2 (S5678-059)	\$41.00 \$89.40	\$310 \$0	None None	\$4/\$35/\$75//25%/25% \$2/\$34/\$68/33%/33%	Yes Yes	
HealthSpring Prescription Drug Plan 1-800-331-6293 www.healthspring.com	HealthSpring Prescription Drug Plan-Reg 27 (S5932-026)	\$35.60	\$310	None	25%	Yes	
Humana Insurance Company 1-800-706-0872 www.humanamedicare.com	Humana Walmart-Preferred Rx Plan (S5884-111) Humana PDP Enhanced (S5884-085)	\$14.80 \$47.40	\$310 \$0	None Few Gs	\$2/\$5/20%/35% \$7/\$40/\$71/33%	Yes Yes	
Medco Medicare Prescription Plan 1-800-758-3605 www.medcomedicare.com	Medco Medicare Prescription Plan-Value (S5660-129) Medco Medicare Prescription Plan-Choice (S5660-197)	\$43.80 \$71.90	\$310 \$250	None Many Gs	25% \$6/\$40/\$95/26%	Yes Yes	
RxAmerica 1-800-429-6686 www.meds4medicare.com	Advantage Star Plan by RxAmerica (S5644-200)	\$31.50	\$310	None	\$5/25%/\$95or35%/25%	Yes	
Silverscript Insurance Company 1-866-552-6106 www.silverscript.com	CVS Caremark Value (S5601-054) CVS Caremark Plus (S5601-055)	\$31.40 \$82.30	\$310 \$0	None Many Gs	\$5/\$42/\$95/25% \$2/\$5/\$35/\$90/33%	Yes Yes	
Sterling Life Insurance Co. 1-866-454-7141 www.sterlingplans.com	Sterling Rx (S4802-017)	\$50.90	\$100	None	\$4/\$21/\$38/25%	Yes	
United American Insurance Co. 1-866-299-3406 www.uamedicarepartd.com	UA Medicare Part D Prescription Drug Cov (S5755-030)	\$53.30	\$100	None	\$10/\$45/\$95/30%	Yes Yes	
UnitedHealthcare 1-888-867-5564 www.partdcentral.com	AARP MedicareRx Preferred (S5820-026) AARP MedicareRx Enhanced (S5921-223)	\$40.30 \$99.90	\$0 \$0	None Some Gs	\$7/\$45/\$90/33% \$5/\$40/\$74/33%	Yes Yes	
Universal American 1-866-423-5040 www.universalamerican.com	Community CCRx Basic (S5803-096) Community CCRx Choice (S5803-164)	\$30.90 \$87.80	\$310 \$0	None None	\$2/32%/58%/25% \$0/\$35/\$65/33%	No No	
WellCare 1-888-547-5252 www.wellcarepdp.com	WellCare Classic (S5967-164) Wellcare Signature (S5967-061)	\$32.50 \$57.30	\$310 \$0	None None	\$0/\$42/\$91/25% \$0/\$40/\$81/33%	Yes Yes	

Coverage in Gap: Gs = Generics P-Gs = Preferred Generics B's = Brand Name Drugs

Copayments: The amount the consumer pays to receive a drug. In the copayment column the first figure is for Tier 1 drugs – generics. Second for Tier 2 drugs – common brand name drugs. Third for Tier 3 drugs – higher price brand name drugs. Fourth for Tier 4 drugs – specialty drugs.

In order to assure the safety of the consumer's health and to control drug costs, Medicare drug plans are allowed to place restrictions on drugs. Prior authorization means that the doctor must ask the plan's permission before prescribing the drug. Step therapy means the doctor must demonstrate that a lower cost generic drug does not work for you before prescribing a higher cost brand-name drug. Plans can also place quantity limits on the amount of any drug you can get in one month. The patient and his/her doctor must consider those restrictions when deciding on a drug therapy. Sometimes it is better for an individual to choose a higher cost plan without drug restrictions than to choose a lower cost plan with multiple restrictions. To determine if there are restrictions on your drugs, you may visit the Medicare website (www.medicare.gov), call **1-800-MEDICARE** or ask a SHIP counselor for assistance.

LOW COST PRESCRIPTION DRUG PLANS

For those with Medicaid, Medicare Savings Program, or Extra Help

People with both Medicare and Medicaid

If you have both Medicare and Medicaid, you will qualify automatically for a special low cost Medicare drug plan, and you are allowed to switch plans any month of the year, for coverage to begin the first day of the following month.

If you are receiving both Medicare and Medicaid, or have a Medicare Savings Program (QMB, SLMB or QI) that pays your Medicare Part B premium, you should compare and actively choose a drug plan that includes the majority of your prescription drugs, especially the most expensive drugs.

Medicare does not evaluate your drugs to determine which plan would be best for you; automatic enrollment is done at random.

You should use the Medicare plan finder at www.medicare.gov, call **1-800-MEDICARE**, or contact a SHIP counselor at **1-888-696-7213** for assistance in determining which plan is best for you.

For those with Medicaid, Medicare Savings Plans, or SSI, the cost of the prescription drug plan is reduced. If you choose one of 7 prescription drug plans listed you will pay no monthly premium, no deductible and low drug copays (\$1.10 or \$3.30 for generics, \$2.50 or \$6.30 for brand-name drugs). Additionally, there is no coverage gap. If you find that your prescriptions are better covered under a prescription drug plan other than those listed, you may choose that one and you will pay a partial premium.

The no-premium plans for those with Medicaid, a Medicare Savings Program, or on SSI for 2011 are:

- Advantage Star Plan
- Humana Walmart-Preferred Rx Plan
- BravoRx
- CVS Caremark Value Plan
- Community CCRX Basic
- Wellcare Classic
- First Health Part D-Premier

"Extra Help" paying for the cost of drugs for those with limited income and resources

Congress created Extra Help for people with limited resources. Extra Help means you pay little or no premium, have a low deductible, no gap and low co-payments for each of your prescriptions. You can choose from the prescription drug plans listed on this page which have little or no monthly premium or choose another plan and pay a partial premium.

Income limits for 2010 (may change in April of 2011):

Single Person Income \$1,354/month (\$16,245 annually)
Couple Income \$1,821/month (\$21,855 annually)

Asset/Resource limits for 2010 (may change in January of 2011):

Single Assets/Resources \$12,510
Couple Assets/Resources \$25,010

Asset/Resource limits include cash, savings and stocks, but do not include your house (or the land on which it sits), personal possessions or vehicles.

If you think you qualify, contact the Social Security Administration (SSA) or SHIP for assistance.

Tips to protect yourself from healthcare fraud:

Treat your Medicare card and your Social Security number like a medical credit card. Protect that information.

Medicare does not sell anything and does not allow:

- Calls to your home asking for your personal information for "card renewal" or "plan renewal".
- Sales people to come to your door uninvited.
- Sales people to say they represent or are endorsed by Medicare.
- Sales people to enroll you in a plan over the phone.
- Calls to you asking for your Social Security number, Medicare number, or banking information.
- Companies to provide free meals to potential clients.

Always read your Medicare Summary Notice or health care billing statement. Look at three things on your statement:

- Charges for service you did not get.
- Billing for the same thing twice.
- Services that were not ordered by your doctor.

Don't Be a Target ...

Protect: Protect yourself from Medicare errors, fraud, and abuse.

Detect: Learn to detect potential errors, fraud, and abuse.

Report: If you suspect that you have been the target of errors, fraud or abuse, report it.

If you suspect fraudulent Medicare activity,
call Colorado's SMP program

1-800-503-5190



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Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Annual Deductible	Coverage in Gap	Tiered Copays	Mail Order
AARP MedicareComplete from SecureHorizons 1-800-547-5145 www.aarpmedicareplans.com	AARP MedicareComplete Plan 1 HMO (H0609-002)	\$40.00	\$0	Some Gs	\$5/\$42/\$80/33%	Yes
	AARP MedicareComplete Plan 1 HMO (H0609-007)	\$54.00	\$0	None	\$5/\$42/\$80/33%	Yes
	AARP MedicareComplete Plan 2 HMO (H0609-012)	\$0.00	\$0	None	\$6/\$42/\$80/33%	Yes
Aetna Medicare 1-800-832-2640 www.aetnamedicare.com	Aetna Medicare Select HMO (H6923-001)	As of the printing of this publication, the Aetna plans were under sanction by CMS and not available for enrollment by new members and no plan information was available. Current members in 2010 can stay with the coverage, but must get plan detail and drug coverage information from Aetna.				
	Aetna Medicare Premier HMO (H6923-003)					
	Aetna Medicare Select PPO (H5521-028)					
Anthem Blue Cross/Blue Shield 1-800-797-1746 www.anthem.com	SureValue Basic HMO (H5679-001)	\$0.00	\$0	Many Gs	\$7/\$43/\$85/33%/33%	Yes
	SureValue Enhanced HMO (H5679-002)	\$52.00	\$0	Many Gs	\$7/\$43/\$85/33%/33%	Yes
Colorado Access 303-751-2436 www.coaccess.com	Colorado Access Advantage - Plan E HMO (H0621-006)	\$32.80	\$310	None	\$6/\$45/\$95/25%	Yes
Denver Health Medical Plan 303-602-2111 www.denverhealth.org	Denver Health Medicare Select HMO (H5608-002)	\$32.80	\$310	None	25%	Yes
Humana Insurance Company 1-800-611-1481 www.humanamedicare.com	Humana Gold Plus HMO (H5921-001)	\$20.00	\$0	Few Gs & Bs	\$8/\$42/\$75/33%	Yes
	HumanaChoice PPO (H0623-001)	\$55.00	\$0	Few Gs & Bs	\$8/\$42/\$80/33%	Yes
	Humana Gold Choice PFFS (H8145-123)	\$59.00	\$0	Few Gs & Bs	\$8/\$41/\$80/33%	Yes
Kaiser Permanente 1-877-408-3492 www.kaiserpermanente.com	KP Senior Advantage Core HMO (H0630-013)	\$0.00	\$0	Gs	\$10/\$45/25%	Yes
	KP Senior Advantage Core HMO (H0630-017)	\$0.00	\$0	Gs	\$9/\$45/25%	Yes
	KP Senior Advantage Silver HMO (H0630-015)	\$48.00	\$0	Gs	\$10/\$45/25%	Yes
	KP Senior Advantage Silver HMO (H0630-018)	\$42.00	\$0	Gs	\$8/\$45/25%	Yes
	KP Senior Advantage Plus Choice HMO-POS (H0630-019)	\$82.00	\$0	Gs	\$10/\$35/25%	Yes
	KP Senior Advantage Gold HMO (H0630-016)	\$177.00	\$0	Gs	\$8/\$30/25%	Yes
Rocky Mountain Health Plans 1-888-251-1330 www.rmhp.org	Rocky Mountain Standard Plan + Rx (Cost) (H0602-017)	\$116.10	\$0	None	\$10/\$40/\$60/33%	Yes
	Rocky Mountain Standard Plan + Rx (Cost) (H0602-020)	\$99.10	\$0	None	\$10/\$40/\$60/33%	Yes
	Rocky Mountain Standard Plan + Rx (Cost) (H0602-022)	\$135.50	\$0	None	\$10/\$40/\$60/33%	Yes
	Rocky Mountain Plus Plan + Rx (Cost) (H0602-019)	\$246.20	\$0	Gs	\$8.50/\$8.50/\$38/\$58/33%	Yes
	Rocky Mountain Thrifty Plan + Rx (Cost) (H0602-036)	\$69.80	\$110	None	\$2/\$12/\$40/\$60/30%	Yes
	Rocky Mountain Thrifty Plan + Rx (Cost) (H0602-038)	\$68.90	\$110	None	\$2/\$12/\$40/\$60/30%	Yes
	Rocky Mountain Thrifty Plan + Rx (Cost) (H0602-039)	\$79.90	\$120	None	\$2/\$13/\$44/\$64/30%	Yes
	Rocky Mountain Green Plan + Rx (Cost) (H0602-043)	\$39.20	\$115	None	\$2/\$9/\$43/\$63/30%	Yes
Sterling Life Ins. Company 1-866-454-7141 www.sterlingplans.com (El Paso & Pueblo Counties Only)	Sterling Connect 2 PFFS (H3410-003-4)	\$70.70	\$200	None	\$4/\$18/\$40/25%	Yes
Universal American 1-800-996-8867 www.universalamerican.com (Baca County Only)	Today's Options Premier 850F powered by CCRx PFFS (H5421-074)	\$106.00	\$310	None	\$4/\$40/\$80/25%	No
	Today's Options Premier 450A powered by CCRx PFFS (H5421-068)	\$166.00	\$150	Many Gs & Some Bs	\$4/\$35/\$65/29%	No

Coverage in Gap: Gs = Generics P-Gs = Preferred Generics B's = Brand Name Drugs

Copayments: The amount the consumer pays to receive a drug. In the copayment column the first figure is for Tier 1 drugs – generics. Second for Tier 2 drugs – common brand name drugs. Third for Tier 3 drugs – higher price brand name drugs. Fourth for Tier 4 drugs – specialty drugs.

Special Needs Plans are for people who are on both Medicare and Medicaid, or reside in an institution. The monthly premiums, deductibles and co-payments for drugs depend upon the level of assistance the member receives from Medicaid and whether the member lives in an institutional setting (nursing home). For information on which drugs are covered by these plans, contact the plan, www.medicare.gov or a SHIP counselor.

Company Name & Contact Information	Plan Name and ID Number / Plan Designation	Monthly Premium	Deductible	Tiered Copay Without Assistance	Coverage in Gap
Colorado Access 303-751-2436 www.coaccess.com	Colorado Access Advantage - Plan D HMO (H0621-001) Dual Eligible Medicare & Medicaid	\$0	\$0	See note below	No gap for dual eligibles
	Colorado Access Advantage - Select D HMO (H0621-009) Dual Eligible Medicare & Medicaid	\$0	\$0	See note below	No gap for dual eligibles
Denver Health Medical Plan 303-602-2111 www.denverhealth.org	Denver Health Medicare Choice HMO (H5608-001) Dual Eligible Medicare & Medicaid	\$0	\$0	See note below	No gap for dual eligibles
Evercare by UnitedHealthcare 1-888-834-3721 www.evercarehealthplans.com	Evercare Plan DH HMO (H0624-001) Dual Eligible Medicare & Medicaid	\$0	\$0	See note below	No gap for dual eligibles
	Evercare Plan IH-POS HMO-POS (H0624-004) In Institutional Setting	\$0 - \$20	\$0 - \$310	\$25%	None
Kaiser Permanente Senior Advantage 1-877-408-3492 www.kaiserpermanente.org/medicare	Senior Advantage Medicare Medicaid Plan HMO (H0630-014) Dual Eligible Medicare & Medicaid	\$0	\$0	See note below	No gap for dual eligibles

NOTE: If you qualify for Medicaid, you will receive assistance in paying your monthly premiums and deductible. There are varying levels of assistance. Make sure to check with your plan provider to find out what you owe after assistance.

Beneficiaries who qualify for Medicaid (also known as dual-eligibles) will pay different copays based on the level of aid they qualify for. For generic drugs, the copays are \$0 or \$1.10 or \$2.50. For brand name drugs, the copays are \$0 or \$3.30 or \$6.30.

Medicare Advantage (MA) & other Health Plans – Enrollment Opportunities

In past years consumers wanting to purchase or drop a Medicare Advantage health plan could do that during the Annual Election Period and also make one change between January and March. Beginning in 2011 the MA change period is gone. Consumers that enrolled in an MA plan for January 1 will be allowed to drop it by February 14, but after that time will not be able to change for the rest of the year unless there are special circumstances.

During the period between January 1 and February 14, if a consumer elects to drop an MA plan (with or without drug coverage) the consumer will return to having original Medicare and may elect to join a prescription drug plan. The consumer would contact the prescription drug plan to enroll and coverage would start at the beginning of the next month. The consumer should also contact the MA plan about disenrollment procedures. The plan may require disenrollment in writing.

After this disenrollment period the consumer will be locked into that choice until the end of the year. This is rather confusing, so here are some examples of what you can do during this Medicare Advantage Disenrollment Period of Jan 1 through February 14.:

- If you have a Medicare Advantage Plan WITH prescription drug coverage you can drop that plan and return to Original Medicare. You will have to enroll in a stand-alone prescription drug plan in order to have drug coverage.
- If you have a Medicare Advantage Plan WITHOUT prescription drug coverage, you can drop that plan and go back to Original Medicare. You can pick up a prescription drug plan if you'd like. You can be subject to penalties for the time you did not have creditable drug coverage.



Medicare Advantage Plans without Drug Coverage

All of the Medicare Advantage (MA) Plans listed on Chart 2 have prescription drug coverage. There are MA plans for health coverage only that are designed for those who have some other type of prescription coverage or those who choose not to have drug coverage. If you're interested in a plan with no drug coverage, you can contact the plans listed in Chart 2 for details. There is one company in Colorado not listed in this chart because none of their plans include drug coverage. Colorado Choice (719-589-3696) offers MA coverage in the San Luis Valley area.

Determining Drug Coverage and Costs and the best coverage for you

We have explained how prescription drug coverage works and listed the plans that provide prescription drug coverage or health coverage with drug coverage. The next step in choosing prescription drug coverage is to search on www.medicare.gov. This website has a wealth of information and publications about Medicare. It also has a tool called the Medicare “plan finder” that provides a way to search for plans that cover the drugs you take. Here are the steps you need to take.

First, go to the www.medicare.gov website.

Second, click on the blue button on the left “**Health and Drug Plans**”. Then **click** on “**Compare Drug and Health Plans**”.



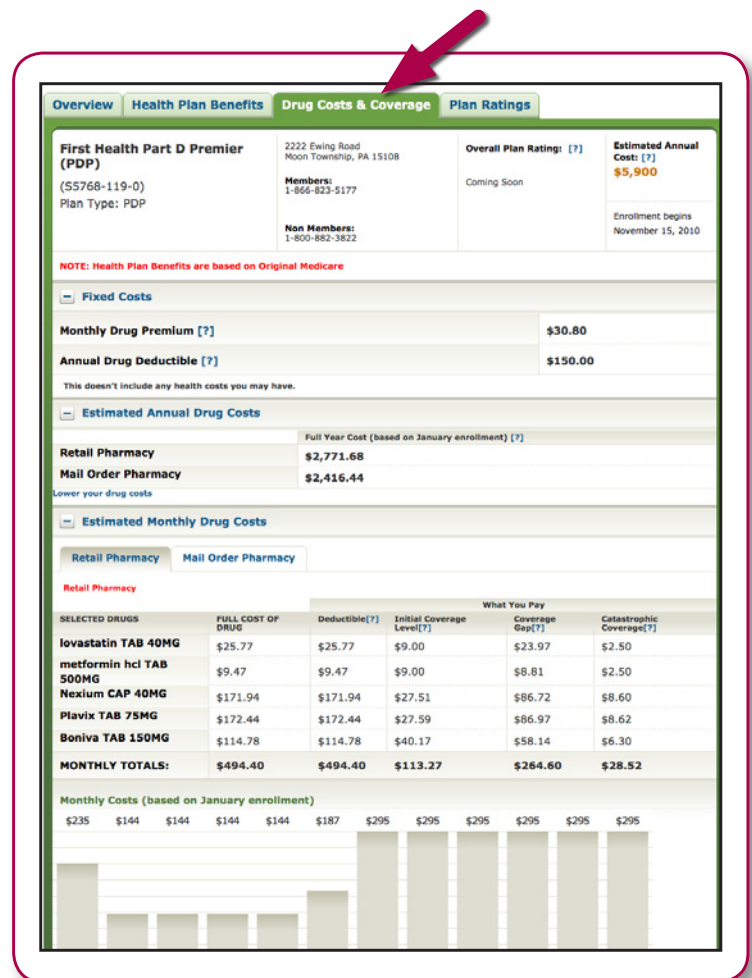
Next you’ll find a screen where you enter your **zip code**, to find plans available in your area. At this point you can move forward with just the zip code for a general search, or enter your personal information for a search to compare your current coverage. After you enter the information, **click** on “**Find Plans**”.

The next four screens allow you to customize your information to make the search specific to your needs. **Step 1** asks for information about your current coverage. **Step 2** allows you to enter the drugs you take.

This is a very important step. The more detail you provide about the prescriptions you take, with the appropriate dosages and frequency, the more customized the search will be to your specific needs. Once you’ve entered your prescriptions the plan finder will save the information and generate a “Drug List ID”, a 10-digit number with the date you started your search. If you save that information you can go into the plan finder at another time to adjust and edit that list and review the options. This list saves from year to year.

Step 3 involves selecting your pharmacies. You may skip this step, if pharmacy choice is not important to you. **Step 4** asks for you to review your information.

After you make it through Step 4 the plan finder will list the stand-alone prescription drug plans, the Medicare Advantage and health plans with prescription drug coverage and the health plans without drug coverage. If you click on a plan name you will get detailed information on that plan, the premiums, how your medications are covered, and estimated annual costs. Be sure to **click** on the tab “**Drug Costs and Coverage**” as this gives details on co-payments and drug coverage by the plan.



Where do I get more information and assistance?

The **Colorado SHIP** (Senior Health Insurance Assistance Program) includes Colorado organizations that can help you with questions and can provide one-on-one assistance. **SHIP materials are developed by people who do not market Medicare prescription drug plans.** Call the Colorado SHIP at **1-888-696-7213**.

The **Social Security Administration** (SSA) takes applications and determines eligibility for the Extra Help program. Contact SSA from 7 am to 7 pm weekdays at **1-800-772-1213**. You may obtain more information and/or complete an on-line application at www.ssa.gov.

Medicare can provide information on how drug plans cover your current prescriptions. You can get this information at their website - www.medicare.gov - or by calling **1-800-MEDICARE** (1-800-633-4227) 24 hours a day, 7 days per week. Medicare can provide information for residents of any state.

The **National Access to Benefits Coalition** has a helpful website at www.accesstobenefits.org. Additionally, the **BenefitsCheckUp** website at www.benefitscheckup.org can help you determine whether you may be eligible for other assistance programs.