

MEDICARE DRUG INSURANCE AND YOU

Colorado Options 2012

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What is Part D coverage, how does it work?

Medicare prescription drug coverage, known as “Part D”, is prescription drug insurance provided by private insurance companies. The plans change each year, so new information is summarized annually in this publication. Part D coverage is available in one of two ways: a “Stand Alone” Part D plan is coverage that you can get separate from any other health insurance. “Medicare Health Plan plus Part D” is coverage that you purchase along with your Medicare health plan. All Part D plans sold in Colorado have been approved by Medicare.

In Colorado for 2012 there are 28 Stand Alone plans. Each of those 28 plans is sold throughout the state. In addition, there are 33 Medicare Health Plans (HMO, PPO, PFFS, Cost Plans) and 5 Medicare Health plans for special populations (Special Needs Plans) that include Part D coverage. Medicare Health Plan availability varies by county, so not all Medicare Health Plans are available throughout the state.

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.

Who can get Part D coverage, how and when do I enroll?

If you have Medicare Part A, Part B, or both, you are eligible to have Medicare Part D. Many people will first enroll in a Part D plan during the same period they enroll in Medicare Part A and B: three months before, the month of, and three months after their 65th (7 month Initial Enrollment Period).

Enrollment occurs when you review plans, pick one, and then call that plan, call Medicare, or enroll on line to indicate which plan you have chosen.

There are additional Special Enrollment Periods for situations such as moving from one coverage area to another, moving in or out of a nursing home, or losing employer coverage. Some people have coverage from another source and might not need to get a Part D plan (see “Who might be thinking about skipping Part D”, p. 3).

Contact Social Security at 1-800-772-1213 or your local Senior Health Insurance Assistance Program (SHIP), at 1-888-696-7213 for additional information about the timelines for enrolling in Medicare Parts A, B, and D.

BEGINNING THIS YEAR ANNUAL OPEN ENROLLMENT IS EARLIER!

Part D Annual Open Enrollment Period (AEP)

October 15 – December 7, 2011 - This is the time to enroll in Medicare Part D or to switch plans. Your choice will take effect on January 1, 2012. You will not be able to change plans again until the AEP next year.

Medicare Health Plans Annual Enrollment Period (AEP)

October 15 – December 7, 2011 – You can enroll in or switch in or out of a Medicare Health Plan during the AEP. (Cost Plans have less restrictive rules).

Medicare Health Plans Disenrollment Period

January 1 – February 14 – If you are enrolled in a Medicare Advantage type of Health Plan and you change your mind, you have an opportunity to disenroll, go back to Original Medicare at this time, and add a Stand Alone Part D Plan.

Other Enrollment Periods

You may qualify for other enrollment periods based on plan ratings or events such as becoming eligible for Medicare, eligibility for Extra Help, moving out of your plan area, or losing employer coverage. Call 1-800-Medicare or see *Medicare & You 2012* for more information. Be sure to get reliable information for your situation so you know when to take action and what time limits may apply.

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FOR MORE HELP COMPARING PART D PLANS OR OTHER QUESTIONS, CALL 1-800-MEDICARE OR YOUR LOCAL SHIP AT 1-888-696-7213

Changing Part D plans – whether, when, and how

If you already have a Part D plan that is continuing into 2012 you don't need to take any action to continue into 2012. You should have received an "Annual Notice of Change" from your Part D insurance provider by September 30. This notice gives you information on the premiums and general changes, but it does not have to include changes about what drugs will be covered by the plan.

Plans often make changes annually - there may be new premiums, copays, and changes in the lists of drugs that are covered. We recommend you evaluate your prescription drug coverage each year to determine which plan best fits your needs for the coming year. You can compare plans yourself at www.medicare.gov (see "Do-It-Yourself Plan Comparison Searches", p. 8) or get help by calling Medicare (1-800-633-4227) or your local SHIP counselor (1-888-696-7213).

Starting this year, you can enroll or change your Part D plans and Medicare Health Plans from October 15 through December 7. The enrollment change will take effect on January 1, 2012. You can make this change by calling Medicare (1-800-633-4227), calling your new plan choice, or making your enrollment selection on line at www.medicare.gov.

Part D Standard Plan for 2012:

The diagram below shows the structure of what is called the "Standard Plan" for 2012. Each Part D insurer must offer a plan that is equivalent to this plan. They can also sell "enhanced" plans that have more generous coverage, usually for a higher premium. Few plans have the identical costs as described in the Standard Plan, but they can be sold because they are overall financially equivalent.

Premiums and Deductibles

Premiums are the monthly cost of purchasing the Stand Alone Part D coverage or the Medicare Health Plan. The **deductible** is the amount of money you have to pay out of pocket at the beginning of the year for your medications before your insurance begins to pay its share.

Copays

Copays vary from plan to plan and within plans depending on the medication. Most insurers use a "tiered" system where copays are lowest for generics, and highest for brand name drugs. Each plan may also have "preferred" and "non-preferred" drugs that will also affect the copays.

Medicare drug insurance plan premiums for 2012 vary from \$15.10 to \$127.40 for Stand Alone Plans, and from \$0 to \$246.20 for Medicare Health Plans with drug coverage. Deductibles range from \$0 to \$320 for Stand Alone Plans, and from \$0 to \$320 for Medicare Health Plans with drug coverage.

Coverage Gap (also known as the Donut Hole)

The Coverage Gap has been a feature of the Part D Standard Plan since its beginning in 2006. It became known as the "Donut Hole" because it is a hole in coverage in the middle of your insurance. Because of health care reform, the Coverage Gap is shrinking and is due to be discontinued altogether by 2020. In 2012, half of the cost of brand name covered drugs will be paid for by the drug manufacturers during the Coverage Gap, and the other half will be paid for by the consumer. 14% of the cost of generic drugs will be paid for by Medicare, and the other 86% will be paid for by the consumer.

Formularies

Formularies are the lists of drugs covered by the drug insurance plan. When drugs are not on the formulary, you pay full price. Each plan will pay for some brand-name and some generic drugs in each therapeutic category, but not all drugs. You will need to see if your drugs are on the formulary for your plan in 2012, or are on the plan you are considering for enrollment. If not, you will have to pay the full costs for those drugs out of pocket. You should eliminate plan choices that don't cover the majority of your prescriptions, especially more expensive brand-name drugs, or consider asking your doctor if you can be switched to those drugs that are covered by your plan.

Certain types of drugs or categories of drugs are not covered by Part D plans, including over-the-counter drugs, drugs for weight problems, fertility or sexual dysfunction, or cosmetic purposes. These are known as "exclusions".

One class of drugs, benzodiazepines, is currently excluded, but will be covered in 2013. Barbiturates are also currently excluded but will be covered in 2013 for treatment of certain medical conditions.

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.

2012 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums.

DEDUCTIBLE
BENEFICIARY PAYS 100% OR \$320

COVERAGE ZONE
BENEFICIARY PAYS 25% OR \$652.50
PLAN PAYS 75%

COVERAGE ZONE ENDS WHEN TOTAL DRUG COST = \$2,930

COVERAGE GAP ("DONUT HOLE")
BENEFICIARY PAYS COST MINUS 50% BRAND DRUG DISCOUNT AND
14% GENERIC DRUG BENEFIT.
TOTAL COST OF DRUGS DURING GAP = \$3727.50

GAP ENDS WHEN TOTAL DRUG COST = \$6,657.50

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

You have employer or retiree drug insurance

If you have drug benefits through your or your spouse's current employer plan or with a retiree plan, you may be able to keep your current coverage. If Medicare considers this coverage to be as good as or better than Medicare Part D ("creditable coverage"), you do not need to enroll in a Part D plan. If you later lose that coverage, you can then enroll in a Part D plan without facing a penalty for late enrollment. Each year you should receive a notice regarding your coverage and confirming if your coverage is "creditable". Save this notice. If you have not received a notice by mid October, contact your benefits administrator to request one. It is important that you contact your benefits administrator before making ANY decisions regarding your prescription drug coverage. If you choose a Part D plan outside your employer coverage, you could lose your employer health coverage entirely – ASK FIRST!

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 typically 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.

You have little or no drug costs

If you currently have little or no drug costs, you may be thinking about not enrolling in Part D and using the marketplace to shop for medications when needed. Consider that, like any other insurance, Part D is designed to protect you now and in the future; most people can't predict what their health care needs will be in six months.

The disadvantages of delaying enrollment include: **1)** you risk not having the coverage if you need it; **2)** after your first opportunity to enroll has passed, you will only have yearly opportunities to enroll during the Annual Enrollment Period October 15 – December 7, with an effective date of January 1 of the following year; **3)** if you do enroll at a later date, you will likely have to pay a penalty for late enrollment (**see "Penalties for Late Enrollment", p. 7**).



You have drug coverage through a Medicare Supplement issued before 2006

If you still have drug coverage from a Medicare Supplement issued before 2006, it is not creditable coverage and your penalty for late enrollment into Part D will increase each year you postpone the coverage. If and when you enroll in a Part D plan, be sure to notify your Medicare Supplement company that you no longer want drug coverage as part of the Supplement; you cannot have both.

Medication management, prior authorization, step therapy and quantity limits

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.

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2011. THIS INFORMATION IS SUBJECT TO ERROR. PLEASE CONFIRM ALL INFORMATION WITH DRUG PLAN.

Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Tiered Copays	Annual Deductible	Coverage in Gap
Aetna Medicare 1-800-529-5586 www.aetnamedicare.com	Aetna Medicare Rx Essentials (PDP) (S5810-061)	\$55.60	\$3 -\$40, 25% - 39%	\$320	None
	Aetna Medicare Rx Premier (PDP) (S5810-197)	\$94.50	\$4 -\$80, 33%	\$0	Many Gs
Anthem Blue Cross/Blue Shield 1-800-261-8667 www.anthem.com	Blue MedicareRx Standard (PDP) (S5596-059)	\$39.20	\$2 - \$90, 25%	\$320	None
	Blue MedicareRx Plus (PDP) (S5596-060)	\$73.40	\$2 - \$90, 33%	\$0	Some Gs
	Blue MedicareRx Premier (PDP) S5596-061)	\$127.40	\$2 - \$90, 33%	\$0	Many Gs, Some Bs
CIGNA Medicare Rx 1-800-735-1459 www.cignamedicarerx.com	CIGNA Medicare Rx Plan One (PDP) (S5617-133)	\$55.90	\$3 - \$85, 25%	\$320	None
Community CCRx PDP 1-866-423-5040 www.communityccrx.com	Community CCRx Basic (PDP)**** (S5803-096)	\$30.20	\$2 - \$25, 49%	\$320	None
	Community CCRx Choice (PDP) (S5803-164)	\$90.50	\$0 - \$70, 33%	\$0	None
EnvisionRxPlus 1-866-250-2005 www.envisionrx.com	EnvisionRxPlus Silver (PDP)**** (S7694-027)	\$29.90	25%	\$320	None
	Rite Aid EnvisionRxPlus (PDP) (S7694-097)	\$74.30	\$0 , 15%-33%	\$0	Some Gs
First Health Part D 1-800-588-3322 www.firsthealthpartd.com	First Health Part D Premier Plus (PDP) (S55670-138)	\$105.40	\$0-\$20, 25%-41%	\$0	Some Gs, Some Bs
	First Health Part D Premier (PDP)**** (S768-119)	\$33.10	\$5, 20%-37%	\$250	None
	First Health Part D Value Plus (PDP) S5768-150)	\$26.40	\$0, 25%-39%	\$0	None
Health Net 1-800-606-3604 www.healthnet.com	Health Net Value Orange Option 2 (PDP) (S5678-059)	\$70.60	\$0-\$64, 33%	\$0	None
	Health Net Orange Option 1 (PDP) (S5678-060)	\$41.60	\$5-\$90, 25%	\$320	None
HealthSpring Prescription Drug Plan 1-888-299-3582 www.healthspring.com	HealthSpring Prescription Drug Plan-Reg 27 (PDP) (S5932-026)	\$39.00	25%	\$320	None
Humana Insurance Company 1-800-706-0872 www.humanamedicare.com	Humana Enhanced (PDP) (S5884-085)	\$43.30	\$7-\$71, 33%	\$0	None
	Humana Walmart-Preferred Rx Plan (PDP)**** (S5884-111)	\$15.10	\$1-\$5, 20%-35%	\$320	None
Medco Medicare Prescription Plan 1-800-758-3605 www.medcomedicare.com	Medco Medicare Prescription Plan - Value (PDP) (S5660-129)	\$47.50	\$4-\$8, 25%-40%	\$320	None
	Medco Medicare Prescription Plan - Choice (PDP) (S5660-197)	\$79.70	\$6-\$95, 26%	\$150	Many Gs
SILVERSCRIPT Insurance Company 1-866-552-6106 www.silverscript.com	CVS Caremark Value (PDP) (S601-054)	\$50.60	\$7.25-\$90, 25%	\$320	None
	CVS Caremark Plus (PDP) (S5601-055)	\$79.90	\$0-\$90, 33%	\$0	None
United American Insurance Co. 1-866-299-3406 www.uamedicarepartd.com	United American - Preferred (PDP) (S5755-030)	\$55.10	\$3-\$95, 29%	\$130	None
	United American - Select (PDP) (S5755-098)	\$40.80	\$3-\$95, 25%	\$320	None
UnitedHealthcare 1-888-867-5564 www.aarpmedicareplans.com	AARP MedicareRx Preferred (PDP) (S5820-026)	\$47.20	\$4-\$95, 33%	\$0	None
	AARP MedicareRx Enhanced (PDP) (S5821-223)	\$98.80	\$4-\$76, 33%	\$0	Some Gs
WellCare 1-888-547-5252 www.wellcarepdp.com	WellCare Signature (PDP) (S5967-061)	\$65.10	\$0 - \$90, 33%	\$0	None
	WellCare Classic (PDP)**** (S5967-164)	\$34.00	\$0-\$95, 25%	\$320	None

Coverage in Gap: Gs = Generics Bs = Brand Name Drugs
**** Denotes LIS-approved benchmark plan.

Extra Help for Part D Costs

Extra Help is a program that is available for people with limited income and resources. If you qualify, you can have a plan with limited or no premium, low or no deductible, lower copays for your prescriptions, and low or no coverage gap. You can also change plans during the year instead of waiting for the Annual Open Enrollment Period.

Who Will Qualify

Income Limits for 2011 (may change in April 2012):

Single person income	\$1361/month (\$16,332 annually)
Couple income	\$1839/month (\$22,068 annually)

Asset/Resource limits for 2011 (may change in January 2012):

Single Assets/Resources	\$12,640
Couple Assets/Resources	\$25,260

If I qualify, which plan should I pick

If you qualify for Extra Help, the following plans will provide the lowest premiums and deductibles and are highlighted in bold on the plan list.

- Community CCRx Basic**
- Envision Rx Plus Silver**
- First Health Part D Premier**
- Humana Walmart Preferred Rx Plan**
- Wellcare Classic**

Your copays for your drugs depend on how well your chosen plan covers your list of drugs. Doing a plan comparison at www.medicare.gov with your list of drugs is the best way to select a plan. Calling Medicare (1-800-633-4227), going on line to do your own comparison, or calling your local SHIP (1-866-7213) are all ways to get a plan comparison to help you decide.

How to Apply

If you are on Medicare and Medicaid and the state pays your Part B premium, you should automatically qualify for Extra Help without having to do anything.

For everyone else, you will need to apply. The easiest and quickest way to apply is on-line at www.ssa.gov. (see "**For More Information and Assistance**", p.8)

Medicare Savings Program (MSP) for help with Medicare health costs

There are three MSPs, each with different income and resource limits. If you qualify for any MSP, the State will pay your Part B premium for you. One of the MSP programs will help you with your Part A and B deductibles and copays.

Generally, if you qualify for full benefits under the Extra Help program, you will qualify for MSP. For more information, contact your local County Department of Social Services, a local Application Assistance Site (<http://www.colorado.gov/apps/maps/hcpf.map>) or your local SHIP.

Pharmaceutical Assistance Programs (PAPs)

Many manufacturers of prescription drugs offer assistance for users of their products who need assistance. For information on whether help with costs is available for your prescriptions, go to: <http://www.medicare.gov/pharmaceutical-assistance-program/Index.aspx> or call your local SHIP.

Protect Yourself and Medicare from Fraud. Look Out for the Following:

- Calls to your home asking for your personal information for "card renewal", "plan renewal", or "discount cards".
- Sales people who come to your door uninvited.
- Suppliers who offer you free equipment.
- Suppliers who want you to use their doctors.
- Anyone you don't know asking for your Medicare or Social Security number.
- Calls from companies you didn't give your phone number to.

Things to watch for on your Medicare Summary Notice (MSN) or health care billing statement:

- Charges unrelated to your condition or treatment.
- Charges for services you did not get.
- Billing for the same thing twice.
- Billing for services not ordered by your doctor.

If you suspect fraudulent Medicare activity, call Colorado's Senior Medicare Patrol (SMP).

1-800-503-5190



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Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Tiered Copays	Annual Deductible	Coverage in Gap
Aetna Medicare 1-800-832-2640 www.aetnamedicare.com	Aetna Medicare Select Plan (PPO) (H5521-028)	\$60.00	\$7-\$95, 33%	\$0	none
	Aetna Medicare Select Plan (HMO) (H6923-001)	\$0.00	\$7-\$95, 33%	\$0	none
Anthem Blue Cross/Blue Shield 1-800-797-1746 www.anthem.com	Anthem Medicare Preferred Premier (PPO) (H2997-006)	\$51.00	\$7-\$85, 33%	\$60	Many Gs
	SureValue Basic (HMO) (H5679-001)	\$0.00	\$7-\$85, 33%	\$0	none
	Anthem Medicare Preferred Care (PPO) (H2997-005)	\$0.00	\$0-\$85, 33%	\$60	none
Colorado Access Advantage 303-751-2436 www.coaccess.com	Colorado Access Advantage - Plan E (HMO) (H0621-006)	\$32.40	\$8.50-\$95, 25%	\$320	none
Denver Health Medical Plan 303-602-2300 www.denverhealth.org	Denver Health Medicare Select (HMO) (H5608-002)	\$32.40	25%	\$320	none
Humana Insurance Company 1-800-611-1481 www.humanamedicare.com	Humana Gold Plus (HMO) (H5291-001)	\$20.00	\$8-\$75, 33%	\$0	Few Bs, Few Gs
	Humana Gold Plus (HMO) (H5291-002)	\$0.00	\$1-\$5, 20%-30%	\$320	Few Bs, Few Gs
	HumanaChoice (PPO) (H0623-001)	\$61.00	\$8-\$80, 33%	\$0	Few Bs, Few Gs
	HumanaChoice (PPO) (H0623-011)	\$35.00	\$1-\$5, 20%-30%	\$320	Few Bs, Few Gs
	Humana Gold Choice (PFFS) (H2944-204)	\$49.00	\$1-\$5, 20%-30%	\$320	Few Bs, Few Gs
	Humana Gold Choice (PFFS) (H8145-123)	\$68.00	\$8-\$80, 33%	\$0	Few Bs, Few Gs
Kaiser Permanente 1-877-408-3492 www.kaiserpermanente.com	Kaiser Permanente Senior Advantage Core (HMO) (H0630-013)	\$0.00	\$0-\$65, 25%	\$0	Few Bs, All Gs
	Kaiser Permanente Senior Advantage Gold (HMO) (H0630-016)	\$177.00	\$0-\$60, 25%	\$0	Few Bs, All Gs
	Kaiser Permanente Senior Advantage Core (HMO) (H0630-017)	\$0.00	\$0-\$75, 25%	\$0	Few Bs, All Gs
	Kaiser Permanente Senior Advantage Silver (HMO) (H0630-15)	\$48.00	\$0-\$65, 25%	\$0	Few Bs, All Gs
	Kaiser Permanente Senior Advantage Silver (HMO) (H0630-018)	\$42.00	\$0-\$75, 25%	\$0	Few Bs, All Gs
	Kaiser Permanente Senior Advantage Plus Choice (HMO-POS) (H0630-019)	\$86.00	\$0-\$65, 25%	\$0	Few Bs, All Gs
Rocky Mountain Health Plans 1-888-251-1330 www.rmhp.org	Rocky Mountain Standard Plan + Rx (Cost) (H0602-017)	\$120.80	\$10-\$60, 33%	\$0	none
	Rocky Mountain Plus Plan + Rx (Cost) (H0602-019)	\$246.20	\$8.50-\$58, 33%	\$0	All Gs
	Rocky Mountain Standard Plan + Rx (Cost) (H0602-020)	\$99.10	\$10-\$60, 33%	\$0	none
	Rocky Mountain Standard Plan + Rx (Cost) (H0602-022)	\$135.50	\$10-\$60, 33%	\$0	none
	Rocky Mountain Thrifty Plan + Rx (Cost) (H0602-039)	\$74.20	\$3-\$90, 33%	\$0	none
	Rocky Mountain Green Plan + Rx (Cost) (H0602-043)	\$48.10	\$2-\$87, 30%	\$125	none
Sterling Life Ins. Company 1-866-454-7141 www.sterlingplans.com	WindsorSterling Gold Connect Plan (PFFS) (H3410-003)	\$65.00	\$5-\$84, 30%	\$50	none
	WindsorSterling Emerald Connect Plan (PFFS) (H3410-004)	\$28.50	\$5-\$87, 29%	\$150	none
UnitedHealthcare 1-888-834-3721 www.uhc.com	AARP MedicareComplete SecureHorizons Plan 1 (HMO) (H0609-002)	\$40.00	\$3-\$84, 33%	\$0	Some Gs
	AARP MedicareComplete SecureHorizons Plan 1 (HMO) (H0609-007)	\$54.00	\$3-\$84, 33%	\$0	none
	AARP Medicare Complete SecureHorizons Plan 2 (HMO)(H0609-020)	\$0.00	\$3-\$88, 33%	\$0	none
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) (H0609-012)	\$0.00	\$3-\$88, 33%	\$0	none
Universal American 1-800-996-8867 www.universalamerican.com (Baca County Only)	Today's Options Premier Plus 250A (PFFS) (H5421-068)	\$165.00	\$4-\$80, 33%	\$0	none
	Today's Options Premier Plus 450E (PFFS) (H5421-074)	\$108.00	\$10-\$95, 29%	\$65	none

Coverage in Gap: Gs = Generics Bs = Brand Name Drugs

***Go to Medicare.gov or call 1-800-MEDICARE to find out which plans are offered in your area.**

Special Needs Plans are for people who are on both Medicare and Medicaid, or reside in an institutional setting (nursing home). 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. 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 (H0621-010) 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
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
United Healthcare 1-888-834-3721	United Healthcare Nursing Home Plan PPO (H0620-002) In Institutional Setting	\$0	\$0	See note below	No gap for dual eligibles
	United Healthcare Dual Complete HMO (H0624-001) 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 Health Plans without drug coverage

All of the Medicare Health Plans listed on Chart 2 have prescription drug coverage. Most people choose a Medicare Health Plan that includes drug coverage. People who have creditable drug coverage from another source but want a Medicare Health Plan should contact Medicare at 1-800-633-4227 or your SHIP at 1-888-696-7213 to find out which plans can be combined with your plan and not cause disenrollment from your original plan.

Penalties for late enrollment

Even though Medicare Part D coverage is voluntary in the sense that you have to choose to enroll in it and pick a plan, there is a penalty for enrolling late if and when you finally do enroll. The penalty is based on how many months have passed since you first became eligible for the benefit, didn't enroll in it, and had no other source of creditable drug coverage (see "Who Might Be Thinking About Skipping Part D", p.3).

The penalty increases the longer you wait to enroll, begins when you finally do enroll, and continues to be assessed on top of your Part D premiums for as long as you have Part D. The number of months you didn't elect coverage but were eligible is multiplied by 1% of the National Base Average premium (\$31.08 for 2012) and applied monthly thereafter.

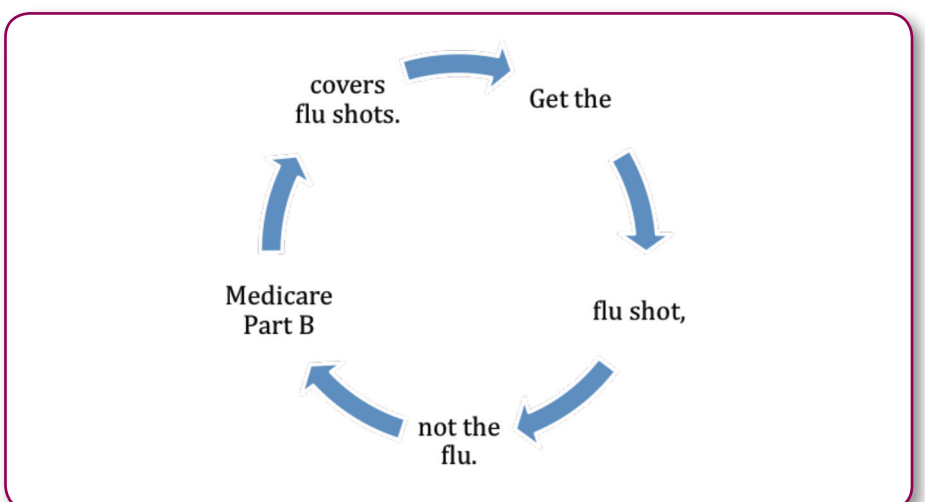
Closing the Coverage Gap

Below is the "coverage gap" schedule from now until its expiration date in 2020.

- 2012:** you'll pay 50% for brand-names and 86% for generics
- 2013:** you'll pay 47.5% for brand-names and 79% for generics
- 2014:** you'll pay 47.5% for brand-names and 72% for generics
- 2015:** you'll pay 45% for brand-names and 65% for generics
- 2016:** you'll pay 45% for brand-names and 58% for generics
- 2017:** you'll pay 40% for brand-names and 51% for generics
- 2018:** you'll pay 35% for brand-names and 44% for generics
- 2019:** you'll pay 30% for brand-names and 37% for generics
- 2020:** you'll pay 25% for brand-names and 25% for generics

Information taken from:

www.healthcare.gov/law/features/65-older/drug-discounts/index.html



Do-It-Yourself Plan comparison searches

At www.medicare.gov there is a wealth of information about Medicare. To watch a video about using the online Medicare Plan Finder for comparing plans, click on “Find Health and Drug Plans”. Then click on “How to Use the Medicare Plan Finder” under the heading Additional Tools. Finally, click on “Overview of the Medicare Plan Finder”.

If you are unable to access the overview on your computer, here are several steps to get you started comparing Part D and Medicare Health Plans.

1. Go to www.medicare.gov
2. Click on “Compare Drug and Health Plans”



3. Complete the required information (just zip code for General Search, or more detailed information for Personalized Search), then click Find Plans.

4. Continue on through several questions about your current coverage.

5. Enter Your Drugs – use this section if you want to compare Part D plans based on the drugs you are currently taking. You can build a complete list, including doses and frequency.

6. Select Your Pharmacy – this enables you to compare price differences at some of your area pharmacies with any of the Part D plans.

7. Refine Your Search – do you want to view results for just Stand Alone Part D plans? Just Medicare Health Plans with and without Part D coverage? All of the above? You can choose to look at only the information you want.

8. Plan Results – pick and compare 3 plans side by side or click on one plan name at a time for details on that plan.

There is also a wealth of comparative information available at www.medicare.gov/quality-care-finder regarding hospitals, nursing homes, physicians, and dialysis facilities.



For 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** takes applications and determines eligibility for the Extra Help program. You may complete an on-line application at www.ssa.gov or call Colorado SHIP at 1-888-696-7213 for help.

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.

Benefits CheckUp has a website to help you find out if you qualify for numerous benefit programs. Go to www.benefitscheckup.org.

For extensive information about health insurance generally, go to Colorado Division of Insurance site at <http://doraapps.state.co.us/insurance/consumer>