

MEDICARE DRUG INSURANCE AND YOU

Colorado Options 2013

Celebrating our 20th Anniversary

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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 2013 there are 29 Stand Alone plans. Each of those 29 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, copays 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 birthday (seven 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 “Thinking about skipping Part D?”, p. 3).

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

ANNUAL OPEN ENROLLMENT IS EARLIER!

Part D Annual Open Enrollment Period (AEP)

October 15 – December 7, 2012 - This is the time to enroll in Medicare Part D or to switch plans. Your choice will take effect on January 1, 2013. Most people will not be able to change plans again until the AEP next year.

Medicare Health Plans Annual Enrollment Period (AEP)

October 15 – December 7, 2012 – You can enroll in or switch in or out of a Medicare Health Plan during the AEP. (Cost Plans may have less restrictive rules).

Medicare Health Plans Disenrollment Period

January 1 – February 14 – If you are enrolled in a Medicare Advantage Plan and 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.

Plan Performance Based Enrollment Periods

Enrollment into a “Five Star Plan or out of a “Low Performing Plan” adds an enrollment opportunity during the year. (Plan ratings for 2013 will not be announced in time for publication. Call 1-800-Medicare or your local SHIP for update)

Other Enrollment Periods

You may qualify for other enrollment periods based on 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 2013* 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 2013 you don't need to take any action to continue into 2013. 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 (**1-888-696-7213**).

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, 2013. You can make this change by calling 1-800-Medicare, calling your new plan choice, or making your enrollment selection on line at www.medicare.gov.

Part D Standard Plan for 2013:

The diagram below shows the structure of what is called the "Standard Plan" for 2013. 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 your pocket 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 2013 vary from \$15.00 to \$125.90 for Stand Alone Plans, and from \$0 to \$249.80 for Medicare Health Plans with drug coverage. Deductibles range from \$0 to \$325 for Stand Alone Plans, and from \$0 to \$325 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 2013, 52.5% of the cost of brand name covered drugs will be paid by the manufacturer and the plan. The consumer will pay 47.5% of the cost. 21% of the cost of generic drugs will be paid for by Medicare, and the other 79% 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 will be covered in 2013 by your current plan, or plans you are considering enrolling into. 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".

Standard plans, starting in 2013, are allowed to offer benzodiazepines and certain barbiturates used in the treatment of epilepsy, cancer or chronic mental illness as Part D covered drugs.

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. It is important to compare how mail order costs compare to retail - they may be cheaper or *more* expensive, depending on the plan.

2013 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums.

DEDUCTIBLE
BENEFICIARY PAYS 100% OR \$325

COVERAGE ZONE
BENEFICIARY PAYS 25% OR \$661.25
PLAN PAYS 75%

COVERAGE ZONE ENDS WHEN TOTAL DRUG COST = \$2,970

COVERAGE GAP ("DONUT HOLE")
BENEFICIARY PAYS 47.5% FOR PLAN-COVERED **BRAND NAME DRUGS**
(PLUS A NOMINAL DISPENSING FEE),
AND 79% FOR PLAN-COVERED **GENERIC DRUGS.**
TOTAL COST OF DRUGS DURING GAP = \$3763.75

GAP ENDS WHEN TOTAL DRUG COST = \$6,733.75

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 coverage, you'll be able to 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.

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. The penalty is based on how many months have passed since you first became eligible for the benefit (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 (\$31.17 for 2013) and applied monthly thereafter.

COLORADO MEDICARE RX STAND-ALONE PLANS

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2012. 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 1-800-832-2640 www.aetnamedicare.com	Aetna Medicare Rx Essentials (PDP) S5810-061	\$61.40	\$2-\$45, 25%-42%	\$325	None
	Aetna Medicare Rx Premier (PDP) S5810-197	\$115.50	\$5-\$45, 33%-44%	\$0	Many Gs, Some Bs
Anthem Blue Cross and Blue Shield 1-800-261-8667 www.anthem.com/medicare	Blue MedicareRx Standard (PDP) S5596-059	\$35.70	\$2-\$85, 25%	\$325	None
	Blue MedicareRx Plus (PDP) S5596-060	\$84.40	\$2-\$95, 33%	\$0	Few Gs
	Blue MedicareRx Premier (PDP) S5596-061	\$125.90	\$2-\$95, 33%	\$0	Many Gs, Some Bs
Cigna Medicare Rx 1-800-735-1459 1-800-322-1451 (TTY/TDD) www.cignamedicarerx.com	Cigna Medicare Rx Plan One (PDP) S5617-133	\$51.00	\$0-\$70, 25%	\$325	None
EnvisionRx Plus 1-866-250-2005 www.EnvisionRxPlus.com	EnvisionRxPlus Silver (PDP) S7694-027	\$32.20	23%-28%	\$325	None
	EnvisionRxPlus Gold (PDP) S7694-097	\$54.00	\$2-\$25, 1%-30%	\$150	Some Gs
Express Scripts Medicare 1-866-477-5704 1-800-716-3231 (TTY/TDD) www.Express-ScriptsMedicare.com	Express Scripts Medicare - Value (PDP) S5660-129	\$57.30	\$4-\$7, 25%-50%	\$325	None
	Express Scripts Medicare - Choice (PDP) S5660-197	\$98.80	\$8-\$95, 28%	\$200	Many Gs
First Health Part D 1-877-815-8163 www.FirstHealthPartD.com	First Health Part D Premier (PDP) S5768-119	\$46.00	\$1, 25%-44%	\$325	None
	First Health Part D Premier Plus (PDP) S5670-138	\$102.50	\$0-\$20, 25%-41%	\$0	Some Gs, Some Bs
	First Health Part D Value Plus (PDP) S5768-150	\$32.30	\$0-\$70, 33%	\$0	None
HealthMarkets Medicare 1-888-625-5531 www.hmic-medicare.com	Reader's Digest Value Rx (PDP) S0128-028	\$37.90	\$1-\$37, 27%	\$325	None
HealthSpring Prescription Drug Plan 1-877-357-1685 www.myhealthspring.com	HealthSpring Prescription Drug Plan-Reg 27 (PDP) S5932-026	\$52.10	25%	\$325	None
Humana Insurance Company 1-800-706-0872 www.humana-medicare.com	Humana Enhanced (PDP) S5884-085	\$47.50	\$2-\$90, 33%	\$0	None
	Humana Walmart-Preferred Rx Plan (PDP) S5884-111	\$18.50	\$1-\$5, 20%-35%	\$325	None
SilverScript 1-866-552-6106 1-866-552-6288 (TTY/TDD) www.SilverScript.com	SilverScript Basic (PDP) S5601-054	\$34.00	\$2, 23%-45%	\$325	None
	SilverScript Plus (PDP) S5601-055	\$110.80	\$0-\$34, 33%-35%	\$0	Many Gs, Some Bs
	SilverScript Choice (PDP) S5601-136	\$29.10	\$0-\$34, 33%-35%	\$0	None
SmartD Rx 1-855-976-2781 1-888-328-0419 (TTY/TDD) www.smartdrx.com	SmartD Rx Saver (PDP) S0064-027	\$33.20	\$0-\$85, 25%	\$325	None
	SmartD Rx Plus (PDP) S0064-062	\$73.50	\$0-\$85, 25%	\$0	Some Gs
United American Insurance Company 1-866-524-4169 1-866-524-4170 (TTY/TDD) www.uamedicarepartd.com	United American - Enhanced (PDP) S5755-030	\$61.10	\$1-\$95, 29%	\$130	None
	United American - Select (PDP) S5755-098	\$42.90	\$1-\$95, 25%	\$325	None
UnitedHealthcare 1-888-867-5564 for Enhanced & Preferred plans 1-888-679-3282 for Savers plan www.AARPMedicareRx.com	AARP MedicareRx Preferred (PDP) S5820-026	\$48.10	\$3-\$85, 33%	\$0	None
	AARP MedicareRx Enhanced (PDP) S5921-223	\$111.40	\$2-\$76, 33%	\$0	Some Gs, Some Bs
	AARP MedicareRx Saver Plus (PDP) S5921-372	\$15.00	\$1-\$45, 25%	\$325	None
WellCare 1-888-293-5151 1-888-816-5252 (TTY/TDD) www.wellcarepdp.com	WellCare Classic (PDP) S5967-164	\$35.30	\$6-\$95, 33%	\$0	None
	WellCare Extra (PDP) S5967-198	\$49.00	\$0, 25%-50%	\$0	Many Gs

**** **Bold & Italicized plan names** are Benchmark Plans - for people with full Extra Help, Benchmark Plans have \$0 premium, \$0 deductible, and no coverage gap.

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

HELP WITH COSTS

Extra Help, Medicare Savings Programs, and Pharmaceutical Assistance Programs

2013

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 2012 (may change in 2013):

Single person income	\$1396.25/month (\$16,755 annually)
Couple income	\$1891.25/month (\$22,695 annually)

Asset/Resource limits for 2012 (may change in 2013):

Single Assets/Resources	\$13,070
Couple Assets/Resources	\$26,120

If I qualify, which plan should I pick

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

Envision Rx Plus Silver

Humana/Walmart

Smart Rx Saver

United/AARP MedicareRx Saver Plus

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. Call 1-800-Medicare, go on-line at www.medicare.gov (see page 8), or call your local SHIP 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 Human 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.

Can agents *do that*?

Yes

- ✓ Can call their own clients to discuss new plan options or someone who has given permission
- ✓ Can conduct sales activities in appropriate common areas of healthcare settings
- ✓ Can provide refreshments and light snacks to potential enrollees at sales presentations

No

- ✗ Can't solicit potential clients door-to-door
- ✗ Can't market non-health related products to potential enrollees during MA or PDP sales activities or presentations
- ✗ Can't provide meals to potential enrollees at sales presentations

To report concerns or complaints, call the Senior Medicare Patrol.

1-800-503-5190



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

05

CHART 2

COLORADO MEDICARE HEALTH PLANS With Drug Coverage

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2012. PLEASE CONFIRM ALL INFORMATION WITH HEALTH PLAN. NOT ALL PLANS ARE OFFERED IN ALL COUNTIES*.

Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Tiered Copays	Annual Deductible	Coverage in Gap	In-Network Moop Amt.**
Aetna Medicare 1-800-832-2640 www.aetnamedicare.com	Aetna Medicare Select Plan (PPO) H5521-028	\$68.00	\$7-\$95, 33%	\$0	None	\$6,700
	Aetna Medicare Select Plan (HMO) H6923-001	\$0.00	\$7-\$95, 33%	\$0	None	\$4,400
Anthem Blue Cross and Blue Shield 1-800-797-1746 www.anthem.com/medicare	Anthem Medicare Preferred Standard (PPO) H2997-008	\$44.00	\$4-\$95, 33%	\$90	None	\$5,700
	Anthem Medicare Preferred Standard (PPO) H2997-009	\$55.00	\$4-\$95, 33%	\$90	None	\$5,700
	Anthem Medicare Preferred Standard (PPO) H2997-010	\$53.00	\$4-\$95, 33%	\$90	None	\$5,300
	SureValue Select (HMO) H5679-003	\$35.00	\$4-\$95, 33%	\$60	None	\$5,500
Colorado Access Advantage 1-877-441-6032 1-888-803-4494 (TTY/TDD) www.coaccess.com	Colorado Access Advantage Peak Plan (HMO) H0621-006	\$31.90	\$7-\$95, 25%	\$325	None	\$6,700
Denver Health Medical Plan, Inc. 1-877-956-2111 1-866-538-5288 (TTY/TDD) www.denverhealthmedicalplan.com	Denver Health Medicare Select (HMO) H5608-002	\$18.70	\$4-\$10, 25%-45%	\$325	None	\$5,000
Humana Health Plan, Inc. 1-800-833-2364 www.humana-medicare.com	Humana Gold Plus H5291-001 (HMO) H5291-001	\$27.00	\$7-\$89, 33%	\$0	Few Gs, Few Bs	\$3,400
	Humana Gold Plus H5291-002 (HMO) H5291-002	\$0.00	\$1-\$3, 15%-30%	\$325	Few Gs	\$5,500
Humana Insurance Company 1-800-833-2364 www.humana-medicare.com	HumanaChoice (PPO) H0623-001	\$70.00	\$7-\$84, 33%	\$0	Few Gs, Few Bs	\$5,500
	HumanaChoice (PPO) H0623-011	\$39.00	\$1-\$3, 18%-30%	\$325	Few Gs	\$5,500
	Humana Gold Choice (PFFS) H8145-123	\$81.00	\$7-\$89, 33%	\$0	Few Gs, Few Bs	\$6,700
Kaiser Permanente 1-877-408-3492 kp.org/medicare	Kaiser Permanente Senior Advantage Core (HMO) H0630-013	\$0.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-015	\$48.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Gold (HMO) H0630-016	\$185.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$2,350
	Kaiser Permanente Senior Advantage Core (HMO) H0630-017	\$0.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-018	\$44.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Plus Choice (HMO-POS) H0630-019	\$91.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Core Plan (HMO) H0630-020	\$0.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Silver Plan (HMO) H0630-021	\$40.00	\$0-\$75, 25%	\$0	All Gs, Few Bs	\$3,400
Rocky Mountain Health Plans 1-888-282-1420 www.rmhpmedicare.org	Rocky Mountain Standard Plan + Rx (Cost) H0602-017	\$120.60	\$3-\$65, 33%	\$0	None	\$5,000
	Rocky Mountain Plus Plan + Rx (Cost) H0602-019	\$249.80	\$3-\$60, 33%	\$0	All Gs	N/A
	Rocky Mountain Standard Plan + Rx (Cost) H0602-020	\$103.50	\$3-\$65, 33%	\$0	None	\$5,000
	Rocky Mountain Standard Plan + Rx (Cost) H0602-022	\$139.20	\$3-\$65, 33%	\$0	None	\$5,000
	Rocky Mountain Thrifty Plan + Rx (Cost) H0602-039	\$74.30	\$3-\$90, 33%	\$0	None	\$6,000
	Rocky Mountain Green Plan + Rx (Cost) H0602-043	\$56.00	\$2-\$80, 30%	\$125	None	\$6,700
UnitedHealthcare 1-800-547-5514 www.AARPMedicarePlans.com	AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-002	\$40.00	\$3-\$91, 33%	\$0	Some Gs	\$5,700
	AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-007	\$45.00	\$3-\$91, 33%	\$0	None	\$3,900
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-012	\$0.00	\$3-\$95, 33%	\$0	None	\$4,200
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-020	\$0.00	\$3-\$95, 33%	\$0	None	\$5,900
Universal American Corp. (Only offered in Baca Cty) 1-800-996-8867 www.TodaysOptions.com	Today's Options Premier Plus 350A (PFFS) H5421-068	\$175.00	\$2-\$80, 33%	\$0	None	\$3,250
	Today's Options Premier Plus 650D (PFFS) H5421-074	\$118.00	\$5-\$95, 29%	\$85	None	\$6,700

Coverage in Gap: Gs = Generics Bs = Brand Name Drugs *Go to www.Medicare.gov, call 1-800 Medicare, or call your local SHIP to find out which plans are offered in your area. ** MOOP is the annual Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. It does not apply to drug costs.

COLORADO SPECIAL NEEDS PLANS

Special Needs Plans are Medicare Health plans 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.

Organization Name	Plan Name	Special Needs Plan Type
UnitedHealthcare 1-888-834-3721 www.uhcommunityplan.com	United Healthcare Dual Complete (HMO SNP) H0624-001 UnitedHealthcare Nursing Home Plan (PPO SNP) H0620-002	Dual-Eligible Institutional
Colorado Access Advantage 303-751-2436 www.coaccess.com	Colorado Access Advantage Summit Plan (HMO SNP) H0621-010	Dual-Eligible
Kaiser Permanente Senior Advantage 1-877-408-3492 www.kaiserpermanente.org/medicare	Senior Advantage Medicare Medicaid Plan (HMO SNP) H0630-014	Dual-Eligible
Denver Health Medical Plan, Inc. 303-602-2111 www.denverhealth.org	Denver Health Medicare Choice (HMO SNP) H5608-001	Dual-Eligible

NOTE: If you qualify for Medicaid, you will receive assistance in paying your monthly premiums and deductibles. 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 both Medicare and Medicaid will receive assistance paying your monthly premiums and deductibles. You will pay different copays based on the level of aid you qualify for. Copays will be \$1.15 - \$2.65 for generic, and \$3.50 - \$6.60. for brand name.

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 call 1-800-Medicare or your local SHIP to find out which plans can be combined with your drug plan but not cause disenrollment from your original plan.

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. There is a process to seek an **exception** from the drug plan to drug restrictions. Visit the Medicare website (www.medicare.gov), call **1-800-MEDICARE** or ask a SHIP counselor for assistance.

Closing the Coverage Gap

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

- 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



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

Do-It-Yourself Plan comparison searches

At www.medicare.gov there is a wealth of information about Medicare. By using Medicare's Health and Drug Plan Finder, you can find out about plans in your area, costs, quality ratings, and benefits coverage.

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



3. Complete the required information (zip code for a General Search or more detailed information for a Personalized Search).



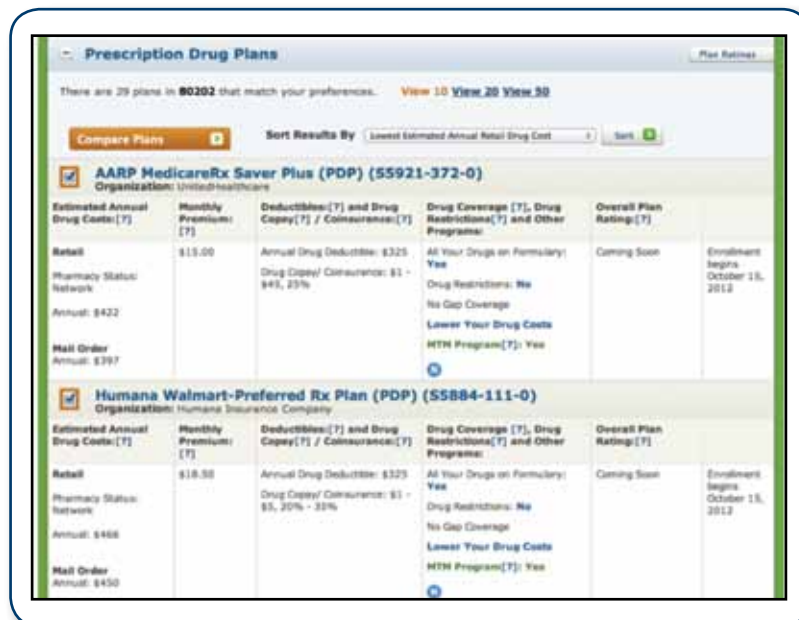
To watch a video about using the online Medicare Plan Finder, click on the large blue button that says, "Watch Medicare Plan Finder Online Demo."

4. A General Search will take you to a window that requires additional input on your Medicare coverage status. A Personalized Search skips this section.
5. Create drug list - follow the steps to create a drug list. A drug list ID will be generated so you can return to your search.



There is a button in the My Drug List section that allows you print off your drug list.

6. Select Your Pharmacies - this enables you to compare price differences at some of your area pharmacies. You are required to pick at least one pharmacy.
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 page - you can select up to 3 plans to compare side by side or click on a single plan for details.



For more information and assistance?

The **Colorado SHIP** (State Health Insurance Assistance Program) 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**. For the Colorado SHIP website, go to www.Dora.state.co.us/insurance and click on Medicare/Senior Health.

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 www.Dora.state.co.us/insurance and click on Health Insurance.