

MEDICARE DRUG INSURANCE AND YOU

Colorado Options 2014

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What Is Part D Coverage?

Medicare prescription drug coverage, known as “Part D,” is prescription drug insurance provided by private insurance companies. This prescription drug coverage can be purchased as a “Stand-Alone” Part D plan or can be included in a purchased “Medicare Health Plan with Drug Coverage” plan. All Part D plans sold in Colorado have been approved by Medicare. The plans change each year, so new information is summarized annually in this publication.

In Colorado for 2014 there are 29 Stand-Alone Part D plans. Each of those plans is sold throughout the state. There are 29 Medicare Health Plans (HMO, PPO, PFFS or Cost Plans) and 6 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.

How and When Do I Enroll?

If you have Medicare Part A, Part B, or both, you are eligible for 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 online 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!

October 15 – December 7

Part D and Medicare Health Plans Annual Open Enrollment Period

This is the time to enroll in or switch plans. Your choice will take effect January 1, 2014. Most people will not be able to change plans again until the Annual Open Enrollment Period next year.

January 1 – February 14

Medicare Health Plans Disenrollment Period

If you are enrolled in a Medicare Health 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.

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. Enrollment into a “Five-star plan” or out of a “Low Performing Plan” also adds an enrollment opportunity during the year.

Call 1-800-MEDICARE or your local SHIP at 1-888-696-7213 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.

Can I Change Plans?

If your Stand-Alone Part D Plan or Medicare Health Plan with Drug Coverage is continuing into 2014, and if you want to keep that plan, you don't need to take any action. You should have received an "Annual Notice of Change" from your 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-MEDICARE) or call your local SHIP at (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, 2014. You can make this change by calling 1-800-MEDICARE, calling your new plan choice, or making your enrollment selection online at www.Medicare.gov.

Part D Standard Plan for 2014

The diagram to the lower right shows the "Standard Plan" for 2014. 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 the same.

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 2014 vary from \$12.60 to \$132.70 for Stand-Alone Plans, and from \$0 to \$302 for Medicare Health Plans with drug coverage. Deductibles range from \$0 to \$310 for either Stand-Alone Plans or Medicare Health Plans with Drug Coverage.

The Coverage Gap (or "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 2014, 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. 28% of the cost of generic drugs will be paid for by Medicare, and the other 72% will be paid for by the consumer.

Formularies

Formularies are the lists of drugs covered by the individual plans. *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 treatment category, but not all drugs. You need to see if your drugs will be covered in 2014 by your current plan, or by the new plan you are considering. 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 switch 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 management, fertility or sexual dysfunction, or cosmetic purposes. These are known as "exclusions."

Standard plans, starting in 2013, were allowed to offer benzodiazepines and certain barbiturates used in the treatment of epilepsy, cancer or chronic mental illness as Part D covered drugs. In 2014, the treatment restrictions on barbiturates will be removed.

Which Pharmacies Do You Use?

Each insurer has a network of pharmacies where you can use your drug insurance. Check 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, ask the pharmacy which Medicare prescription drug plans it accepts. Most Medicare drug insurers 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.

2014 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 \$635
PLAN PAYS 75%

COVERAGE ZONE ENDS WHEN TOTAL DRUG COST = \$2,850

COVERAGE GAP ("DONUT HOLE")
BENEFICIARY PAYS 47.5% FOR PLAN-COVERED **BRAND NAME DRUGS**
(PLUS A NOMINAL DISPENSING FEE),
AND 72% FOR PLAN-COVERED **GENERIC DRUGS.**
TOTAL COST OF DRUGS DURING GAP = \$3605.00

GAP ENDS WHEN TOTAL DRUG COST = \$6,455.00

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!

You Are Covered Through FEHBP, TRICARE for Life, or VA

If you have prescription drug benefits through the 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 (see "Extra Help for Part D Costs," p. 5) Extra Help may provide lower drug copays than your retiree plan. You cannot receive the Extra Help through your FEHBP or TRICARE for Life.

If you have Veteran's Affairs (VA) coverage, 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. 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; or **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**," discussed later on this page).



You Have Drug Coverage Through a Medicare Supplement Plan 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.

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 (\$32.42 for 2014) and applied monthly thereafter.

COLORADO MEDICARE RX STAND-ALONE PLANS

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2013. 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 ²
Aetna Medicare 1-800-832-2640 711 (TTY/TDD) www.aetnamedicare.com	Aetna Medicare Rx Essentials (PDP) S5810-061	\$60.20	\$1 - \$95, 25%	\$310	None
	Aetna Medicare Rx Premier (PDP) S5810-197	\$132.70	\$1 - \$6, 25% - 45%	\$0	Few Gs
Anthem Blue Cross and Blue Shield 1-800-261-8667 711 (TTY/TDD) www.anthem.com/medicare	Blue MedicareRx Plus (PDP) S5596-060	\$69.60	\$1 - \$90, 33%	\$0	Some Gs
	Blue MedicareRx Premier (PDP) S5596-061	\$114.20	\$1 - \$95, 33%	\$0	Some Gs, Some Bs
	Blue MedicareRx Standard (PDP) S5596-059	\$33.20	\$1 - \$95, 25%	\$310	None
Cigna Medicare Rx 1-800-735-1459 711 (TTY/TDD) www.cignamedicarerx.com	Cigna Medicare Rx Secure (PDP) S5617-133	\$46.10	\$0 - \$85, 25%	\$310	None
	Cigna Medicare Rx Secure-Max (PDP) S5617-239	\$127.50	\$0 - \$74, 33%	\$0	Many Gs, Some Bs
	Cigna Medicare Rx Secure-Xtra (PDP) S5617-272	\$62.20	\$0 - \$87, 33%	\$0	None
Cigna-HealthSpring 1-877-357-1685 711 (TTY/TDD) www.mycignahealthspring.com	Cigna-HealthSpring Rx -Reg 27 (PDP) S5932-026	\$45.70	25%	\$310	None
EnvisionRx Plus 1-866-250-2005 711 (TTY/TDD) www.EnvisionRxPlus.com	<i>EnvisionRxPlus Silver (PDP) S7694-027 ¹</i>	\$26.50	\$10 - \$45, 25% - 45%	\$310	None
Express Scripts Medicare 1-866-477-5704 1-800-716-3231 (TTY/TDD) www.Express-ScriptsMedicare.com	Express Scripts Medicare - Choice (PDP) S5660-197	\$89.60	\$2 - \$90, 33%	\$0	None
	Express Scripts Medicare - Value (PDP) S5660-129	\$60.60	\$2 - \$8, 25% - 50%	\$310	None
First Health Part D 1-855-893-4696 711 (TTY/TDD) www.FirstHealthPartD.com	First Health Part D Essentials (PDP) S5768-119	\$58.90	\$1, 15% - 42%	\$310	None
	First Health Part D Premier Plus (PDP) S5670-138	\$123.90	\$1 - \$25, 25% - 41%	\$0	Some Gs, Some Bs
	First Health Part D Value Plus (PDP) S5768-150	\$58.40	\$3 - \$88, 33%	\$0	None
HealthMarkets Medicare 1-888-625-5531 711 (TTY/TDD) www.hmic-medicare.com	HealthMarkets Value Rx (PDP) S0128-028	\$37.20	\$0 - \$2, 25% - 40%	\$310	None
Humana Insurance Company 1-800-706-0872 711 (TTY/TDD) www.humana-medicare.com	Humana Enhanced (PDP) S5884-085	\$51.30	\$2 - \$92, 33%	\$0	Few Bs
	<i>Humana Preferred Rx Plan (PDP) S5884-111 ¹</i>	\$22.80	\$1 - \$2, 20% - 35%	\$310	None
	Humana Walmart Rx Plan (PDP) S5884-173	\$12.60	\$1 - \$4, 20% - 39%	\$310	None
Stonebridge Life Insurance Company 1-877-527-1958 711 (TTY/TDD) www.transamericanmedicare.com	Transamerica MedicareRx Choice (PDP) S9579-059	\$56.80	\$0 - \$95, 33%	\$0	None
	Transamerica MedicareRx Classic (PDP) S9579-026	\$46.90	\$0 - \$95, 25%	\$310	None
Symphonix Health 1-855-355-2280 1-855-355-2280 (TTY/TDD) www.symphonixhealth.com	Symphonix Rite Aid Value Rx (PDP) S0522-028	\$32.40	\$1 - \$85, 25%	\$310	None
United American Insurance Company 1-877-723-1662 1-866-524-4170 (TTY/TDD) www.uamedicarepartd.com	United American - Enhanced (PDP) S5755-030	\$71.20	\$1 - \$95, 30%	\$110	None
	United American - Select (PDP) S5755-098	\$47.50	\$1 - \$95, 25%	\$310	None
UnitedHealthcare 1-888-867-5564 (Enhanced & Preferred plans) 1-866-679-3282 (Saver plan) 711 (TTY/TDD) www.AARPMedicareRx.com	AARP MedicareRx Enhanced (PDP) S5921-223	\$127.50	\$2 - \$70, 33%	\$0	Some Gs, Some Bs
	AARP MedicareRx Preferred (PDP) S5820-026	\$53.80	\$4 - \$85, 33%	\$0	None
	<i>AARP MedicareRx Saver Plus (PDP) S5921-372 ¹</i>	\$26.40	\$1 - \$40, 25%	\$310	None
WellCare 1-888-293-5151 1-888-816-5252 (TTY/TDD) www.wellcarepdp.com	<i>WellCare Classic (PDP) S5967-164 ¹</i>	\$24.40	\$0 - \$90, 33%	\$0	None
	WellCare Extra (PDP) S5967-198	\$56.90	\$0 - \$75, 33%	\$0	None

¹ **Bold & Italicized plan names** are Benchmark Plans. For people with full Extra Help, Benchmark Plans have \$0 premium, \$0 deductible, and no coverage gap.

² **Key to Coverage in Gap:** For 2014, some plans may offer additional coverage in the gap
 Gs = Generics Bs = Brand-Name Drugs
 "Few" : >0% to <10% of formulary drugs are covered through the gap (and must also be >15 "brand" products covered through the gap)
 "Many": ≥65% to <100% of formulary drugs are covered through the gap
 "Some": ≥10% to <65 % of formulary drugs are covered through the gap

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 a 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 2013 (may change in 2014):

Single person income	\$1,436/month (\$17,232 annually)
Couple income	\$1,939/month (\$23,268 annually)

Asset/Resource Limits for 2013 (may change in 2014):

Single Assets/Resources	\$13,300
Couple Assets/Resources	\$26,580

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.

AARP MedicareRx Saver Plus
 EnvisionRxPlus Silver
 Humana Preferred Rx Plan
 Wellcare Classic

Your copays for your drugs depend on how well your chosen plan covers your list of drugs. You can compare plans yourself at www.Medicare.gov (see "**Do-It-Yourself Plan Comparison Searches**," p. 8), get help by calling Medicare (**1-800-MEDICARE**), or call your local SHIP at (**1-888-696-7213**).

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.

Everyone else will need to apply for Extra Help. The easiest and quickest way to apply is online at www.ssa.gov (see "**Need 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 even helps 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 (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



COLORADO MEDICARE HEALTH PLANS

With Drug Coverage

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2013. 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 ¹	In-Network MOOP Amt. ²
Aetna Medicare 1-800-832-2640 711 (TTY/TDD) www.aetnamedicare.com	Aetna Medicare Select Plan (HMO) H6923-001	\$38.00	\$0 - \$10, 25% - 50%	\$0	Few Gs	\$4,400
	Aetna Medicare Select Plan (PPO) H5521-028	\$87.00	\$0 - \$10, 25% - 50%	\$0	Few Gs	\$6,700
	Aetna Medicare Value Plan (HMO) H6923-005	\$0.00	\$0 - \$10, 25% - 50%	\$0	Few Gs	\$6,700
Colorado Access Advantage 1-877-441-6032 1-888-803-4494 (TTY/TDD) www.coaccess.com	Colorado Access Advantage Peak Plan (HMO) H0621-006	\$26.90	\$0 - \$95, 25%	\$310	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	\$23.60	\$3 - \$6, 25% - 45%	\$310	None	\$5,000
Humana Health Plan, Inc. 1-800-833-2364 711 (TTY/TDD) www.humana-medicare.com	Humana Gold Plus (HMO) H5291-001	\$27.00	\$7 - \$89, 33%	\$0	Few Gs, Few Bs	\$3,400
	Humana Gold Plus (HMO) H5291-002	\$0.00	\$1 - \$3, 15% - 30%	\$200	Few Gs	\$5,700
Humana Insurance Company 1-800-833-2364 711 (TTY/TDD) www.humana-medicare.com	Humana Gold Choice (PFFS) H8145-123	\$98.00	\$7 - \$89, 33%	\$0	Few Gs, Few Bs	\$6,700
	HumanaChoice (PPO) H5868-010	\$79.00	\$7 - \$84, 33%	\$0	Few Gs, Few Bs	\$5,500
	HumanaChoice (PPO) H5868-012	\$49.00	\$1 - \$3, 15% - 30%	\$200	Few Gs	\$6,700
	HumanaChoice (PPO) H5868-013	\$302.00	\$7 - \$95, 28%	\$170	None	\$6,700
Kaiser Permanente 1-877-408-3492 711 (TTY/TDD) www.kp.org/medicare	Kaiser Permanente Senior Advantage Core (HMO) H0630-013	\$0.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,900
	Kaiser Permanente Senior Advantage Core (HMO) H0630-017	\$0.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,900
	Kaiser Permanente Senior Advantage Core Plan (HMO) H0630-020	\$0.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,900
	Kaiser Permanente Senior Advantage Gold (HMO) H0630-016	\$191.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$3,400
	Kaiser Permanente Senior Advantage Plus Choice (HMO-POS) H0630-019	\$99.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,200
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-015	\$49.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,200
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-018	\$45.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,200
	Kaiser Permanente Senior Advantage Silver Plan (HMO) H0630-021	\$41.00	\$0 - \$95, 25%	\$0	All Gs, Few Bs	\$4,200
Rocky Mountain Health Plans 1-888-282-1420 711 (TTY/TDD) www.rmhpmedicare.org	Rocky Mountain Green Plan + Rx (Cost) H0602-043	\$69.40	\$3 - \$80, 30%	\$120	None	\$6,700
	Rocky Mountain Plus Plan + Rx (Cost) H0602-019	\$261.30	\$3 - \$60, 33%	\$0	Many Gs	\$5,000
	Rocky Mountain Standard Plan + Rx (Cost) H0602-017	\$127.70	\$3 - \$75, 33%	\$0	None	\$5,000
	Rocky Mountain Standard Plan + Rx (Cost) H0602-020	\$112.90	\$3 - \$75, 33%	\$0	None	\$5,000
	Rocky Mountain Standard Plan + Rx (Cost) H0602-022	\$152.50	\$3 - \$75, 33%	\$0	None	\$5,000
	Rocky Mountain Thrifty Plan + Rx (Cost) H0602-039	\$80.90	\$3 - \$90, 31%	\$75	None	\$6,000
UnitedHealthcare 1-800-547-5514 711 (TTY/TDD) 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	\$1 - \$3, 15% - 30%	\$0	None	\$4,500
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-020	\$0.00	\$4 - \$95, 33%	\$0	None	\$5,900

¹ **Key to Coverage in Gap:** For 2014, some plans may offer additional coverage in the gap

Gs = Generics Bs = Brand-Name Drugs

"Few" : >0% to <10% of formulary drugs are covered through the gap (and must also be >15 "brand" products covered through the gap)

"Many": ≥65% to <100% of formulary drugs are covered through the gap

² **MOOP is defined as:** Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services.

Special Needs Plans are Medicare Health Plans with Drug Coverage 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.

Organization Name	Plan Name	Special Needs Plan Type
Colorado Access Advantage 1-877-441-6032 1-888-803-4494 (TTY/TDD) www.coaccess.com	Colorado Access Advantage Summit Plan (HMO SNP) H0621-010	Dual-Eligible
Denver Health Medical Plan, Inc. 1-877-956-2111 1-866-538-5288 (TTY/TDD) www.denverhealthmedicalplan.com	Denver Health Medicare Choice (HMO SNP) H5608-001	Dual-Eligible
Kaiser Permanente 1-877-408-3492 711 (TTY/TDD) www.kp.org/medicare	Senior Advantage Medicare Medicaid Plan (HMO SNP) H0630-014	Dual-Eligible
UnitedHealthcare 1-888-834-3721 711 (TTY/TDD) www.uhcommunityplan.com	UnitedHealthcare Dual Complete (HMO SNP) H0624-001	Dual-Eligible
UnitedHealthcare 1-888-834-3721 711 (TTY/TDD) www.uhcmedicareolutions.com	UnitedHealthcare Nursing Home Plan (HMO SNP) H5322-002 UnitedHealthcare Nursing Home Plan (PPO SNP) H0620-002	Institutional Institutional

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 for which you qualify. Copays will be \$1.20 - \$2.55 for generic drugs, and \$3.60 - \$6.35. for brand name drugs.

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** to drug restrictions from the drug plan. 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.

- 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.medicare.gov/pubs/pdf/11493.pdf



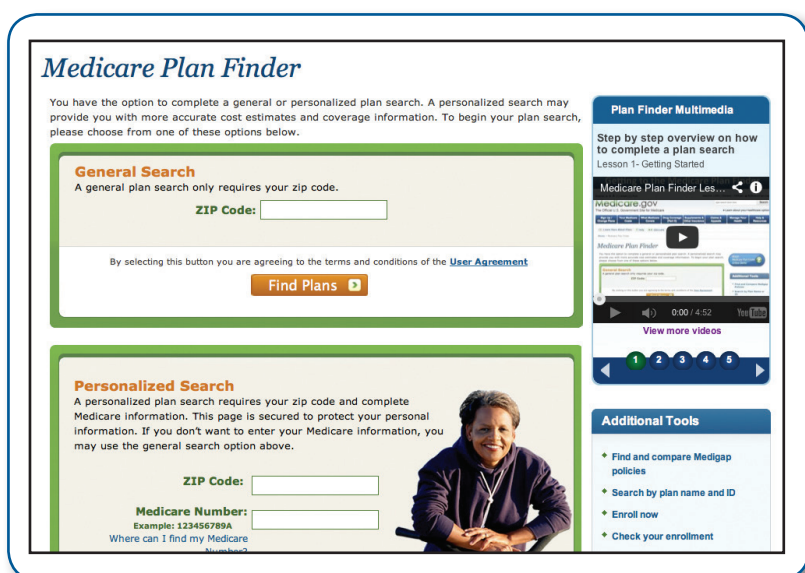
Do-It-Yourself Plan Comparison Searches

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 "Find Health & Drug Plans."



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



Check the Plan Finder Multimedia sidebar on the right for videos on how to complete a plan search.

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 a drug list by entering the name of your drug or using the Browse A-Z feature. A Drug List ID and Password Date will automatically be created. Write down this information for future drug plan searches or click on "Print My Drug List" to print a copy for your records.

Step 2 of 4: Enter Your Drugs

Please enter your prescription drugs. This will help us estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). For more information, you may contact the plan.

[I don't take any drugs](#) [I don't want to add drugs now](#)

Name of Drug:

[Find My Drug](#)

Or Browse A-Z:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

Help with common drug abbreviations
Hints on how to enter drug information
Why can't I find my drug?

You can personalize the Password Date after entering your first drug.

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 click on a single plan for details or select up to three plans to compare side by side.

Plan Name	Organization	Estimated Annual Drug Costs	Monthly Premium	Deductibles and Drug Copay/Coinsurance	Drug Coverage, Restrictions, and Programs	Overall Plan Rating	Enroll
AARP MedicareRx Saver Plus (PDP) (S5921-372-0)	UnitedHealthcare	Retail: \$471 Pharmacy Status: Preferred-Network Annual: \$471 Rest of 2013: \$118 Mail Order: \$460 Annual: \$460 Rest of 2013: \$115	\$15.00	Annual Drug Deductible: \$325 Drug Copay/Coinsurance: \$1 - \$45, 25%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs MTM Program: Yes	3 out of 5 stars	Enroll
Humana Walmart-Preferred Rx Plan (PDP) (S5884-111-0)	Humana Insurance Company	Retail: \$530 Pharmacy Status: Network Annual: \$530 Rest of 2013: \$133	\$18.50	Annual Drug Deductible: \$325 Drug Copay/Coinsurance: \$1 - \$5, 20% - 35%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	3.5 out of 5 stars	Enroll

Need More Information and Assistance?

The **Colorado SHIP** (State Health Insurance Assistance Program) can help you with questions and can provide one-on-one assistance. Call the **Colorado SHIP** at **1-888-696-7213** to be directed to the SHIP office nearest you or visit their website at www.dora.colorado.gov/SHIP for more information. SHIP assistance is free and confidential. We do not sell or endorse drug or health plans.

The **Social Security Administration** takes applications and determines eligibility for the Extra Help program. Complete an online application at www.ssa.gov or call the Colorado SHIP at 1-888-696-7213 for help.

Medicare can provide information on how drug plans or Medicare Health Plans with Drug Coverage cover your current prescriptions. Check their website at www.Medicare.gov or call **1-800-MEDICARE** (1-800-633-4227) 24 hours a day, seven days per week.

BenefitsCheckUp has a website to help you find additional benefits through numerous local, state, and federal programs. Go to their website at www.benefitscheckup.org for more information.

For extensive information on health insurance in general, go to the Colorado Division of Insurance site at www.dora.colorado.gov/insurance and click on Health Insurance.