

Medicare Drug Insurance and You Colorado Options 2016

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COLORADO
Department of
Regulatory Agencies
Division of Insurance



Two Ways to Get Medicare Drug Insurance

Medications are not automatically covered by Medicare and you will pay full price for your medications unless you obtain drug insurance coverage from private companies. There are two main ways to get that coverage:

1) Enroll in a Medicare Prescription Drug (“Part D”) Plan. These plans are offered by private insurance companies and they cover only medications, they do not offer hospital or outpatient coverage. There are 24 of these plans, often called “Stand-Alone” plans, in Colorado for 2016.

2) Enroll in a Medicare Advantage plan. Medicare Advantage plans, also known as Medicare health plans, or Medicare Part C plans, offer hospitalization (Part A), outpatient medical services (Part B) and prescription drug (Part D) coverage under a single policy. There are 28 of these plans in Colorado for 2016. If you enroll in a Medicare Advantage plan, you do not need a Stand-Alone plan.

Some companies offer more than one prescription drug plan, with the different plans having different drugs that they cover, different monthly premiums, co-pays, deductibles and pharmacies.

(Medicare has many “parts” – Part A, Part B, Part C and Part D. For help in understanding the various parts of Medicare, contact the Colorado State Health Insurance Assistance Program (SHIP) at 1-888-696-7213).

ANNUAL OPEN ENROLLMENT

October 15 – December 7 Part D and Medicare Advantage Plans Annual Open Enrollment Period

This is the time to enroll in or switch plans. Your choice will take effect January 1, 2016. Most people will not be able to change plans again until the Annual Open Enrollment Period next year.

January 1 – February 14 Medicare Advantage Plans Disenrollment Period

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.

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.

How and When Do I Enroll?

If you have Medicare Part A, Part B or both, you are eligible for a Medicare Stand-Alone or a Medicare Advantage Plan. There are specific times when you can enroll:

- During the 7 month Initial Enrollment Period around the month when you first turn age 65 and enroll in Medicare;
- If you have Medicare due to a disability, during the 7 month period around your 25th month of your entitlement to disability payments;
- Each year, during Medicare’s “Annual Enrollment Period”, between October 15 and December 7. During this period you can enroll in a plan for the first time or cancel the plan you have and switch to a different plan;

- Any time, if you qualify for “Extra Help” (see page 4);
- During Special Enrollment periods for situations such as moving from one company’s coverage area to another, or when you lose coverage provided by an employer or some other source.

You enroll by contacting the company, by phone or online, and telling them which plan you want to purchase. You will receive a letter from your new drug plan confirming your enrollment. You do not need to cancel your old plan; it will end when your new drug plan begins.

Important Note: Once you enroll in a plan, you usually cannot change plans again until the Annual Open Enrollment period the next year, unless you are switching to a plan that is rated 5-stars by Medicare. You can switch to a 5-star plan once during the year.

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

The vast majority of Medicare beneficiaries enroll in a drug insurance plan because without it, they will pay full price for their prescriptions. However, having a Medicare prescription drug plan is not mandatory. Some people do not enroll in a drug plan because they have other insurance for their medications, for example, from an employer. Other people don't enroll in a drug plan because they don't take many medications and don't want to be paying the monthly premiums for insurance they won't use. However, you may owe a penalty if you later decide you want to enroll.

If you have drug insurance through your employer or your spouse's employer you may not need Medicare prescription drug insurance, and you will not be subject to a penalty if you later want to enroll in Medicare drug insurance as long as a) the employer coverage is "creditable", meaning as good as Medicare coverage, and b) you enroll in a Medicare drug plan within 63 days after you lose that employer coverage. Your employer sends a notice every year confirming that its coverage is creditable. Save this notice. Also, if you have employer coverage, don't sign up for **any** Medicare drug plan until you talk with your employer benefits administrator. If you drop your employer drug coverage you may also be dropping your other health benefits and may not be able to get them back.

If you have prescription drug coverage through the Federal Employees Health Benefits Program (FEHB) or TRICARE for Life you may not need Medicare Part D since Medicare's drug coverage is usually not as good as FEHB or TRICARE for Life. Talk with your FEHB or TRICARE representative.

If you get your medications from the Veterans Administration (VA) you have the option of also enrolling in a Medicare prescription drug plan, which can be useful if you need medications and you are not near a VA facility. You will not owe a penalty if you get your drugs through the VA and sometime later decide that you want to also enroll in Medicare Part D.

If you're thinking of delaying enrollment in Medicare Part D because you don't take a lot of medications, and don't want to pay the cost of a Medicare drug insurance plan and you figure that you'll delay enrolling until you need it. Keep in mind two factors: Medicare drug insurance is like any other insurance--- you purchase it to protect you against future risk. Most people cannot predict what their health status will be in the future, and you may need expensive medications at any time if you get in an accident or if your health deteriorates. Also keep in mind that if you decide sometime later that you want to enroll in a Medicare drug plan, you may owe a penalty. If you take few medications you may want to sign up for a plan with a low monthly premium and thereby avoid a future late enrollment penalty.

Penalties for Late Enrollment

If you don't enroll in a Medicare drug plan when you are first eligible, you may pay a penalty when you later want to enroll. The amount of the penalty depends on how long you didn't have creditable coverage. The late enrollment penalty is 1% of the national average Part D premium (\$34.10) multiplied by the number of months you delayed enrollment. For example, if you turned age 65 in July 2014, your initial enrollment period ended in October 2014. If you did not enroll in a Part D plan by October and did not have creditable coverage from another source, and later enrolled in a Medicare drug plan in November 2015 the late enrollment penalty would be:

$$1\% \times \$34.10 \text{ (national average premium)} \times 12 \text{ months} = \$4.10$$

(rounded to the nearest .10)

This penalty is added to your monthly drug insurance premium when you do enroll, and you will have to pay this penalty every month for as long you stay on any Medicare drug plan.



In Medicare, medications are paid by three sources: Medicare pays part of the cost, your Medicare Advantage plan or Stand-Alone Part D insurance plan pays part, and you pay a part of the cost.

Your cost for your medications depends on several factors:

Monthly Insurance Premium --- The Medicare Part D drug insurance plans will charge you a monthly premium and as you can see from the charts on pages 5 & 6, premiums can vary widely from one plan to another. Plans with lower monthly premiums usually have higher deductibles, higher co-pays and less coverage. Medicare Advantage plans typically do not charge a separate monthly premium for drug insurance; it is included in the regular monthly premium they charge for all Medicare coverage.

Deductibles --- This is the amount you must pay before the drug plan begins to pay for its share. For example, if you choose a plan with a \$360 deductible, you will have to have accumulated and paid \$360 for your Medicare drugs before the plan pays anything. Once you've paid the deductible, the drug plan will begin paying its share. Some plans have no deductible.

Co-pays and Co-insurance --- This is the amount you must pay for each prescription medication after you have paid your deductible. It is called a "co-pay" if it is a fixed amount per medication, and called "co-insurance" if it is a fixed percentage. Most drug plans put medications on "tiers", with the lower cost medications, such as generics, in lower tiers and higher cost medications in other tiers. Your co-pay or co-insurance will be higher for medications on a higher tier.

Coverage Gap or "Donut Hole" --- A Medicare drug plan covers your medications up to a certain dollar amount, and then ceases to cover you until you have paid another amount, and after that you are covered again. This gap in coverage has become known as the "Donut Hole" because it is a hole in the middle of your insurance coverage. In 2016, you enter the coverage gap once you and the drug plan have paid \$3,310 in medication costs, deductibles, co-insurance and co-payments (but not including monthly premiums). Once you and the plan have reached \$3,310 you are in the coverage gap and the drug plan will discontinue paying its share. In the coverage gap you must pay 45% of the drug's cost for brand name drugs and a 58% of the cost for generics. Medicare will pay the remaining costs of your drugs. Once you have paid a total of \$4,850 for the year, you move out of the coverage gap and you will then pay only a small co-pay for each medication for the rest of the year.

Note that most people do not reach the coverage gap at all because their drug costs never reach the \$3,310 threshold that puts them in the gap.

Also note: some drug insurance plans will cover part of your costs while you are in the coverage gap, and this enhanced coverage costs more.

The best way to track your costs so that you know when you could enter the Donut Hole is by paying attention to your Explanation of Benefits statement you receive in the mail.

2016 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums. Actual costs vary in different plans. Be sure to ask about coverage amounts in each zone.

DEDUCTIBLE – Beneficiary Pays 100%

COVERAGE ZONE – Beneficiary Pays 25%; Plan Pays 75%

Coverage Zone ends when total drug cost = \$3,310

COVERAGE GAP ("Donut Hole")

Beneficiary pays 45% for plan-covered brand name drugs (plus a nominal dispensing fee), and 58% for plan-covered generic drugs. Total cost of drugs during gap = \$4,850

Gap ends when total Drug Cost = \$7,063

CATASTROPHIC COVERAGE

Beneficiary pays no more than 5%; Plan pays 15%; Medicare pays 80%

The charts on pages 5 & 6 provide basic information about the Stand-alone and Medicare Advantage plans available in Colorado for 2016, but they don't give you all the information you need to make an informed choice. Many people choose the plan that has the lowest monthly premium, but that can be misleading. The best plan for you is the plan that covers all of your medications, uses pharmacies that are convenient for you, has few restrictions, and gives you the lowest total price for the year when you tally all the costs including monthly premiums, deductibles, and co-pays.

To compare plans, you'll need a list of your medications and dosages, and then you can either call the companies you're interested in, go to their website, or use Medicare's very good Plan Finder to gather the information you need (see page 8). Here are some factors to consider when you compare plans:

Are all your medications covered? All drug plans have their own formularies, the list of Medicare drugs that they cover. If any of the drugs that you take isn't on a plan's formulary, you will pay full price for those medications. You don't want to enroll in a plan that doesn't cover the majority of your medications, especially the most expensive drugs. Coverage is the most important consideration.

Note that certain types of drugs are not covered by Medicare at all and thus are not on any plan's formulary. These include over-the-counter drugs, drugs for weight management, fertility or sexual dysfunction, and drugs for cosmetic purposes.

What will it cost? Find out what tier your drugs are on because that determines the co-pay/co-insurance you will have to pay every time you fill a prescription. Generic medications are on the lower tiers, brand name drugs are on the higher tiers. Many plans also classify generics and brand name drugs as "preferred" or "non-preferred". The "preferred" cost less.

In addition to the co-pays, write down the other costs including the monthly premiums and the initial deductibles.

Are there restrictions? Most plans place restrictions on drugs in order to lower costs. **Prior Authorization** means that the doctor must explain to the plan why the drug is medically necessary. **Step Therapy** means that the doctor must demonstrate that a lower cost drug does not work for you before prescribing a higher cost drug. Plans can also place **Quantity Limits** on the amount of a drug you can obtain in one month.

Find out about any restrictions as you compare drug plans. You and your doctor can appeal any of these restrictions, but sometimes it is better to choose a higher cost plan that doesn't have drug restrictions.

Which pharmacy must you use? Drug insurance companies use certain pharmacies where you pick up your medications. Pharmacies listed as "Preferred cost-sharing" pharmacies are less expensive than "Standard cost-sharing" pharmacies. Check to see that there is a Preferred pharmacy convenient for you. Most drug insurance companies also offer a mail order option, which may or may not be the least expensive choice.

Which doctor must you use? Are you restricted to a certain network of doctors such as an HMO? Is your current doctor in that network?

Once you've selected the plan you want you can enroll over the phone or on the company's website, or through Medicare's Plan Finder.

It pays to compare plans every year

It's not necessary to select a new Part D plan every year; your current plan will be renewed as long as you continue to pay the premiums on time. Although most people stay with the same plan year after year, it is wise to compare plans every year during the Annual Enrollment Period because prescription drug plans often change their formularies and prices every year and many people find out that they can save money and get coverage that's just as good or better.

Financial assistance for those with limited incomes "Extra Help" from Medicare

If you have limited income and resources, you may qualify for help paying for some of your prescription drug costs. The "Extra Help" program, also known as the "Low Income Subsidy" (LIS) program of the federal government will pay part or all of your monthly premiums, deductibles, co-pays, plus, if you qualify for Extra Help, you never enter a coverage gap, and you can change Part D insurance plans at any time instead of waiting for the Annual Enrollment Period.

ELIGIBILITY LIMITS FOR 2015 (may change in 2016)		
	Income	Assets
Single	\$1,471/month	\$13,640
Couple	\$1,991/month	\$27,250

People with Medicaid automatically qualify for the Extra Help program.

The easiest and quickest way to apply for the Extra Help program is online at SSA.gov, and search for "Extra Help" in the search bar.

If you qualify, Extra Help will pay up to \$29.89 toward the monthly drug insurance premium. If you choose a plan with a higher monthly premium, you will pay the difference. The following **Benchmark** plans offer the lowest premiums and deductibles for those eligible for full Extra Help and are highlighted on the list of plans:

- Aetna Medicare Rx Saver
- EnvisionRxPlus Silver
- Humana Preferred Rx Plan
- SilverScript Choice
- Symphonix Value Rx
- AARP MedicareRx Saver Plus

Important Note: even if you receive Extra Help, you should not choose a plan just because of its low monthly premium. It's most important that the plan covers the particular drugs you are taking.

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2015. PLEASE CONFIRM ALL INFORMATION WITH DRUG PLAN.

Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Tiered Copays	Annual Deductible	Extended Coverage ²
Aetna Medicare 1-855-338-7030 711 (TTY/TDD) www.aetnamedicare.com	<i>Aetna Medicare Rx Saver (PDP) S5810-061¹</i>	\$25.90	\$1 - \$30, 25% - 33%	\$360	No
Anthem Blue Cross and Blue Shield 1-800-261-8667 711 (TTY/TDD) www.anthem.com/medicare	Blue MedicareRx Plus (PDP) S5596-060	\$85.70	\$0 - \$40, 33% - 38%	\$0	Yes
	Blue MedicareRx Premier (PDP) S5596-061	\$140.20	\$0 - \$25, 33% - 35%	\$0	Yes
	Blue MedicareRx Standard (PDP) S5596-059	\$46.70	\$0 - \$29, 25% - 38%	\$360	No
Cigna-HealthSpring Rx 1-800-735-1459 711 (TTY/TDD) www.cignamedicarerx.com	Cigna-HealthSpring Rx Secure (PDP) S5617-133	\$57.40	\$3 - \$6, 16% - 47%	\$360	No
	Cigna-HealthSpring Rx Secure-Xtra (PDP) S5617-272	\$42.00	\$1 - \$5, 20% - 43%	\$250	No
EnvisionRx Plus 1-866-250-2005 711 (TTY/TDD) www.EnvisionRxPlus.com	<i>EnvisionRxPlus Silver (PDP) S7694-027¹</i>	\$31.90	\$2, 12% - 40%	\$360	No
Express Scripts Medicare 1-866-477-5704 1-800-716-3231 (TTY/TDD) www.Express-ScriptsMedicare.com	Express Scripts Medicare - Choice (PDP) S5660-197	\$100.00	\$1 - \$42, 25% - 45%	\$360	No
	Express Scripts Medicare - Value (PDP) S5660-129	\$66.90	\$0 - \$8, 23% - 48%	\$360	No
First Health Part D 1-855-389-9688 711 (TTY/TDD) www.FirstHealthPartD.com	First Health Part D Premier Plus (PDP) S5768-182	\$92.00	\$1 - \$40, 33% - 35%	\$0	Yes
	First Health Part D Value Plus (PDP) S5768-150	\$40.30	\$1 - \$45, 33% - 48%	\$0	Yes
Humana Insurance Company 1-800-706-0872 711 (TTY/TDD) www.humana.com/medicare	Humana Enhanced (PDP) S5884-085	\$72.20	\$3 - \$42, 33% - 44%	\$0	Yes
	<i>Humana Preferred Rx Plan (PDP) S5884-111¹</i>	\$27.90	\$1 - \$2, 20% - 35%	\$360	No
	Humana Walmart Rx Plan (PDP) S5884-173	\$18.40	\$1 - \$4, 20% - 35%	\$360	No
Magellan Rx 1-800-424-5759 www.MagellanRx.com	Magellan Rx Medicare Basic (PDP) S4607-022	\$34.00	\$1 - \$100, 25%	\$360	No
SilverScript 1-866-552-6106 1-866-552-6288 (TTY/TDD) www.silverscript.com	<i>SilverScript Choice (PDP) S5601-054¹</i>	\$26.90	\$3 - \$46, 33% - 46%	\$0	No
	SilverScript Plus (PDP) S5601-055	\$90.90	\$0 - \$22, 33% - 35%	\$0	Yes
Stonebridge Life Insurance Company 1-877-527-1958 711 (TTY/TDD) www.transamericamedicarerx.com	Transamerica MedicareRx Classic (PDP) S9579-026	\$128.00	\$0 - \$8, 25% - 35%	\$360	No
Symphonix Health 1-855-355-2280 711 (TTY/TDD) www.symphonixhealth.com	Symphonix PrimeSaver Premier Rx (PDP) S0522-062	\$43.30	\$1 - \$6, 20% - 40%	\$200	No
	<i>Symphonix Value Rx (PDP) S0522-028¹</i>	\$27.60	\$1 - \$2, 20% - 35%	\$360	No
UnitedHealthcare 1-888-867-5564 711 (TTY/TDD) www.AARPMedicareRx.com	AARP MedicareRx Preferred (PDP) S5820-026	\$71.00	\$5 - \$35, 33% - 40%	\$0	No
	<i>AARP MedicareRx Saver Plus (PDP) S5921-372¹</i>	\$29.30	\$1 - \$25, 25% - 30%	\$360	No
WellCare 1-888-293-5151 1-888-816-5252 (TTY/TDD) www.wellcarepdp.com	WellCare Classic (PDP) S5967-164 ¹	\$40.40	\$0 - \$47, 25% - 50%	\$360	No
	WellCare Extra (PDP) S5967-198	\$77.40	\$0 - \$31, 33% - 45%	\$0	No

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 **Extended Coverage:** Plans with extended coverage may offer discounts in the coverage gap on a subset of the formulary drugs.

DATA WAS OBTAINED FROM THE MEDICARE WEBSITE IN OCTOBER 2015. 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	Extended Coverage ¹	In-Network MOOP Amt. ²
Aetna Medicare 1-855-338-7027 711 (TTY/TDD) www.aetnamedicare.com	Aetna Medicare Connect Plus (PPO) H5521-052	\$188.00	\$0 - \$47, 33% - 50%	\$0.00	Yes	\$4,500
	Aetna Medicare Prime Plan (HMO) H3931-093	\$0.00	\$0 - \$47, 50%	\$125.00	No	\$5,500
	Aetna Medicare Prime Plan (PPO) H5521-057	\$63.00	\$3 - \$45, 40%	\$0.00	No	\$6,700
Anthem Blue Cross 1-855-306-4538 711 (TTY/TDD) www.Anthem.com	Anthem MediBlue Plus (HMO) H1394-003	\$0.00	\$0 - \$95, 33%	\$0.00	Yes	\$5,500
Denver Health Medical Plan, Inc. 1-877-956-2111 1-866-538-5288 (TTY/TDD) www.denverhealthmedicalplan.org	Denver Health Medicare Select (HMO) H5608-002	\$23.40	\$3 - \$95, 28%	\$220.00	No	\$5,500
Humana Health Plan, Inc. 1-800-833-2364 711 (TTY/TDD) www.humana.com/medicare	Humana Gold Plus(HMO) H2649-042	\$47.00	\$5 - \$100, 27%	\$250.00	Yes	\$6,000
	Humana Gold Plus (HMO) H2649-043	\$0.00	\$5 - \$100, 26%	\$295.00	Yes	\$6,700
	Humana Gold Choice (PFFS) H8145-123	\$98.00	\$7 - \$100, 26%	\$300.00	Yes	\$6,700
	HumanaChoice (PPO) H6609-110	\$87.00	\$7 - \$100, 33%	\$0.00	Yes	\$5,900
	HumanaChoice (PPO) H6609-112	\$56.00	\$5 - \$100, 28%	\$200.00	Yes	\$6,700
	HumanaChoice (PPO) H6609-113	\$300.00	\$7 - \$100, 25%	\$360.00	No	\$6,700
Kaiser Permanente 1-877-408-3492 711 (TTY/TDD) www.medicare.kp.org	Kaiser Permanente Senior Advantage Core (HMO) H0630-013	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$4,900
	Kaiser Permanente Senior Advantage Core (HMO) H0630-017	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$4,900
	Kaiser Permanente Senior Advantage Core (HMO) H0630-020	\$0.00	\$0 - \$95, 33%	\$0.00	Yes	\$4,900
	Kaiser Permanente Senior Advantage Gold (HMO) H0630-016	\$179.00	\$0 - \$95, 33%	\$0.00	Yes	\$3,400
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-015	\$46.00	\$0 - \$100, 33%	\$0.00	Yes	\$4,000
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-018	\$40.00	\$0 - \$100, 33%	\$0.00	Yes	\$4,200
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-021	\$39.00	\$0 - \$100, 33%	\$0.00	Yes	\$4,200
Rocky Mountain Health Plans 1-888-251-1830 711 (TTY/TDD) www.RMHPMedicare.org	Rocky Mountain Green Plan + Rx (Cost) H0602-043	\$85.10	\$10 - \$47, 25% - 27%	\$345.00	No	\$6,700
	Rocky Mountain Plus Plan + Rx (Cost) H0602-019	\$284.50	\$3 - \$60, 33%	\$0.00	Yes	\$4,500
	Rocky Mountain Standard Plan + Rx (Cost) H0602-022	\$171.80	\$3 - \$75, 30%	\$100.00	No	\$4,500
	Rocky Mountain Standard Plan + Rx (Cost) H0602-017	\$146.60	\$3 - \$75, 30%	\$100.00	No	\$4,500
	Rocky Mountain Standard Plan + Rx (Cost) H0602-020	\$145.90	\$3 - \$75, 28%	\$100.00	No	\$4,500
	Rocky Mountain Thrifty Plan + Rx (Cost) H0602-039	\$99.30	\$3 - \$75, 25% - 28%	\$200.00	No	\$6,000
UnitedHealthcare 1-800-555-5757 711 (TTY/TDD) www.AARPMedicarePlans.com	AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-007	\$45.00	\$2 - \$95, 29%	\$150.00	No	\$3,400
	AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-002	\$40.00	\$2 - \$95, 29%	\$190.00	No	\$4,500
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-012	\$0.00	\$2 - \$95, 28%	\$200.00	No	\$4,950
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-020	\$0.00	\$2 - \$95, 28%	\$215.00	No	\$5,550

¹ Plans with extended coverage may offer discounts in the coverage gap on a subset of the formulary drugs.

² MOOP is the maximum out-of-pocket limit on enrollee spending 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 (Dual-Eligible), 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
Anthem Blue Cross and Blue Shield 1-800-261-8667 711 (TTY/TDD) www.AetnaMedicare.com	Anthem MediBlue Dual Advantage (HMO SNP) H1394-006	Dual-Eligible
Denver Health Medical Plan, Inc. 1-877-956-2111 1-866-538-5288 (TTY/TDD) www.DenverHealthMedicalPlan.org	Denver Health Medicare Choice (HMO SNP) H5608-001	Dual-Eligible
Humana Health Plan, Inc. 1-800-833-2364 1-888-833-2364 www.Humana.com/Medicare	Humana Kidney Care (HMO-POS SNP) H2649-060	Chronic or disabling condition
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.UHCCommunityPlan.com	UnitedHealthcare Assisted Living Plan (PPO SNP) H0710-008	Institutional
UnitedHealthcare 1-888-834-3721 711 (TTY/TDD) www.UHCCommunityPlan.com	UnitedHealthcare Dual Complete (HMO SNP) H0624-001	Dual-Eligible
UnitedHealthcare 1-888-834-3721 / 711 (TTY/TDD) www.UHCMedicareSolutions.com	UnitedHealthcare Nursing Home Plan (PPO SNP) H0710-007	Institutional

NOTE: If you qualify for Medicaid you will receive assistance in paying monthly premiums, annual deductibles and co-pays. The amount you will have to pay depends on the level of Medicaid you receive. Drug co-pays will be \$1.20 - \$2.65 for generic drugs, and \$3.60 - \$7.40 for brand name drugs.

Can agents really DO that?



Yes:

- Can call their own clients, or someone who has given permission, to discuss new plan options
- 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 state they are from Medicare or use "Medicare" in a misleading manner
- Can't market non-health related products to potential enrollees during Medicare Advantage Plan or Prescription Drug Plan sales activities or presentations
- Can't provide meals to potential enrollee at sales presentations

**Call the Senior Medicare Patrol
to report concerns or complaints.**

1-800-503-5190



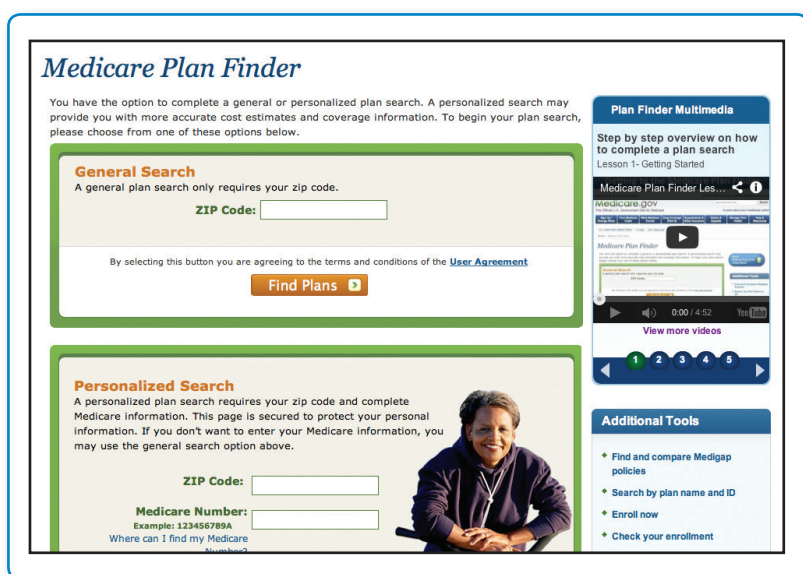
Do-It-Yourself Plan Comparison Searches

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).



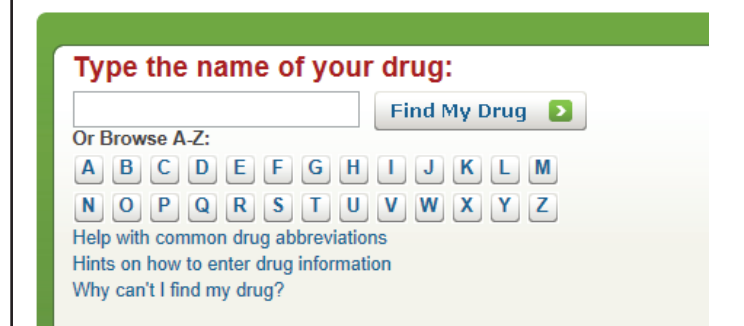
Check the Plan Finder Multimedia sidebar on the right for videos on how to complete a plan search.

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

amount. 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](#)



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.

ABC Plan (PDP) (X1010-000-0)					
Organization: SilverScript					
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail	\$0.00	Annual Drug Deductible: \$0	All Your Drugs on Formulary: No	Coming Soon	Enrollment begins October 15, 2014
Pharmacy Status: Standard Cost-Sharing		Drug Copay/ Coinsurance: \$8 - \$36, 33% - 45%	Drug Restrictions: No		
Annual: \$2,344			No Additional Gap Coverage		
			Lower Your Drug Costs		
			MTM Program[?]: Yes		

XYZ Plan (PDP) (S0010-000-0)					
Organization: United American Insurance Company					
Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail	\$0.00	Annual Drug Deductible: \$320	All Your Drugs on Formulary: No	Coming Soon	Enrollment begins October 15, 2014
Pharmacy Status: Preferred Cost-Sharing		Drug Copay/ Coinsurance: \$0 - \$3, 15% - 25%	Drug Restrictions: No		
Annual: \$2,344			No Additional Gap Coverage		
			Lower Your Drug Costs		
			MTM Program[?]: Yes		

Pharmacy Status refers to whether the pharmacy you selected is in the plan’s network (“Standard Cost-Sharing”), preferred network (“Preferred Cost-Sharing”), or out of network.

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/medicare/prescriptionhelp 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.