

Medicare Drug Insurance and You Colorado Options 2017

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COLORADO
Department of
Regulatory Agencies
Division of Insurance



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 2017 there are 21 Stand-Alone Part D plans. Each of those plans is sold throughout the state. There are 25 Medicare Health Plans (HMO, PPO, PFFS or Cost Plans) and 7 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 may 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 when they enroll in Medicare Part A and B: three months before, the month of, or three months after their 65th birthday (seven month Initial Enrollment Period).

Enrollment occurs when you review plans, pick a plan, 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 Medicare (**1-800-MEDICARE**), 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 annual open enrollment period

This is the time to enroll in or switch plans. Your selection or plan will take effect January 1, 2017. Most people will not be able to change plans again until the Annual Open Enrollment Period next year.

January 1 – February 14

Medicare 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 during 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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Can I Change Plans?

If your Stand-Alone Part D Plan or Medicare Health Plan with Drug Coverage is continuing into 2017, 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, 2017. 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 2017

The diagram to the lower right shows the "Standard Plan" for 2017. 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 2017 vary from \$17.00 to \$179.00 for Stand-Alone Plans, and from \$0 to \$296.70 for Medicare Health Plans with drug coverage. Deductibles range from \$0 to \$400 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 2017, 60% of the cost of brand name covered drugs will be paid by the manufacturer and the plan. The consumer will pay 40% of the cost. 49% of the cost of generic drugs will be paid for by Medicare, and the other 51% 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. Check if your drugs will be covered in 2017 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."

Which Pharmacies Do You Use?

Each insurer has a network of pharmacies where you can use your drug insurance. Check to ensure that the pharmacy you use 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.

You can achieve the greatest cost savings with your prescription copayment or coinsurance amounts by checking the status of your pharmacy with your plan. Pharmacies listed with the plan as "**Preferred Cost-Sharing**" network pharmacies may offer even lower copayment or coinsurance amounts than "**Standard Cost-Sharing**" network pharmacies.

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.

2017 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums.

DEDUCTIBLE

Beneficiary pays 100% or \$400

COVERAGE ZONE

Beneficiary pays 25% or \$925
Plan pays 75%

Coverage Zone ends when total drug cost = \$3,700

COVERAGE GAP ("Donut Hole")

Beneficiary pays 40% For plan-covered brand name drugs (plus a nominal dispensing fee), and 51% for plan-covered generic drugs.
Total cost of drugs during gap = \$3725

Gap ends when total drug cost = \$7,425

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 Veterans 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 have only 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 (\$34 for 2017) and applied monthly thereafter.

Data was obtained from the Medicare website in October 2016. Please confirm all information with the drug 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 |
|---|---|-----------------|--------------------|-------------------|--------------------------------|
| Aetna Medicare 1-855-338-7027 711 (TTY/TDD) AetnaMedicare.com | Aetna Medicare Rx Saver (PDP) S5810-061² | \$30.50 | \$1-\$35, 25%-34% | \$400 | No |
| Anthem Blue Cross and Blue Shield 1-800-261-8667 711 (TTY/TDD) Anthem.com/Medicare | Blue MedicareRx Plus (PDP) S5596-060 | \$126.40 | \$0-\$40, 33%-39% | \$0 | Yes |
| | Blue MedicareRx Premier (PDP) S5596-061 | \$179.00 | \$0-\$25, 33%-35% | \$0 | Yes |
| | Blue MedicareRx Standard (PDP) S5596-059 | \$63.60 | \$0-\$32, 25% -40% | \$400 | No |
| EnvisionRx Plus 1-866-250-2005 711 (TTY/TDD) EnvisionRxPlus.com | EnvisionRxPlus (PDP) S7694-027² | \$28.90 | 10%-33% | \$400 | No |
| Express Scripts Medicare 1-866-477-5704 1-800-716-3231 (TTY/TDD) Express-ScriptsMedicare.com | Express Scripts Medicare - Choice (PDP) S5660-197 | \$88.50 | \$2-\$7, 22%-48% | \$350 | No |
| | Express Scripts Medicare - Value (PDP) S5660-129 | \$59.10 | \$0-\$38, 25%-48% | \$400 | No |
| First Health Part D 1-855-389-9688 711 (TTY/TDD) FirstHealthPartD.com | First Health Part D Premier Plus (PDP) S5768-182 | \$124.30 | \$1- \$34, 33%-50% | \$0 | Yes |
| | First Health Part D Value Plus (PDP) S5768-150 | \$45.00 | \$2-\$47, 33%-50% | \$0 | Yes |
| Humana Insurance Company 1-800-833-2364 711 (TTY/TDD) Humana.com/Medicare | Humana Enhanced (PDP) S5884-085 | \$70.20 | \$3-\$42, 33%-44% | \$0 | Yes |
| | Humana Preferred Rx Plan (PDP) S5884-111² | \$27.10 | \$0-\$1, 20%-35% | \$400 | No |
| | Humana Walmart Rx Plan (PDP) S5884-173 | \$17.00 | \$1-\$4, 20%-35% | \$400 | No |
| Magellan Rx 1-800-424-5759 711 (TTY/TDD) MagellanRx.com | Magellan Rx Medicare Basic (PDP) S4607-022 | \$44.80 | \$1-\$47, 25%-50% | \$400 | No |
| SilverScript 1-866-552-6106 1-866-552-6288 (TTY/TDD) Silerscript.com | SilverScript Choice (PDP) S5601-054² | \$32.00 | \$3-\$47, 33%-50% | \$0 | No |
| | SilverScript Plus (PDP) S5601-055 | \$79.90 | \$0-\$27, 33%-40% | \$0 | Yes |
| UnitedHealthcare 1-888-867-5564 711 (TTY/TDD) AARPMedicareRx.com | AARP MedicareRx Preferred (PDP) S5820-026 | \$78.00 | \$5-\$35, 33%-40% | \$0 | No |
| | AARP MedicareRx Saver Plus (PDP) S5921-372² | \$31.80 | \$1-\$25, 25%-30% | \$400 | No |
| | AARP Medicare Rx Walgreens (PDP) S0522-062 | \$22.40 | \$0-\$27, 25%-32% | \$400 | No |
| | Symphonix Value Rx (PDP) S0522-028 | \$34.40 | \$1-\$28, 25%-35% | \$400 | No |
| WellCare 1-888-293-5151 1-888-816-5252 (TTY/TDD) Wellcarepdp.com | WellCare Classic (PDP) S4802-091² | \$31.60 | \$0-\$47, 25%-45% | \$400 | No |
| | WellCare Extra (PDP) S4802-123 | \$67.10 | \$0-\$31, 33%-45% | \$0 | No |

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

² **Bold & Italized plan names are Benchmark Plans.** For people with full Extra Help, Benchmark Plans have \$0 premium, \$0 deductible, and no coverage 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 (may change in 2017)

Income Limits for 2016:

| | |
|--------|-----------------------------------|
| Single | \$1,485/month (\$17,820 annually) |
| Couple | \$2,003/month (\$24,036 annually) |

Asset/Resource Limits for 2016:

| | |
|--------|----------|
| Single | \$13,640 |
| Couple | \$27,250 |

Which Plan Should I Pick

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

- Aetna Medicare Rx Saver
- EnvisionRxPlus
- Humana Preferred Rx
- SilverScript Choice
- AARP Medicare Rx Saver Plus
- 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 copayments.

Generally, if you qualify for full benefits under the Extra Help program, you will qualify for MSP. For more information, contact SHIP, your local County Department of Human Services, or visit a local Application Assistance site such as www.colorado.gov/apps/maps/hcpf.map.

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 My Agent Really Do That?

YES

Call their own clients, or someone who has given them permission to discuss new plan options.

Conduct sales activities in appropriate common areas of healthcare settings

Provide refreshments and light snacks to potential enrollees at sales presentations

NO

Solicit potential clients door-to door

Tell you they are from Medicare or use “Medicare” in a misleading manner

Market non-health related products to potential enrollees during Medicare Advantage Plan or Prescription Drug Plan sales activities or presentations

Provide meals to potential enrollees at sales presentations



Data was obtained from the Medicare website in October 2016. Please confirm all information with the drug 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) AetnaMedicare.com | Aetna Medicare Prime Plan (PPO) H5521-057 | \$63.00 | \$2-\$100, 33% | \$0.00 | Yes | \$6,700 |
| | Aetna Medicare Prime Plan (HMO) H3931-093 | \$0.00 | \$2-\$100, 25% | \$400.00 | Yes | \$6,700 |
| Anthem Blue Cross 1-800-261-8667 711 (TTY/TDD) Anthem.com/Medicare | 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) DenverHealthMedicalPlan.org | Denver Health Medicare Select (HMO) H5608-002 | \$31.30 | \$3-\$10, 25%-50% | \$315.00 | No | \$5,500 |
| Humana Health Plan, Inc. 1-800-833-2364 711 (TTY/TDD) Humana.com/Medicare | Humana Gold Plus (HMO) H2649-043 | \$0.00 | \$5-\$100, 27% | \$295.00 | Yes | \$6,200 |
| | Humana Gold Plus (HMO) H2649-061 | \$38/\$55 | \$5-\$100, 27% | \$295.00 | Yes | \$6,700 |
| Humana Insurance Company 1-800-833-2364 711 (TTY/TDD) Humana.com/Medicare | Humana Gold Choice (PFFS) H8145-123 | \$96.00 | \$7-\$100, 27% | \$300.00 | Yes | n/a |
| | HumanaChoice (PPO) H6609-112 | \$66.00 | \$5-\$100, 28% | \$250.00 | Yes | \$6,700 |
| Kaiser Permanente 1-877-408-3492 711 (TTY/TDD) KPMedicare.org | Kaiser Permanente Senior Advantage Core (HMO) H0630-013 | \$0.00 | \$0-\$100, 33% | \$0.00 | Yes | \$4,700 |
| | Kaiser Permanente Senior Advantage Silver (HMO) H0630-015 | \$48.00 | \$0-\$100, 33% | \$0.00 | Yes | \$4,000 |
| | Kaiser Permanente Senior Advantage Gold (HMO) H0630-016 | \$188.00 | \$0-\$95, 33% | \$0.00 | Yes | \$3,400 |
| | Kaiser Permanente Senior Advantage Core (HMO) H0630-017 | \$0.00 | \$0-\$100, 33% | \$0.00 | Yes | \$4,900 |
| | Kaiser Permanente Senior Advantage Silver (HMO) H0630-018 | \$40.00 | \$0-\$100, 33% | \$0.00 | Yes | \$4,200 |
| | Kaiser Permanente Senior Advantage Core (HMO) H0630-020 | \$0.00 | \$0-\$100, 33% | \$0.00 | Yes | \$4,900 |
| | Kaiser Permanente Senior Advantage Silver (HMO) H0630-021 | \$39.00 | \$0-\$100, 33% | \$0.00 | Yes | \$4,200 |
| Rocky Mountain Health Plans 1-888-282-1420 711 (TTY/TDD) RMHPMedicare.org | Rocky Mountain Standard Plan + Rx (Cost) H0602-017 | \$158.20 | \$3-\$90, 28% | \$250.00 | No | \$6,700 |
| | Rocky Mountain Plus Plan + Rx (Cost) H0602-019 | \$296.70 | \$3-\$90, 31% | \$100.00 | Yes | \$4,500 |
| | Rocky Mountain Standard Plan + Rx (Cost) H0602-020 | \$157.80 | \$3-\$90, 28% | \$250.00 | No | \$6,700 |
| | Rocky Mountain Standard Plan + Rx (Cost) H0602-022 | \$181.80 | \$3-\$90, 28% | \$250.00 | No | \$6,700 |
| | Rocky Mountain Thrifty Plan + Rx (Cost) H0602-039 | \$123.30 | \$3-\$90, 26% | \$350.00 | No | \$6,700 |
| | Rocky Mountain Green Plan + Rx (Cost) H0602-043 | \$102.40 | \$7-\$90, 26% | \$350.00 | No | \$6,700 |
| UnitedHealthcare 1-800-547-5514 711 (TTY/TDD) UHCMedicareSolutions.com | AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-002 | \$37.00 | \$2-\$95, 29% | \$190.00 | No | \$4,000 |
| | AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-007 | \$42.00 | \$2-\$95, 30% | \$150.00 | No | \$3,400 |
| | AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-012 | \$0.00 | \$2-\$95, 29% | \$200.00 | No | \$4,950 |
| | AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-020 | \$0.00 | \$2-\$95, 29% | \$215.00 | No | \$5,550 |

¹Extended Coverage plans offer extended coverage and may offer discounts in the coverage gap on a subset of the formulary drugs.

²MOOP 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, or reside in an institutional setting. The monthly premiums, deductibles, and co-payments for drugs depend on 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) Anthem.com/Medicare | 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) DenverHealthMedicalPlan.org | Denver Health Medicare Choice (HMO SNP) H5608-001 | Dual-Eligible |
| Humana Health Plan, Inc. 1-800-833-2364 711 (TTY/TDD) Humana.com/Medicare | Humana Kidney Care (HMO-POS-SNP) H2649-060 | Chronic or disabling condition |
| Kaiser Permanente 1-877-408-3492 711 (TTY/TDD) KPMedicare.org | Senior Advantage Medicare Medicaid Plan (HMO SNP) H0630-014 | Dual-Eligible |
| United Healthcare 1-800-547-5514 711 (TTY/TDD) UHCMedicareSolutions.com | United Healthcare Assisted Living Plan (PPO SNP) H0710-008 | Dual-Eligible |
| United Healthcare 1-800-547-5514 711 (TTY/TDD) UHCMedicareSolutions.com | United Healthcare Dual Complete (HMO SNP) H0624-001 | Dual-Eligible |
| United Healthcare 1-800-547-5514 711 (TTY/TDD) UHCMedicareSolutions.com | United Healthcare Nursing Home Plan (PPO SNP) H0710-007 | Institutional |

NOTE: Medicare beneficiaries who qualify for Medicaid will receive assistance in paying their monthly premiums and deductibles. Co-pays may vary based on the level of aid for which they qualify. Make sure to check with your plan provider to find out what you owe after assistance. Prescription co-pays will be \$1.20-\$3.30 for generic drugs and \$3.70-\$8.25 for brand name drugs.

Medicare Health Plans without Drug Coverage

All of the Medicare Health Plans listed on page 6 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 may 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 in effect until it expires in 2020.

- 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 learn 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**).



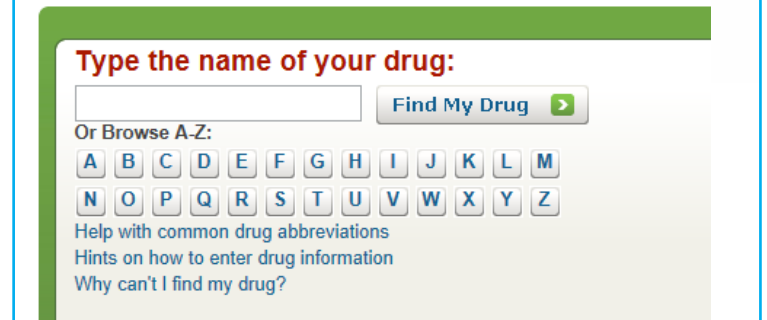
Check the **Plan Finder Multimedia** sidebar on the right for videos on how to complete a plan search.

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.

| Estimated Annual Drug Costs [1] | Monthly Premium [2] | Deductible [3] and Drug Copay [4] / Coinsurance [5] | Drug Coverage [7], Drug Restrictions [8] and Other Programs [9] | Overall Star Rating [10] |
|--|---------------------|---|--|--|
| ABC Plan (PDP) (X1010-000-0) Organization: SilverScript | | | | |
| Retail | \$0.00 | Annual Drug Deductible: \$0 Drug Copay/Coinsurance: \$8 - \$34, 30% - 45% | All Your Drugs on Formulary: No Drug Restrictions: No No Additional Gap Coverage Lower Your Drug Costs MTM Program [11]: Yes | Caring Score Enrollment Begins October 15, 2014 |
| XYZ Plan (PDP) (50010-000-0) Organization: United American Insurance Company | | | | |
| Retail | \$0.00 | Annual Drug Deductible: \$300 Drug Copay/Coinsurance: \$8 - \$3, 15% - 25% | All Your Drugs on Formulary: No Drug Restrictions: No No Additional Gap Coverage Lower Your Drug Costs MTM Program [11]: Yes | Caring Score Enrollment Begins October 15, 2014 |

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 www.dora.colorado.gov/SHIP for more information. SHIP assistance is free and confidential. We do not endorse or sell 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 www.Medicare.gov or call **1-800-MEDICARE** (1-800-633-4227) 24 hours a day, seven days a week.

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

For extensive general health insurance information, visit www.dora.colorado.gov/insurance and click on **Health Insurance**.