

Medicare Drug Insurance and You Colorado Options 2019

Printed October 2018



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 2019 there are 26 Stand-Alone Part D plans. Each of those plans is sold throughout the state. There are 36 Medicare Health Plans (HMO, PPO, or PFFS with drug coverage) 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 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, 2019. 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.

Table of Contents

What Is Part D?	1
Enrollment Timelines	1
Changing Plans	2
2019 Standard Part D Benefit	2
Thinking About Skipping Part D?	3
Chart: Stand-Alone Part D Plans	4
Help With Drug Costs	5
Chart: Medicare Health Plans With Drug Coverage	6
Chart: Special Needs Plans	7
Do-It-Yourself Comparison Plan Search	8

Can I Change Plans?

If your Stand-Alone Part D Plan or Medicare Health Plan with Drug Coverage is continuing into 2019, 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, 2019. 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 2019

The diagram to the lower right shows the "Standard Plan" for 2019. 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 2019 vary from \$16.20 to \$113.20 for Stand-Alone Plans, and from \$0 to \$193.00 for Medicare Health Plans with drug coverage. Deductibles range from \$0 to \$415 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 2019, 75% of the cost of brand name covered drugs will be paid by the manufacturer and the plan. The consumer will pay 25% of the cost. 63% of the cost of generic drugs will be paid for by Medicare, and the other 37% 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 2019 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.

2019 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums.

DEDUCTIBLE

Beneficiary pays 100% or \$415

COVERAGE ZONE

Beneficiary pays 25% or \$955

Coverage Zone ends when total drug cost = \$3,820

COVERAGE GAP ("Donut Hole")

Beneficiary pays 25% For plan-covered brand name drugs (plus a nominal dispensing fee), and 37% for plan-covered generic drugs.

Gap ends when total drug cost = \$7,653

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 (\$32.50 for 2019) and applied monthly thereafter.

Data was obtained from the Medicare website in October 2018. 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 ²
Aetna Medicare 1-833-856-5680 AetnaMedicare.com	Aetna Medicare Rx Value Plus (PDP) S5768-150	\$58.70	\$1-\$47, 33%-45%	\$0	Yes
	Aetna Medicare Rx Saver (PDP) S5810-061¹	\$28.90	\$1-\$30, 25%-35%	\$365	No
	Aetna Medicare Rx Select (PDP) S5810-304	\$17.40	\$0-\$47, 25%-40%	\$380	Yes
Anthem Blue Cross and Blue Shield 1-800-261-8667 shop.Anthem.com/Medicare	Blue MedicareRx Plus (PDP) S5596-060	\$113.20	\$0-\$45, 33%-43%	\$0	Yes
	Blue MedicareRx Standard (PDP) S5596-059	\$92.50	\$0-\$40, 25%-50%	\$325	No
Cigna Health Springs Rx 1-800-735-1459 cignahealthsprings.com	Cigna HealthSpring Rx Secure (PDP) S5617-133¹	\$30.90	\$1-\$34, 25% -43%	\$415	No
	Cigna HealthSpring Rx Secure-Essential (PDP) S5617-306	\$21.80	\$1-\$20, 20% -50%	\$415	No
	Cigna HealthSpring Rx Secure-Extra (PDP) S5617-272	\$62.00	\$4-\$47, 31% -50%	\$100	Yes
EnvisionRx Plus 1-888-377-1439 EnvisionRxPlus.com	EnvisionRxPlus (PDP) S7694-027¹	\$31.20	\$1-\$18, 15% -33%	\$415	No
Express Scripts Medicare 1-866-477-5704 Express-ScriptsMedicare.com	Express Scripts Medicare - Choice (PDP) S5660-197	\$94.50	\$2-\$47, 26%-43%	\$350	Yes
	Express Scripts Medicare - Saver (PDP) S5660-243	\$24.00	\$1-\$13, 18%-37%	\$415	No
	Express Scripts Medicare - Value (PDP) S5660-129	\$51.20	\$1-\$39, 25%-52%	\$415	No
Humana Insurance Company 1-800-706-0872 Humana.com/Medicare	Humana Enhanced (PDP) S5884-085	\$82.50	\$5-\$47, 33%-50%	\$0	No
	Humana Preferred Rx Plan (PDP) S5884-111¹	\$30.60	\$0-\$1, 25%-35%	\$415	No
	Humana Walmart Rx Plan (PDP) S5884-173	\$30.40	\$1-\$20, 20%-50%	\$415	No
Mutual of Omaha 1-800-961-9006 mutualofomaharx.com	Mutual of Omaha Rx Plus (PDP) S7126-026	\$37.00	\$3-\$47, 25%-50%	\$415	No
	Mutual of Omaha Rx Value (PDP) S7126-059	\$24.80	\$1-\$10, 15%-42%	\$415	No
SilverScript 1-866-552-6106 Silverscript.com	SilverScript Allure (PDP) S5601-169	\$79.90	\$1-\$20, 20%-50%	\$0	No
	SilverScript Choice (PDP) S5601-054¹	\$32.20	\$3-\$47, 31%-50%	\$100	No
	SilverScript Plus (PDP) S5601-055	\$78.70	\$1-\$47, 33%-50%	\$0	Yes
UnitedHealthcare 1-888-867-5564 AARPMedicareRx.com	AARP MedicareRx Preferred (PDP) S5820-026	\$82.50	\$5-\$47, 33%-45%	\$0	No
	AARP Medicare Rx Saver Plus (PDP) S5921-372¹	\$30.80	\$1-\$32, 25%-33%	\$415	No
UnitedHealthcare 1-800-753-8004	AARP Medicare Rx Walgreens (PDP) S5921-408	\$28.00	\$0-\$45, 25%-33%	\$415	No
WellCare 1-888-293-5151 Wellcarepdp.com	WellCare Classic (PDP) S4802-091¹	\$32.30	\$0-\$44, 25%-46%	\$415	No
	WellCare Extra (PDP) S4802-123	\$75.00	\$0-\$47, 33%-50%	\$0	No
	Wellcare Value Script (PDP) S4802-160	\$16.20	\$0-\$47, 25%-50%	\$415	No

1 **Bold & Italized 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.

Note: Plans under sanction are not shown.

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 2019)

Income Limits for 2018:

Single	\$1,538/month (\$18,456 annually)
Couple	\$2,078/month (\$24,936 annually)

Asset/Resource Limits for 2018:

Single	\$14,100
Couple	\$28,150

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
- Cigna HealthSpring Rx Secure
- EnvisionRxPlus
- Humana Preferred Rx
- SilverScript Choice
- 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.

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 2018. 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 1-833-859-6031 AetnaMedicare.com	Aetna Medicare Prime Plan (HMO) H3931-093	\$0.00	\$0 - \$100, 29%	\$195.00	Yes	\$5,900
	Aetna Medicare Prime Plan (HMO) H3931-135	\$0.00	\$0 - \$100, 29%	\$195.00	Yes	\$6,700
	Aetna Medicare Prime Plan (HMO) H3931-136	\$0.00	\$0 - \$100, 29%	\$195.00	Yes	\$6,700
	Aetna Medicare Platinum Plan (PPO) H5521-187	\$94.00	\$0 - \$100, 31%	\$95.00	Yes	\$5500/\$10000
	Aetna Medicare Prime Essential (PPO) H5521-207	\$0.00	\$0 - \$100, 29%	\$195.00	Yes	\$6700/\$10000
	Aetna Medicare Prime Essential (PPO) H5521-250	\$0.00	\$0 - \$100, 29%	\$195.00	Yes	\$6700/\$10000
	Aetna Medicare Prime (PPO) H5521-057	\$47.00	\$0 - \$100, 29%	\$195.00	Yes	\$6100/\$10000
	Aetna Medicare Prime (PPO) H5521-208	\$57.00	\$0 - \$100, 29%	\$195.00	Yes	\$6700/\$10000
Anthem Blue Cross 1-800-797-1746 shop.anthem.com/medicare	Anthem MediBlue Plus (HMO) H4346-012	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$6,200
	Anthem MediBlue Plus (HMO) H4346-013	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$5,900
Bright Advantage 1-844-679-2029 brighthouseplan.com/medicare	Bright Advantage (HMO) H7853-001	\$0.00	\$0 - \$95, 30%	\$150.00	No	\$4,200
	Bright Advantage Plus (HMO) H7853-002	\$41.00	\$0 - \$95, 33%	\$0.00	No	\$3,250
	Bright Advantage Choice (HMO-POS) H7853-003	\$0.00	\$0-\$95, 30%	\$150.00	No	\$4,500
	Bright Advantage Choice Plus (HMO-POS) H7853-004	\$51.00	\$0-\$95, 33%	\$0.00	No	\$3,250
Clear Spring Health 1-877-384-1241 clearspringhealthcare.com	Clear Spring Health Essential (PPO) H2020-001	\$28.00	\$2-\$100, 31%	\$95.00	Yes	\$6700/\$10000
	Clear Spring Health Essential Plus (PPO) H2020-004	\$75.00	\$2-\$100, 31%	\$95.00	Yes	\$6700/\$10000
Denver Health Medical Plan, Inc. 1-877-956-2111 DenverHealthMedicalPlan.org	Denver Health Medicare Select (HMO) H5608-002	\$32.00	\$0 - \$10, 25%-50%	\$375.00	No	\$5,500
Humana 1-800-833-2364 Humana.com/medicare	Humana Gold Plus (HMO) H0028-025-1	\$0.00	\$2-\$100, 31%	\$95.00	No	\$3,900
	Humana Gold Plus (HMO) H0028-025-2	\$0.00	\$2-\$100, 31%	\$95.00	No	\$4,900
	Humana Gold Plus (HMO) H0028-026-1	\$65.00	\$5-\$100, 31%	\$95.00	No	\$6,700
	Humana Gold Plus (HMO) H0028-026-2	\$30.00	\$5-\$100, 31%	\$95.00	No	\$4,500
	Humana Value Plus (PPO) H5216-195	\$30.10	\$0-\$47, 25%-50%	\$415.00	No	\$6700/\$10000
	Humana Choice (PPO) H5216-078-1	\$49.00	\$2-\$100, 29%	\$195.00	No	\$6700/\$10000
	Humana Choice (PPO) H5216-078-2	\$0.00	\$2-\$100, 29%	\$195.00	No	\$5400/\$10000
	Humana Gold Choice (PFFS) H8145-123	\$103.00	\$7-\$100, 27%	\$300.00	No	\$6,700
Kaiser Permanente 1-877-408-3492 kp.org/medicare	Kaiser Permanente Senior Advantage Core (HMO) H0630-013	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$5,900
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-015	\$47.00	\$0 - \$100, 33%	\$0.00	Yes	\$5,200
	Kaiser Permanente Senior Advantage Gold (HMO) H0630-016	\$193.00	\$0 - \$95, 33%	\$0.00	Yes	\$3,400
	Kaiser Permanente Senior Advantage Core (HMO) H0630-017	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$6,200
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-018	\$59.00	\$0 - \$100, 33%	\$0.00	Yes	\$5,100
	Kaiser Permanente Senior Advantage Core (HMO) H0630-020	\$0.00	\$0 - \$100, 33%	\$0.00	Yes	\$5,900
	Kaiser Permanente Senior Advantage Silver (HMO) H0630-021	\$40.00	\$0 - \$100, 33%	\$0.00	Yes	\$5,500
UnitedHealthcare 1-800-555-5757 AARPMedicarePlans.com	AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-002	\$39.00	\$4 - \$95, 29%	\$215.00	No	\$3,700
	AARP MedicareComplete SecureHorizons Plan 1 (HMO) H0609-007	\$46.00	\$4 - \$95, 29%	\$175.00	No	\$3,400
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-012	\$0.00	\$4 - \$95, 28%	\$225.00	No	\$4,400
	AARP MedicareComplete SecureHorizons Plan 2 (HMO) H0609-020	\$0.00	\$4 - \$95, 28%	\$240.00	No	\$4,700

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, reside in an institutional setting, or have a specific chronic or disabling condition. 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 1-800-797-1746 shop.anthem.com/medicare	Anthem MediBlue Dual Advantage (HMO SNP) H4346-014	Dual-Eligible
Denver Health Medical Plan, Inc. 1-877-956-2111 denverhealthmedicalplan.org	Denver Health Medicare Choice (HMO SNP) H5608-001	Dual-Eligible
Kaiser Permanente 1-877-408-3492 kp.org/medicare	Senior Advantage Medicare Medicaid Plan (HMO SNP) H0630-014	Dual-Eligible
United Healthcare 1-888-834-3721 UHCMedicareSolutions.com	United Healthcare Dual Complete (HMO SNP) H0624-001	Dual-Eligible
United Healthcare 1-888-834-3721 UHCMedicareSolutions.com	United Healthcare Assisted Living Plan (PPO SNP) H0710-008	Institutional
United Healthcare 1-888-834-3721 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 \$1.25-\$3.40 for generic drugs and \$3.80-\$8.50 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.

- 2019:** you'll pay 25% 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 Basic Search or more detailed information for a more personalized search.



4. A **Basic Search** will take you to a window that requires additional input on your Medicare coverage status.

A more personalized search (which allows you to see plans more tailored to you) 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](#)

Type the name of your 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.

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	Overall Star Rating [9]	Caring Score	Enrollment Begins [10]
Retail Pharmacy Status: Standard Cost-Sharing Annual: \$2,344	\$0.00	Annual Drug Deductible: \$0 Drug Copay/Coinsurance: \$8 - \$3, 30% - 45%	All Your Drugs on Formulary: No Drug Restrictions: No No Additional Gap Coverage Lower Your Drug Costs MTM Program [11]: Yes			October 15, 2014
Retail Pharmacy Status: Preferred Cost-Sharing Annual: \$2,344	\$0.00	Annual Drug Deductible: \$20 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			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**.