



LOCAL HELP FOR PEOPLE WITH MEDICARE



Prescription Drug Assistance

**For Medicare Beneficiaries Living in Connecticut
2010**

Compiled and Published by: CHOICES 1-800-994-9422

A cooperative program of the State of Connecticut Department of Social Services, the Area Agencies on Aging, and the Center for Medicare Advocacy that provides Connecticut residents with direction to benefit and support programs dealing with aging concerns.

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NOTE: This information, including any rates and services, is accurate to the extent available to CHOICES from the individual Medicare managed care plans and the Centers for Medicare and Medicaid Services as of July 2010. For more comprehensive information or clarification regarding an individual plan or product, please contact the plan directly at the telephone number listed in this booklet. For additional information on Medicare issues, including the Original Medicare Plan, Medigap Supplemental Insurance, Prescription Drug Assistance, and other health insurance issues generally, you should call the CHOICES health insurance counselor at your regional Area Agency on Aging (1-800-994-9422). CHOICES publications can also be found on the Department of Social Services, Aging Services web site at www.ct.gov/agingservices. CHOICES *counselors do not sell or market insurance*. They provide the necessary information and assistance to enable you to make your own health insurance CHOICES.

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TABLE OF CONTENTS

INTRODUCTION.....	3
MEDICARE OVERVIEW	4
MEDICARE PART D	4
STANDARD PRESCRIPTION DRUG PLAN FOR THE CALENDAR YEAR 2010	7
WHAT IS CREDITABLE COVERAGE?	9
RETIREE PLANS & PRESCRIPTION DRUGS.....	9
VA, TRICARE, FEHBP COVERAGES AND PRESCRIPTION DRUGS	10
DO MEDICARE ADVANTAGE PLANS COVER PRESCRIPTION DRUGS?	12
MEDICARE SUPPLEMENTAL (MEDIGAP) INSURANCE & PRESCRIPTION DRUGS....	12
DOES MEDICARE SUPPLEMENTAL INSURANCE (MEDIGAP) COVER PRESCRIPTION DRUGS?	12
COVERAGE APPEALS FOR PART D	15
MEDICARE WRAP-AROUND PROGRAMS	16
MEDICARE SAVINGS PROGRAM	16
CONNPACE	18
LOW INCOME SUBSIDY (LIS)/EXTRA HELP	21
MEDICAID (TITLE 19)	22
WHAT ARE THE IMPORTANT DATES FOR 2010?	24
ELIGIBILITY SCREENING TOOL	25
DRUG MANUFACTURER PATIENT ASSISTANCE PROGRAMS.....	26
DISCOUNT PRESCRIPTION PROGRAMS	28
DISCOUNT MAIL ORDER PRESCRIPTION SERVICES.....	29
PARTNERSHIP FOR PRESCRIPTION ASSISTANCE	31
PURCHASING PRESCRIPTION DRUGS THROUGH THE INTERNET	32
RETAILERS' LOW COST DRUG DISCOUNT PROGRAMS	33
OTHER RESOURCES	34
MEDICINE RECORD FORM.....	35
PRESCRIPTION MEDICATION FORM _____	35
DEPARTMENT OF SOCIAL SERVICES OFFICES.....	36
YOUR REGIONAL AREA AGENCY ON AGING	39
CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM	40
CENTER FOR MEDICARE ADVOCACY, INC.....	40

INTRODUCTION

The high cost of prescription drugs is a fact of life for everyone, but older adults and persons with disabilities are particularly affected. This booklet is intended to be a guide for Connecticut residents with Medicare who need help paying for their prescription drugs. It describes Medicare's prescription drug insurance coverage; benefit programs which help lower its costs; and other forms of aid. It will not have all the answers for everyone. If you don't find what you need in this guide, call one of the organizations listed in the back of this booklet for assistance.

Here are some tips to start:

- **Talk to your doctor or pharmacist**

For the sake of your health, give your doctor and your pharmacist an up-to-date list of medications you take, including over-the-counter drugs like aspirin. Some drugs, when taken together, cause undesirable side effects. Use the Medicine Record Form at the back of this booklet to keep track of your medicines.

- **Ask about generic drugs**

Generic medications are usually less expensive than brand name medications. You should consult with your doctor and/or pharmacist when you are first given a prescription to see if a generic medication can be substituted for a brand name. You should check again from time to time to see if this can be done because generic versions of your brand name medications may have been brought to market.

- **Call CHOICES** at 1-800-994-9422. We can help you **SELECT a MEDICARE Rx PLAN** that covers all or most of your medications at the lowest cost.

❖ **WARNING:** *Neither the State of Connecticut nor the **CHOICES** program guarantees the quality of services provided by any of the private programs listed in this booklet. In choosing any option, the **consumer** is ultimately responsible for researching and selecting the company and/or program offered.*

MEDICARE OVERVIEW

Part D

What is Medicare prescription drug coverage? It is a program that pays for prescription drugs, insulin, insulin supplies, and stop-smoking drugs for people who have Medicare. It started on January 1, 2006. It's also known as Medicare Rx and Medicare Part D.

NOTE: Syringes and lancets are covered by Medicare Part B.

Medicare doesn't administer the new program directly. Instead, it contracts with private companies to provide the coverage. In 2010 there are two ways to purchase this coverage in Connecticut:

- ♦ Through a stand-alone Prescription Drug Plan (PDP)
- ♦ Through a Medicare Advantage Plan with Prescription Drug Coverage (MA-PD).

Note that some retirement health plans offer special employer subsidized PDP's.

You need to enroll in one of these plans to have Medicare prescription drug coverage. The plan you join will give you a member card that you can use at participating pharmacies. Some plans also allow members to get their prescriptions through the mail. To do this you must use the mail order provider specified by the plan.

Do I have to apply for Medicare prescription drug coverage or will I get it automatically because I'm on Medicare? You need to take action and enroll in a plan to get Medicare prescription drug coverage unless you are on:

- ♦ Medicaid (Title 19)
- ♦ ConnPACE
- ♦ Supplemental Security Income (SSI)
- ♦ Or if the State pays your Part B premiums through a Medicare Savings Program (QMB, SLMB or ALMB).

See section in this booklet entitled Medicare Wrap-Around Programs for detailed descriptions of these programs beginning on page 16.

If so, you will automatically be enrolled into a Medicare prescription drug plan if you do not select a plan on your own. That enrollment will be at random and not necessarily into a plan that covers your drugs.

If you have already been enrolled into a Medicare Rx plan by Medicare, you should have received a letter specifying the plan which was selected for you. If you do not like that plan, you may change to another plan for the next month, effective on the first day of that month. You may change plans each month, though that is not advisable.

What drugs will Medicare cover? Each Medicare-approved PDP offers its own list of covered drugs, called a formulary. Formularies vary from plan to plan. Medicare approved plans offer a choice of at least two drugs in each of 146 prescribing categories. They cover **insulin, insulin supplies and stop-smoking drugs**. They also cover all drugs in the following six categories: **anti-depressants, anti-psychotics, anti-convulsants, anti-cancer, immuno-suppressants and HIV/AIDS medications**. Before deciding on a plan you should carefully review its formulary, if a drug is not on the plan's formulary then it will not be covered and you will be responsible for the cost.

The following types of medications are excluded from Medicare coverage: **barbiturates, benzodiazepines, drugs for weight loss or gain, over-the-counter drugs, and drugs that are covered by Medicare Part A or Part B**.

NOTE: A few plans cover some of the excluded drugs as an enhanced benefit for additional cost). ConnPACE and Medicaid will cover barbiturates and benzodiazepines not on formulary. The Medicare Savings Program will not.

See section in this booklet entitled Medicare Wrap-Around Programs for detailed descriptions of these programs beginning on page 16.

What is the Medicare Prescription Drug Standard Plan? It is the model for minimum standards all Medicare PDP's must meet.

There is a monthly premium. It can be deducted from your Social Security check, the plan can debit your bank account each month, or you can pay the plan directly.

There may be an annual deductible. In 2010, the deductible cannot be more than **\$310** per year. Some plans have a reduced deductible or none at all. If your plan has a deductible you will need to pay the amount of the deductible before your coverage begins.

After you have met your deductible, you enter the **Initial Benefit Period**, during which your drug plan pays 75% of the cost of each prescription and

you pay 25% (of the next **\$2520** in drug costs). The most you will pay during the Initial Benefit Period is **\$630** (25% of \$2520).

Once the total cost for medications reaches \$2830, you enter the **Coverage Gap** (also called the **Doughnut Hole***). You will then pay **100% of all prescription costs until you have spent another \$3610 out-of-pocket**. (In 2010, some PDP's pay for some generic drugs in the coverage gap. No plans pay for brand name drugs in the coverage gap.)

Once you have spent a total of **\$4550** (\$310 + \$630 + \$3610) in allowable **True Out-Of-Pocket costs (TrOOP)**, you are eligible for **Catastrophic Coverage**. For the remainder of the year, Medicare will pay 95% of your prescription drug costs. You pay 5% of each prescription, or a \$2.50 generic/ \$6.30 brand-name co-pay, whichever is greater.

***Note: Medicare Beneficiaries that are in the Coverage Gap in 2010 will receive a one-time \$250 rebate from Medicare.**

- ◆ In the years 2011 – 2020 Medicare will gradually reduce the amount of cost-sharing for brand name drugs that beneficiaries pay while in the coverage gap. Beneficiaries will pay a smaller percentage for brand name drugs in the gap, starting at 50 percent and gradually reducing to 25 percent.
- ◆ Over this nine year period, (2011-2020) beneficiaries will pay a smaller percentage for generic drugs in the gap, starting at 93 percent and gradually reducing to 25 percent.

2010 PDP monthly premiums in Connecticut range from \$10.80 per month to \$100.30 per month. MA-PD premiums range from \$0 to about \$175 per month. Some plans have annual deductibles and all plans have co-pays or co-insurance (amounts you are responsible to pay for each prescription). Most PDP's have "tiered" co-pays; i.e., the co-pay amount varies with the type of drug. (Tier 1 = generic drugs; Tier 2 = preferred brand/value generics; Tier 3 = brand; Tier 4 = specialty drugs.) The co-pay or co-insurance amounts that you must pay for a drug in a given tier are not the same from plan to plan.

Standard Prescription Drug Plan for the Calendar Year 2010

Coverage	Total Prescription Costs	Medicare Pays	You Pay	Your Out-Of-Pocket Cost
Deductible (you pay this amount before your Medicare coverage begins)	\$0 - \$310	0	100%	\$310
Initial Benefit Period (annual basic coverage)	\$310 - \$2800	75%	25%	\$630
Coverage Gap (no coverage during this period)	\$2830 - \$6153.75	0	100%	\$3610
TOTAL	\$6440	\$1890	70%	\$4550
Catastrophic Benefit	\$6440 & over	95%	5%	5%

NOTE: Different plans can and do differ from this basic package. It is important to review the costs of each plan carefully before enrolling.

What are allowable out-of-pocket costs? Only certain payments count toward meeting the \$4,550 TrOOP requirement.

- ♦ Payments that you make (or made by your family, by a charitable group or by **ConnPace**) for drugs that are on your plan's formulary count toward meeting the \$4,550.
- ♦ Premium payments, payments made by Medicare (LIS/Extra Help), payments made for drugs that are not on your plan's formulary, and payments for drugs purchased in Canada, do NOT count toward the \$4,550 TrOOP requirement.

Note: If you are in the coverage Gap in 2010, Medicare will pay \$250 towards the cost of drugs that are on your plans formulary.

Can I get help to pay for Medicare prescription drug coverage?

Yes, through the following Special Low Income Assistance Programs:

- ♦ Medicare Savings Program (MSP), which consists of QMB, SLMB, and ALMB
- ♦ Low Income Subsidy (LIS/Extra Help)
- ♦ ConnPACE

See section in this booklet entitled Medicare Wrap-Around Programs for detailed descriptions of these programs beginning on page 16.

Enrollment in Medicare Savings Program, MSP results in automatic enrollment in LIS/Extra Help at the Full Subsidy Level. That means that you will have no PDP premium for any Basic Benchmark Plan (and a reduced premium for all others) and you will never have a co-pay for an on-formulary drug of more than \$2.50 if generic, and \$6.30 if brand-name.

What if the cost of Medicare prescription drug coverage is more than I pay now for prescription drugs? If you now take only a small number of medications, or you have another form of prescription insurance, your current costs may be less than they would be under the standard Medicare prescription drug benefit. You still need to consider Medicare prescription drug coverage because:

- ♦ You may need additional, more expensive medications in the future.
- ♦ You will have to pay a higher premium when you do enroll in a PDP if you didn't enroll when you were first eligible unless you have creditable coverage.
- ♦ You may also have a waiting period for coverage if you don't enroll when you are first eligible, unless you have creditable coverage. (see page 9)

Will I ever have to pay a PDP premium penalty? If and when you do join a Medicare Prescription Drug Plan, your premium will be 1% higher for each month you were eligible to enroll in a PDP but did not. You are eligible as soon as you sign up for Medicare. There is a three month grace period that starts the month after the month you signed up. This 1% penalty is based on the national average monthly premium and it is a lifetime penalty. For example, if the national average premium is \$30 per month, and you wait 12 months to join a plan, your penalty would be \$3.60 each month ($.01 \times \30×12 months). This amount would be added permanently to the monthly premium of your chosen plan.

As long as you have existing Rx insurance that is creditable you will not have to pay the penalty if you join a PDP. However, if you lose that creditable coverage you must select and enroll in a Medicare prescription drug plan within two months in order to avoid the penalty and a possible waiting period for coverage.

Every year all insurers, including employer or union sponsored retirement health plans, are supposed to send notices to their members indicating whether their coverage is creditable.

When can I enroll in a Medicare prescription drug plan? You can enroll in a Medicare Rx plan November 15 – December 31 of each year. This is

called the Annual Coordinated Election Period, (ACEP). Coverage will begin on January 1st of the following year.

If you are new to Medicare, you have a seven month Initial Enrollment Period (IEP). It commences three months before you begin Medicare and ends three months after the month you start receiving benefits. If you do not enroll during the IEP, you may have to wait until the next Annual Enrollment Period and you may be subject to a late enrollment penalty.

Note: New for 2011, the dates for enrolling or changing Medicare Drug Plans are changing. The new dates will be October 15th – December 7th, 2011 with coverage beginning January 1, 2012.

What is Creditable Coverage?

It is employer or retirement Rx coverage that is as good as or better than Medicare's Standard Drug Plan. If you have such coverage, your benefits administrator must, by law, tell you if it is. The three terms used most often to signify such coverage are:

- ♦ Equal or better than Medicare's Standard PDP
- ♦ Pays more on average than Medicare's Standard PDP
- ♦ Creditable

Note: VA, TRICARE, Federal Employee Health Benefits (FEHB), and State of Connecticut retiree policies are creditable.

RETIREE PLANS & PRESCRIPTION DRUGS

Do Retiree Plans Cover Prescription Drugs?

Yes, some do. They may even sponsor Medicare Prescription Plans which they subsidize. If you have a retiree plan that supplements Medicare coverage, you may have some Rx coverage. If you are not sure what your plan covers, contact your former employer's human resources representative or benefits specialist. Your benefits specialist will be able to tell you if you have existing drug coverage and if that coverage has changed as a result of the new Medicare prescription drug program.

If you do not have prescription drug coverage through your retiree plan or if your existing coverage is not considered creditable (as good as or better than the standard Medicare Rx benefit) you may need to select and enroll in a Medicare Rx plan to avoid paying higher premiums for a Medicare Rx plan in the future.

- If your retirement plan's Rx coverage is **creditable** and you **lose it**, you may join a Medicare Prescription Drug Plan within **60 days** of its termination.
- If you elect to **drop** creditable employer coverage, you have **90 days** to find a Medicare PDP.
- If your retirement drug plan is **not creditable**, you will have to wait until the Annual Coordinated Election Period (**Nov 15 through Dec 31** of each year) to select a Medicare Rx Plan.

For more information call CHOICES at 1-800-994-9422.

VA, TRICARE, FEHBP COVERAGES AND PRESCRIPTION DRUGS

Veterans enrolled in the VA health care system may choose to enroll in Medicare Part D in addition to their VA benefits. **VA prescription drug coverage is considered by Medicare to be at least as good as Medicare Part D coverage (creditable coverage)**. Your VA prescription drug coverage will not change based on your decision to participate in Medicare Part D.

Because they have creditable coverage, veterans enrolled in the VA health care program who choose not to enroll in a Medicare Part D plan when they are first eligible for Medicare Part D will **not have to pay a higher premium on a permanent basis (late enrollment penalty)** if they enroll in a Medicare drug plan during a later enrollment period.

The VA does not cover all drugs. A Veteran may want to enroll into a Medicare Part D plan to cover those drugs. They can do so during the Annual Coordinated Election which is November 15th – December 31st every year for effective coverage on January 1 of the following year.

However, if you **dis-enroll** from VA health care or if you lose your enrollment status through no fault of your own (such as an enrollment decision by VA that further restricts access to benefits to your eligibility group), you may be subject to the late enrollment penalty unless you **enroll in a Medicare Part D plan within 62 days of losing your VA coverage**.

If you are a veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state veterans home, a state mental institution, a jail, or a corrections facility), you may not have creditable coverage from VA while in that institution. If you think this applies to you, please contact the institution where you reside, the VA Health Benefits Service Center at 877-222-VETS (8387), or your local VA medical facility.

Should you lose VA coverage, find yourself in a situation where your VA coverage is not creditable or want coverage for prescription medications that

the VA insurance do not cover, call CHOICES to find out about selecting an appropriate Medicare Rx Plan for yourself.

NOTE: If the loss of your VA coverage is not voluntary, you will be able to sign up for a Medicare Drug Plan right away. If you drop it, you will have to wait until the annual Part D sign-up period (Nov 15-Dec 31) to enroll in a PDP.

The prescription drug coverage of the below listed coverage options are creditable, as good as Medicare, so you do not need to join a Medicare Prescription Drug Plan and will have no penalty if you choose to do so in the future.

For more information on TRICARE log onto: www.tricare.osd.mil/medicare

TRICARE Senior Pharmacy Program

TRICARE Senior Pharmacy Program provides prescription drug coverage for retired military personnel over the age of 65, including those retired from the Coast Guard and Reserves and all Medicare eligible family members/dependents. You must be retired from the military, and you must meet other eligibility requirements. Prescriptions are free if filled at Military Treatment Facilities (MTFs) and there is a co-pay if purchased from a TRICARE Network Pharmacy.

For assistance in the US and US Territories contact:

WPS TRICARE for Life
P.O. Box 7889
Madison, WI 53707-7889
1-866-773-0404
TDD 1-866-773-0405
www.tricare4u.com

Federal Employee Health Benefits Program drug coverage is creditable (as good as Medicare's) and so you do not need to join a Medicare PDP and will have no penalty if you choose to do so in the future.

TRICARE prescription drug coverage is creditable coverage.

The prescription drug benefits of the **Connecticut State employee and retiree health plan** qualify as creditable coverage.

Do Medicare Advantage Plans Cover Prescription Drugs?

YES: Some do. Some Medicare Advantage Plans (MA's) **include** a Medicare Prescription Drug Plan (PDP). You can tell which MA's include Rx coverage because they are designated **MA-PD's**.

If you join a Medicare Advantage Plan, you **cannot also join** a stand-alone Medicare Prescription Drug Plan (PDP). If you sign up for an **MA** plan (which has no Rx coverage) **instead of an MA-PD**, you will be **without drug coverage** for the rest of the calendar year, unless you are, or become, eligible for a Special Enrollment Period. This occurs if you qualify for state or federal help with your Medicare Part D costs, if you qualify for a Special Needs Plan, or if you have dropped Medigap insurance to join an MA for the first time.

MEDICARE SUPPLEMENTAL (Medigap) INSURANCE & PRESCRIPTION DRUGS

Does Medicare Supplemental Insurance (Medigap) Cover Prescription Drugs?

Yes and no:

YES: If you bought a Medigap Plan H, I, or J **before January 1, 2006** and have **chosen to retain the Rx coverage part of that insurance**, it **will** still cover prescription medications but, **is not considered creditable coverage**

NO: If you bought a Medigap Plan H, I, or J **before January 1, 2006** and have **chosen to drop the Rx coverage part of that insurance**, you **do not** have Rx coverage unless you have signed up for a Medicare Part D Prescription Drug Plan (PDP).

NO: You may **no longer** purchase a Medigap insurance policy **with drug coverage** included in it.

Can I change Medicare Prescription Drug Plans? Yes, under these circumstances:

- ♦ If you belong to a Prescription Drug Plan or Medicare Advantage Plan, you may change plans November 15th - December 31st of each year, during the Annual Coordinated Election Period, (ACEP)
- ♦ If you belong to an MA-PD (Medicare Advantage Plan with prescription drug coverage), A 45 day period (at the beginning of the year) will be provided to Medicare Advantage enrollees beginning January 1, 2011 during which they can return to Original Medicare and enroll in qualified prescription drug coverage. Once enrolled, you must remain enrolled until December 31, unless you are eligible for a Special Enrollment Period.
- ♦ You may be able to change plans at other times if you qualify for a Special Enrollment Period (SEP).
- ♦ **SEP's are granted under certain circumstances such as:**
 - ♦ Moving out of your current plan's service area
 - ♦ Being on MSP (QMB, SLMB, ALMB)
 - ♦ Being on LIS/Extra Help
 - ♦ Being a member of ConnPACE
 - ♦ ConnPACE members are limited to one change per year. Those on the other programs listed above can switch once a month.
- ♦ *See section in this booklet entitled Medicare Wrap-Around Programs for detailed descriptions of these programs beginning on page 16.*
- ♦ **NOTE:** To avoid delays in coverage or problems with enrollment it is strongly suggested that you enroll in your new plan by the 8th of the month proceeding the month in which you want your new coverage to begin. For example, if you want to be in your new plan by July 1st, you should enroll by June 8th.
- ♦ **How do I choose a Medicare prescription drug plan?** You may be receiving information from many sources, including Medicare and various plans that offer coverage in your area. You need to study this information and ask the following basic questions:
 - ♦ Do you live in the plan's service area?
 - ♦ How much is the monthly premium?
 - ♦ Is there an annual deductible?
 - ♦ Are the medications that you take on the plan's formulary (list of drugs the plan covers)?
 - ♦ Are there different co-pay amounts for different drugs?
 - ♦ Is the plan accepted at the retail pharmacy that you use?
 - ♦ Are your medications subject to utilization management tools such as prior authorization, quantity limits and step therapy?

If you spend part of the year in another state, you may want to consider one of the national plans with a wider preferred provider network. Please refer to the **CHOICES Enrollment Guide** for more information about choosing a plan, and detailed information about the plans themselves.

Can I stay with my current plan from year to year? Yes, but before you decide whether to do so, you need to find out if your plan benefits will be changing in the coming year. The way to do that is to study the plan's Annual Notice of Change (ANOC), which is sent to you at the end of October of each year.

The ANOC includes information about changes to premium and deductible amounts, changes in doughnut hole coverage, and changes to formularies, (including the addition of utilization management tools such as prior authorization, quantity limits and step therapy on any formulary drugs. The ANOC also includes information about changes to tiered co-pay amounts, including the placement of drugs on a different tier.

IMPORTANT: If a plan granted you an indefinite Exception during the current year that it does not intend to continue in the coming year, the plan should have notified you of this change. This notice may have been included in the ANOC or it may have been sent separately.

See section in this booklet entitled Coverage Appeals for Part D for detailed description of Exceptions on page 15.

If you remain satisfied with your plan after reading the ANOC you do not need to do anything. Your membership will automatically continue into the next year. If you are not satisfied you can compare your current plan to other PDP's by contacting 1-800-MEDICARE, CHOICES at 1800-994-9422 or going to the Medicare Web Site at www.medicare.gov.

Where can I get more information? Call CHOICES at 1-800-994-9422 to speak to a counselor at the Area Agency on Aging serving your area of Connecticut. CHOICES counselors are trained and certified to assist you with your Medicare issues and concerns. They can also help with comparing and enrolling in a Medicare prescription drug plan and getting Extra Help to pay for your premiums, deductibles, and co-pays.

You can also get more information from these on-line sources:

- ♦ Connecticut Department of Social Services: www.ct.gov/Medicarerx
- ♦ Medicare: www.medicare.gov
- ♦ Social Security: www.socialsecurity.gov
- ♦ Center for Medicare Advocacy: www.medicareadvocacy.org
- ♦ Department of Social Services, Aging Services Division: www.ct.gov/agingservices

MEDICARE OVERVIEW

Coverage Appeals for Part D

When Should a Denial of Prescription Drug Coverage Be Appealed?

You may not be able to get your medication paid for because it is not on your Prescription Drug Plan's (PDP's) formulary.

You may also be denied reimbursement if your Rx is subject to the PDP's Utilization Management Restrictions, which are:

- ♦ **Prior Authorization** (The PDP makes your physician justify his/her prescribing the medication you are taking.)
- ♦ **Quantity Limitation** (The PDP seeks to limit you to the medically reasonable dose of your Rx.)
- ♦ **Step Therapy** (The PDP requires you to try a drug other than the one you are taking to treat the condition you have.)

In any case, you should contact your physician's office and ask them to file for a Coverage Determination, seeking an Exception from the PDP's rules that apply to your Rx. They must demonstrate to the drug plan that the drug or dose you take is medically necessary.

The PDP is supposed to reply to the request for Exception within 72 hours. Your doctor may ask for a reply within 24 hours if the 72 hour time frame may seriously jeopardize your life, health or ability to regain maximum function.

Your Doctor may not appeal a denial of coverage for:

- ♦ Medicare non-covered drugs, including barbiturates, benzodiazepines, fertility drugs, drugs prescribed for weight loss, weight gain or hair growth
- ♦ Over-the-counter drugs
- ♦ Prescription vitamins (except prenatal vitamins and fluoride preparations).
- ♦ Biotech or other specialty drugs for which drug-specific forms are required

MEDICARE WRAP-AROUND PROGRAMS (Low Income Assistance)

MEDICARE SAVINGS PROGRAM (MSP)

The **MSP** consists of three programs offered by the Department of Social Services (**QMB, SLMB & ALMB**). There is **NO ASSET Test** for any of these three programs. The income levels on these programs usually change April 1st of every year.

What is counted for income for these three programs?

- ♦ Social Security
- ♦ SSI
- ♦ Social Security Disability
- ♦ Unemployment
- ♦ Alimony
- ♦ Rental income
- ♦ Income from an annuity or CD
- ♦ IRA or 401K withdrawals

What is QMB (Q01)? It is the Qualified Medicare Beneficiary program. To be eligible for it in Connecticut:

- ♦ Monthly income must be below \$1778.91 for an individual and \$2393.55 for a couple. These figures usually change on April 1st each year.

QMB provides the following benefits:

- ♦ Payment of Medicare Part A monthly premiums if applicable
- ♦ Payment of Medicare Part B monthly premiums
- ♦ Payment of Part B annual deductible
- ♦ Payment of co-insurance and deductible amounts for services covered under both Medicare Parts A and B, if the medical provider participates in the Connecticut Medical Assistance Program (accepts Medicaid assignment).
- ♦ Automatic enrollment in the LIS/Extra Help program at the Full subsidy level, which reduces costs for prescription drugs. Cost for all drugs on the plan's formulary will be \$2.50 for a generic and \$6.30 for a brand name drug. There will be no deductible and no coverage gap. If you enroll in a Benchmark Plan, that is a plan average for our region, under \$34.57 for 2010, will not have to pay a Part D Premium.

Note: Individuals who are eligible for QMB may not need to purchase a Medigap insurance policy if their doctors **accept Medicaid as payment**. Those who already have a Medigap policy when they are accepted by QMB should be cautious about dropping that coverage. Call CHOICES for advice at 1-800-994-9422.

What is SLMB (QO3)? It is the Specified Low-Income Medicare Beneficiary program. To qualify in Connecticut:

- ♦ Monthly income must be below \$1959.51 for an individual and \$2636.55 for a couple. These figures usually change on April 1st each year.
- ♦ **SLMB provides the following benefits:**
- ♦ Payment of Medicare Part B monthly premiums
- ♦ Automatic enrollment in LIS/ Extra Help programs at the full subsidy level. Cost for all drugs on the plan's formulary will be \$2.50 for a generic and \$6.30 for a brand name drug. There will be no deductible and no coverage gap. If you enroll in a Benchmark Plan, that is a plan average for our region under \$34.57 for 2010, you will not have to pay a Part D Premium.

What is ALMB (QO4/QI)? It is the Additional Low-Income Medicare Beneficiary program. Another name for this program is the Qualifying Individual (QI) program. The ALMB program provides the same benefits as the SLMB program (payment of Part B premium/auto enrollment in LIS), but is subject to available program funding.

- ♦ Monthly income must be below \$2091.67 for an individual and \$2,816.67 for a couple. These figures usually change April 1st each year.
- ♦ **ALMB provides the following benefits:**
- ♦ Payment of Medicare Part B monthly premiums
- ♦ Automatic enrollment in LIS/ Extra Help programs at the full subsidy level. Cost for all drugs on the plan's formulary will be \$2.50 for a generic and \$6.30 for a brand name drug. There will be no deductible and no coverage gap. If you enroll in a Benchmark Plan, that is a plan average for our region under \$34.57 for 2010, you will not have to pay a Part D Premium.

The ALMB program is subject to available funding and has been extended through December 2010.

NOTE: If you belong to a Medicare Savings Program, (QMB, SLMB, ALMB) you may change plans once each month during the calendar year.

How do I change plans? To change plans, just enroll in the new plan that you want. **You don't need to disenroll from your existing plan!** Do not call your current plan to terminate your membership. Your enrollment in the new plan will automatically cancel your enrollment in your former plan. To avoid delays or problems with enrollment, it is strongly advised that you enroll in your new plan before the 8th of the month. For example, if you want to be in your new plan by July 1, you should enroll by June 8.

You can enroll in your new plan by calling the plan directly, calling 1-800-MEDICARE, by calling CHOICES at 1-800-994-9422, or by going online to www.medicare.gov.

NOTE: If you are satisfied with the plan that you have, you can remain in it the following calendar year by doing nothing. Your membership will automatically be rolled over. Remember to check your plan's cost & coverage changes each year as they can change annually.

If you choose not to enroll in a Benchmark Plan you will be billed an additional amount depending which Part D plan you chose. Call CHOICES to assist you with making an informed decision about plan selection at 1-800-994-9422.

Applications for, and information about, these MSP programs are available online at www.ct.gov/dss/site/default.asp or from your local Connecticut Department of Social Services Office, listed in Appendices M-1 through M-3 of this booklet. You may also contact CHOICES at 1-800-994-9422.

CONNPACE

ConnPACE, the Connecticut Pharmaceutical Assistance Contract to the Elderly, helps eligible persons pay for prescription drugs.

Who is Eligible?

- ◆ Those 65 or older who are enrolled in Medicare Part A or Part B
- ◆ Those over age 18 with a disability
- ◆ Your income must not exceed maximum limits: Single: \$25,100; Married: \$33,800. (Income limits increase each January 1st based on the Social Security Cost of Living increase.)
- ◆ You must have been living in Connecticut for at least 183 days prior to application.
- ◆ In most cases, you may not have another insurance plan that pays at least a part of the cost of all of your prescriptions.
- ◆ You may have an insurance plan that has a maximum benefit limitation. Eligibility for ConnPACE will begin when you have reached

your maximum benefit.

- ◆ You may have an insurance plan that covers only generics, under certain circumstances. ConnPACE may cover brand name drugs for which there are no generic equivalents, as well as brand name versions of drugs that have generics.

NOTE: As of October 1, 2009, ConnPACE no longer offers Medicare beneficiaries formulary protection in most cases. ConnPACE will not pay for an Rx which is not on the list of drugs covered by your Medicare PDP, except if that drug is a benzodiazepine or a barbiturate.

How much does it cost?

- ◆ Enrollment in the ConnPACE program is \$45 per year per person.
- ◆ A maximum co-payment of \$16.25 will be charged by the pharmacy for each prescription filled.
- ◆ That maximum co-pay applies even if you are in your PDP's Initial Deductible period or in the Doughnut Hole.

ConnPACE will not cover drugs purchased outside of Connecticut (including mail orders).

When Can You Enroll? Those on Medicare can join ConnPACE:

- ◆ Within 30 days of joining Medicare
- ◆ Between Nov. 15 & Dec. 31 of any year for coverage to start Jan 1 of the following year

Those who are disabled and not on Medicare can join ConnPACE within 30 days of certification of disability.

Does ConnPACE offer significant additional protections for those who are also on the Medicare Savings Program? As of January 1, 2010, ConnPACE no longer offers Medicare beneficiaries any protections not offered by the Medicare Savings Program, **except** for benzodiazepine and barbiturate coverage. Unless you are on a brand name drug of this type that costs more than \$16.25 per prescription, you may consider not renewing ConnPACE once you are on the MSP program. Remember that if you drop ConnPACE and are prescribed a benzodiazepine or barbiturate you will have to pay and will not be able to reapply for ConnPACE until November 15th.

Most people, who were on ConnPACE in October, 2009 now qualify for the Medicare Savings Program, which offers better financial benefits than ConnPACE. You should consider applying for MSP if you are eligible.

What is Prior Authorization?

There are two situations in which ConnPACE recipients need to have their physician or pharmacist obtain prior authorization in order to have ConnPACE pay the program's portion of the prescription drug costs. Those are:

- ◆ Being issued a prescription written as "Brand Medically Necessary" when there is a therapeutic equivalent generic available
- ◆ Seeking a refill when less than 75% of the previously issued drug has been utilized

Prior Authorization (PA) for brand name prescriptions and for some early refills (such as controlled drugs) requires the prescribing physician to complete certain forms. In the case of an early refill the Pharmacist will initiate the PA process for you. You should not have to do anything except remind your prescribing physician that you are on ConnPACE and may need PA.

For more information on Prior Authorization and to view Prior Authorization forms log onto <https://www.ctdssmap.com/ctportal/Default.aspx> or call , the Department of Social Services' contractor for Prior Authorization at 1-866-409-8386 or 1-860-269-2030.

How does ConnPACE work with the Medicare Prescription Drug Program (Medicare Rx)? If you have Medicare and want to enroll in ConnPACE, you **are required** to enroll in a Medicare prescription drug plan. If you do not choose a plan yourself, ConnPACE will choose one for you.

How does ConnPACE work together with the Medicare Rx program?

- ◆ The Medicare Rx plan that you enroll in will give you a member card that you will use at the pharmacy along with your ConnPACE card. The Medicare Plan is the primary payer. ConnPACE is secondary.
- ◆ You'll still pay your annual \$45 ConnPACE membership fee.
- ◆ You won't have to pay any monthly premiums for Medicare coverage if you enroll in a Basic Benchmark PDP, a basic plan under \$34.57 per month. Call CHOICES for information on these PDP's.
- ◆ If you enroll in any non-benchmark PDP, or in an MA-PD (a Medicare Advantage Plan with prescription drug coverage), ConnPACE will not pay any part of the premium
- ◆ If the PDP you select has an annual deductible, during the time that you are meeting this deductible you'll never pay more than \$16.25 for each prescription you fill.
- ◆ You won't have any gaps in coverage. The most you will pay for each prescription in the Coverage Gap (Doughnut Hole) is \$16.25
- ◆ You will still have co-pays. The amount you pay will never be more than \$16.25. It may even be less—as low as \$2.50/\$6.30 (for generic name brand drugs), if you qualify for LIS/Extra Help.

- ♦ The largest quantity of medication you may be able to receive at one time is a 90 day supply. This will depend on your doctor's willingness to write such a prescription and the pharmacy that you use.

How do I select and enroll in a Medicare Rx plan? ConnPACE recipients have a few options for selecting and enrolling into a Medicare prescription drug plan:

- ♦ If you are new to ConnPACE you should select and enroll in a Medicare Rx plan on your own. Individuals can do that by logging onto www.Medicare.gov and using the online Medicare Rx plan finder tool. You may also call 1-800-Medicare or CHOICES at 1-800-994-9422 and a trained counselor will assist you.
- ♦ If you do not wish to enroll in a plan on your own you may request that ConnPACE select and enroll you into a plan by choosing that option on the ConnPACE application.

Can I change PDP's if I have ConnPACE? Yes. You may change plans during the Annual Coordinated Enrollment Period, which is from November 15th – December 31st of each year. Your new coverage will be effective January 1st of the following year.

You may **also change PDP's once during the calendar year.**

Who do you call if you have specific questions about ConnPACE? For more information about how ConnPACE works, contact CHOICES at 1-800-994-9422 and a trained counselor will be able to assist you. You may also call ConnPACE directly from within the state at 1-800-423-5026, or visit their website at <http://www.connpace.com/>

How Do I Apply for ConnPACE? Call CHOICES at 1-800-994-9422, call ConnPACE 1-800-423-5026 or go online to <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305218> for an application or for more information.

LOW INCOME SUBSIDY (LIS)/EXTRA HELP

The Extra Help Program is a federal government program which helps you pay for Medicare's Prescription Drug coverage.

- ♦ It pays a portion of your premium, deductibles and co-pay amounts in all cases.
- ♦ It pays the entire premium for any Basic Benchmark PDP whose cost is below \$34.57.
- ♦ It will reduce the co-pays for any medications on a Prescription Drug

Plan's formulary, even if you are in a deductible period.

- ♦ If you qualify for the LIS Full Subsidy amount you will pay no more than \$2.50 for a generic and \$6.30 for a brand name drug.

To qualify, your yearly income must be under \$16,245 (single) or \$21,855 (couple) and countable assets below \$12,510 (single) and \$25,010 (couple) (including \$1,500 burial allowance per person).

For Assistance in applying for Extra Help or more information please Contact CHOICES at 1-800-994-9422, Social Security at 1-800-772-1213 or go to the SSA site online <https://secure.ssa.gov/apps6z/i1020/main.html>

NOTE: *Those persons who qualify for this program also qualify for the Medicare Savings Program, which will provide them with additional benefits. See entry on Medicare Savings Program beginning on page 16.*

MEDICAID (TITLE 19)

What is Medicaid:

- ♦ Medicaid (Title 19) is a needs-based program that was created by Congress to help pay for medical care for certain elderly, disabled, and other persons who meet the very strict income and asset eligibility criteria.
- ♦ Medicaid is jointly financed by the federal and state governments. Each state is required to adhere to the basic eligibility and benefit requirements contained in the federal statute and regulations, but details of the program differ from state to state.
- ♦ Like Medicare, Medicaid provides payment for health care services, but it is very different from Medicare in a number of ways. Unlike Medicare, Medicaid eligibility is predicated upon the income and assets of the beneficiary.
- ♦ In general, Medicaid is only available for individuals who do not have sufficient income and assets to pay for their own medical treatment according to Medicaid's strict income criteria. However, Medicaid is not available to all such individuals. Only those who are 65 years of age or older, those who are disabled (as defined by the Social Security Administration), and young children and their caretaker relatives may qualify for Medicaid.
- ♦ Medicaid covers far more nursing home care than Medicare, since it pays for necessary custodial, as well as skilled care, and it has no limit on how long nursing home care may be covered for eligible individuals. Both Medicare and Medicaid can be a source of funding for home care which extends over a long period of time. Medicare, however, only covers home health care if the individual is homebound and needs some skilled nursing or therapy services. Medicaid, on the other hand,

does not always require that a person be homebound in order to receive home health benefits, and it may or may not require that the person need a skilled service to qualify for the home care benefit.

- ♦ Medicaid financial eligibility rules differ depending upon the state of residence, living arrangement, and employment status of the applicant. The rules for establishing eligibility for Medicaid for a person living in the community are very different from the rules governing eligibility for those residing permanently in nursing homes.

If you are a Medicaid recipient and are also eligible for Medicare Part A and/or B, you must join a Medicare Part D Prescription Drug Plan. When you become eligible for both Medicare and Medicaid you will automatically be assigned to a Medicare Prescription Drug Plan. You can also enroll in a plan of your own choosing. The latter is preferable because the auto-enrollment process will pick a plan for you randomly. That plan may not cover the medicine you take. For more information please contact CHOICES at 1-800-994-9422. Full dual eligible individuals, those with both Medicare and Medicaid, in Connecticut who enroll in a Basic Benchmark Medicare Rx plan will have no monthly premium. Those in other PDP's will be responsible for premium charges for other than basic Rx coverage.

Those on a Medicare Part D Drug Plan and Medicaid who reside in the community, versus in a skilled nursing facility have co-pays each month of \$1.10 for generic and \$3.30 for brand name drugs until co-pay total reaches \$15. After that, Medicaid covers Rx co-pays for the rest of the month. Those on a Medicare Part D Drug Plan and on Medicaid who reside in a nursing home have no co-pay.

NOTE: If you are a Medicaid recipient and live in the community, and you are **NOT** eligible for Medicare Part A and/or B, your prescription drugs are covered by the Medicaid program alone.

For more information on Medicaid contact your regional DSS office, listed in the back of this book, go to <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305218> online, or call CHOICES at 1-800-994-9422 and a trained counselor will assist you.

Note: Applications and information about the Medicaid program are available at Connecticut Department of Social Services offices, listed in the back of this booklet.

- **Individuals on Medicare and Medicaid and those on Medicare Savings Programs (QMB, SLMB and QI/ALMB) can change plans once per month.** The new plan will become effective the first day of the month following the month in which the change was made. (For more information on the Medicare Savings Programs, please see page 25).

*NOTE: Individuals on Medicare Savings Programs can change plans once per month but must enroll in a **benchmark plan** (a plan whose premium is less than \$34.57 per month) to avoid having to pay a portion of the plan's premium. Ask CHOICES for more information.*

To avoid delays in coverage or problems with enrollment it is strongly suggested that you enroll in your new plan by the 8th of the month before the month in which you want your new coverage to begin. For example, if you want to be in your new plan by July 1st, you should enroll by June 8th.

IMPORTANT: If a plan granted an indefinite Exception for a particular drug in 2009 that it does not intend to continue in 2010, the plan should have notified the member of this change. This notice may have been included in the Annual Notice of Change, or ANOC, or it may have been sent in a separate notice mailed at the end of October.

If you remain satisfied with your plan after reading the ANOC you do not need to do anything. Your membership in the plan will automatically continue into the next year. If there are changes to the monthly Part D Premium, formulary changes etc., you may want to have a comparison done on the Medicare Drug Plan Finder by contacting 1-800-MEDICARE, CHOICES at 1-800-994-9422 or go to the Medicare Web Site at www.medicare.gov

What are the Important Dates for 2010?

- **November 15, 2009 – December 31, 2009** - The Annual Coordinated Election Period. Medicare-eligible individuals can enroll in or change their PDP; unless they are dual eligible individuals, Social Security "Extra Help" and MSP recipients (who can change plans at any time), or other individuals who qualify for a Special Enrollment Period (SEP), people are locked into their PDP for the rest of the calendar year.
- **December 8, 2009** – The date by which people who wish to change plans should enroll in their new plan in order to ensure having coverage by January 1, 2010.

- **January 1, 2010** - New Medicare prescription coverage begins for 2010.
- **January 1, 2010 – March 31, 2010** - The MA Open Enrollment Period. Medicare- eligible individuals can change their MA or MA-PD plan. With the exception of dual eligible individuals and MSP recipients (who can change plans at any time), or other individuals who qualify for a Special Enrollment Period (SEP), after March 31 members will be locked into their MA or MA-PD plan for the rest of the calendar year. People cannot add or drop prescription drug coverage during this period.

Where can I get more information? Call **CHOICES** at **1-800-994-9422** to speak to a counselor at the Area Agency on Aging serving your area of the state. CHOICES counselors are trained and certified to assist you with your Medicare issues and concerns. They can also help you to compare and enroll in a Medicare prescription drug plan and get Extra Help to pay for your premiums, deductibles, and co-pays.

ELIGIBILITY SCREENING TOOL

Are you in search of financial and prescription drug assistance? You may want to try **BenefitsCheckup**. **BenefitsCheckup** is a **free online eligibility screening tool** developed by the National Council on Aging (NCOA) to assist seniors and their caregivers in finding state and federal programs and services for which they may be eligible.

A new feature of this site is **BenefitsCheckUpRx**, which can assist you in finding prescription drug discount programs. It takes approximately fifteen minutes to complete the online questionnaire, which does require that you provide some personal **financial** information. However, the questionnaire is anonymous and does **not** ask for any personal **identifying** information. At the conclusion of the screening you will get a report outlining programs for which you may be eligible.

You may complete the questionnaire on your own by logging onto www.benefitscheckup.org or by going to www.ct.gov/agingservices and clicking on "BenefitsCheckUp" or you may call the CHOICES program at 1-800-994-9422 and a counselor will assist you.

DRUG MANUFACTURER PATIENT ASSISTANCE PROGRAMS

These are **special programs sponsored by drug companies**, sometimes called indigent prescription drug assistance programs, to **help people who cannot afford the cost of their brand name prescription drugs**. These companies have programs to give people prescription medicine free-of-charge or for a very low cost to individuals in need, regardless of age, if the eligibility criteria is met. If it is hard for you to pay for your drugs, ask your doctor if he or she can help you get assistance from the drug companies.

There are also organizations and web sites (accessible at your local library) that provide information and help you enroll in these programs (see chart on next page). **These are not public benefit programs. Acceptance is entirely up to the drug company. These programs do not cover generic drugs.**

Who is Eligible?

Anyone can apply for these programs; you do not have to be an elderly person or a person with a disability. Each company sets its own requirements. Most companies require that:

- You have no insurance that covers outpatient prescription drugs
- You do not qualify for a government assistance program for prescription drugs (like Medicaid)
- Your income must be within certain income limits.

NOTE: If you are eligible for Medicare Rx (have Medicare parts A and/or B), then this qualifies you as insured and you will most likely NOT be eligible for coverage through a Patient Assistance Program, so they are not substitute for Medicare Rx. There are some assistance programs, however, that will help pay for medications if you are on a Medicare drug plan and are in the Doughnut Hole.

How do I apply?

To enroll in one of these programs, you have to apply to the drug company and meet their eligibility requirements. **In most cases, your doctor will know about these programs.**

The application process for each company is different. Usually **your doctor fills out and sends in the application form**. Ask your doctor to find out more about the patient assistance program or refer to the chart on the next page for assistance. Health care providers can use web sites such as **www.rxassist.org** to receive information on accessing patient assistance programs.

Drug Manufacturer Patient Assistance Programs

NAME OF PROGRAM	CONTACT INFORMATION	QUICK FACTS
NeedyMeds	www.needymeds.com	Has a web site with up-to-date information about patient assistance programs, a list of drugs that are covered, and a list of the drug companies. All very informative.
PhRMA, Pharmaceutical Research and Manufacturers of America	1100 Fifteenth St., N.W. Washington, DC 20005 www.phrma.org	The PhRMA site links to the Partnership for Prescription Assistance and other very helpful sites including patient assistance programs.
The Medicine Program	P.O. 1089 Poplar Bluff, MO 63902 e-mail: help@themedicineprogram.com www.themedicineprogram.com	Helps people apply for enrollment in one or more of the many patient assistance programs now available. If you are approved and enrolled, medication is sent to your doctor and he dispenses it to you. Click on the link for 1020rx.com at the top of the page for membership pricing.
Together RX	Together Rx Access, LLC PO Box 9426 Wilmington, DE 19809-9944 1-800-444-4106 www.togetherrxaccess.com	The Together ONE program, with no program fees, offers prescription savings through membership.

DISCOUNT PRESCRIPTION PROGRAMS

Discount prescription drug programs may offer savings on the cost of prescription drugs through local pharmacies or through mail order or even both. The amount of money that you will save depends on the program you choose and the prescriptions you take.

In most cases, you are not required to purchase insurance (such as supplemental insurance) in order to benefit from these discount programs. Supplemental insurance companies may offer a discount prescription drug program only to their policyholders. Discount prescription programs are not insurance programs and are not part of the Medigap policy.

DISCOUNT LOCAL PHARMACY PRESCRIPTION SERVICES

Some prescription drug services offer savings on prescriptions through local pharmacies. One place to start is to ask your pharmacist what plans they participate in and what they would recommend for you.

What Are Some Questions I Should Ask Before Joining?

- How does the program work?
- Are there eligibility requirements? If so, what are they?
- What pharmacies participate in this plan? (determine whether there is one conveniently located near you)
- Does it cover both generic and brand name drugs?
- Are my prescriptions on its list of drugs?
- How much will it cost me for my prescriptions?
- Is there a membership fee? (single/couple)
- Who will be covered? (family/individual)
- Is there a processing fee, application fee, or enrollment fee?
- Do I receive a discount pharmacy card?
- Is there a mail order option?
- I live part of the time in another state., can I use a pharmacy in another state?
- How do I sign up?

DISCOUNT MAIL ORDER PRESCRIPTION SERVICES

Another option you have in obtaining your prescription drugs is through a mail order prescription drug service. Your prescription is delivered to you by mail. Not all drugs are covered. Not all services provide the same savings. Some of these programs are based in Connecticut; many are based in other states. There are many programs listed on the Internet. Some web sites will let you search for your drug and find out the price they will charge you. Once you join a mail order prescription service, either you or your doctor can send the company the prescription and your drugs will be delivered to you at home. You pay a discounted price for the drugs as well as the shipping charge.

NOTE: If you are a member of a Medicare Prescription Drug Plan and you want to order by mail, you MUST order your medications through the PLAN'S MAIL ORDER SERVICE to receive coverage for your purchase.

What Are Some Questions I Should Ask Before Joining?

- How does the program work?
- Are you ordering from a licensed pharmacy?
- Does the service cover both generic and brand name drugs?
- Do you have access to a pharmacist for consultation?
- Does the program provide information on the drug when they send it to you?
- Does it provide drug interaction screening/information?
- Are my prescriptions on its list of drugs?
- Who will be covered? (family/individual).
- How much will it cost you for your prescriptions?
- Do you have the option of ordering 30-day, 60-day, or 90-day supply?
- Will the service remind you when it is time for a refill?
- What if there is an emergency and you need a prescription right away? How would you get it?
- How do you pay for your prescriptions?
- How do you order your prescriptions?

SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICE

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
AARP Member Choice Program	1-877-422-7718 www.aarppharmacy.com	Pharmacy & Mail Order	AARP members.	\$19.95 per year.	♦Provides you exclusive discounts on FDA-approved prescription medications and specialty drugs at participating retail network pharmacies and through Walgreens Mail Service.
CareMark/CVS (formerly AdvancePCS)	1-800-238-2623 www.caremark.com www.advancerx.com www.rxsavingsplan.com	Pharmacy, Mail Order and Online	No requirements. Program intended for individuals that have no other prescription drug coverage	No enrollment or annual fee.	♦Also provides discounts on medical needs for some diabetic supplies (i.e., strips, lancets, monitors).
Citizens Health Prescription Drug Discount Plan	1-800-563-5479 www.citizensenergy.com	Pharmacy & Mail Order	Available to all persons.	\$12/annually for individuals; \$28/annually for families of 3 or more	♦All prescription drugs are discounted.
CVS Health Savings Pass Plan	1-888-616-CARE (2273) www.cvshealthpass.com	CVS Pharmacies only - mail order also available 1-888-607-4287	Available to all persons age 50 years and older.	\$69.95/annually-Basic Plan; \$99.95/annually-Plus Plan.	♦Discounts also available on other health products/services.
Lilly Answers	1-877-795-4559 www.lillymedicareanswers.com	Pharmacy	Must be enrolled in a Medicare RX plan; have annual income at or below 200% Federal Poverty Level and have proof of denial for the Medicare RX Extra Help.	No enrollment fee \$25 per prescription for 30 day supply	♦Applies to most Eli Lilly prescriptions

SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES*

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
Pequot Pharmaceutical Network	1-800-219-1226 1-800-342-5779 (Price quotes) www.prxn.com	Mail Order	Must be a senior or have a disability, Medicare enrollee; must not have other Rx coverage or have exhausted all other Rx coverage.	No monthly premium or fee	♦Other plans available
Prescription Benefits, Inc.	1-205-824-3488 www.rxbenefits.com	Pharmacy	Available to all who have no other drug card	\$48/annually for individuals; \$60/annually for household	♦All drugs administered by a pharmacist are covered

*This is a sample list of discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s).

You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.

PARTNERSHIP FOR PRESCRIPTION ASSISTANCE

The **Partnership for Prescription Assistance** brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Many will get them free or nearly free. Its mission is to increase awareness of patient assistance programs and boost enrollment of those who are eligible. It offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical

companies, that could provide help with more than 2,500 medicines, including a wide range of generic medicines.

To access the **Partnership for Prescription Assistance** by phone, call, toll-free: **1-888-4PPA-NOW (1-888-477-2669)**. You may access them online at: **www.pparx.org**.

PURCHASING PRESCRIPTION DRUGS THROUGH THE INTERNET

Is purchasing medication over the Internet safe?

There are online pharmacies that provide legitimate prescription services, but there are also questionable sites that make purchasing medicines online risky. Some of the do's and don'ts provided by the U.S. Food and Drug Administration (FDA) about how to purchase medicines online safely and securely are listed below.

DO:

- Make sure that you are dealing with a legitimate pharmacy. Buy only from sites that require prescriptions from your physician and that also verify each prescription before dispensing the medicine. Use sites that provide convenient access to a licensed pharmacist who can answer your questions. Make sure that the site is a licensed pharmacy. You can do this by checking with your state board of pharmacy or with the National Association of Boards of Pharmacy (NABP) at www.nabp.net or calling 847-391-4406.
- Safeguard your privacy and security by checking for easy-to-find policies.
- For more detailed consumer tips and warnings on purchasing prescription drugs via the internet you can log onto the FDA's website at www.fda.gov/oc/buyonline

DON'T:

- Buy online from sites that offer to prescribe medicine for the first time without a physical exam by your doctor or that sell a prescription medicine without a prescription.
- Buy from sites that sell medicines not approved by FDA.
- Provide any personally identifiable identification (SSN, credit card, health history) unless you are confident the site will protect it and will not share it with others without your permission

PURCHASING PRESCRIPTION DRUGS FROM CANADA

Is it safe and legal to buy prescription drugs from Canada or elsewhere out of the country?

The FDA has long allowed people to import a 90-day personal supply of drugs not available in this country, but warned of possible dangers. The FDA says that importing other drugs violates federal laws, but has not enforced the law when it comes to individuals purchasing prescription medications for personal use.

Purchasing prescription drugs from out of the country usually cost substantially less than buying them in the U.S. (Some drugs may have different names since these are brand names registered by the manufacturer. They have the same active ingredients, but may look different and have a different trade name).

Importing medicines rather than buying them through your Medicare Prescription Drug Plan can be a way to delay or prevent you from entering the Doughnut Hole.

For more information on this subject, please refer to The Canadian Council of Better Business Bureaus at the following address:

2 St. Claire Avenue East, Suite 800
Toronto, Ontario M4T 2T5
CANADA(416) 644-4936

Or at their Website: <http://www.ccbbb.ca/contact.cfm>

For additional information on importing drugs for Canada or any other country you may also log onto www.fda.gov/importeddrugs

RETAILERS' LOW COST DRUG DISCOUNT PROGRAMS

It began with Walmart and Target. **They offered generic prescription drugs for \$4 for a month's supply.** Not all generics, but a limited number that expanded over time to include many of the most prescribed medications. **Then they lowered the price if you ordered a three month supply, charging you just \$9.99.** Now, other merchants have joined them. Stop &

Shop and ShopRite offer the program. Retailers who do not formally have these programs have been willing to match the price, so ask at your pharmacy if you don't want to switch stores.

To find out which medications are included, go online to the store's website where you will find lists of covered drugs, or call the pharmacy directly and ask. **If you have a Medicare Prescription Drug Plan, you can use these programs to postpone or prevent falling into the Doughnut Hole.** When you buy at the low prices offered and do not use your drug plan card, the cost of the medications is not counted against the threshold beyond which you will have to pay for the entire cost of your Rx's. Such a strategy may work against you, however, if your drug costs during the calendar year won't be high enough to get you into the doughnut hole and your plan has an initial deductible. You may then stay in that deductible period for a longer time and have to pay more out of pocket.

OTHER RESOURCES

Community Health Centers

Community Health Centers provide medical services to people on a sliding fee scale. The centers do not have a pharmacy; however, they may have samples of prescription medication available for patients. Some centers may also be able to help patient's access prescription drugs at discount prices. For information on the location of your local Community Health Center, please dial 211 for Infoline.

Medicine Record Form

Write down the name of each medicine you take, the reason you take it and the dosage in the spaces below. Add new medicines as you receive them. You can show the list to your doctors. You may want to make copies of the blank form so you can create a new list when your medications change.

Prescription Medications **Date Form Was Completed:** _____

Name of Prescription	Reason Taken	Date Started	Dosage	Time(s) of Day	Doctor

Over-the-Counter Medicines

(Check here if you use any of these)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Allergy relief medicine | <input type="checkbox"/> Diet Pills | <input type="checkbox"/> Cold/Cough Medicine |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Laxatives |
| | <input type="checkbox"/> Vitamins | <input type="checkbox"/> Other _____ |

DEPARTMENT OF SOCIAL SERVICES OFFICES

Bridgeport Office

925 Housatonic Avenue
Bridgeport, CT 06606-5700

Telephone Number: 203-551-2700

FAX Number: 203-579-6790

Towns Served: Bridgeport, Easton, Fairfield, Monroe, Norwalk, Stratford, Trumbull, Weston, Westport

Danbury Office

342 Main Street
Danbury, CT 06810-4783

Telephone Number: 203-207-8900

FAX Number: 203-207-8970

Towns Served: Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Sherman

Hartford Office

3580 Main Street
Hartford, CT 06120-1187

Telephone Number: 860-723-1000

FAX Number: 860-566-7144

Towns Served: Avon, Bloomfield, Canton, East Granby, Farmington, Granby, Hartford, Newington, Rocky Hill, Simsbury, Suffield, West Hartford, Wethersfield, Windsor, Windsor Locks

Manchester Office

699 East Middle Turnpike
Manchester, CT 06040-3744

Telephone Number: 860-647-1441

Toll Free: 800-859-6646

Towns Served: Andover, Bolton, East Hartford, East Windsor, Ellington, Enfield, Glastonbury, Hebron, Manchester, Marlborough, Somers, South Windsor, Stafford, Tolland, Vernon

Middletown Office

117 Main Street Extension
Middletown, CT 06457-3843

Telephone Number: 860-704-3100

Clinton, Deep River, Essex,

Old Saybrook: 860-388-3515

Guilford: 203-453-8009

Madison: 203-245-5655

FAX Number: 860-704-3057

Towns Served: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Guilford, Haddam, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Old Lyme, Old Saybrook, Portland, Westbrook

New Britain Office
30 Christian Lane
New Britain, CT 06051

Telephone Number: 860-612-3400
FAX Number: 860-612-3505

Towns Served: Berlin, Bristol, Burlington, New Britain, Plainville,
Plymouth, Southington

New Haven Office
194 Bassett Street
New Haven, CT 06511-1059

Telephone Number: 203-974-8000
FAX Number: 203-789-6930

Towns Served: Ansonia, Bethany, Branford, Derby, East Haven, Hamden,
Milford, New Haven, North Branford, North Haven, Orange, Seymour,
Shelton, Wallingford, West Haven, Woodbridge

Norwich Office
Uncas-on-Thames
401 West Thames Street – Unit 102
Norwich, CT 06360-7167

Telephone Number: 860-823-5000
FAX Number: 860-892-1583

Towns Served: Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton,
Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington,
Norwich, Preston, Salem, Sprague, Stonington, Voluntown, Waterford

Stamford Office
1642 Bedford Street
Stamford, CT 06905-4731

Telephone Number: 203-251-9300
FAX Number: 203-251-9310

Towns Served: Darien, Greenwich, New Canaan, Stamford, Wilton

Torrington Office
62 Commercial Street, Suite 1
Torrington, CT 06790-9983

Telephone Number: 860-496-6900
Toll Free: 800-742-6906
FAX Number: 860-496-6977

Towns Served: Barkhamsted, Bethlehem, Canaan, Colebrook, Cornwall,
Goshen, Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk,
North Canaan, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren,
Washington, Winchester, Woodbury

Waterbury Office
249 Thomaston Avenue
Waterbury, CT 06702-1397

Telephone Number: 203-597-4000
FAX Number: 203-597-4048

Towns Served: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, Southbury, Waterbury, Watertown, Wolcott

Willimantic Office

Fridays

676 Main Street

Willimantic, CT 06226-2702

Public Hours Mondays, Tuesdays &

Telephone Number: 860-465-3500

Fax Number: 860-465-3555

Towns Served: Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Willington, Windham (Willimantic) and Woodstock

Find CHOICES about your Health Insurance concerns at ...

Your Regional Area Agency on Aging

Each of Connecticut's regional Area Agencies on Aging are staffed with a CHOICES Program Coordinator and informational assistants who have received special training in health insurance matters such as Medicare, Medicaid, Medicare Supplement Insurance (Medigap), Long Term Care Insurance and other related state and federal programs. Trained volunteers are also available to meet with seniors and other Medicare beneficiaries at sites throughout Connecticut. Call your Area Agency on Aging for free written information or advice, or referral to a counselor for further assistance. Counselors do not sell insurance. They provide the information and assistance necessary for consumers to understand their rights, receive benefits to which they are entitled, and make informed CHOICES about health insurance and other aging concerns.

Connecticut's Area Agencies on Aging are private, nonprofit organizations which serve the needs of older persons as a focal point and resource center for information, program development and advocacy.

Senior Resources/Eastern CT Area Agency on Aging 4 Broadway 3rd Floor Norwich, CT 06360; 860-887-3561 www.seniorresourcesec.org	North Central Area Agency on Aging 151 New Park Avenue Hartford, CT 06106; 860-724-6443 www.ncaaact.org
Agency on Aging of South Central Connecticut One Long Wharf Drive New Haven, CT 06511; 203-785-8533 www.aoapartnerships.org	Southwestern CT Agency on Aging 10 Middle Street Bridgeport, CT 06604; 203-333-9288 www.swcaa.org
Western CT Area Agency on Aging 84 Progress Lane Waterbury, CT 06705; 203-757-5449 www.wcaaa.org	Or call them toll-free through the CHOICES Health Insurance Hotline 1-800-994-9422 (in state only)

CHOICES Health Insurance Assistance Program

CHOICES is coordinated by the Aging Services Division of the CT Department of Social Services and operated through CT's five Area Agencies on Aging. Specifically, the acronym "CHOICES" represents **C**onnecticut's program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, and **E**ligibility **S**creening. The purpose of this program is to enable older persons to understand and exercise their rights, receive benefits to which they are entitled, and make informed choices about quality of life issues. For more information, including publications such as "Medicare Managed Care (HMO) in CT" and "Prescription Drug Assistance" please go to <http://www.ct.gov/agingservices>. CHOICES has been designated as the official State Health Insurance Program (SHIP) for the State of Connecticut. It is funded in large part by the Centers for Medicare and Medicaid Services (CMS) of the U. S. Dept. of Health and Human Services, which administers the Medicare program for the federal government. CMS publishes a number of booklets and pamphlets on specific parts of the Medicare program. You can request these publications by calling the Medicare Hotline at 1-800-638-6833. You can also see or print them from the Internet at: www.medicare.gov.

Center for Medicare Advocacy, Inc.

P. O. Box 350, Willimantic, Connecticut 06226
860-456-7790 or 1-800-262-4414

The Center for Medicare Advocacy is staffed by attorneys, nurses, paralegals, and technical assistants and provides legal advice, self-help materials, and representation to elders and people with disabilities who are unfairly denied Medicare coverage. The Center's advice, written materials, and legal assistance are free to residents of Connecticut.

The Center also produces a wide array of self-help packets, booklets, and brochures. These materials are free to all residents of Connecticut as a part of the state's comprehensive Medicare Information, Education, and Representation program.

The Center's staff members serve as consultants and trainers for groups that are interested in learning about Medicare coverage and appeals. The Center also responds to approximately 6,000 calls each year on its Connecticut toll-free line and provides legal support and training for Connecticut's CHOICES program. In addition, the organization is involved in policy development,

education, and litigation activities of importance to Medicare beneficiaries nationwide and has an office in Washington, DC.

The Center is an integral member of the CHOICES team, funded in large part by a grant from the State of Connecticut Department of Social Services. For up-to-date Medicare information and advocacy tips, visit the Center's Website: www.medicareadvocacy.org