



HOW TO USE THE MEDICARE PLAN FINDER FOR DUAL ELIGIBLES

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The ARC of NJ November 3, 2022

Getting to the Drug Plan Finder

- Go to www.Medicare.gov
- Or call 1-800-Medicare
 - Customer Service Assistance for choosing a plan & enrolling
 - Available 24 hrs a day
 - Language Line Interpreters for 150 languages

The banner features a central image of a smiling man wearing a light-colored button-down shirt and a straw hat with a dark band. The background is a light blue gradient with decorative dashed green lines. In the top left, a dark blue speech bubble contains the text 'It's Open Enrollment — now to Dec 7' and a 'Find Plans' button. To the right of the man, the text 'Welcome to Medicare' is displayed in a large, bold font, with a 'Get Started with Medicare' button below it. At the bottom, there are four white rounded rectangular cards, each with an icon and a button. The second card, 'Find health & drug plans', is highlighted with a red border.

It's Open Enrollment — now to Dec 7
Find Plans

Welcome to Medicare
Get Started with Medicare

- Log in or create an account**
Access your information anytime, anywhere
Log in/Create Account
- Find health & drug plans**
Find & compare plans in your area
Find Plans Now
- Find care providers**
Compare hospitals, nursing homes, & more
Find Providers Near Me
- Talk to someone**
Contact Medicare & other helpful resources
Get Help

Getting Started: What You Will Need

- Consumer's zip code
- List of Consumer's prescription drugs with dose
- Pharmacy they use
- Does Consumer have a Medicare account?
- Other Helpful Information
 - Medicare card with NEW Medicare number
 - Other Health Insurance cards
 - Subsidy eligibility (Medicaid, LIS, State Pharmacy Assistance Program)

Seven Step Process for Dual Eligibles

1. Enter Consumer Information
2. Enter drugs by name, dose and quantity
3. Select pharmacies
4. Review search results and compare plans
5. Review Plan Details
6. Save or print plan details
7. Enroll

Redesigned Medicare Plan Finder Home Page

Explore your Medicare coverage options



Don't have Medicare Part A or B yet?
[Get started with Medicare.](#)



Log into Medicare account
or create an account

1

Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)

Find Medicare health & drug plans

Or continue without
logging in

2

Continue without logging in

ZIP CODE

PLAN TYPE

Select a plan type



3

Next, you can add your drugs and pharmacies for personalized cost information. [Need help picking a plan to](#)

Start

Choose type of
plan to review

Things to Consider

Can't save drug list if you “*continue without logging in*”

Will be able to see plan and coverage information to make an enrollment choice

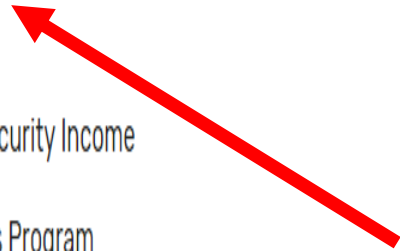
- In order to save the drug list, you must login or create a Medicare Account
 - Doing this will show your drug list from prior year's claims
 - Doing this step will confirm consumer's level of “extra help”
 - You need to update it with any new drugs/dosages
-

Step One: Consumer Information

Answer question about “extra help” to see subsidized premiums and copays

Do you get help with your costs from one of these programs?

- Medicaid
- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs



If you get help from Medicaid click here. That way the premiums and costs listed will include the subsidies.

Always check “yes” if entering drugs

Tell us your search preferences

Do you want to see your drug costs when you compare plans?

Yes

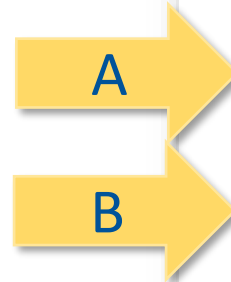
Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

No

Step Two- Entering Drugs by name

- A. Type in the drug name in the box
- B. Or you can search for the name of drug by first letter



Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

[Clear search](#)

[Browse drugs A-Z](#) [Can't find your drug?](#)

[Add Drug](#)

[Done Adding Drugs](#) [See Plans Without Drug Costs](#)

Don't enter over-the-counter drugs or drugs covered under Medicare Part B (Medical Insurance)



Pop Up Reminder: Generic or Brand Name Drug Used?

The screenshot shows a web interface for adding prescription drugs. At the top, the heading reads "Add your prescription drugs". Below this, a search bar contains the text "Lipitor" and a dark green "Add Drug" button. A "Clear search" link is positioned below the search bar. To the left of the search bar are links for "Browse drugs A-Z" and "Can't find your drug?". At the bottom left, there is a button labeled "See Plans Without Drug Costs". On the right side of the interface, a vertical green bar contains the word "FEEDBACK".

A white pop-up box is centered on the screen with the following text:

A generic is available

Lipitor has a lower cost generic version called **atorvastatin**.

Would you like to add **atorvastatin** to your list instead?

At the bottom of the pop-up, there are two buttons: a dark green "Add Generic" button and a light blue "Add brand instead" button.

Enter the Drug Dosage

1. Adjust Dosage
2. Then select “Add to My Drug List”

Tell us about this drug

Atorvastatin

Dosage

40mg tablet

Quantity **Frequency**

30 Every month

Add to My Drug List

The screenshot shows a form titled "Tell us about this drug" for the drug "Atorvastatin". It includes a "Dosage" dropdown menu set to "40mg tablet", a "Quantity" input field with "30", and a "Frequency" dropdown menu set to "Every month". A green button labeled "Add to My Drug List" is at the bottom. Two yellow arrows with numbers "1" and "2" point to the dosage dropdown and the button, respectively.

Tip: Pay attention to any letters included with dose of the drug

Bupropion hydrochloride

Dosage

300mg tablet extended release 24 hour

Select a dosage

75mg tablet

100mg tablet

100mg tablet extended release 12 hour

150mg tablet extended release 12 hour

150mg tablet extended release 12 hour

200mg tablet extended release 12 hour

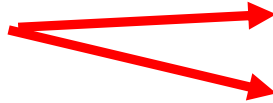
150mg tablet extended release 24 hour

300mg tablet extended release 24 hour

450mg tablet extended release 24 hour

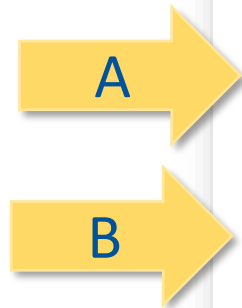
About Medicare | Medicare Glossary

Would show on medicine bottle as 100mg ER



Add Additional Medications

- A. Select “Find and Add Drug” to add any additional medications
- B. Select “Done Adding Drugs” after all medications have been entered.



Confirm your drug list

Alprazolam 0.5mg tablet generic	Quantity 60	Frequency Every month
Remove drug		Edit drug

Find & Add Drug

Done Adding Drugs



Enter all drugs with same refill frequency (monthly or every 3 months) for best results

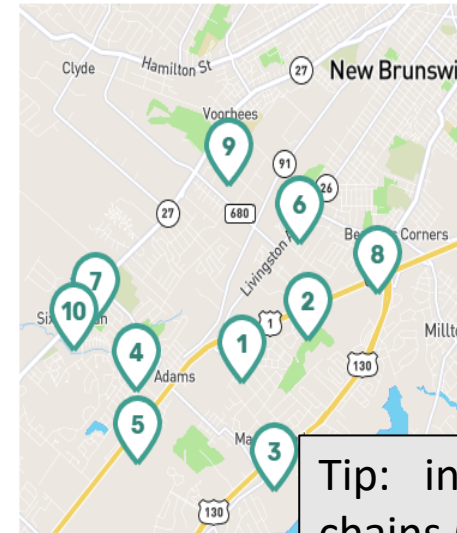
Step Three- Choose up to 5 local Pharmacies

Pharmacy selection

Showing 10 pharmacies near 08902 Middlesex, NJ

[Change location](#)

- | | |
|---|--|
| <p>1 Edward S Magaziner Md Pa <input type="checkbox"/></p> <p>2186 New Jersey 27
North Brunswick, NJ 08902</p> <p>(732) 297-2600</p> | <p>2 Walmart Pharmacy 10-2003 <input type="checkbox"/></p> <p>979 Route 1 South
North Brunswick, NJ 08902</p> <p>(732) 545-7979</p> |
| <p>3 North Brunswick Pharmacy <input type="checkbox"/></p> <p>1825 Route 130
North Brunswick, NJ 08902</p> <p>(732) 940-9940</p> | <p>4 Aquavita Pharmacy <input type="checkbox"/></p> <p>630 Towne Centre Dr
North Brunswick, NJ 089021236</p> <p>(732) 658-3771</p> |
| <p>5 Cvs Pharmacy #06034 <input type="checkbox"/></p> <p>2257 Us Highway 1</p> | <p>6 Cvs Pharmacy #05980 <input type="checkbox"/></p> <p>949 Livingston Avenue</p> |



FEEDBACK

Tip: include some retail chains (ex: CVS or Walgreens or Walmart) to get some preferred pharmacy pricing.

Pharmacies selected

Select up to 2 more pharmacies

Done

Step Four: View Results

SORT PLANS BY

Lowest drug + premium cost

Humana Basic Rx Plan (PDP)

Humana | Plan ID: S5884-131-0

Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$0.00 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$130.83 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$0.00 Drug deductible

“Benchmark” plans will show \$0 premium

AARP MedicareRx Walgreens (PDP)

UnitedHealthcare | Plan ID: S5921-386-0

Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$5.90 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$235.26 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$0.00 Drug deductible

“Non-Benchmark” plans will show a subsidized premium

Compare up to three plans side by side

<p>SilverScript Choice (PDP) \$0.00 Monthly premium</p> <p>Enroll Plan Details</p>	<p>Wellcare Classic (PDP) \$0.00 Monthly premium</p> <p>Enroll Plan Details</p>	<p>Humana Basic Rx Plan (PDP) \$0.00 Monthly premium</p> <p>Enroll Plan Details</p>
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Overview

Star rating	★★★★☆	★★★★☆	★★★★☆
Total monthly premium	\$0.00	\$0.00	\$0.00
Yearly drug deductible	\$0.00	\$0.00	\$0.00

Drug coverage & costs

Make sure all drugs entered are covered by the plan.

Drugs covered/Not covered	<p>2 of 2 Prescription drugs covered Restrictions may apply</p>	<p>2 of 2 Prescription drugs covered Restrictions may apply</p>	<p>2 of 2 Prescription drugs covered Restrictions may apply</p>
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Estimated total drug + premium cost	<p>CVS PHARMACY #06034 ✓ Preferred \$171.00</p> <p>WALMART PHARMACY 10-2003 ✓ Preferred \$171.16</p>	<p>CVS PHARMACY #06034 ✓ Preferred \$172.80</p> <p>WALMART PHARMACY 10-2003 ✓ In-network \$174.00</p>	<p>CVS PHARMACY #06034 ✓ In-network \$131.48</p> <p>WALMART PHARMACY 10-2003 ✓ Preferred \$130.83</p>
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Review total cost at different pharmacies

IMPORTANT: When doing plan comparison with “general” search...

- If not creating or logging into a consumer’s Medicare account:
- The drug copays listed will not be correct level of Extra Help
 - Copays listed will be \$4.15 for generics and \$10.35 for brand names
- A full dual eligible will actually be charged
 - ✓ **\$1.45 or less for generic drug**
 - ✓ **\$4.30 or less for brand name drug**
 - ✓ **\$0 if on CCP, Supports Program, or MLTSS**

Step Five: View Plan Details Page

Estimated Costs During Coverage Phases

WALMART PHARMACY 10-2003 - DRUG COSTS DURING COVERAGE PHASES

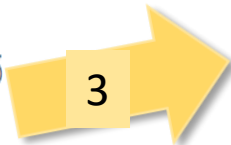
	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alprazolam 0.5mg tablet	\$20.00	\$4.15	\$4.15	\$0.00
Eliquis 5mg tablet	\$613.73	\$10.35	\$10.35	\$0.00

For most dual eligible consumers copay will be **\$1.45**, not \$4.15 for generics

For most dual eligible consumers copay will be **\$4.30**, not \$10.35

Sometimes Copays will be less than LIS standard amount

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Alprazolam 0.5mg tablet	\$8.65	\$4.15	\$2.16	\$0.00
Eliquis 5mg tablet	\$605.05	\$10.35	\$10.35	\$0.00
Humalog kwikpen 100unit/ml solution pen injector ^[1]	\$577.30	\$0.00	\$10.35	\$0.00



1. Copay after deductible will be plan's copay, or LIS copay, whichever is LESS.
2. Copay in coverage gap will be LIS copay or 25% of drug price, whichever is LESS.
3. Copay after coverage gap will be \$0.

Plan Details- Cost by Drug Tier

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

[Learn more about coverage phases.](#)

+ CVS PHARMACY #00824

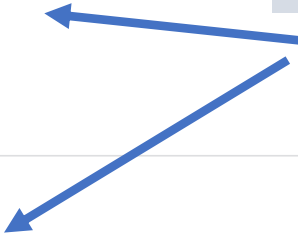
TIER DRUG COST FOR

Preferred retail pharmacy drug cost for 1 month ▾

+ View more drug coverage

Tiers	Initial coverage phase	Gap coverage phase
Preferred Generic	\$1.00 copay	Generic drugs:
Generic	\$19.00 copay	25% Brand-name drugs: 25%
Preferred Brand	\$46.00 copay	Generic drugs: 25% Brand-name drugs: 25%

These plan copays do NOT apply to dual eligibles if cost is more than \$4.30



Plan Details- View Other Drug Information

OTHER DRUG INFORMATION				
	Tier	Prior authorization	Quantity limits	Step therapy
Bupropion hydrochloride 300mg tablet extended release 24 hour	Tier 3	-	Yes	-
Fluoxetine 20mg capsule	Tier 1	-	Yes	-
Procrit 20000unit/ml solution	Tier 5	Yes		
Xanax 0.5mg tablet	Not covered	-		

“Quantity Limits” are OK, but “Yes” in PA or ST means doctor must submit medical documents to the plan to get approval.

Drug Tier does not matter. But “Not Covered” means plan will not pay, and Medicaid will not pay.

Plan Details- Star Ratings

Star ratings

Overall star rating

Overall rating is based on the categories below.



— Drug plan star rating

+ Drug plan customer service



+ Member complaints & changes in the drug plan's performance



+ Member experience with the drug plan

Plan too new to be measured

+ Drug safety & accuracy of drug pricing



Step Six: Printing Plan Finder Results

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾ Log in

< Back to Plan Results

Thurston, WA

Cigna Secure-Extra Rx (PDP)
\$40.30
Monthly premium

Enroll Plan Details

Overview

Star rating	★★★★☆
Total	\$40.30
Yearly drug deductible	\$100.00

Drug coverage & costs

Drugs covered/Not covered	2 of 3 Prescription drugs covered Restrictions may apply
Estimated total drug + premium cost	SAV-ON PHARMACY #1407 ✓ Preferred in-network \$600.20 FRED MEYER PHARMACY ✓ Preferred in-network \$602.40 Mail order pharmacy ✓ Preferred in-network \$795.08

Print

Print

Printing Tip: Set scale to about 67-75% to reduce number of pages printed.

Tip for Printing Plan Finder Results

More settings ^

Paper size Letter ▼

Pages per sheet 1 ▼

Margins None ▼

Quality 600 dpi ▼

Scale Custom ▼

75

Two-sided Print on both sides



Set “Scale” to 67-75% to reduce number of pages printed

Step Seven: Enroll

- ENROLL buttons found on multiple pages
 - Plan Results Page
 - Top of Plan Details Page
 - Top of Plan Compare Page

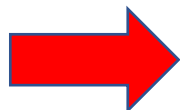
SilverScript Choice (PDP)
Aetna Medicare | Plan ID: S5601-008-0
Star rating: ★★☆☆☆

MONTHLY PREMIUM
\$0.00 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST
\$7,659.16 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$0.00 Drug deductible

[Enroll](#) [Plan Details](#)



Enrolling

- Complete enrollment form
- When completed will get confirmation number-
 - print the page or copy the number for proof of enrollment.
- New Plan will start **January 1st** if enrolling during the OEP.
- **No need to take action to disenroll from prior Part D or Medicare Advantage Plan**



Reviewing Medicare Advantage Plans on Plan Finder

Switch to MA List from Part D Plan Search Results Page

Medicare.gov Basics ▾ Health & Drug Plans ▾ Providers & Services ▾ Log in

There may be Medicare Advantage Plans available with lower drug costs. [Tell me more.](#) [View 34 available Medicare Advantage Plans](#)

[Back to drugs & pharmacies](#) Print

[View 34 available Medicare Advantage Plans](#)

MY LOCATION: Mercer, NJ [Change location](#) PLAN TYPE: Select a Plan Type ▾

Filter by: Insurance Carrier ▾ Star Ratings ▾

Showing 10 of 30 drug plans SORT PLANS BY: Lowest drug + premium cost ▾

Mutual of Omaha Rx Premier (PDP)
Mutual of Omaha Rx | Plan ID: S7126-073-0
Star rating: ★★☆☆☆

MONTHLY PREMIUM
\$26.00 Includes: Only drug coverage

PHARMACIES
1 of 1 of your selected retail pharmacies are in-network
[View your pharmacies](#)

Medicare Advantage Plan Results Page

Filter by: Plan Benefits | Insurance Carrier | Drug Coverage | Star Ratings | Special Needs Plans

Showing 10 of 34 Medicare Advantage Plans

Sort Plans By: Lowest drug + premium cost

AARP Medicare Advantage Choice (PPO)

UnitedHealthcare | Plan ID: H8768-022-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$0.00 Includes: Health & drug coverage
Doesn't include: \$148.50 Standard Part B premium

YEARLY DRUG & PREMIUM COST
\$135.06 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS
\$0 Health deductible
\$240.00 Drug deductible
\$10,000 In and Out-of-network Maximum you pay for health
\$6,700 In-network

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits

COPAYS/COINSURANCE

Primary doctor: \$0 copay
Specialist: \$40 copay per visit

DRUGS

✓ Includes drug coverage
[View drugs & their costs](#)

See more benefits

- ✓ Over-the-counter drugs
- ✗ In-home support
- ✗ Home safety devices & modifications
- ✗ Emergency response device

Filter Plan List if Desired

Filter by: Plan Benefits ^ **Insurance Carrier v** **Drug Coverage v** Star Ratings v **Special Needs Plans v**

Showing 2

- Vision coverage
- Dental coverage
- Hearing coverage
- Transportation
- Fitness benefits

Drug Coverage ^ Star Rating

- Includes drug coverage
- Doesn't include drug coverage

Special Needs Plans ^

- Plans for people who have a chronic or disabling condition (like stroke, cancer, or dementia).
- Plans for people who have both Medicare and Medicaid.
- Plans for people who need long-term care in a facility or at home.

[Clear](#) [Apply](#)

[Clear](#) [Apply](#)

Special Needs Plans for Dual Eligibles

Horizon NJ TotalCare (HMO D-SNP)

Horizon Blue Cross Blue Shield of New Jersey | Plan ID: H3298-001-0

Star rating: ★★★★★☆

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$164.90 Standard Part B premium

This plan is designed for beneficiaries with Medicare and Medicaid.

SNP Type: Dual Eligible

YEARLY DRUG & PREMIUM COST

\$178.23 Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

All covered drugs will be \$0 copay.

OTHER COSTS

\$0 Health deductible

\$0.00 Drug deductible

\$8,300 In-network Maximum you pay for health services

PLAN BENEFITS

- ✗ Vision
- ✗ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▾

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$0 copay**

DRUGS

✓ Includes drug coverage

[View drugs & their costs](#)

Maximum amount you pay also will be \$0

Compare side by side up to 3 plans

	Cigna Preferred Medicare (HMO) X \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	HumanaChoice H5216-185 (PPO) X \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	AARP Medicare Advantage Choice (PPO) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details
Overview			
Star rating	★★★★☆	★★★★☆	★★★★☆
Health deductible	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$240.00
Maximum you pay for health services	\$7,200 In-network	\$10,000 In and Out-of-network \$6,700 In-network	\$10,000 In and Out-of-network \$6,700 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$148.50	\$148.50	\$148.50
Plan features	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support services ✓ Home and bathroom safety devices ✓ Meals for short duration ✗ Annual physical exams ✓ Telehealth ✗ Endodontics 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support services ✗ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✗ Endodontics 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✗ Over the counter drug benefits ✗ In-home support services ✗ Home and bathroom safety devices ✗ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✗ Endodontics

Medicare Advantage Plan Details Page

CIGNA

Cigna Preferred Medicare (HMO)

Plan type: Medicare Advantage with drug coverage

Plan ID: H3949-032-0

[Plan website](#) | **Non-members:** [1-800-856-7657](tel:1-800-856-7657) | **Members:** [1-800-668-3813](tel:1-800-668-3813)

What you'll pay

Total monthly premium

\$0.00

Health deductible

\$0.00

Primary doctor

\$0

copay

2021 estimated total drug costs (lowest cost pharmacy)

\$714.23

Covers **3 of 3** drugs

[Overview](#)

[Benefits & Costs](#)

[Drug Coverage](#)

[Extra Benefits](#)

[Star Ratings](#)

Overview

PREMIUMS

Total monthly premium

\$0.00

Health premium

\$0.00

Drug premium

\$0.00

Standard Part B premium

\$148.50

Part B premium reduction

No

Plan Details Page: Benefits and Costs

Benefits & Costs	
DOCTOR SERVICES	
View Provider Network Directory	
Primary doctor visit	\$0 copay
Specialist visit	\$30 copay per visit
TESTS, LABS, & IMAGING	
Diagnostic tests & procedures ▾	\$0-100 copay
Lab services	\$0 copay
Diagnostic radiology services (like MRI)	\$0-195 copay
Outpatient x-rays	\$35 copay
Emergency care	\$90 copay per visit (always covered)
Urgent care	20% coinsurance per visit (always covered)
HOSPITAL SERVICES	
Inpatient hospital coverage	\$295 per day for days 1 through 7 \$0 per day for days 8 through 90
Outpatient hospital coverage	\$0-250 copay per visit

All copays for medical and hospitals costs will be \$0 for a dual eligible. Ignore these copays on the Plan Finder.

Plan Details Page: Drug Costs and Coverage

Same as
Part D
Page

YEARLY DRUG COSTS BY PHARMACY		
Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs.		
	CVS Pharmacy #00824 ✓ Standard in-network pharmacy	Walgreens #11313 Preferred Preferred in-network pharmac
Atorvastatin 40mg tablet	\$27.00	\$0.00
Bupropion hydrochloride 100mg tablet extended release 12 hour	\$55.24	\$35.06
Lantus 100unit/ml solution pen injector	\$631.99	\$758.24
Total yearly drug cost	\$714.23	\$793.30
ESTIMATED TOTAL DRUG + PREMIUM COST		
	CVS Pharmacy #00824 ✓ Standard in-network pharmacy	Walgreens #11313 Preferred Preferred in-network pharma
Total yearly drug + premium cost	\$714.23	\$793.30
When you'll meet your deductible	You won't meet your deductible in 2021	You won't meet your deductible in 2021

Plan Details Page: Extra Benefits

Extra benefits

HEARING

Hearing exam

Fitting/evaluation

Hearing aids - Inner ear

Hearing aids - Outer ear

Hearing aids - Over the ear

PREVENTIVE DENTAL

Care to prevent or find problems with your teeth and gums.

Oral exam

Limits apply ▼

Limits apply ▼

Limits apply ▼

Limits apply ▼

Limits apply ▲

Advanced Plan Approval Required - A process through which the physician or other health care provider is required to obtain advance approval from the plan that payment will be made for a service or item furnished to an enrollee. Unless specified otherwise with respect to a particular item or service, the enrollee is not responsible for obtaining (prior) authorization.

Plan limits - There may be limits on how much the plan will provide.

Go to Plan's Website for more benefit details

Medicare.gov

[< Go back to plan comparison](#)

CIGNA

Cigna Preferred Medicare (HMO)

Plan type: Medicare Advantage with drug coverage

Plan ID: H3949-032-0

[Plan website](#) | **Non-members:** [1-800-856-7657](tel:1-800-856-7657) | **Members:** [1-800-668-3813](tel:1-800-668-3813)

Once on plan's website search for document called *SUMMARY OF BENEFITS*

Why enroll in Medicare Advantage Plan instead of stay with Original Medicare?

- Maybe you cannot find providers/specialists willing to treat the Medicare consumer because they also have Medicaid AND
 - You are not satisfied with the Medicaid provider options.
- Maybe you want some of the “extra” benefits offered by some of the plans such as debit card for buying things like aspirin or cold medicine.
- Maybe you cannot afford the drug copays of \$1.45/\$4.30 and need to lower it to \$0 that the D-SNP plans offer.

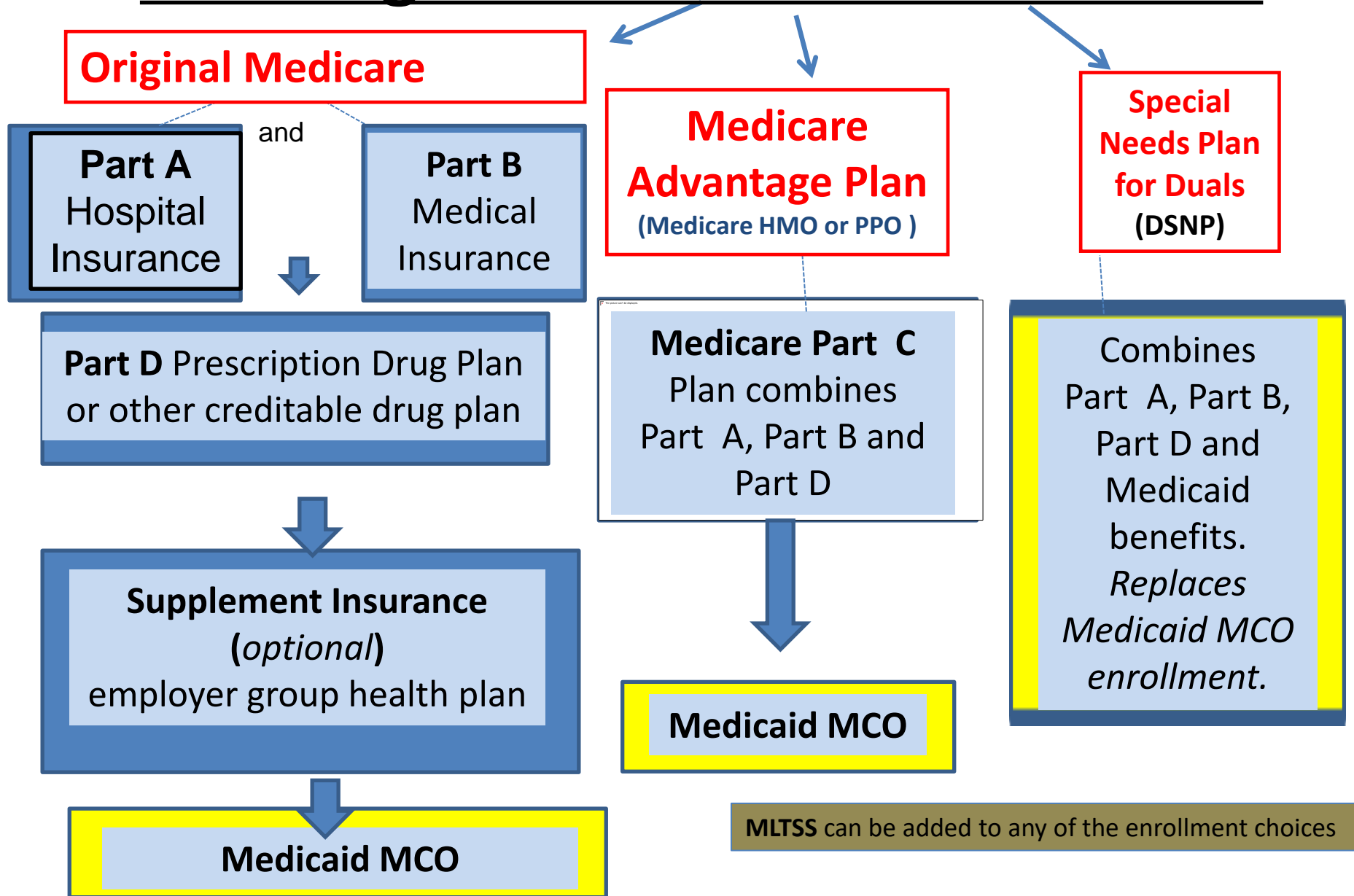
Example of Medicare Advantage “Extra benefits”

Open to members living in these counties:	Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic, Union
PLAN:	<u>Braven Medicare Freedom PPO</u> <i>(affiliated with Horizon BCBS of NJ, Hackensack Meridian Health and RWJBarnabas Health)</i>
Dental benefits	Covers Routine preventive dental plus 50% for comprehensive care up to \$1000
Eye Glasses benefits	Covers up to \$200 for eyeglasses/year
Hearing Aid Benefits	Covers up to \$1,250 for one hearing aid/year
Over the Counter Spending Card for health- related items	\$90 per calendar quarter
Supplemental Benefits	<ul style="list-style-type: none"> • \$200 towards Gym/Yoga membership or equipment; • worldwide emergency coverage; Travel benefit to see providers in other states • Home delivered meals after hospital stay; • "Papa Pals" companionship & in-home support services for transportation, errands, housekeeping up to 36 hours per year; • \$275 towards weight mgmt/nutrition counseling, acupuncture, massage, bathroom safety devices

Questions to ask before enrolling in MA Plan

- Look at the network of providers for ALL services: doctors, specialists, hospitals, home health agencies, DME suppliers
- Referrals required?
- Prior authorization required?
- Are my drugs covered?
 - **CANNOT ENROLL IN SEPARATE MEDICARE PART D PLAN WHEN ENROLLED IN MA PLAN**
- Will it affect consumer's employer or union coverage?

Dual Eligible's Enrollment Choices



Original Medicare vs Medicare Advantage

Original Medicare Pros	Original Medicare Cons
Can see any Medicare provider anywhere in U.S who is willing to treat a dual	Sometimes difficult to find Medicare providers willing to treat a dual
No referrals or prior authorization	Multiple plans to work with – Medicare + Part D + Medicaid MCO
Flexibility to enroll in any Part D drug plan	Must use Medicaid providers for dental, vision and hearing, transportation

Medicare Advantage Pros	Medicare Advantage Cons
Have a network of providers to work with who must treat dual eligible members	May need referrals or prior authorization. Limited to providers in the MA network.
Only Two plans to work with – Medicare Advantage + Medicaid MCO. If choose DNSP only one plan.	No flexibility on drug coverage- must use formulary of the MA plan
Extra benefits not available in Original Medicare like spending card, gym membership	Plan ID card will show doctor copays, may face doctor office opposition not to pay the copays.

Which is better- Medicare Advantage Plan or Special Needs Plan?

- Depends on the NETWORK of providers you want to use
- For a dual, start by looking at the D-SNP plans.
 - Easier to use the providers because all agree to treat duals
 - ONE network to navigate
 - ID card shows \$0 copays for medical services
 - All covered drugs have \$0 copay
 - CAUTION- if have MLTSS with your Medicaid MCO, will be assigned a different care manager if switch to the MCO's DSNP plan.
- If not happy with DSNP network of providers or formulary of drugs, then look at Medicare Advantage Plan options.
 - Some MA plans have bigger network of providers than DSNP plans.

Remember- Can enroll in MA or DSNP plan anytime of year, but to disenroll may have to wait...

- Allowed one enrollment switch every calendar quarter.
- If enroll in MA or DSNP plan, may have to wait 2-3 months before can change it to another plan or go back to Original Medicare
 - Example- Enroll in MA plan in January to start February 1st. If do not like it, cannot make a change until next quarter starts (April) with new plan taking effect May 1st.
 - EXCEPTION- if enroll in MA or DSNP plan based on misleading plan marketing or misleading info from an agent.

Thank you for joining us today.

