

Update for 2024 on the Medicare Drug Benefit for People Who Have Both Medicare and Medicaid (the Dual Eligibles)



In memory of Beverly Roberts
Former Director,
Mainstreaming Medical Care
The Arc of New Jersey

Mary McGeary
Director, SHIP
NJ Division of Aging Services
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About The Arc of New Jersey

- Largest advocacy and service organization for children and adults with intellectual and developmental disabilities and their families.
- Founded in 1949 by families of individuals with IDD and remains today a consumer and family driven organization.
- Serve the entire state of New Jersey through our Local County Chapters and our State Office Programs.
- In addition to our Programs, The Arc of New Jersey is highly involved in public policy, advocacy and governmental affairs activities.

What is a “Dual Eligible”?

- A dual eligible is a person who has both Medicaid and Medicare benefits.
- The federal term for a dual eligible is “Qualified Medicare Beneficiary” or QMB.
- Most dual eligibles receive their prescription drugs from Medicare Part D – not from Medicaid.
 - The exception is dual eligibles who also have private health insurance, usually through a parent’s employer.

Dual Eligibles – FAQs

"Understanding what happens when a person with IDD who receives Medicaid becomes eligible for Medicare."

The Arc of NJ has distributed Frequently Asked Questions (FAQs) to respond to the questions that families often ask.

The questions and answers are divided into three sections:

[FAQ- Dual Eligibles General Information](#)

[FAQ- Dual Eligibles and Prescription Medication](#)

[FAQ- Dual Eligibles and Special Needs Plans \(D-SNPs\)](#)

- ❖ **Available at www.mainstreamingmedicalcare.org, under the *Dual Eligibles Section***

If individual with Medicare and Medicaid also has private health insurance...

- Usually not permitted to have drug coverage from both private health insurance and Medicare Part D.
- If private health insurance drug coverage is as good as (or better than) Medicare Part D, employer should provide a letter of “creditable coverage.” **Opt out/Disenroll from Medicare Part D.**
- When a dual eligible also has private health insurance (and is not enrolled in Medicare Part D), NJ Medicaid should continue to cover the drug co-pay costs.
- If your pharmacy needs help billing both your private drug plan and Medicaid, call NJ Medicaid Pharmacy Unit for help at 609-588-2732.

Dual Eligibles – Don't have a Dec. 7th Deadline to Enroll in New Medicare Drug Plan

- Dual eligibles are not “locked in” to the same drug plan all year. The December 7th enrollment deadlines that are announced in marketing materials and on TV don't apply.
- Dual eligible are permitted to change drug plans one time in each quarter of the year.

Federal Oversight for the Medicare Drug Benefit

- The Medicare prescription drug benefit is called **Medicare Part D**.
- The federal agency that has authority over all aspects of Medicare – including Medicare Part D – is the Centers for Medicare and Medicaid Services (CMS).

Important Terms

- **Low Income Subsidy (LIS), also called Part D “Extra Help”**: Medicare beneficiaries with limited income and resources may qualify for extra help, in the form of a Low Income Subsidy (LIS), to pay for prescription drug costs.
- **Dual eligibles are automatically eligible for the LIS.**

Important Terms (cont.)

- **Prior Authorization:** Approval that your prescriber must get from a Medicare drug plan in order for the prescription to be covered by the plan . Only certain drugs need PA, and it differs from plan to plan.
- **Step Therapy:** The practice of beginning drug therapy for a medical condition with the most cost-effective drug, and progressing to more costly drug therapy only if necessary; the primary goal is cost-containment. This requirement may be waived if prescriber can show medical necessity.

Important Terms (cont.)

- **Quantity Limits:** For safety and cost reasons, a drug plan may limit the amount of pills that they cover for a particular drug. With the physician's documentation of medical necessity, this requirement may be waived.

The 2024 MEDICARE PART D Information for New Jersey's Dual Eligibles

What is a “Benchmark” Drug Plan?

- The Medicare drug plans **do** require a monthly fee. However, for the dual eligibles, that fee is subsidized by CMS up to a specific amount (which is known as the benchmark).
 - Benchmark premium for 2024 in NJ is \$45.51
- **When a dual eligible enrolls in a benchmark drug plan, there is no monthly premium fee.**
- There are two types of drug plans: Basic and Enhanced, but only the Basic plans can qualify as benchmark plans.

Overview of Medicare Benchmark Drug Plans for NJ's Dual Eligibles

Benchmark Plan in 2023	Benchmark in 2024?	
AARP Medicare Rx Saver	NO	
Cigna Secure Rx	NO	
Clear Spring Health Value Rx	Yes	
Humana Basic Rx	NO	
Aetna's Silverscript Choice	NO	
Wellcare Classic Rx	Yes	

Drug Plan Performance Rating

- The CMS ratings for NJ's drug plans range from a high of 3.5 stars to a low of 1.5 stars.
- If a drug plan has a low rating of 2.5 stars for 3 years in a row, CMS views it as a "low performing plan"

Clear Spring Health Part D Plan has rating of 1.5 stars

- Low performance rating 3 years in a row
- Has warning sign on website
- CMS issued sanction 11/1/23
- **Cannot accept new members for 2024**
- CMS will send letters to current members informing of Low Performance
- CMS will allow all members to leave the plan anytime in 2024



Blue Reassignment Letter

- Some dual eligibles are enrolled in a drug plan that **CMS enrolled them in**. It was \$0 premium in 2023 but will not a benchmark plan in 2024.
- CMS sends a **BLUE** colored letter to these dual eligibles, to let them know they will be moved to another plan for 1/1/2024.
- Since only one benchmark plan is available for 2024 in NJ, members will be moved to **Wellcare Classic**.
- A **second BLUE letter** will be sent in December to inform member of the plan formulary.

Tan “Choosers” Letter

- Some dual eligibles are currently enrolled in a drug plan that is not a benchmark plan, or that the consumer enrolled themselves into the current plan.
- They may be paying a monthly premium fee for this plan.
- CMS sends **a tan colored letter** to these dual eligibles, to let them know they can switch to a \$0 benchmark plan or stay in the same drug plan and pay a monthly fee in 2024.
 - Changing to a benchmark drug plan is not required.

Overview of Medicare Benchmark Drug Plans for NJ's Dual Eligibles

Benchmark Plan in 2023	Benchmark in 2024?	Subsidized Premium if stay in this plan
AARP Medicare Rx Saver	NO	\$22.90
Cigna Secure Rx	NO	\$15.10
Clear Spring Health Value Rx	Yes	\$0
Humana Basic Rx	NO	\$13
Aetna's Silverscript Choice	NO	\$7.60
Wellcare Classic Rx	Yes	\$0

Why Would Dual Eligibles Select a Non-Benchmark Drug Plan?

- If a dual eligible needs a medication not available on the formulary of benchmark drug plans, but it is available in non-benchmark plan – it may be more cost-effective to pay a relatively low monthly premium to get the needed medications.
- This decision must be made on an individual basis.
- NJ Division of Aging Services has chart of all Part D drug plans on its website.
 - The chart shows the monthly premium fees for NJ's non-benchmark drug plans in 2024 in the column with the heading "Premium with Medicaid."

2024 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Data as of November 8, 2023

Company Name	Plan Name	Benefit Type	Premium with Medicaid or JSH/Extra Help	2024 Premium	Annual Drug Deductible	Additional Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	\$0 premium with NJ PAAD	Preferred Pharmacy Chains**
UnitedHealthcare 1-888-867-5564 aarpmedicarerx.com <i>National Plan</i>	AARP Medicare Rx Walgreens from UHC	Enhanced	\$8.70	\$54.20	\$410 \$0 deduct for Tier 1 drugs	Covers Tier 1 in the Gap	85921	388	3 stars	PAAD pays the premium and enrolls	Walgreens and Mail Order
	AARP Medicare Rx Basic from UHC <i>(formerly called AARP Medicare Rx Saver)</i>	Basic	\$22.90	\$68.40	\$545	No Additional Gap Coverage	85921	349	3 stars	PAAD pays the premium and enrolls	Walgreens, Walmart and Mail order
	AARP Medicare Rx Preferred from UHC	Enhanced	\$60.50	\$106.00	\$0	No Additional Gap Coverage	85820	003	3.5 stars		Walgreens, Walmart and Mail order
Cigna 1-800-735-1459 cignamedicarerx.com <i>National Plan</i>	Cigna Saver Rx	Enhanced	\$15.80	\$16.80	\$545 \$0 deduct for Tier 1 & Tier 2 drugs	No Additional Gap Coverage	85617	354	2.5 stars	PAAD pays the premium and enrolls	Rite Aid, Walgreens, Walmart, Mail Order
	Cigna Extra Rx	Enhanced	\$56.90	\$102.40	\$145 \$0 deduct for Tiers 1, 2, 3	Covers Tiers 1 & 2 in the Gap	85617	249	2.5 stars		Rite Aid, Walgreens, Walmart, Mail Order
	Cigna Secure Rx	Basic	\$15.10	\$60.60	\$545	No Additional Gap Coverage	85617	018	2.5 stars	PAAD pays the premium and enrolls	Rite Aid, Walgreens, Walmart, Mail Order

How To Get Drug Coverage if Terminated From Drug Plan

- Ask the pharmacist to enroll the dual eligible in LINET: Limited Income Newly Eligible Transition Program, with Humana.
- This process allows pharmacist to enroll dual eligible (or other Low Income Subsidy person) into a temporary Part D plan (LINET Humana) in order to get medications immediately.
- This process is also for dual eligibles NEW to Medicare Part D who are not yet auto-enrolled.
- If pharmacists need help with LINET enrollment, they can call **800-783-1307, ext. 1.**

Medicare Part D Co-Pays for Dual Eligibles

- Dual eligibles receiving DDD services have either Supports or the Community Care Program (CCP). **They have a \$0 co-pay for Medicare Part D drugs.**
- A dual eligible receiving Managed Long-Term Services and Supports (MLTSS) will have \$0 copay for Part drugs.
- If a dual eligible does not receive DDD services: Drug co-pays for 2024 will be **\$1.55** for each generic and **\$4.60** for each brand name drug.

Low Income Subsidy Level

2024 Copays for Drugs on Part D Plan Formulary

LIS Level 3

Duals (people with Medicare and full Medicaid) who also

- live in nursing home or Assisted Living, or
- have MLTSS, or
- on other Medicaid Waiver (CCP) or
- Enrolled in a DSNP plan

\$0

LIS Level 2

Duals with full Medicaid Benefits

\$1.55 generics
\$4.60 brand names

LIS Level 1

- Help paying Part B premium (SLMB, QI or QMB);
- Duals on Workability NJ Family Care
- Those who approved for LIS via SSA

\$4.50 generics
\$11.20 brand names
(\$7 brand names if also have PAAD)

Transition Policy

- For the first 90 days of 2024, CMS expects all Part D plans to **cover one 30-day fill** for drugs which the member is currently taking that are either:
 - a) not on the formulary, or
 - b) are on the formulary but require prior authorization or step therapy
- Pharmacist should print out a message from drug plan at the point of sale, saying this is a one-time transition fill.
- CMS requires the Part D plans to send written notice to each enrollee who receives a transition fill, within 3 business days.

Formulary Changes that May Affect All Dual Eligibles

- Every year, in January, Medicare drug plans are permitted to change their formulary (the list of drugs they pay for)
- Many plans are dropping coverage for brand name drugs that treat mental health problems. Consumers who must take brand name drugs (such as Carbatrol, Keppra XR, Clozaril & Depakote) should check to see if their plan will continue to cover it. If not, and if they can't take a generic, they will need to submit an **exception request**.
- Caregivers should find out if the enrollee's current prescription drugs will still be covered in 2024.

No “lock-in” For Dual Eligibles!

- Dual eligibles are not “locked in” to a Medicare drug plan.
- If dual eligibles want to switch drug plans and they don’t do it in 2023, they can switch next year.
Please note: Drug plans can be switched just one time each calendar quarter.
- Drug plan changes are always effective the first day of the next month.

New Enrollees Will Get Drug Plan Identification Cards

- People who are enrolling in a new Medicare drug plan should look for the new drug plan ID card in the mail.
- Bring the new ID card to the pharmacy.

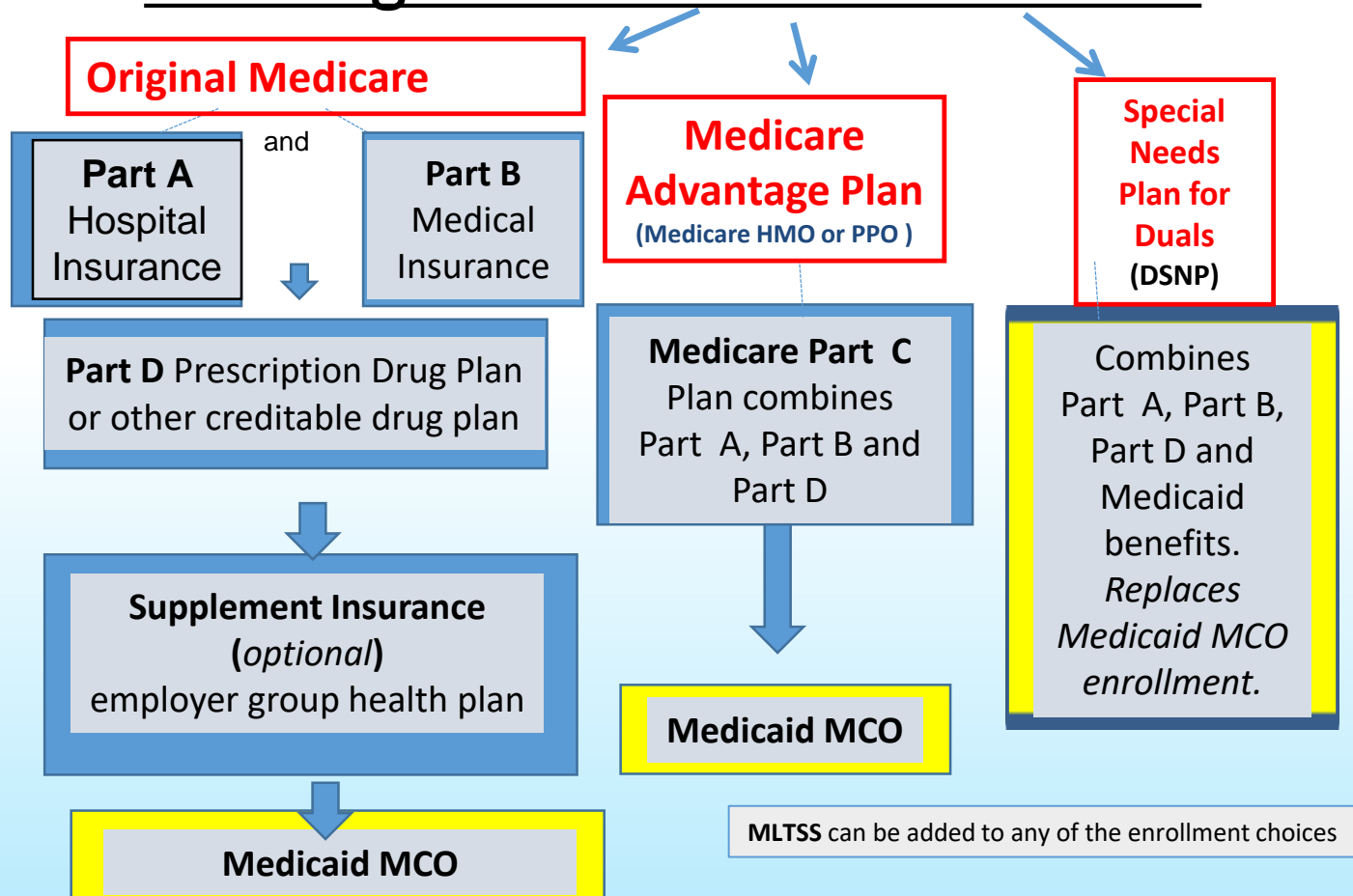
Consumer's Pharmacy Must Be Affiliated with the Drug Plan's Network

- Before switching to a new Medicare drug plan, check with your pharmacy to be certain that it is affiliated with the new drug plan.
- Most of the major pharmacy chains are affiliated with all of the Medicare drug plans.
- Small pharmacies may not have as many affiliations.

Aspects of Medicare Part D That Do Not Apply to the Dual Eligibles

- Monthly premium fees
 - As long as consumer is enrolled in a benchmark plan, there is no premium fee
- The “Donut Hole” – doesn’t exist for dual eligibles.
- No deductibles.
- Drug tiers
 - As long as a drug is on the formulary, it does not matter which tier it is on
- Preferred Pharmacies –
 - You do not need to use the drug plan's preferred pharmacy.

Dual Eligible's Enrollment Choices



**New Jersey
Dual Eligible Special Needs Plans:
D-SNPs**

**Also called FIDE-SNPs:
*Fully Integrated Dual Eligible
Special Needs Plans***

ENROLLMENT IS VOLUNTARY

Voluntary enrollment in Medicare HMO D-SNP

- Dual eligibles may enroll **voluntarily** in a Medicare managed care D-SNP at any time. **Enrollees do not receive any bills when using in-network providers.**
- If thinking about joining a D-SNP:
 - Network of doctors, hospitals & prescription drugs are through the D-SNP. **Must** use that provider network.
 - **If enrolled in D-SNP and go to out-of-network provider – dual eligible will be charged the full cost of the medical care provided.**
 - Cannot be in a stand-alone drug plan if enrolled in a D-SNP. Check the D-SNP formulary before enrolling to be sure needed drugs are on the formulary.
 - Enrollees in D-SNP have a \$0 co-pay for prescription drugs.
 - Plans offer Extra benefits such as spending card for over-the-counter health items, or groceries.

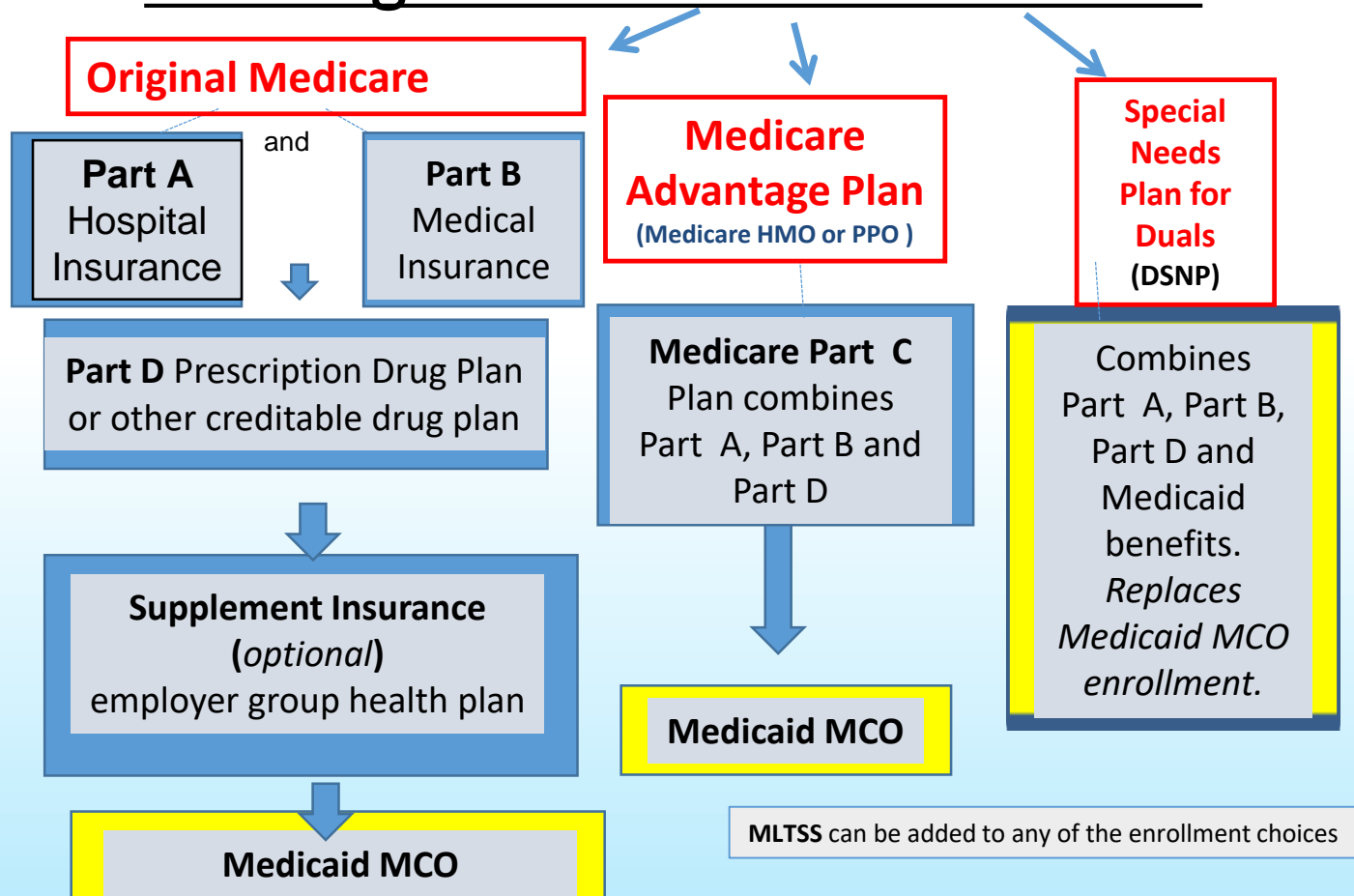
If enrolled in a Medicare D-SNP and want to disenroll...

- Can disenroll from D-SNP by calling **1-800-Medicare** to disenroll. Will then be in “Original” Medicare, and a Medicaid HMO. Will also need to select a Part D drug plan.
- You may need to wait to disenroll until the next calendar quarter under **restrictions which only allow one enrollment change per quarter.**

Medicare D-SNP Special Enrollment for Misleading Marketing

- If there is a special circumstance, a dual eligible can change more than once in a quarter, including disenrolling from a D-SNP more quickly.
 - Example: If the dual eligible or caregiver was misled into joining the D-SNP because the agent gave false information, CMS will allow the enrollee to disenroll before the next quarter begins.

Dual Eligible's Enrollment Choices



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 \$1.55/\$4.60 and need to lower it to \$0 that the D-SNP plans offer.

Caution Regarding Copays in Medicare Advantage Plans

- Although dual eligibles enrolled in Medicare Advantage plans are not required to pay in-network doctor or other medical service co-pays, in practice, co-pays are often charged.
- It is difficult to convince some medical providers that co-pays should be waived for dual eligibles,
- Call the plan or Medicare to complain about any providers charging copays to a dual eligible who has QMB status (Qualified Medicare Beneficiary).

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.



Navigating Medicare

HOW TO USE THE MEDICARE PLAN FINDER FOR DUAL ELIGIBLES

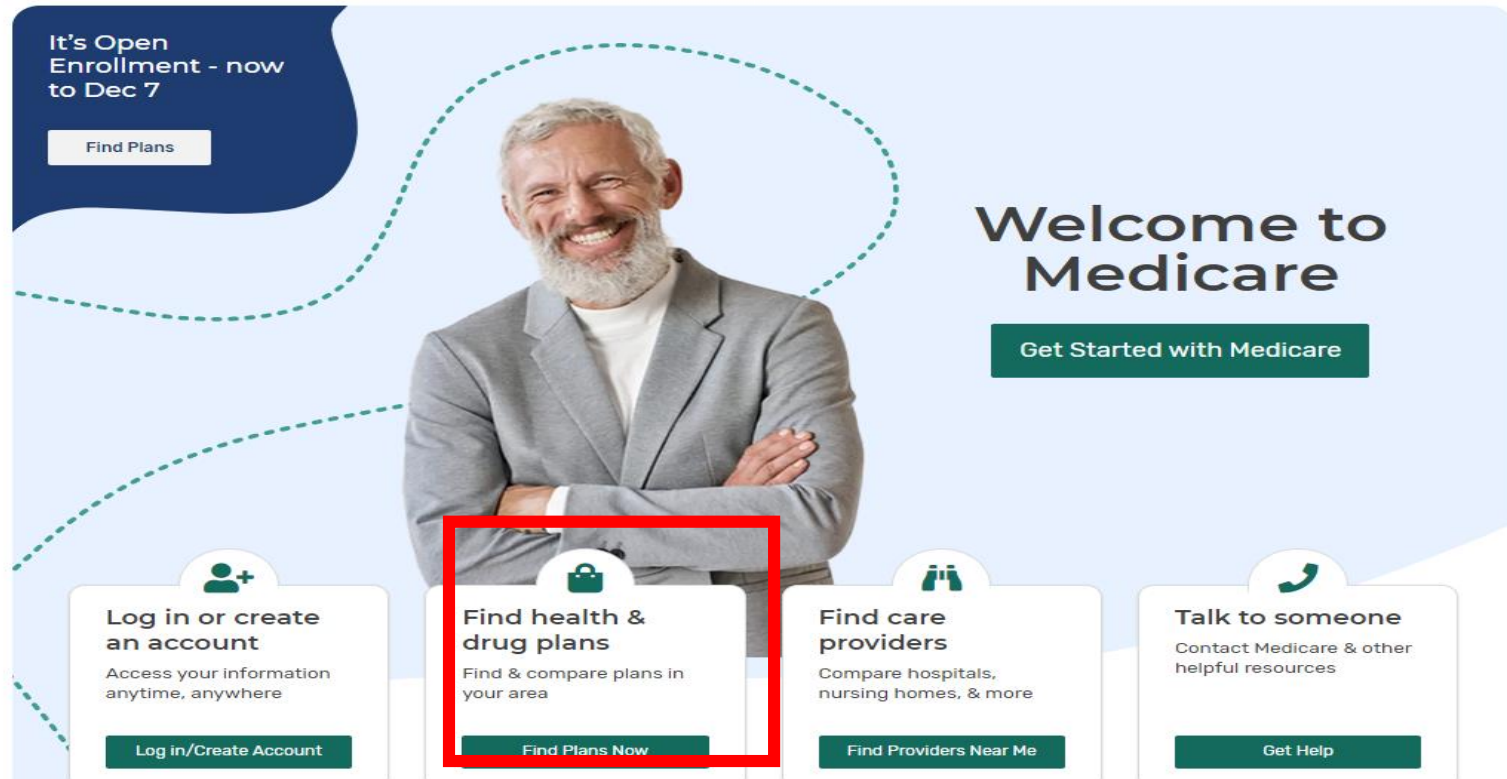
Mary McGeary
NJ SHIP Director
Division of Aging Services
NJ Department of Human Services

The ARC of NJ November 2023

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

www.Medicare.gov Homepage



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 Medicare number
 - Other Health Insurance cards
 - Subsidy eligibility (Medicaid, LIS, PAAD)

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 Home Page



Explore your Medicare coverage options

Find Medicare health & drug plans

1 Log into Medicare account or create an account

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.](#)

2 Or continue without logging in and enter zip code

Continue without logging in

Enter your ZIP code:

ZIP CODE

Continue

3 Choose type of plan to review

Next, select the type of plan you want:

- Medicare Advantage Plan (Part C)
- Medicare drug plan (Part D)
- Medigap policy

[Which type of plan should I choose?](#)

Find Plans

[Go Back](#)

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

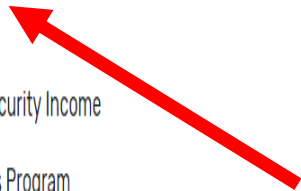
- In order to save the drug list, you must login or create a Medicare Account
 - Doing this will show your drug list from prior year's claims
 - Doing this step will confirm consumer's level of “extra help”
 - You need to update it with any new drugs/dosages
-

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

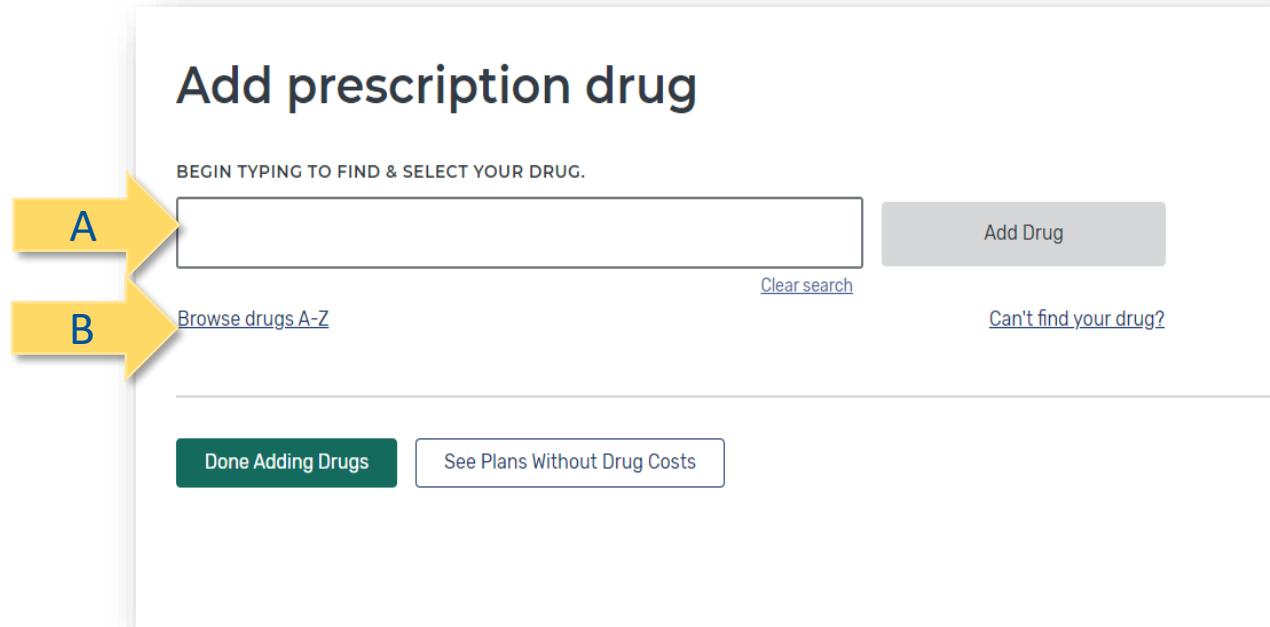
Great!

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



The screenshot shows a web form titled "Add prescription drug". Below the title is the instruction "BEGIN TYPING TO FIND & SELECT YOUR DRUG." There is a large text input box. To the right of the input box is a "Clear search" link and an "Add Drug" button. Below the input box is a "Browse drugs A-Z" link. To the right of the "Browse drugs A-Z" link is a "Can't find your drug?" link. At the bottom of the form are two buttons: "Done Adding Drugs" and "See Plans Without Drug Costs".

Annotation A: A yellow arrow points to the text input box.

Annotation B: A yellow arrow points to the "Browse drugs A-Z" link.

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 left, the heading reads "Add your prescription drugs". Below this, a prompt says "Begin typing to find & select your drug." A search input field contains the text "Lipitor" and is followed by a dark green button labeled "Add Drug". To the right of the search field is a "Clear search" link. Below the search field are two links: "Browse drugs A-Z" and "Can't find your drug?". At the bottom left, there is a button labeled "See Plans Without Drug Costs".

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

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 are two buttons: a dark green button labeled "Add Generic" and a light grey button labeled "Add brand instead".

On the right side of the interface, there is a vertical green bar with the word "FEEDBACK" written vertically in white.

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 "Add to My Drug List" button, respectively.

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

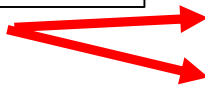
200mg tablet extended release 12 hour

150mg tablet extended release 24 hour

300mg tablet extended release 24 hour

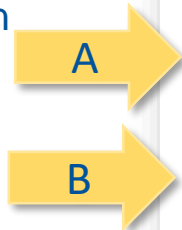
450mg tablet extended release 24 hour

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.

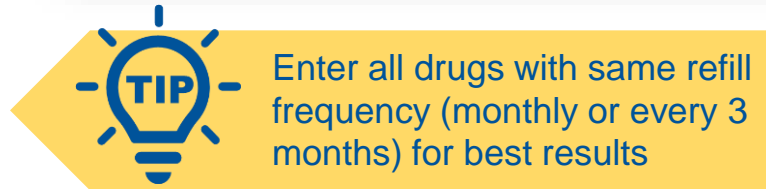


Confirm your drug list

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

[Find & Add Drug](#)

[Done Adding Drugs](#)



Step Three- Choose up to 5 local Pharmacies

Pharmacy selection

Showing 10 pharmacies near 08902 Middlesex, NJ

[Change location](#)

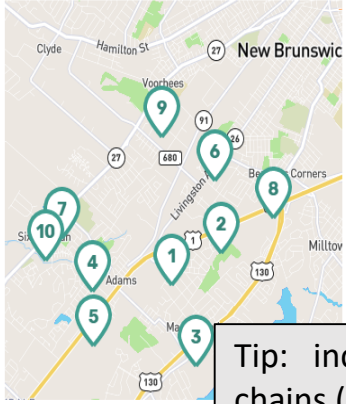
- | | |
|--|---|
| <p>1 Edward S Magaziner Md Pa
2186 New Jersey 27
North Brunswick, NJ 08902

(732) 297-2600</p> <input type="checkbox"/> | <p>2 Walmart Pharmacy 10-2003
979 Route 1 South
North Brunswick, NJ 08902

(732) 545-7979</p> <input type="checkbox"/> |
| <p>3 North Brunswick Pharmacy
1825 Route 130
North Brunswick, NJ 08902

(732) 940-9940</p> <input type="checkbox"/> | <p>4 Aquavita Pharmacy
630 Towne Centre Dr
North Brunswick, NJ 089021236

(732) 658-3771</p> <input type="checkbox"/> |
| <p>5 Cvs Pharmacy #06034
2257 Us Highway 1</p> <input type="checkbox"/> | <p>6 Cvs Pharmacy #05980
949 Livingston Avenue</p> <input type="checkbox"/> |



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

Step Four: View Results

Wellcare Classic (PDP)

Wellcare | Plan ID: S4802-078-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Only drug coverage

“Benchmark” plans will show \$0 premium

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$232.97 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$0.00 Drug deductible

SORT PLANS BY Lowest drug + premium cost

Humana Walmart Value Rx Plan (PDP)

Humana | Plan ID: S5884-183-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$4.10 Includes: Only drug coverage

“Non-Benchmark” plans will show a subsidized premium

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$203.55 Retail pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$0.00 Drug deductible

Compare up to three plans side by side

	Humana Walmart Value Rx Plan (PDP) \$4.10 Monthly premium	Wellcare Value Script (PDP) \$0.00 Monthly premium	SilverScript SmartSaver (PDP) \$2.30 Monthly premium
	Enroll Plan Details	Enroll Plan Details	Enroll Plan Details
Overview			
Star rating	★★★★☆	★★★★☆	★★★★☆
Total monthly premium	\$4.10	\$0.00	\$2.30
Yearly drug deductible	\$0.00	\$0.00	\$0.00
Drug coverage & costs			
Drugs covered/Not covered	3 of 5 Prescription drugs covered Restrictions may apply	3 of 5 Prescription drugs covered Restrictions may apply	3 of 5 Prescription drugs covered Restrictions may apply
Total drug + premium cost (for the rest of 2024)	SHOPRITE PHARMACY DEPT #034 ✓ In-network \$241.51 CVS PHARMACY #06034 ✓ In-network \$222.71 WALMART PHARMACY 10-2003 ✓ Preferred \$205.55	SHOPRITE PHARMACY DEPT #034 ✓ Preferred \$218.49 CVS PHARMACY #06034 ✓ Preferred \$216.24 WALMART PHARMACY 10-2003 ✓ In-network \$235.55	SHOPRITE PHARMACY DEPT #034 ✓ Preferred \$257.88 CVS PHARMACY #06034 ✓ Preferred \$255.50 WALMART PHARMACY 10-2003 ✓ Preferred \$270.00

Make sure all drugs entered are covered by the plan.

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 \$4.50 for generics and \$11.20 for brand names
- A full dual eligible will actually be charged
 - ✓ **\$1.55 or less for generic drug**
 - ✓ **\$4.60 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

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Allopurinol 300mg tablet	\$4.80	\$4.50	\$4.50	\$4.50	\$0.00
Eliquis 5mg tablet	\$527.41	\$11.20	\$11.20	\$11.20	\$0.00
Novolog 100unit/ml solution pen injector	\$525.60	\$11.20	\$11.20	\$11.20	\$0.00
Monthly totals	\$1,057.81	\$26.90	\$26.90	\$26.90	\$0.00

For most dual eligible consumers copay will be **\$1.55**, not \$4.50 for generics

For most dual eligible consumers copay will be **\$4.60**, not \$11.20

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

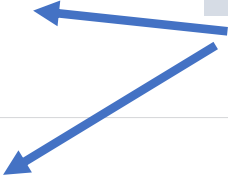
TIER DRUG COST FOR

Preferred retail pharmacy drug cost for 1 month ▾

Change

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

The screenshot displays the Medicare.gov website interface for a plan finder. The main content area shows details for the 'Cigna Secure-Extra Rx (PDP)' plan, including a monthly premium of \$40.30 and an 'Enroll' button. Below this, there are sections for 'Overview', 'Drug coverage & costs', and a list of pharmacies. A blue circle highlights a 'Print' button in the top right corner of the page. A larger blue circle highlights a 'Print' button on a yellow background within a zoomed-in view of the plan details section. The zoomed-in view also shows a 'Log in' button and a green checkmark.

Section	Details
Plan Name	Cigna Secure-Extra Rx (PDP)
Monthly premium	\$40.30
Enroll	[Enroll Button]
Plan Details	[Plan Details Button]
Star rating	★★★★☆
Total	\$40.30
Yearly drug deductible	\$100.00
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

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 SmartSaver (PDP)
Aetna Medicare | Plan ID: S5601-179-0
Star rating: ★★☆☆☆

MONTHLY PREMIUM
\$2.30 Includes: Only drug coverage

TOTAL DRUG & PREMIUM COST (for the rest of 2024)
\$274.18 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](#)

MY LOCATION: Mercer, NJ [Change location](#)

PLAN TYPE: Select a Plan Type ▾

[View 34 available Medicare Advantage Plans](#)

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

Clear Apply

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

Special Needs Plans for Dual Eligibles

Horizon NJ TotalCare (HMO D-SNP)

Horizon Blue Cross Blue Shield of New Jersey, Inc. 3298-001-0

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

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 may 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.

How to Obtain Answers for Medicare Questions

- NJ Division of Aging Services SHIP website
 - <https://nj.gov/humanservices/doas/services/q-z/ship/>
- Check the www.Medicare.gov website.
- Call 1-800-MEDICARE
- Create a www.Medicare.gov account to see Medicare enrollment status and claims.
- Call the current drug or health plan and speak with a customer service representative.
- Contact a SHIP counselor

State Health Insurance Assistance Program (SHIP) Telephone Numbers
SHIP HOTLINE: 1-800-792-8820

Local County Office	Telephone
Atlantic	888-426-9243
Bergen	201-336-7413
Burlington	856-456-1121 ext 146
Camden	856-858-3220
Cape May	609-886-8138
Cumberland	856-453-2220
Essex	973-637-1717
Gloucester	856-468-1742
Hudson	201-369-5280, Press 1, then ext. 4258
Hunterdon	908-788-1361
Mercer	609-695-6274 Ext. 215
Middlesex	732-777-1940 Ext. 1109
Monmouth	732-728-1331
Morris	973-784-4900 Ext. 3501
Ocean	800-668-4899
Passaic	973-569-4060
Salem	856-339-8622
Somerset	908-704-6319
Sussex	973-579-0555 Ext.1223
Union	908-273-6999
Warren	908-475-6591

Thank you for joining us today.

