



OVERVIEW: Medicare Part D (Drug Plan) Changes for 2012

Below is a summary of the major **Medicare Part D (drug plan) Changes for 2012**, which will affect some of New Jersey's dual eligibles (those with both Medicaid and Medicare):

1. There will be nine (9) "benchmark" drug plans for NJ's dual eligibles in 2012. When dual eligibles are enrolled in a benchmark drug plan, they do *not* pay a monthly premium fee.
2. New Jersey has five (5) new benchmark drug plans: (1) Aetna CVS Pharmacy Prescription Plan (formerly "Aetna MedicareRx Essentials"), (2) BravoRx Plan, (3) First Health Part D Premier, (4) United American Select, and (5) Well Care Classic Prescription Drug Plan.
3. Two of the benchmark plans from last year *are not* benchmark plans in 2012: (1) the Advantage Star drug plan is terminating and will no longer be available, and (2) the AARP Medicare Preferred drug plan is still available, but there will be a small monthly premium (\$2.60/mo.) for dual eligibles who remain in that drug plan.
 - a. A **Blue Re-Assignment/Termination Notice** (see sample letter on The Arc of New Jersey website) will be sent to dual eligibles who were *auto-assigned* to the Advantage Star drug plan, informing them of the new benchmark drug plan to which they will be re-assigned and informing them that they have the opportunity to choose another drug plan.
 - b. A **Blue Reassignment/Premium Increase Notice** (see sample on website) will be sent to dual eligibles who were *auto-assigned* to the AARP Medicare Preferred drug plan, informing them of the new benchmark plan to which they have been re-assigned.
 - c. A **Tan Choosers Notice** (see sample on website) will be sent to dual eligibles who *chose* the AARP drug plan (rather than having been auto-assigned to it), informing them that they can either (1) remain in the AARP drug plan and pay a monthly premium fee of \$2.60 per month, or (2) enroll in a benchmark drug plan and not have any monthly premium.
4. The drug formularies on all of the Medicare drug plans may change starting on January 1, 2012. We have not yet received any information on how extensive the formulary changes may be. In general, medications that are generics are available on all of the Medicare drug plan formularies.
5. For some dual eligibles -- especially those who must have brand name medications that are not available on any of the benchmark drug plans -- it may be beneficial to enroll in a non-benchmark drug plan and pay a small monthly premium, if that drug plan has the needed drug(s) on its formulary (see **Medicare Part D 2012: NJ Stand-Alone BASIC Plans** or **Medicare Part D 2012: ALL Plans** on website).
6. As of July 1, 2011, dual eligibles have a co-pay at the pharmacy counter for the medications provided through their Part D drug plan. For most dual eligibles, the drug co-pays are \$1.10 for each generic drug and \$3.30 for each brand name drug. For dual eligibles on the Community Care Waiver (CCW), starting on Jan. 1, 2012, we expect there will be no co-pays for Medicare Part D drugs (due to a new regulation at the federal level).
7. Remember, for the dual eligibles there is no "lock in", so *they can switch Medicare drug plans at any time* (non-dual eligibles are "locked in" to their drug plan after Dec. 31st until the open enrollment period the following year.)

For assistance in reviewing the various Medicare Part D formularies, the following approaches may be helpful:

- Medicare Drug Plan Finder tool: <https://www.medicare.gov/find-a-plan/questions/home.aspx>
- Free, individualized Medicare drug plan counseling is available from a NJ SHIP (State Health Insurance Assistance Program) counselor: <http://www.state.nj.us/health/senior/ship.shtml>