

# **The 2022 Changes in the Medicare Drug Benefit for People Who Have Both Medicare and Medicaid (the Dual Eligibles)**

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# HOW TO USE THE MEDICARE PLAN FINDER FOR DUAL ELIGIBLES

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The ARC of NJ November 15, 2021

## 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

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

## Getting to the Drug Plan Finder

Go to [www.Medicare.gov](http://www.Medicare.gov)

- Click “Find Health and Drug Plans”
- Or [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)
- Or call 1-800-Medicare
  - Customer Service Assistance for choosing a plan & enrolling
  - Available 24 hrs a day
  - Language Line Interpreters for 150 languages

# Medicare.gov Homepage

It's Open Enrollment -  
now to Dec 7

[Find 2022 Health & Drug Plans](#)

[Log in/Create Account](#)

See how Medicare is responding to Coronavirus

[Learn More](#)



Get started

Learn about Medicare



Find care providers

Compare hospitals,  
nursing homes and more



Need a 2021 plan?

Find 2021 health & drug  
plans



Talk to Someone

Get answers & local help

# Find a Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.

Log in or Create Account

[Continue without logging in](#)

## New to Medicare?

Learn about your options & enroll in a plan.

[Learn more about options](#)

## Qualify for a Special Enrollment Period?

Log in or create account to change your 2021 coverage.

[Log in or Create Account](#)

[Continue without logging in](#)

# Step One- Consumer Questions

Answer a few quick questions

## Answer a few quick questions

What type of 2022 coverage are you looking for?

We'll show you 2022 plans. If you want a plan that starts before January 1, [view 2021 plans](#).

- ☐ Medicare Advantage Plan
- ☒ Drug plan (Part D)
- ☐ Drug plan (Part D) + Medigap policy
- ☐ Medigap policy only
- ☐ I want to learn more about Medicare options before I see plans

08625

Continue

Select your county

☒ 08625, Mercer, NJ

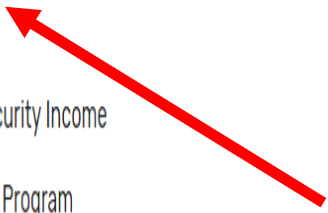
Make sure to click on name of county before clicking NEXT



# 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

How do you normally fill your prescriptions?

☒ Retail pharmacy

You'll need to tell us the pharmacies you use most to get accurate drug costs.

☐ Mail order pharmacy

☐ Both

FEEDBACK

# Step Two- Entering Drugs

Medicare.gov Log in Español

[Back to drug list](#)

## Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

[Clear search](#)

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

**Type in name drug in the box.**

**Tip: Do not enter Over- the-counter drugs or drugs paid by Part B of Medicare**

**Or can search for name of drug by first letter**

# Pop Up Reminder: Generic or Brand Name Drug Used?

## Add your prescription drugs

Begin typing to find & select your drug.

[Clear search](#)

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

### A generic is available

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

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

[Add brand instead](#)

FEEDBACK

# Enter the Drug Dose

## Tell us about this drug

### Atorvastatin

#### Dosage

40mg tablet

#### Quantity

30

#### Frequency

Every month

Adjust dosage and  
then click here

Add to My Drug List

**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

Would show on medicine  
bottle as 100mg ER

About Medicare | Medicare Glossary

# Add Additional Medications

## Confirm your drug list

Alprazolam 0.5mg tablet  
generic

Quantity  
60

Frequency  
Every month

[Remove drug](#)

[Edit drug](#)

Find & Add Drug

Done Adding Drugs

Tip: enter all drugs with same refill frequency (*monthly or every 3 months*) for best results

Click here after all medications have been entered.

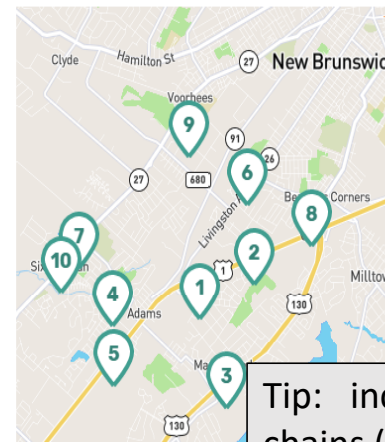
# Step Three- Choose up to 5 local Pharmacies

## Pharmacy selection

Showing 10 pharmacies near **08902 Middlesex, NJ**

[Change location](#)

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



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

### SilverScript Choice (PDP)

Aetna Medicare | Plan ID: S5601-008-0

Star rating: ★★★★★

SORT PLANS BY

Lowest drug + premium cost



“Benchmark” plans will show \$0 premium

#### MONTHLY PREMIUM

**\$0.00** Includes: Only drug coverage

#### YEARLY DRUG & PREMIUM COST

**\$47.40** Retail pharmacy: Estimated total drug + premium cost

#### DEDUCTIBLE

**\$0.00** Drug deductible

### Humana Walmart Value Rx Plan (PDP)

Humana | Plan ID: S5884-183-0

Star rating: ★★★★★

#### MONTHLY PREMIUM

**\$0.60** Includes: Only drug coverage

“Non-Benchmark” plans will show a subsidized premium

#### YEARLY DRUG & PREMIUM COST

**\$82.80** Retail pharmacy: Estimated total drug + premium cost

#### DEDUCTIBLE

**\$0.00** Drug deductible

# Filter Plan List if Desired

The screenshot shows a web interface for selecting a drug plan. At the top, a 'Filter by:' section contains two dropdown menus: 'Insurance Carrier' and 'Star Ratings'. A red arrow points from this section to a dropdown menu that is currently open, showing a list of insurance carriers with radio button selection options. Below the filter section, the text 'Showing 10 of 30 drug plans' is visible. The first plan listed is 'SilverScript SmartRx (PDP)' by 'Aetna Medicare', with Plan ID 'S5601-179-0' and a star rating of four stars. Below the plan name, a table-like structure displays key financial details: 'MONTHLY PREMIUM' at \$7.30 (including only drug coverage), 'YEARLY DRUG & PREMIUM COST' at \$21.90 (retail pharmacy estimated total drug + premium cost), and 'DEDUCTIBLE' at \$445.00 (drug deductible). At the bottom of the plan details, there are three buttons: 'Enroll' (green), 'Plan Details' (blue), and 'Add to compare' (white with a checkbox). A blue arrow points from a text box to the 'Add to compare' checkbox. The text box contains the instruction: 'Check this box to add to compare List'.

Filter by: Insurance Carrier ▾ Star Ratings ▾

Showing 10 of 30 drug plans

**SilverScript SmartRx (PDP)**  
Aetna Medicare | Plan ID: S5601-179-0  
Star rating: ★★★★★

MONTHLY PREMIUM
<b>\$7.30</b> Includes: Only drug coverage
YEARLY DRUG & PREMIUM COST
<b>\$21.90</b> Retail pharmacy: Estimated total drug + premium cost
DEDUCTIBLE
<b>\$445.00</b> Drug deductible

Enroll Plan Details ☐ Add to compare

Check this box to add to compare List

Insurance Carrier ▴

- ☐ Aetna Medicare
- ☐ Cigna
- ☐ Clear Spring Health
- ☐ Elixir Insurance
- ☐ Express Scripts Medicare
- ☐ Horizon Blue Cross Blue Shield of New Jersey
- ☐ Humana
- ☐ Mutual of Omaha Rx
- ☐ UniCare
- ☐ UnitedHealthcare
- ☐ Wellcare
- ☐ WellCare

Clear Apply

# Compare up to three plans side by side

	SilverScript Choice (PDP) \$0.00 Monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>	Wellcare Classic (PDP) \$0.00 Monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>	Humana Basic Rx Plan (PDP) \$0.00 Monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>
Overview			
star rating	★★★★☆	★★★★☆	★★★★☆
total	\$0.00	\$0.00	\$0.00
early drug deductible	\$0.00	\$0.00	\$0.00
Drug coverage & costs			
drugs covered/Not covered	2 of 2 <a href="#">Prescription drug coverage</a> <a href="#">Restrictions may apply.</a>	2 of 2 <a href="#">Prescription drug coverage</a> <a href="#">Restrictions may apply.</a>	2 of 2 <a href="#">Prescription drug coverage</a> <a href="#">Restrictions may apply.</a>
estimated total drug + premium cost	<div>CVS PHARMACY #00824 ✓ Preferred in-network \$47.40</div> <div>SHOPRITE PHARMACY DEPT. #500 ✓ Preferred in-network \$47.40</div> <div>WALGREENS #11313 ✓ Standard in-network \$86.04</div>	<div>CVS PHARMACY #00824 ✓ Preferred in-network \$47.40</div> <div>SHOPRITE PHARMACY DEPT. #500 ✓ Preferred in-network \$47.40</div> <div>WALGREENS #11313 ✓ Preferred in-network \$47.40</div>	<div>CVS PHARMACY #00824 ✓ Standard in-network \$59.28</div> <div>SHOPRITE PHARMACY DEPT. #500 ✓ Standard in-network \$58.80</div> <div>WALGREENS #11313 ✓ Standard in-network \$59.04</div>

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 be lower level of Extra Help
  - Copays listed will be \$3.95 for generics and \$9.85 for brand names
- A full dual eligible will actually be charged
  - ✓ **\$1.35 or less for generic drug**
  - ✓ **\$4 or less for brand name drug**
  - ✓ **\$0 if on CCP, MLTSS or in Special Needs Plan (DSNP)**

## Step Five: View Plan Details Page

CVS PHARMACY #00824

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
	For most dual eligible consumers copay will be <b>\$1.35</b> , not \$3.95			
Alprazolam 0.5mg tablet	\$38.45	\$3.95	\$3.95	\$0.00
	For most dual eligible consumers copay will be <b>\$4.00</b> , not \$9.85			
Elquis 5mg tablet	\$539.39	\$9.85	\$9.85	\$0.00
Monthly totals	\$577.84	\$13.80	\$13.80	\$0.00

# Sometimes Copays will be less

CVS PHARMACY #00824

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Atorvastatin 40mg tablet	\$0.44	\$0.00	\$0.11	\$0.00
Bupropion hydrochloride 100mg tablet extended release 12 hour	\$5.27	\$3.95	\$1.32	\$0.00
Monthly totals	\$5.71	\$3.95	\$1.43	\$0.00

SHOPRITE PHARMACY DEPT. #500

WALGREENS #11313

	Retail cost	Cost after deductible	Cost in coverage gap	
Atorvastatin 40mg tablet	\$3.22	\$3.22	\$0.81	
Bupropion hydrochloride 100mg tablet extended release 12 hour	\$9.78	\$3.95	\$2.45	
Monthly totals	\$13.00	\$7.17	\$3.26	\$0.00

Copays in the coverage gap is LIS copay or 25% of cost of drug, whichever is LESS.

## Plan Details- Drug Coverage (*continued*)

### Look for months when costs change

#### ESTIMATED TOTAL DRUG + PREMIUM COST

CVS Pharmacy #00824

Preferred

Preferred in-network pharmacy

Total yearly drug + premium cost

\$260.15

When you'll meet your deductible

You won't meet your deductible in 2022

When you'll enter the coverage gap ∨

May 2022

When you'll get out of the coverage gap

You won't get out of the coverage gap in 2022

#### ESTIMATED TOTAL MONTHLY DRUG COST

# 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: 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 \$3.95



## 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

< 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 <a href="#">Restrictions may apply</a>
Estimated total drug + premium cost	SAV-ON PHARMACY #1407 ✓ Preferred in-network \$400.20 FRED MEYER PHARMACY ✓ Preferred in-network \$602.40 Mail order pharmacy ✓ Preferred in-network \$796.08

Print

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

# Saving Plan Finder Results

Medicare.gov

Thurston, WA

	Cigna Secure-Extra Rx (PDP)	Express Scripts Medicare - Choice (PDP)
Monthly premium	\$40.30	\$71.60
Star rating	★★★★☆	★★★★☆
Total	\$40.30	\$71.60
Yearly drug deductible	\$100.00	\$100.00
Drug coverage & costs	2 of 3 Prescription drugs covered	2 of 3 Prescription drugs covered
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	SAV-ON PHARMACY #1407 ✓ Standard in-network \$770.00 FRED MEYER PHARMACY ✓ Preferred in-network \$718.40 Mail order pharmacy ✓ Preferred in-network \$921.06

Print 1 page

Destination: Save as PDF

Pages: All

Layout: Portrait

More settings

Paper size: Letter

Pages per sheet: 1

Margins: Default

Scale: Custom 67%

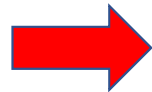
Options: ☐ Background graphics

Save Cancel

Printing Tip:  
Set scale to  
about 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



<b>AARP MedicareRx Preferred (PDP)</b>	
UnitedHealthcare   Plan ID: S5820-003-0	
Star rating: ★★★★★☆	
MONTHLY PREMIUM	
<b>\$89.50</b>	Includes: Only drug coverage
YEARLY DRUG & PREMIUM COST	
<b>\$409.50</b>	Retail pharmacy: Estimated total drug + premium cost
DEDUCTIBLE	
<b>\$0.00</b>	Drug deductible
<b>Enroll</b>	<b>Plan Details</b>

## 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 1<sup>st</sup> if enrolling during the OEP.



## **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

**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 | Plan ID: H0250-001-0

Star rating: ★★★★★☆

### MONTHLY PREMIUM

**\$0.00** Includes: Health & drug coverage

Doesn't include: \$148.50 Standard Part B premium

This plan is designed for beneficiaries with Medicare and Medicaid.

SNP Type: Dual Eligible

### YEARLY DRUG & PREMIUM COST

**\$33.60** 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

**\$6,700** In-network Maximum you pay for health services

**Maximum amount you pay also will be \$0**

### 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](#)

# Compare side by side up to 3 plans

	Cigna Preferred Medicare (HMO) \$0.00 Medicare Advantage and drug monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>	X HumanaChoice H5216-185 (PPO) \$0.00 Medicare Advantage and drug monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>	X AARP Medicare Advantage Choice (PPO) \$0.00 Medicare Advantage and drug monthly premium <a href="#">Enroll</a> <a href="#">Plan Details</a>
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	✓ 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	✓ 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	✓ 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](#) | [Members: 1-800-668-3813](#)

What you'll pay	Total monthly premium	Health deductible	Primary doctor copay	2021 estimated total drug costs (lowest cost pharmacy) Covers <b>3 of 3</b> drugs
	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0</b>	<b>\$714.23</b>

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	
<a href="#">View Provider Network Directory</a>	
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 \$1.35/\$4 and need to lower it to \$0 that the D-SNP plans offer.

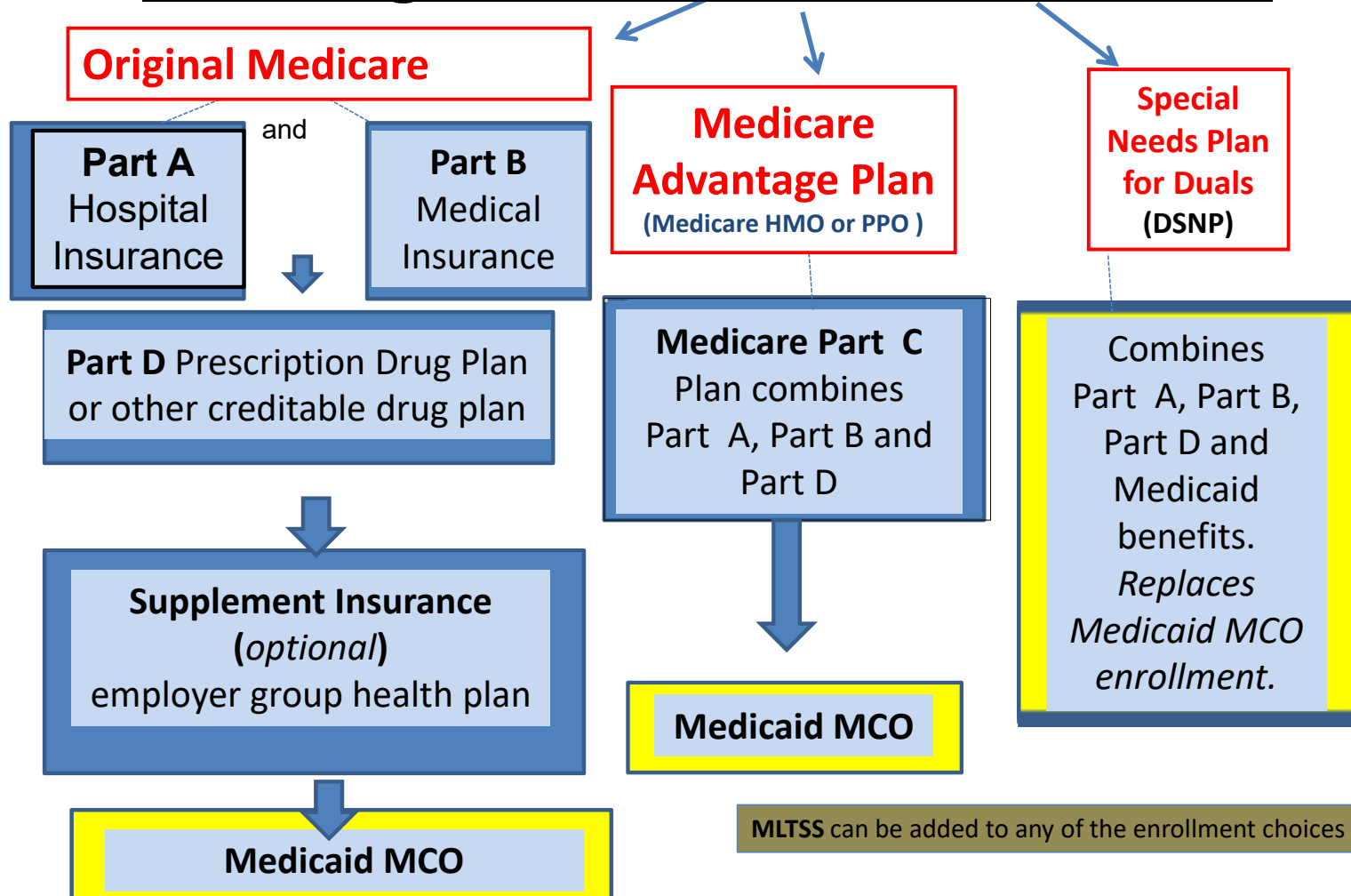
## Example of Medicare Advantage “Extra benefits”

Open to members living in these counties:	Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic, Union
PLAN:	<b><u>Braven Medicare Freedom PPO</u></b> <i>(affiliated with Horizon BCBS of NJ, Hackensack Meridian Health and RWJBarnabas Health)</i>
<b>Dental benefits</b>	Covers Routine preventive dental plus 50% for comprehensive care up to \$1000
<b>Eye Glasses benefits</b>	Covers up to \$200 for eyeglasses/year
<b>Hearing Aid Benefits</b>	Covers up to \$1,250 for one hearing aid/year
<b>Over the Counter Spending Card for health- related items</b>	\$90 per calendar quarter
<b>Supplemental Benefits</b>	<ul style="list-style-type: none"> <li>• \$200 towards Gym/Yoga membership or equipment;</li> <li>• worldwide emergency coverage; Travel benefit to see providers in other states</li> <li>• Home delivered meals after hospital stay;</li> <li>• "Papa Pals" companionship &amp; in-home support services for transportation, errands, housekeeping up to 24 hours per year;</li> <li>• \$200 towards weight mgmt/nutrition counseling, acupuncture, massage ;</li> <li>• bathroom safety devices</li> </ul>

## 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 1<sup>st</sup>. If do not like it, cannot may a change until next quarter starts ( April) with new plan taking effect May 1<sup>st</sup>.
  - 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.**



# 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 I/DD 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 I/DD 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](http://www.mainstreamingmedicalcare.org), under the *Dual Eligibles Section***

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

- 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 – No Deadline to Enroll in New Medicare Drug Plan

- Dual eligibles can switch to a new Medicare drug plan four times during the year. The December 7<sup>th</sup> enrollment deadlines that are announced in marketing materials and on TV are not applicable to the dual eligibles.

# 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 2022 MEDICARE PART D Information for New Jersey's Dual Eligibles**

# What is a “Benchmark” Drug Plan?

- **When a dual eligible enrolls in a benchmark drug plan, there is no monthly premium fee.**
- 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).
- There are two types of drug plans: Basic and Enhanced, but only the Basic plans can qualify as benchmark plans.

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

- There are two benchmark plans from 2021 that are not renewing for 2022:
  - ***Express Scripts Medicare Value is not renewing. Members will be moved to Cigna Secure Rx (with a \$0 premium)***
  - ***WellCare Rx Saver is not renewing. Members will be moved to WellCare Classic (with a \$0 premium).***

# **One New Benchmark Plan for 2022**

- **Cigna Secure Rx is a new benchmark plan for 2022 with a \$0 premium**

# Drug Plan Performance Rating

- The CMS ratings for NJ's drug plans range from a high of 4 stars to a low of 3.5 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”
- One company earned only 2 stars - Clear Spring Health. This due to problems with the plan's website and customer service line in early 2021. But Members' experience with the plan and getting medications earned 4 stars.

# 2022 Benchmark Plans in NJ

2021 BENCHMARK DRUG PLANS	BENCHMARK IN 2022?	PLAN'S PERFORMANCE RATING
AARP Medicare Rx Saver Plus	YES	4 Stars
Clear Spring Health Value Rx	YES	2 Stars
Express Scripts Medicare Value	Plan not renewing	Members will be moved to Cigna Secure Rx with \$0 premium
Humana Basic Rx Plan	Yes	4 Stars
SilverScript Choice	YES	3.5 Stars
WellCare Classic	YES	3.5 Stars
Wellcare Rx Saver	Plan not renewing	Members will be moved to WellCare Classic, with \$0 premium
<b>New Benchmark Plan for 2022</b> Cigna Secure Rx	YES	3.5 Stars



# Tan “Choosers” Letter

- Some dual eligibles are still enrolled in a drug plan that is not a benchmark plan.
- They are paying a monthly premium fee when they would pay \$0 if enrolled in a benchmark 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. Changing to a benchmark drug plan is not required.

# Disenrollment for Non-Payment of Monthly Premium in Non-Benchmark Plan

- Dual eligibles enrolled in a benchmark drug plan have no monthly premium fee.
- **CAUTION:** If dual eligibles are enrolled in a non-benchmark plan, and they don't pay the monthly fee, the drug plan **MAY** disenroll them.
- If this happens, CMS will auto-enroll them into a benchmark plan, BUT there may be a period of non-coverage of prescription drugs before this occurs.

# 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



- For most dual eligibles with developmental disabilities, drug co-pays for 2022 will be **\$1.35** for each generic and **\$4.00** for each brand name drug
- For dual eligibles on the Community Care Program\* (CCP) and Managed Long Term Services and Supports (MLTSS): there is a **\$0** co-pay for Medicare Part D drugs.
  - \*Note: The Community Care Waiver (CCW) is now known as the CCP.

# 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.
- The next 3 slides show all of NJ's Medicare Part D stand-alone drug plans for 2022. The chart also shows the monthly premium fees for NJ's non-benchmark drug plans in 2022 in the column with the heading "Premium with Medicaid."

## 2022 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Data as of October 25, 2021

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS	Full Monthly Drug Premium for those w/out Extra Help	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**	Participating in Insulin Savings Program
<b>UnitedHealthcare</b> 1-888-867-5564 aarpmedicarerx.com <i>National Plan</i>	<b>AARP MedicareRx Walgreens</b>	Enhanced	\$6.30	<b>\$29.30</b>	\$310 \$0 deduct for Tier 1 & Tier 2 drugs	No Additional Gap Coverage	S5921	386	4 stars	PAAD pays the premium but does not enroll	Walgreens (CANNOT use at Walmart)	
	<b>AARP MedicareRx Saver Plus</b>	Basic	\$0	<b>\$37.20</b>	\$480	No Additional Gap Coverage	S5921	349	4 stars	PAAD pays the premium	Walgreens, Walmart	
	<b>AARP MedicareRx Preferred</b>	Enhanced	\$63.10	<b>\$100.20</b>	\$0	No Additional Gap Coverage	S5820	003	3.5 stars		Walgreens, Walmart	
<b>Cigna</b> 1-800-735-1459 cignamedicarerx.com <i>National Plan</i>	<b>Cigna Essential Rx</b>	Enhanced	\$11.40	<b>\$34.90</b>	\$480 \$0 deduct for Tier 1 & Tier 2 drugs	No Additional Gap Coverage	S5617	283	3.5 stars	PAAD pays the premium	Rite Aid, Walgreens, Walmart	
	<b>Cigna Extra Rx</b>	Enhanced	\$37.20	<b>\$64.80</b>	\$100 \$0 deduct for Tiers 1, 2, 3, 6	YES some additional Gap coverage	S5617	249	3.5 stars		Rite Aid, Walgreens, Walmart	
	<b>Cigna Secure Rx</b>	Basic	\$0	<b>\$38.20</b>	\$480 \$0 deduct for Tiers 1, 2, 6	No Additional Gap Coverage	S5617	018	3.5 stars	PAAD pays the premium	Rite Aid, Walgreens, Walmart	


\* Plan's Overall Performance Rating determined by Medicare and based on 2021 performance. Rating range is 1 to 5 stars, with 5 being the highest rating.

Plans in yellow have \$0 premium for those with Medicaid, Low Income Subsidy (also known as "Additional Gap Help"). All yellow plans are referred to as "benchmark" plans.

\*\* Plans work with many pharmacies, but offer two pricing structures: one for "standard" network pharmacies and another for "preferred" network pharmacies. You will pay the plan's standard copays at network pharmacies and reduced copays at preferred pharmacies within your plan's network. This column shows chain stores where preferred pricing is available for each plan. **Many independent pharmacies and grocery store pharmacies may also offer preferred pricing for your plan. Check with your plan and/or pharmacy.**





Prepared by the State Health Insurance Assistance Program (SHIP), in the Division of Aging Services, NJ Department of Human Services.

**2022 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY**

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS	Full Monthly Drug Premium for those w/out Extra Help	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 **	Participating in Insulin Savings Program
<b>Clear Spring Health</b> <b>1-877-384-1241</b> clearspringhealthcare.com	<b>Clear Spring Health Premier Rx</b>	Enhanced	\$18.70	<b>\$18.70</b>	\$480 \$0 deduct for Tier 1 & 2	No Additional Gap Coverage	S6946	30	2 stars		CVS, Rite Aid, Walmart	
	<b>Clear Spring Health Value Rx</b>	Basic	\$0	<b>\$34.20</b>	\$480	No Additional Gap Coverage	S6946	001	2 stars	PAAD does NOT pay premium for plan.	CVS, Rite Aid, Walmart	
<b>Elixir Insurance</b> <b>1-888-377-1439</b> elixirinsurance.com <i>National Plan</i>	<b>Elixir Rx Secure Plus</b> (formerly Envision Rx Plus)	Basic	\$14.90	<b>\$52.00</b>	\$480	No Additional Gap Coverage	S7694	004	3 stars		CVS, Rite Aid, Walmart	
<b>Horizon Blue Cross Blue Shield of NJ</b> <b>1-888-328-4542</b> horizonblue.com	<b>Horizon Medicare Blue Rx Saver</b>	Enhanced	\$16.70	<b>\$28.50</b>	\$400 \$0 deduct for Tiers 1 & 2	No Additional Gap Coverage	S5993	007	3.5 stars	PAAD pays the premium but does not enroll	No Preferred Pharmacies. Best price at all network pharmacies.	
	<b>Horizon Medicare Blue Rx Standard</b>	Basic	\$26.70	<b>\$63.80</b>	\$480	No Additional Gap Coverage	S5993	001	3.5 stars			
	<b>Horizon Medicare Blue Rx Enhanced</b>	Enhanced	\$62.40	<b>\$99.50</b>	\$0	YES some additional Gap coverage	S5993	003	3.5 stars			
<b>Humana Insurance</b> <b>1-800-706-0872</b> humana-medicare.com <i>National Plan</i>	<b>Humana Walmart <u>Value</u> Rx Plan</b>	Enhanced	\$0.60	<b>\$22.70</b>	\$480 \$0 deduct for Tiers 1 & 2	No Additional Gap Coverage	S5884	183	4 stars	PAAD pays the premium but does not enroll	Walmart	
	<b>Humana Basic Rx Plan</b>	Basic	\$0	<b>\$38.60</b>	\$480	No Additional Gap Coverage	S5884	131	4 stars	PAAD pays the premium but will not enroll	Walmart	
	<b>Humana Premier Rx Plan</b>	Enhanced	\$39.40	<b>\$76.50</b>	\$480 \$0 deduct for Tiers 1 & 2	No Additional Gap Coverage	S5884	150	4 stars		Walmart	



# 2022 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS	Full Monthly Drug Premium for those w/out Extra Help	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 **	Participating in Insulin Savings Program
<b>Mutual of Omaha Rx</b> 1-800-961-9006 mutualofomaharx.com	<b>Mutual of Omaha Rx Premier</b>	Enhanced	\$32.90	<b>\$37.10</b>	\$480 \$0 deduct for Tiers 1 & 2	No Additional Gap Coverage	S7126	073	3.5 stars		CVS, Rite Aid, Walmart	
	<b>Mutual of Omaha Rx Plus</b>	Basic	\$54.60	<b>\$91.70</b>	\$480	No Additional Gap Coverage	S7126	003	3.5 stars		CVS, Rite Aid, Walmart	
<b>Aetna Medicare</b> 1-866-552-6106 aetnamedicare.com <i>National Plan</i>	<b>SilverScript Smart Rx</b>	Enhanced	\$7.00	<b>\$7.00</b>	\$480 \$0 deduct for Tier 1	No Additional Gap Coverage	S5601	179	3.5 stars	PAAD pays the premium but does not enroll	CVS, Walmart (CANNOT use Walgreens)	
	<b>SilverScript Choice</b>	Basic	\$0	<b>\$35.10</b>	\$480 \$0 deduct for Tiers 1 & 2	No Additional Gap Coverage	S5601	008	3.5 stars	PAAD pays the premium	CVS, Walmart	
	<b>SilverScript Plus</b>	Enhanced	\$45.70	<b>\$77.40</b>	\$0	YES some additional Gap coverage	S5601	009	3.5 stars		CVS, Walmart	
<b>Wellcare</b> 1-888-293-5151 wellcare.com/pdp <i>National Plan</i>	<b>WellCare Value Script</b>	Enhanced	\$12.90	<b>\$12.90</b>	\$480 \$0 deduct for Tiers 1 & 2	No Additional Gap Coverage	S4802	139	3.5 stars	PAAD pays the premium but will not enroll	CVS, Walgreens	
	<b>WellCare Classic</b>	Basic	\$0	<b>\$35.20</b>	\$480	No Additional Gap Coverage	S4802	078	3.5 stars	PAAD pays the premium	CVS, Walgreens	
	<b>new</b> <b>Wellcare Medicare Rx Value Plus</b>	Enhanced	\$35.30	<b>\$69.00</b>	\$0	No Additional Gap Coverage	S4802	207	3.5 stars		CVS, Walgreens	

\*Plan's Overall Performance Rating determined by Medicare and based on 2021 performance. Rating range is 1 to 5 stars, with 5 being the highest rating.

For assistance in choosing a Medicare Part D Drug Plan, call the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or call 1-800-Medicare.

This project was supported, in part by grant number #90SAPG0098, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C..



# Transition Policy

- For the first 90 days of 2022, 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 2022.

# 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 2021, they can switch next year.  
**Please note: Drug plans can be switched just one time each 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.

**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. **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.



# 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 select a Part D drug plan.
- You may need to wait to disenroll until the next calendar quarter under **new restrictions which only allow one enrollment change per quarter.**

# More on disenrollment from a Medicare D-SNP

- The new quarterly enrollment changes apply to both Part D, Medicare Advantage and D-SNP plans.
- Only ONE change is allowed in each quarter of the year, e.g., one change between January 1 – March 31; one change between April 1 – June 30, etc.
- The change occurs on first of the month after calling Medicare or the plan.
- Example: If enrollment into a D-SNP is **requested in January**, the plan will **take effect on Feb. 1<sup>st</sup>** -- and the change for 1<sup>st</sup> quarter of the year will be used. To make another change, need to **wait until April** (the start of the 2<sup>nd</sup> quarter) to request disenrollment, with **change taking effect May 1<sup>st</sup>**. So how long the dual eligible needs to stay in the plan depends on when in the quarter they enrolled.

# More on disenrollment from a Medicare D-SNP

- However, the Center for Medicare and Medicaid Services (CMS) allows for an exception to these rules on disenrollment, in special circumstances. The term Medicare uses is Special Enrollment Period (SEP).
- 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.

# Caution Regarding Copays in Medicare & Medicare Advantage Plans

- Although dual eligibles enrolled in Medicare or Advantage plans are not required to pay 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, especially those enrolled in a Medicare Advantage plan.
- Call the plan or Medicare to complain about any providers charging copays to a dual eligible who has QMB status (Qualified Medicare Beneficiary).

# **Doctors do not have to treat Medicare beneficiaries who also have Medicaid**

- CMS regulations do not allow doctors to “balance bill” people with Qualified Medicare Beneficiary status, i.e., not permitted to send a bill for the 20% that Medicare does not cover.
- But doctors who want to receive full payment can refuse to see QMB patients.

# How to Obtain Answers for Medicare Questions

- Check the [www.Medicare.gov](http://www.Medicare.gov) website.
- Call 1-800-MEDICARE.
- Create a [www.Medicare.gov](http://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 counselors are VERY busy until open enrollment for non-dual eligibles ends on Dec. 7<sup>th</sup>
- The next slide provides phone numbers for free Medicare counseling from the NJ SHIP program.

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

<b>Local County Office</b>	<b>Telephone</b>
Atlantic	888-426-9243
Bergen	201-336-7413
Burlington	609-894-9311, ext. 1494
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