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
November 13, 2023
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.
"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

<table>
<thead>
<tr>
<th>Benchmark Plan in 2023</th>
<th>Benchmark in 2024?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP Medicare Rx Saver</td>
<td>NO</td>
</tr>
<tr>
<td>Cigna Secure Rx</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Clear Spring Health Value Rx</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Humana Basic Rx</td>
<td>NO</td>
</tr>
<tr>
<td>Aetna’s Silverscript Choice</td>
<td>NO</td>
</tr>
<tr>
<td>Wellcare Classic Rx</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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
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 members 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

<table>
<thead>
<tr>
<th>Benchmark Plan in 2023</th>
<th>Benchmark in 2024?</th>
<th>Subsidized Premium if stay in this plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP Medicare Rx Saver</td>
<td>NO</td>
<td>$22.90</td>
</tr>
<tr>
<td>Cigna Secure Rx</td>
<td>NO</td>
<td>$15.10</td>
</tr>
<tr>
<td>Clear Spring Health Value Rx</td>
<td>Yes</td>
<td>$0</td>
</tr>
<tr>
<td>Humana Basic Rx</td>
<td>NO</td>
<td>$13</td>
</tr>
<tr>
<td>Aetna’s Silverscript Choice</td>
<td>NO</td>
<td>$7.60</td>
</tr>
<tr>
<td>Wellcare Classic Rx</td>
<td>Yes</td>
<td>$0</td>
</tr>
</tbody>
</table>
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 6, 2023

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium with Medicaid or USI/Extra Help</th>
<th>2024 Premium</th>
<th>Annual Drug Deductible</th>
<th>Additional Coverage Offered in the Gap</th>
<th>Contract ID</th>
<th>Plan ID</th>
<th>Plan’s Performance Rating</th>
<th>Preferred Pharmacy Network</th>
<th>Preferred Pharmacy Chains</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnitedHealthcare</td>
<td>AARP Medicare Rx Walgreens from UHC</td>
<td>Enhanced</td>
<td>$8.70</td>
<td>$54.20</td>
<td>$410</td>
<td>Covers Tier 1 in the Gap</td>
<td>05921</td>
<td>386</td>
<td>3 stars</td>
<td>PAAD pays the premium and enrolls</td>
<td>Walgreens and Mail Order</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>AARP Medicare Rx Basic from UHC</td>
<td>Basic</td>
<td>$22.90</td>
<td>$68.40</td>
<td>$545</td>
<td>No Additional Gap Coverage</td>
<td>05921</td>
<td>349</td>
<td>3 stars</td>
<td>PAAD pays the premium and enrolls</td>
<td>Walgreens, Walmart and Mail order</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>AARP Medicare Rx Preferred from UHC</td>
<td>Enhanced</td>
<td>$60.50</td>
<td>$106.00</td>
<td>$0</td>
<td>No Additional Gap Coverage</td>
<td>05820</td>
<td>003</td>
<td>3.6 stars</td>
<td>PAAD pays the premium and enrolls</td>
<td>Walgreens, Walmart and Mail order</td>
</tr>
<tr>
<td>Cigna</td>
<td>Cigna Saver Rx</td>
<td>Enhanced</td>
<td>$15.80</td>
<td>$16.80</td>
<td>$45</td>
<td>No Additional Gap Coverage</td>
<td>05617</td>
<td>354</td>
<td>2.6 stars</td>
<td>PAAD pays the premium and enrolls</td>
<td>Rite Aid, Walgreens, Walmart, Mail Order</td>
</tr>
<tr>
<td>Cigna</td>
<td>Cigna Extra Rx</td>
<td>Enhanced</td>
<td>$56.90</td>
<td>$102.40</td>
<td>$145</td>
<td>Covers Tiers 1 &amp; 2 in the Gap</td>
<td>05617</td>
<td>249</td>
<td>2.6 stars</td>
<td>PAAD pays the premium and enrolls</td>
<td>Rite Aid, Walgreens, Walmart, Mail Order</td>
</tr>
<tr>
<td>Cigna</td>
<td>Cigna Secure Rx</td>
<td>Basic</td>
<td>$15.10</td>
<td>$60.60</td>
<td>$545</td>
<td>No Additional Gap Coverage</td>
<td>05617</td>
<td>018</td>
<td>2.6 stars</td>
<td>PAAD pays the premium and enrolls</td>
<td>Rite Aid, Walgreens, Walmart, Mail Order</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>Low Income Subsidy Level</th>
<th>2024 Copays for Drugs on Part D Plan Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIS Level 3</strong></td>
<td></td>
</tr>
<tr>
<td>Duals (people with Medicare and full Medicaid) who also</td>
<td>$0</td>
</tr>
<tr>
<td>- live in nursing home or Assisted Living, or</td>
<td></td>
</tr>
<tr>
<td>- have MLTSS, or</td>
<td></td>
</tr>
<tr>
<td>- on other Medicaid Waiver (CCP) or</td>
<td></td>
</tr>
<tr>
<td>- Enrolled in a DSNP plan</td>
<td></td>
</tr>
<tr>
<td><strong>LIS Level 2</strong></td>
<td>$1.55 generics $4.60 brand names</td>
</tr>
<tr>
<td>Duals with full Medicaid Benefits</td>
<td></td>
</tr>
<tr>
<td><strong>LIS Level 1</strong></td>
<td>$4.50 generics $11.20 brand names ($7 brand names if also have PAAD)</td>
</tr>
<tr>
<td>- Help paying Part B premium (SLMB, QI or QMB);</td>
<td></td>
</tr>
<tr>
<td>- Duals on Workability NJ Family Care</td>
<td></td>
</tr>
<tr>
<td>- Those who approved for LIS via SSA</td>
<td></td>
</tr>
</tbody>
</table>
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

- **Part A Hospital Insurance** and **Part B Medical Insurance**
- **Part D Prescription Drug Plan** or other creditable drug plan
- **Supplement Insurance** *(optional)* employer group health plan
- **Medicare Part C** Plan combines Part A, Part B, and Part D
- **Medicare Part D Advantage Plan** *(Medicare HMO or PPO)*
- **Medicaid MCO**
- **Special Needs Plan for Duals (DSNP)**


MLTSS can be added to any of the 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

- **Original Medicare**
  - Part A Hospital Insurance
  - Part B Medical Insurance
  - Part D Prescription Drug Plan or other creditable drug plan

- **Medicare Advantage Plan (Medicare HMO or PPO)**
  - Combines Part A, Part B, Part D

- **Medicare Part C**
  - Plan combines Part A, Part B and Part D

- **Medicaid MCO**
  - Replaces Medicaid MCO enrollment.
  - MLTSS can be added to any of the enrollment choices

- **Supplement Insurance (optional)**
  - Employer group health plan

- **Special Needs Plan for Duals (DSNP)**
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.
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
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
Explore your Medicare coverage options

1. Log into Medicare account or create an account

2. Or continue without logging in and enter zip code

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? Go Back

Find Plans

Log into Medicare account or create an account
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.
Tell us your search preferences

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

- [ ] Yes
- [ ] No

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

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

Begin typing to find & select your drug.

Lipitor

Add 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 Generic

Add brand instead

See Plans Without Drug Costs
1. Adjust Dosage
2. Then select “Add to My Drug List”
**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.

Enter all drugs with same refill frequency (monthly or every 3 months) for best results
Step Three- Choose up to 5 local Pharmacies

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

“Benchmark” plans will show $0 premium

“Non-Benchmark” plans will show a subsidized premium
Compare up to three plans side by side

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

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Retail Cost</th>
<th>Cost Before Deductible</th>
<th>Cost After Deductible</th>
<th>Cost in Coverage Gap</th>
<th>Cost After Coverage Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopurinol 300mg tablet</td>
<td>$4.80</td>
<td>$4.50</td>
<td>$4.50</td>
<td>$4.50</td>
<td>$0.00</td>
</tr>
<tr>
<td>Eliquis 5mg tablet</td>
<td>$527.41</td>
<td>$11.20</td>
<td>$11.20</td>
<td>$11.20</td>
<td>$0.00</td>
</tr>
<tr>
<td>Novolog 100 unit/ml solution pen injector</td>
<td>$525.60</td>
<td>$11.20</td>
<td>$11.20</td>
<td>$11.20</td>
<td>$0.00</td>
</tr>
<tr>
<td>Monthly totals</td>
<td>$1,057.81</td>
<td>$26.90</td>
<td>$26.90</td>
<td>$26.90</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*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

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.
<table>
<thead>
<tr>
<th>Tiers</th>
<th>Initial coverage phase</th>
<th>Gap coverage phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Generic</td>
<td>$1.00 copay</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$19.00 copay</td>
<td>25% Brand-name drugs: 25%</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$46.00 copay</td>
<td>Generic drugs: 25%</td>
</tr>
</tbody>
</table>

These plan copays do NOT apply to dual eligibles if cost is more than $4.30
Drug Tier does not matter. But “Not Covered” means plan will not pay, and Medicaid will not pay.

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

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

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
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**\textsuperscript{st} 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

View 34 available Medicare Advantage Plans
### AARP Medicare Advantage Choice (PPO)

**UnitedHealthcare | Plan ID: H5768-022-0**

**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
- $6,700 In-network

**PLAN BENEFITS**
- ✔ Vision
- ✔ Dental
- ✔ Hearing
- ✔ Transportation
- ✔ Fitness benefits
- ✔ Worldwide emergency
- ✔ Telehealth

**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, Drug Coverage, Star Ratings, Special Needs Plans

- Drug Coverage:
  - 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.

Apply filters to see plans that meet your criteria.
**Special Needs Plans for Dual Eligibles**

<table>
<thead>
<tr>
<th>Horizon NJ TotalCare (HMO D-SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Blue Cross Blue Shield of NJ</td>
</tr>
<tr>
<td>Star rating: ★★★★★☆</td>
</tr>
</tbody>
</table>

**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

**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

**COPAYS/COINSURANCE**

- Primary doctor: $0 copay
- Specialist: $0 copay

**DRUGS**

- Includes drug coverage
  - View drugs & their costs

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**All covered drugs will be $0 copay.**

**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 1\textsuperscript{st}. If do not like it, cannot make a change until next quarter starts (April) with new plan taking effect May 1\textsuperscript{st}.
  - 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/](https://nj.gov/humanservices/doas/services/q-z/ship/)
- 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
<table>
<thead>
<tr>
<th>Local County Office</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>888-426-9243</td>
</tr>
<tr>
<td>Bergen</td>
<td>201-336-7413</td>
</tr>
<tr>
<td>Burlington</td>
<td>856-456-1121 ext 146</td>
</tr>
<tr>
<td>Camden</td>
<td>856-858-3220</td>
</tr>
<tr>
<td>Cape May</td>
<td>609-886-8138</td>
</tr>
<tr>
<td>Cumberland</td>
<td>856-453-2220</td>
</tr>
<tr>
<td>Essex</td>
<td>973-637-1717</td>
</tr>
<tr>
<td>Gloucester</td>
<td>856-468-1742</td>
</tr>
<tr>
<td>Hudson</td>
<td>201-369-5280, Press 1, then ext. 4258</td>
</tr>
<tr>
<td>Hunterdon</td>
<td>908-788-1361</td>
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<tr>
<td>Mercer</td>
<td>609-695-6274 Ext. 215</td>
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<tr>
<td>Middlesex</td>
<td>732-777-1940 Ext. 1109</td>
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<tr>
<td>Monmouth</td>
<td>732-728-1331</td>
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<tr>
<td>Morris</td>
<td>973-784-4900 Ext. 3501</td>
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<tr>
<td>Ocean</td>
<td>800-668-4899</td>
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<td>Passaic</td>
<td>973-569-4060</td>
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<td>Salem</td>
<td>856-339-8622</td>
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<td>Somerset</td>
<td>908-704-6319</td>
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<tr>
<td>Sussex</td>
<td>973-579-0555 Ext.1223</td>
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<tr>
<td>Union</td>
<td>908-273-6999</td>
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<tr>
<td>Warren</td>
<td>908-475-6591</td>
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</table>
Thank you for joining us today.