

Transition to 2017 Medicare Part D Prescription Drug Plans
 For Fully Subsidized Beneficiaries in NYS
2017 Federal Medicare Part D Low-Income Subsidy (LIS) for NYS: \$40.99

Plan Name (and ID Number)	Company Name	\$0 Premium with Full Low- Income Subsidy?	Monthly Drug Premium	+	2017 Benchmark Plan – premium fully covered for individuals with full low-income subsidy
				+	New Benchmark Plan for 2017 – premium fully covered for individuals with full low - income subsidy
				-	Plan no longer available/no longer a benchmark plan
Comments/Action Needed					
+	Aetna Medicare Rx Saver (S5810-037)	Aetna Medicare	YES	\$40.80	Remains a benchmark. No action needed except compare medications against 2017 formulary.
+	CIGNA–HealthSpring Rx Secure (S5617-013)	CIGNA Healthspring Rx	YES	\$37.00	Remains a benchmark. The plan is currently SANCTIONED and is NOT accepting enrollments.
+	EnvisionRx Plus (S7694-003)	EnvisionRx Plus	YES	\$14.60	New Benchmark Plan for 2017 – premium fully covered for individuals with full low - income subsidy
+	Express Scripts Medicare Value (S5983-004)	Express Scripts Medicare	YES	\$38.40	Remains a benchmark. No action needed except compare medications against 2017 formulary.
+	Humana Preferred Rx Plan (S5552-004)	Humana Insurance Company of New York	YES	\$36.40	Remains a benchmark. No action needed except compare medications against 2017 formulary.
+	Magellan Rx Medicare Basic (S4607-002)	Magellan Rx Medicare	YES	\$38.80	Remains a benchmark. No action needed except compare medications against 2017 formulary.
+	SilverScript Choice (S5601-006)	Silverscript	YES	\$30.80	Remains a benchmark. No action needed except compare medications against 2017 formulary.
+	Wellcare Classic (S4802-077)	Wellcare	YES	\$36.30	Remains a benchmark. No action needed except compare medications against 2017 formulary.

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NOTES:

- People enrolled in Medicare and Medicaid are fully subsidized beneficiaries and will pay no monthly premium for basic benchmark plans.
- To use the chart, identify the Part D Plan in which an individual is enrolled and refer to the comments to identify what action might be necessary to ensure the individual's prescription needs are met by a Part D Plan in 2017.
- NYS Regional Benchmark (maximum premium subsidy for LIS beneficiaries) for 2017 is \$40.99
- CMS advises to enroll/change plans by December 7 to be effective for 1/1/17.
- No co-pays for individuals in Long-Term Care Facilities (LTC) like Intermediate Care Facilities (ICF); and individuals enrolled in the HCBS Waiver.
- Review the Annual Notice of Change (ANOC) (sent out by PDPs to all members by 10/31/15) for formulary changes that may affect an individual and change plans as needed.
- Comprehensive formularies are available on plan websites and www.medicare.gov.
- If an individual residing in an OPWDD residential program remains in a former benchmark plan and there is a premium or partial premium due, the residential provider will be responsible for paying the premium or partial premium.

*Information compiled from various sources without warranty or representation as to the accuracy or completeness of information.
See <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/> for 2017 Landscape of Plans.*