

Transition to 2013 Medicare Part D Prescription Drug Plans

For Fully Subsidized Beneficiaries in NYS

2013 Federal Medicare Part D Low-Income Subsidy (LIS) for NYS: \$43.22

Plan Name (and ID Number)	Company Name	\$0 Premium with Full Low- Income Subsidy?	Monthly Drug Premium	+	2013 Benchmark Plan – premium fully covered for individuals with full low-income subsidy
				+	New Benchmark Plan for 2013 – premium fully covered for individuals with full low - income subsidy
				-	Plan no longer available/no longer a benchmark plan
Comments/Action Needed					
-	AARP Medicare Rx Preferred (S5805-001)	UnitedHealthCare	NO	\$43.70	<i>Plan no longer a benchmark plan</i>
+	Aetna CVS/Pharm Prescription Drug Plan (S5810-037)	Aetna Medicare	YES	\$32.50	Remains a benchmark. No action needed except compare medications against 2013 formulary. This plan provides the best coverage of the 20 most commonly used drugs for individuals served by OPWDD.
-	Bravo Rx (S5998-001)	Bravo Health	NO	-	<i>Plan no longer available</i>
+	CIGNA Medicare Rx Plan One (S5617-013)	CIGNA Medicare Rx	YES	\$42.30	Remains a benchmark. No action needed except compare medications against 2013 formulary.
-	Community CCRx Basic (S5825-045)	Community CCRx PDP	NO	-	<i>Plan no longer available</i>
+	EnvisionRxPlus Silver (S7694-003)	EnvisionRx Plus	YES	\$42.10	Remains a benchmark. No action needed except compare medications against 2013 formulary.
+	Express Scripts Medicare Value (S5983-004)	Express Scripts Medicare	YES	\$43.60	Remains a benchmark Plan for 2013. Name changed from Medco Medicare Prescription Plan – Value. This plan covers all 20 most commonly used drugs for individuals served by OPWDD.
+	First Health Part D Essentials (S5569-007)	First Health Part D	YES	\$43.80	New benchmark Plan for 2013
+	First United American Select (S5580-006)	First United American Life Ins. Co.	YES	\$43.50	Remains a benchmark. No action needed except compare medications against 2013 formulary.

Transition to 2013 Medicare Part D Prescription Drug Plans
 For Fully Subsidized Beneficiaries in NYS
2013 Federal Medicare Part D Low-Income Subsidy (LIS) for NYS: \$43.22

+	HealthSpring Prescription Drug Plan – Reg 3 (S5932-004)	HealthSpring Prescription Drug Plan	YES	\$42.90	Remains a benchmark. No action needed except compare medications against 2013 formulary.
+	Humana Walmart – Preferred Rx Plan (S5552-004)	Humana Insurance Company of New York	YES	\$18.50	Remains a benchmark. No action needed except compare medications against 2013 formulary.
+	Silverscript Basic (S5601-006)	Silverscript	YES	\$41.00	Remains a benchmark. No action needed except compare medications against 2013 formulary. Name changed from CVS Caremark Value.
+	SmartD Rx Saver (S0064-003)	SmartD Rx	YES	\$40.70	New benchmark Plan for 2013. This plan covers all 20 most commonly used drugs for individuals served by OPWDD.
+	SmartSaver RX (S1140-001)	HealthNow New York, Inc.	YES	\$41.70	New benchmark Plan for 2013. This plan covers all 20 most commonly used drugs for individuals served by OPWDD.
+	Wellcare Classic (S5967-140)	Wellcare	YES	\$44.40	Remains a benchmark. No action needed except compare medications against 2013 formulary.

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 2013.
- LIS = Low Income Subsidy
- NYS Regional Benchmark (maximum premium subsidy for LIS beneficiaries) for 2013 is \$43.22.
- CMS advises to enroll/change plans by December 7 to be effective for 1/1/13.
- No co-pays for individuals in Long-Term Care Facilities (LTC) like Intermediate Care Facilities (ICF); also effective 1/1/12 for individuals enrolled in the HCBS Waiver.
- Review the Annual Notice of Change (ANOC) (sent out by PDPs to all members by 10/31/13) 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 2013 Landscape of Plans.