

Important Information on the 2016 Medicare Part D Drug Plan Changes for the Dual Eligibles

1. In 2016 there will be 8 "benchmark" drug plans for NJ's dual eligibles. "Benchmark" means that the dual eligibles who enroll in that type of plan do not pay any monthly premium fee.

Eight of the benchmark plans from 2015 will continue to be benchmark in 2016. However, these two benchmark Part D drug plans will not be benchmark in 2016:

- **SmartD Rx Saver**
- **Transamerica Medicare Rx Classic from Stonebridge.**

See attachment #1 for the list of the 2016 Benchmark drug plans for NJ.

2. This is what you should know to help a dual eligible who is currently enrolled in one of the two drug plans listed above that will not be benchmark for 2016:

If currently enrolled in SmartD Rx Saver:

- This drug plan is terminating. All dual eligibles will be moved to the Express Scripts Value plan.

If currently enrolled in Transamerica Medicare Rx Classic from Stonebridge:

- If the dual eligibles had ***been auto-assigned*** into this drug plan, they will be reassigned into another \$0 premium benchmark plan, and they **will receive a letter from CMS on Blue paper** informing them of the new drug plan.
- If the dual eligibles ***had chosen*** this drug plan, they **will receive a letter from CMS on Tan paper**, telling them they should enroll on their own into another drug plan, but if they remain in this drug plan they will have to **pay \$47.40 per month**.

3. **See attachment #2 for all of the 2016 Medicare Part D stand-alone drug plans in New Jersey.** Please note the following:

This attachment lists all of NJ's stand-alone Medicare Part D drug plans for 2016, and it includes the 8 benchmark drug plans. On the attached chart, each of NJ's benchmark drug plans has a yellow background and is identified with a "\$0" in the column with the heading, ***"Premium with Medicaid or Extra Help"***.

4. For some dual eligibles -- especially those who must have brand name medications that are not available on any of the benchmark drug plans -- it may be beneficial to enroll in non-benchmark drug plan and pay a small monthly premium -- but only if the non-benchmark plan has the needed drug(s) on its formulary.

5. **Drug co-pays:** Dual eligibles will continue to have a co-pay for their Part D medications. For each generic drug, the co-pay is **\$1.20**, and for each brand name drug, it is **\$3.60**. This is the

same amount as the 2015 drug co-pays. **The exception to the drug co-pay requirement is dual eligibles who are on the Community Care Waiver (CCW); they will continue to have no drug co-payments.**

6. Dual eligibles can switch to another Medicare Part D drug plan at any time if their current drug plan is not meeting their needs.

7. If you need assistance in reviewing the formularies of the various Medicare Part D drug plans, the following approaches may be helpful:

- Medicare has a helpful Drug Plan Finder on-line tool. Click here: <https://www.medicare.gov/find-a-plan/questions/home.aspx>
- You can obtain free, individualized Medicare drug plan counseling from a NJ SHIP counselor. SHIP stands for State Health Insurance Assistance Program. Additional information about SHIP services is available from this link: <http://www.state.nj.us/health/senior/ship.shtml>, or you may call [1-800-792-8820](tel:1-800-792-8820).