

Important Information on the 2017 Medicare Part D Drug Plan for Dual Eligibles

The Arc of NJ has scheduled a free Webinar for Friday, November 18, 2016 at 10:00 am to discuss the 2017 Medicare Part D changes that may affect some dual eligibles. An electronic invitation to sign up for this Webinar was sent separately. If you would like that e-mail forwarded to you, please contact Jenn Lynch at jlynch@arcnj.org.

This e-mail contains important information on the Medicare drug plan (PART D) changes, which will start on January 1, 2017 for the dual eligibles (people who have both Medicare and Medicaid benefits). Please see the information below and the attachments.

1. In 2017 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. Seven (7) of the benchmark plans from 2016 will continue to be benchmark in 2017. However, the Envision Rx Plus Silver drug plan will not be benchmark in 2017. In addition, the Cigna-HealthSpring Medicare Rx Secure drug plan is currently under sanction by CMS and cannot enroll new members.

See attachment #1 for the list of the 2017 Benchmark drug plans for NJ.

2. This is what you should know to help a dual eligible who is currently enrolled in the drug plan that is no longer a "benchmark" plan:

If currently enrolled in The Envision Rx Plus Silver drug plan:

- If the dual eligibles *had been auto-assigned* into this drug plan, they will be re-assigned 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 \$6.50 per month.**

3. **See attachment #2 for all of the 2017 Medicare Part D stand-alone drug plans in New Jersey.** Please note the following:

- This attachment lists all of the NJ stand-alone Medicare Part D drug plans for 2017, 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 a 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. In 2017, for each generic drug, the co-pay is \$1.20, and for each brand name drug, it is \$3.70. **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/humanservices/doas/services/ship/> or you may call [1-800-792-8820](tel:1-800-792-8820)