

How the *Affordable Care Act* is Making a Difference for the People of Connecticut

Because of the Affordable Care Act, the 92% of Connecticut residents who have insurance have more choices and stronger coverage than ever before. And for the 8% of Connecticut residents who don't have insurance, or Connecticut families and small businesses who buy their coverage but aren't happy with it, a new day is just around the corner.

Soon, the new online Health Insurance Marketplace will provide families and small businesses who currently don't have insurance, or are looking for a better deal, a new way to find health coverage that fits their needs and their budgets.

Open enrollment in the Marketplace starts Oct 1, with coverage starting as soon as Jan 1, 2014. Connecticut families and small business can visit HealthCare.gov right now to find the information they need to prepare for open enrollment.

The health care law is already providing better options, better value, better health and a stronger Medicare program to the people of Connecticut.

Better Options

The Health Insurance Marketplace

Beginning Oct 1, the Health Insurance Marketplace makes it easy for Connecticut residents to compare qualified health plans, get answers to questions, find out if they are eligible for lower costs for private insurance or health programs like Medicaid and the Children's Health Insurance Program (CHIP), and enroll in health coverage.

By the Numbers: *Uninsured Connecticut residents who are eligible for coverage through the Marketplace.*

- 242,738 (8%) are uninsured and eligible
- 176,124 (73%) have a full-time worker in the family
- 98,487 (41%) are 18-35 years old
- 133,199 (55%) are White
- 31,910 (13%) are African American

- 58,771 (24%) are Latino/Hispanic
- 12,671 (5%) are Asian American or Pacific Islander
- 146,630 (60%) are male

211,255 (87%) of Connecticut's uninsured and eligible population may qualify for lower costs on coverage in the Marketplace, including through Medicaid.

Connecticut has received \$117,184,326 in grants for research, planning, information technology development, and implementation of its Health Insurance Marketplace.

New coverage options for young adults

Under the health care law, if your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 years old. Thanks to this provision, over 3 million young people who would otherwise have been uninsured have gained coverage nationwide, including 23,000 young adults in Connecticut.

Ending discrimination for pre-existing conditions

As many as 1,554,628 non-elderly Connecticut residents have some type of pre-existing health condition, including 191,534 children. Today, insurers can no longer deny coverage to children because of a pre-existing condition, like asthma or diabetes, under the health care law. And beginning in 2014, health insurers will no longer be able to charge more or deny coverage to anyone because of a pre-existing condition. The health care law also established a temporary health insurance program for individuals who were denied health insurance coverage because of a pre-existing condition. 601 Connecticut residents with pre-existing conditions have gained coverage through the Pre-Existing Condition Insurance Plan since the program began.

Better Value

Providing better value for your premium dollar through the 80/20 Rule

Health insurance companies now have to spend at least 80 cents of your premium dollar on health care or improvements to care, or provide you a refund. This means that 47,593 Connecticut residents with private insurance coverage will benefit from \$5,647,013 in refunds from insurance companies this year, for an average refund of \$168 per family covered by a policy.

Scrutinizing unreasonable premium increases

In every State and for the first time under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. Connecticut has received \$1,000,000 under the new law to help fight unreasonable premium increases. Since implementing the law, the fraction of requests for insurance premium increases of 10 percent or more has dropped dramatically, from 75 percent to 14 percent nationally. To date, the rate review program has helped save Americans an estimated \$1 billion.

Removing lifetime limits on health benefits

The law bans insurance companies from imposing lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. Already, 1,386,000 people in Connecticut, including 525,000 women and 367,000 children, are free from worrying about lifetime limits on coverage. The law also restricts the use of annual limits and bans them completely in 2014.

Better Health

Covering preventive services with no deductible or co-pay

The health care law requires many insurance plans to provide coverage without cost sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for all children and adults.

In 2011 and 2012, 71 million Americans with private health insurance gained preventive service coverage with no cost-sharing, including 945,000 in Connecticut. And for policies renewing on or after August 1, 2012, women can now get coverage without cost-sharing of even more preventive services they need. Approximately 47 million women, including 637,900 in Connecticut will now have guaranteed access to additional preventive services without cost-sharing.

Increasing support for community health centers

The health care law increases the funding available to community health centers nationwide. In Connecticut, 13 health centers operate 185 sites, providing preventive and primary health care services to 315,992 people. Health Center grantees in Connecticut have received \$60,093,645 under the health care law to support ongoing health center operations and to establish new health center sites, expand services, and/or support major capital improvement projects.

Community Health Centers in all 50 states have also received a total of \$150 million in federal grants to help enroll uninsured Americans in the Health Insurance Marketplace, including \$1,598,149 awarded to Connecticut health centers. With these funds, Connecticut health centers expect to hire 28 additional workers, who will assist 23,167 Connecticut residents with enrollment into affordable health insurance coverage.

Investing in the primary care workforce

As a result of historic investments through the health care law and the Recovery Act, the numbers of clinicians in the National Health Service Corps are at all-time highs with nearly 10,000 Corps clinicians providing care to more than 10.4 million people who live in rural, urban, and frontier communities. The National Health Service Corps repays educational loans and provides scholarships to primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, and other primary care providers who practice in areas of the country that have too few health care professionals to serve the people who live there. As of September 30, 2012, there were 167 Corps clinicians providing primary care services in Connecticut, compared to 74 in 2008.

Preventing illness and promoting health

As of March 2012, Connecticut had received \$23,800,000 in grants from the Prevention and Public Health Fund created by the health care law. This new fund was created to support effective policies in Connecticut, its communities, and nationwide so that all Americans can lead longer, more productive lives.

A Stronger Medicare Program

Making prescription drugs affordable for seniors

In Connecticut, people with Medicare saved nearly \$96 million on prescription drugs because of the Affordable Care Act. In 2012 alone, 47,677 individuals in Connecticut saved over \$42 million, or an average of \$880 per beneficiary. In 2012, people with Medicare in the “donut hole” received a 50 percent discount on covered brand name drugs and 14 percent discount on generic drugs. And thanks to the health care law, coverage for both brand name and generic drugs will continue to increase over time until the coverage gap is closed. Nationally, over 6.6 million people with Medicare have saved over \$7 billion on drugs since the law’s enactment.

Covering preventive services with no deductible or co-pay

With no deductibles or co-pays, cost is no longer a barrier for seniors and people with disabilities who want to stay healthy by detecting and treating health problems early. In 2012 alone, an estimated 34.1 million people benefited from Medicare’s coverage of preventive services with no cost-sharing. In Connecticut, 343,059 individuals with traditional Medicare used one or more free preventive service in 2012.

Protecting Medicare’s solvency

The health care law extends the life of the Medicare Trust Fund by ten years. From 2010 to 2012, Medicare spending per beneficiary grew at 1.7 percent annually, substantially more slowly than the per capita rate of growth in the economy. And the health care law helps stop fraud with tougher screening procedures, stronger penalties, and new technology. Over the last four years, the administration’s fraud enforcement efforts have recovered \$14.9 billion from fraudsters. For every dollar spent on health care-related fraud and abuse activities in the last three years the administration has returned \$7.90.

Last updated: July 29, 2013

<http://www.hhs.gov/healthcare/facts/bystate/ct.html>



Monthly Medicare Supplement Rates for 11/13/2013

CHOICES
Hotline

800-994-9422

Standardized Plans in Connecticut

NOTE: The rates shown may vary by mode of payment. Check with the company for more information.

Company Individual Plans	Telephone Number	Pre-ex Cond.	Disabled (1)	A	B	C	D	F	F(2) High Deductible	G	K	L	M	N	Date (3) Approved
American Progressive Life & Health Ins. Co	1-800-645-4116	6 mos.	A, B, C	\$305.44	\$395.39	\$475.28	\$432.56	\$462.28	\$75.58	\$397.04				\$165.75	10/10/2012
Anthem Blue Cross & Blue Shield	1-800-238-1143	6 mos.	A	\$275.42				\$229.02	\$31.45	\$189.47				\$168.78	10/22/2013
Colonial Penn Life Insurance Company	1-800-800-2254	N/A	A, B	\$625.38	\$697.78			\$484.53	\$60.68	\$407.80	\$129.57	\$268.46	\$397.94	\$283.67	11/12/2013
Equitable Life & Casualty Insurance	1-800-352-5170	6 mos.	A	\$183.17				\$270.83						\$195.08	01/17/2013
Globe Life & Accident Insurance Co	1-800-801-6831	2 mos.	A	\$159.50				\$250.50	\$50.00					\$180.00	03/04/2013
Gov't Personnel Mutual Life Insurance	1-866-242-7573	N/A	A, C	\$298.71		\$402.02		\$308.85		\$241.20				\$214.08	07/01/2013
Humana Insurance Company (5)	1-888-310-8482	3 mos	A	\$218.96				\$247.63	\$88.48	\$236.54	\$121.04	\$174.97		\$197.92	07/27/2012
Loyal American Life Insurance Company	1-866-459-4272	6 mos.	A	\$210.29				\$233.66		\$203.28				\$170.57	11/08/2013
Omaha Insurance Company	1-800-235-8340	N/A	A	\$352.80				\$252.00		\$226.80					04/22/2013
State Farm Mutual Automobile Insurance	1-866-855-1212	N/A	A, C	\$424.40		\$541.79		\$401.79							05/30/2013
United American Insurance Company	1-800-331-2512	2 mos.	A, B, C	\$189.00	\$287.00	\$333.00	\$329.00	\$327.00	\$58.00	\$322.00	\$135.00	\$189.00		\$196.00	11/01/2012
USAA Life Insurance Company	1-800-531-8000	N/A	A	\$349.18				\$243.27						\$164.90	01/16/2013
Group Plans (4)															
United HealthCare Insurance /AARP	1-800-523-5800	3 mos.	A, B, C	\$126.50	\$182.25	\$268.00		\$218.50			\$70.75	\$114.00		\$145.00	09/10/2013

(1) Plans for Disabled - All companies must offer Plans A. If a company also offers Plan(s) B and/or C, then it must also offer the plan(s) to disabled Medicare beneficiaries.

(2) High Deductible Plan - This plan provides the same benefits as Plan F after one has paid a calendar year deductible of \$2,110 for 2013. Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B expenses that would ordinarily be paid by the plan. These expenses include the Medicare A and B deductibles, but not the foreign travel emergency deductibles.

(3) The date a company's rate was approved is not necessarily the date the rate change will take effect. Check with the company for the effective date.

(4) These are group plans that are available to individuals enrolled in Medicare. Payment of a group membership fee is required.

(5) Company also offers Plans A, F, High Ded. F, K and N with dental and vision benefits for additional monthly cost of \$11.98

Benefit Chart of Medicare Supplement Plans

A	B	C	D	F/F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for emergency room
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible	Part B Deductible	Part B Deductible	Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$4800, paid at 100% after limit reached	Out-of-pocket limit \$2400, paid at 100% after limit reached		

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insured to pay a portion of Part B coinsurance or copayments.

Blood: First three (3) pints of blood each year

Hospice: Part A coinsurance

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year (\$2110) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Medicare, Medicaid & the Affordable Care Act

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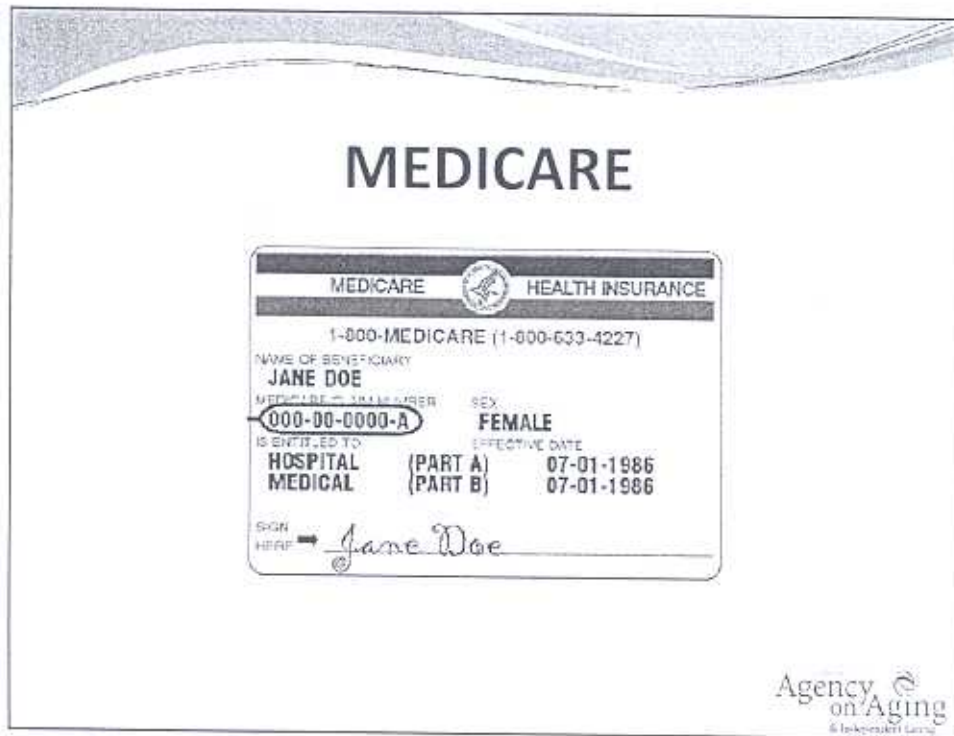


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Agenda

- ABC's of Medicare
- The Affordable Care Act and Medicare
- Medicaid Expansion under the ACA
- Connecticut's Market Place : Access Health CT
- Questions and answers





Overview

- National Health Insurance Program for older adults and persons with disabilities regardless of income and health status
- Signed into law in 1965 by President Lyndon Johnson
- Administered by Centers for Medicare and Medicaid Services
- Signing up for Medicare is done through the Social Security Administration

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The 4 Parts of Medicare

- Part A – hospital insurance
 - in-patient hospital care, limited skilled nursing home care, home health and hospice care
- Part B – medical insurance
 - outpatient care, physician services, durable medical equipment, preventive care
- Part C – Medicare Advantage Plans
 - Private insurance plans that deliver Medicare benefits
- Part D – prescription coverage
 - Provided by private insurance plans

Eligibility

- Individuals aged 65 or older
- Disabled individuals under 65 who have been receiving Social Security Disability benefits for 24 months.
- Individuals with End Stage Renal Disease *
- Individuals with ALS (Lou Gehrig's) *

* don't have the 24 month waiting period

Enrollment Periods

- **Initial Enrollment:** 7 month period surrounding your 65th birthday
- **General Enrollment:** every year between January 1st through March 31st. Enrollment begins the following July 1st.
- **Special Enrollment:** 8 months immediately after you lose active employer coverage through either your or your spouse's active employment.

PART A COSTS

- **Part A premium-** for most, there is no premium for Part A (must have at least 40 quarters of qualifying work history)
- **Part A Deductible** - \$1216 (2014 amount) per benefit period
- **Hospital co-pays:** \$304/ day (days 61-90) \$608/day (days 91-150)
- **Skilled Nursing Facility co-pay:** \$152 / day (days 21-100)

PART B COSTS

- **Part B premium-** \$104.90 (for most)
 - Higher premiums individuals w/ incomes over \$85,000 / year (see chart)
- **Part B Annual Deductible** - \$147 (2013)
- **Co-Insurance:** 20% of Medicare approved amount for most Part B covered services
- Some Preventive services covered at 100%

MEDICARE SUPPLEMENTAL INSURANCE

- Also known as Medigap
- Helps pay the Part A and B co-insurance and deductibles
- Medigaps are regulated by CT Dept. of Insurance
- Standardized plans to make comparison shopping easier (lettered Plans A-L)
- CT is a continuous enrollment state
- See rate sheet in your packet

Part D

- Prescription drug benefit
- Enacted in 2003 under the Medicare Modernization Act
- Administered by private insurance companies
- 28 plans to choose from in 2014
- Plans set their premiums, co-pays and formularies
- Generally enrolled for the year
- Annual Enrollment Period (Oct 15th -Dec. 7th)
- Late Enrollment Penalty may apply

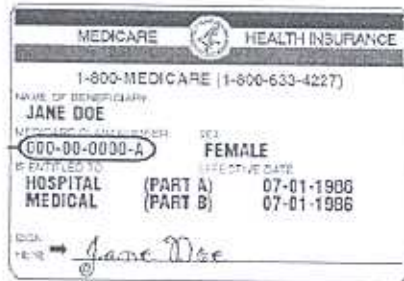
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Medicare Advantage

- An alternative to traditional Medicare
- Private insurance co. that contracts with Medicare to administer your healthcare needs
- Generally HMO or PPO plans
- Must cover the same basic benefits as traditional Medicare Part A and Part B
- May cover additional benefits and most plans include the Part D Rx coverage
- Enrollment is generally for the year

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The Affordable Care Act & Medicare



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ACA impact on Medicare

- Preventive benefits covered with no cost sharing
- Annual wellness exam and Welcome to Medicare One time Exam.
- Increased mental health coverage
- Closing the infamous donut hole
- Higher Part D premiums for higher income individuals
- Funding to aggressively combat fraud and abuse within the Medicare program

The Law Keeps Seniors Healthy


- Many preventive services like flu shots, diabetes screenings, mammograms, and other cancer screenings are free.
- Every year, you can get a free Wellness Visit – a chance to sit down and spend more time with your doctor to discuss your health.
- As of September 2012, 37 million people with Medicare have received at least one of these free services.



Preventive Services Added in 2013

- Depression screenings
- Screenings & counseling for alcohol misuse
- Obesity screening & counseling
- Behavioral therapy for cardiovascular disease






Mental Health Services

- In 2013, Medicare pays 65% for psychotherapy (versus 60% in 2012)
- For diagnosis, Medicare pays 80% of the bill

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Coverage for Previous “Excluded” Medications

- Barbiturates and Benzodiazepines are now covered under Medicare Part D.
- Benzodiazepines are drugs typically used to treat anxiety and insomnia, seizures
 - such as Diazepam or Valium
- Barbiturates are nervous system depressants and often used to treat epilepsy

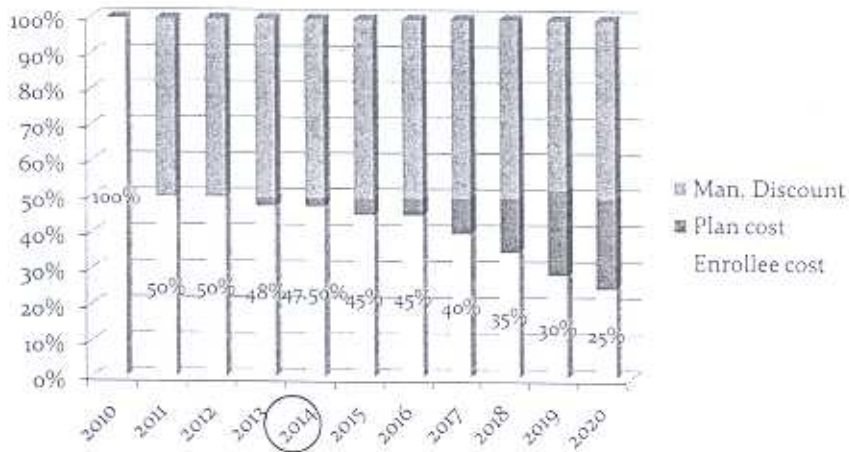


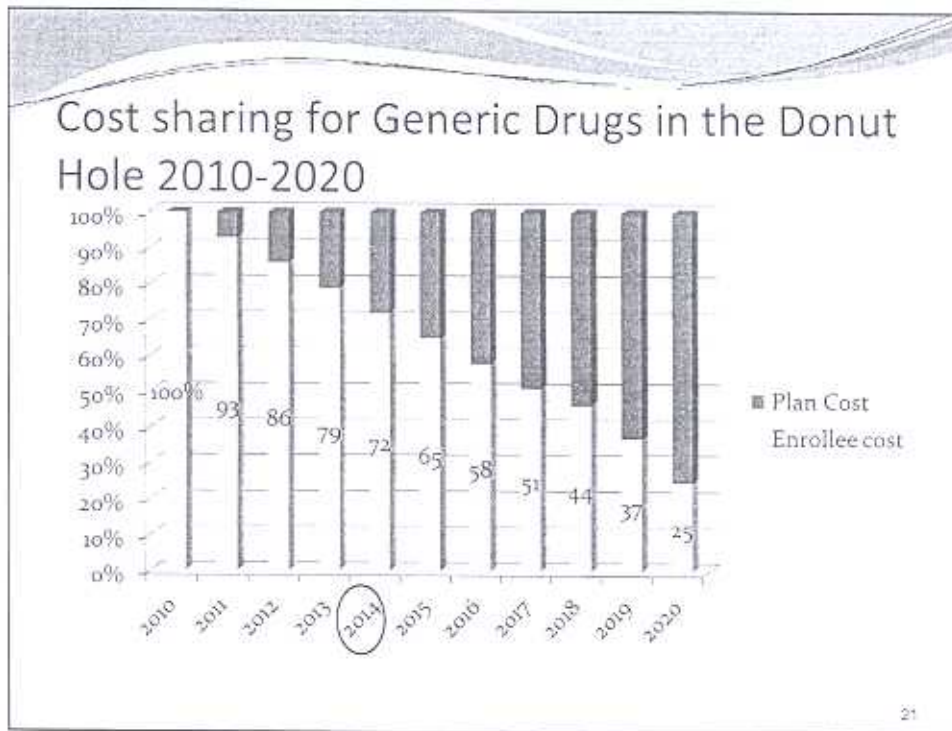
Closing of the donut hole



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Cost Sharing for Brand Name Drugs in the Donut Hole 2010-2020





Health Insurance Marketplace

access health CT
Connecticut's Health Insurance Marketplace


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What is a Health Insurance Marketplace?

- key components of the Healthcare Reform Law that allow individuals and small business to purchase health insurance coverage.
- As of Oct. 1, 2013, an exchange (market place) was developed in each state to help consumers compare plans with standard benchmarks for quality and affordability.
- CT one of 7 states that developed their own marketplace
- Exchanges will facilitate enrollment in private plans.
- **Nobody will be required to purchase insurance through the exchange.**
- Subsidies will only be offered through the exchange.

Key Affordable Care Act (ACA) Provisions



- No Medical Underwriting
- No denial of coverage due to pre-existing conditions
- Annual Limits on out-of-pocket expenditures
- Minimum Coverage Requirements of 10 Essential benefits
- Extensive Preventive Services at no cost to beneficiary
- Elimination of gender rating
- Rates must be set for entire benefit or policy year
- Plans organized in metal tiers



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CONNECTICUT HEALTH INSURANCE MARKETPLACE

- CT's online market place will allow individuals and families to find out if they are eligible for either:
 - Public health programs like Medicaid (Husky)
 - Subsidies that will lower the cost for private insurance
- **MEDICAID EXPANSION**
 - In CT, ACA expands Medicaid to residents with incomes below 138% of Federal Poverty Level (FPL)
- **FEDERAL AFFORDABILITY SUBSIDIES**
 - *Advanced Premium Tax Credits* to lower cost of monthly premiums
 - *Cost Sharing Reductions* that will lower out of pocket costs like co-pays and deductibles

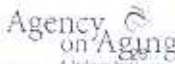
Source: Access Health CT 2012



Who is eligible to buy insurance through the exchange?

- Individuals age 18-64 years of age
- Legal U.S. and Connecticut residents
- Not eligible for Medicare or Medicaid
- Not offered "affordable" employer sponsored insurance
 - Employee share of individual premium > 9.5% of family income or
 - Employer-sponsored insurance does not meet actuarial value minimum of at least 60%
- Cannot be denied coverage due to a pre-existing condition

Source: Access Health CT 2012



Income Levels for Medicaid & Advance Premium Tax Credit

Number in household	Eligible for Medicaid (below 138% of FPL)	Eligible for a discount on premium (up to 400% FPL)
Single person	Income below \$15,856	Income up to \$45,960
Two person household	Income up to \$21,403	Income up to \$62,040
Three person household	Income up to \$26,954	Income up to \$78,120
Four person household	Income up to \$32,499	Income up to \$94,200

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Tax Penalties for those without health insurance starting in 2014

Year	Penalty
2014	\$95 or 1% of family income *
2015	\$325 or 2% of family income *
2016	\$695 or 2.5% of family income *

* Whichever is Greater

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What Medicare beneficiaries need to know..

- The marketplace does NOT impact Medicare in any way
- There is no new Medicare card under Obama Care
- Medigap, Part D Plans and Medicare Advantage Plans are NOT sold through the marketplace.
- When someone becomes Medicare eligible and they have a qualified health plan, they will lose any subsidy they are getting and will need to sign up for Medicare Part B during their initial enrollment.

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Open Enrollment Periods

Medicare's OEP

- Begins on October 15th
- Ends on December 7th.
- Coverage begins on January 1, 2014

access health

- Begins October 1st
- Ends March 31st
- Coverage begins January 1, 2014 if you enroll by Dec. 15th.

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Where to go for assistance

Medicare Beneficiaries

- State Health Insurance Assistance Programs (CHOICES)
800-994-9422
- 1-800-MEDICARE
www.medicare.gov

For Non Medicare Population

- Access Health CT
 - www.accesshealthct.com
 - Call 855-805-4325

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For more information on any of the topics covered:

- Access Health CT- www.aceshealthct.com
- CT Dept. of Social Services-
 - www.connect.ct.gov
- Center for Medicare Advocacy-www.medicareadvocacy.org
- The Kaiser Family Foundation - www.kff.org
- CT Dept. of Insurance - www.ct.gov/cid
- Dept. of Health & Human Services- www.healthcare.gov

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The CT Healthcare Market Place and Medicare Fact Sheet

1. Under the Affordable Care Act (also known as Obama Care) all states must have a health insurance marketplace ready to begin enrolling individuals shopping for health insurance. States can form their own marketplace or default to the federal market place.
2. CT's has formed it's own marketplace called **Access Health CT**. *Access Health* will use navigator agencies, in-person assisters and brokers to help people understand their options and to help people enroll. You can also visit www.accesshealthct.com
3. There are three companies offering individual insurance plans through **Access Health CT**; *Anthem Blue Cross, ConnectiCare* and *Healthy CT*.
4. Advanced Premium Tax Credits to help lower individual's monthly premiums will be available for households with annual income up to 400% of Federal Poverty Level (\$45,960 for a single person)
5. Additional Cost Savings Reductions to lower the co-pays and deductibles are available to individuals with incomes up to 250% of the Federal Poverty Level. (\$28,725 for single person)
6. Medicaid eligibility is expanding to 138% of the Federal Poverty Level for adults not eligible for Medicare.
7. If you currently have insurance through an employer, Medicare or Medicaid, you do NOT need to do buy insurance through the marketplace.
8. There is **no** new Medicare card and Medicare beneficiaries do **NOT** have to enroll in any plan through the marketplace
9. Most U.S. Citizens or legal permanent residents will be required to have health insurance in 2014.
10. The penalty for not having any health insurance in 2014 will be \$95 or 1% of your annual income (whichever is greater)

2014 Part D Plans in CT

Company Name	Plan Name	Monthly Drug Premium	Premium with Full LIS	Annual Drug Deductible	Contract ID/Plan ID	Star Rating	Preferred Pharmacies
Aetna Medicare 800-832-2640	Aetna CVS Rx Plan (PDP)	\$26.30	\$0	\$310	S5810-36	3 ★	CVS
Aetna Medicare 800-832-2640	Aetna Medicare Rx Premier (PDP)	\$120.50	\$92.50	0	S5810-172	3 ★	?
Anthem Blue Cross and Blue Shield 888-543-4917	Blue MedicareRx Premier (PDP)	\$99.70	\$71.70	0	S2893-3	4 ★	CVS Stop & Shop
Anthem Blue Cross and Blue Shield 888-543-4917	Blue MedicareRx Value Plus (PDP)	\$33.30	\$5.30	\$225.00	S2893-1	4 ★	CVS Stop & Shop
Cigna Medicare Rx 800-735-1459	Cigna Medicare Rx Secure (PDP)	\$27.60	\$0	\$310.00	S5617-008	3 ★	CVS Walmart
Cigna Medicare Rx 800-735-1459	Cigna Medicare Rx Secure-Max (PDP)	\$113.80	\$85.80	0	S5617-172	3 ★	CVS Walmart
Cigna Medicare Rx 800-735-1459	Cigna Medicare Rx Secure-Xtra (PDP)	\$58.20	\$31.50	0	S5617-47	3 ★	CVS Walmart
Cigna-HealthSpring 877-357-1685	Cigna-HealthSpring Rx -Reg 2 (PDP)	\$33.40	\$5.40	\$310.00	S5932-3	⚠	
EnvisionRx Plus 866-250-2005	EnvisionRxPlus Silver (PDP)	\$48.80	\$20.80	\$310.00	S7694-2	2.5 ★	Not applicable
Express Scripts Medicare 866-477-5704	Express Scripts Medicare - Choice (PDP)	\$49.50	\$21.50	0	S5660-206	3.5 ★	Costco Rite-Aid Stop & Shop Walmart
Express Scripts Medicare 866-477-5704	Express Scripts Medicare - Value (PDP)	\$44.20	\$16.20	\$310.00	S5660-105	3.5 ★	?
First Health - Part D 855-893-4696	First Health Part D Essentials (PDP)	\$48.40	\$20.40	\$310.00	S5768-38	3.5 ★	Walmart

2014 Part D Plans in CT

Company Name	Plan Name	Monthly Drug Premium	Premium with Full LIS	Annual Drug Deductible	Contract ID/Plan ID	Star Rating	Preferred Pharmacies
First Health Part D, 855-893-4696	First Health Part D Premier Plus (PDP)	\$99.30	\$71.30	0	S5674-11	4 ★	No preferred pharmacies
First Health Part D, 855-893-4696	First Health Part D Value Plus (PDP)	\$45.90	\$17.90	0	S5768-126	3.5 ★	Walmart Walgreens
HealthMarkets Medicare 888-625-5531	HealthMarkets Value Rx (PDP)	\$25.30	\$0	\$310.00	S0128-4	New Plan	Walmart
Humana Insurance Company 800-706-0872	Humana Enhanced (PDP)	\$46.90	\$18.90	0	S5884-2	3.5 ★	Walgreens Walmart
Humana Insurance Company 800-706-0872	Humana Preferred Rx Plan (PDP)	\$22.80	\$0	\$310.00	S5884-102	3.5 ★	Walmart
Humana Insurance Company 800-706-0872	Humana Walmart Rx Plan (PDP)	\$12.60	\$6.20	\$310.00	S5884-149	3.5 ★	Walmart
Stonebridge Life Insurance Company 877-527-1958	Transamerica MedicareRx Choice (PDP)	\$51.70	TBD 10/15	0	S9579-35	4 ★	No preferred pharmacies
Stonebridge Life Insurance Company 877-527-1958	Transamerica MedicareRx Classic (PDP)	\$40.90	TBD 10/15	\$310.00	S9579-2	4 ★	No preferred pharmacies
UniCare 877-541-7382	MedicareRx Rewards Standard (PDP)	\$51.10	\$23.10	\$310.00	S5960-108		
United American Insurance Company 877-723-1662	United American - Enhanced (PDP)	\$61.20	\$33.20	\$120.00	S5755-6	2.5 ★	CVS Walmart
United American Insurance Company 877-723-1662	United American - Select (PDP)	\$38.80	\$10.80	\$310.00	S5755-74	2.5 ★	CVS Walmart

2014 Part D Plans in CT

Company Name	Plan Name	Monthly Drug Premium	Premium with Full LIS	Annual Drug Deductible	Contract ID/Plan ID	Star Rating	Preferred Pharmacies
UnitedHealthcare 888-867-5564	AARP MedicareRx Enhanced (PDP)	\$100.70	\$72.70	0	\$5921-183	3.5 ★	Stop & Shop Walgreens Walmart
UnitedHealthcare 888-867-5564	AARP MedicareRx Preferred (PDP)	\$40.60	\$12.60	0	\$5820-2	3.5 ★	Stop & Shop Walgreens Walmart
UnitedHealthcare 888-867-5564	AARP MedicareRx Saver Plus (PDP)	\$21.50	\$0	\$310.00	\$5921-348	3.5 ★	Stop & Shop Walgreens Walmart
WellCare 888-293-5151	WellCare Classic (PDP)	\$22.30	\$0	0	\$5967-139	3 ★	Walgreens Walmart
WellCare 888-293-5151	WellCare Extra (PDP)	\$50.90	\$32.60	0	\$5967-174	3 ★	Walgreens Walmart

Bold = Benchmark Plan

 = low rating by CMS for 3 consecutive years

Medicare Advantage Plans 2014
Fairfield County, CT

Organization Name	Plan Name	Star Rating	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract / Plan ID	Preferred Pharmacy	In-network MOOP Amount **
ConnectiCare, Inc. 877-224-8220	ConnectiCare VIP Option 1 (HMO-POS)	4 ★	\$ 208.00	\$0	Enhanced	All Generics	EA	H3528-006	Costco Walmart Stop & Shop	\$ 5,500
ConnectiCare, Inc. 877-224-8220	ConnectiCare VIP Option 3 (HMO-POS)	4 ★	\$ 39.00	\$0	Enhanced	No Gap Coverage	EA	H3528-008	Costco Walmart Stop & Shop	\$ 6,700
ConnectiCare, Inc. 877-224-8220	ConnectiCare VIP Prime 2 (HMO)	4 ★	\$ 44.00	\$0	Enhanced	No Gap Coverage	EA	H3528-009	Costco Walmart Stop & Shop	\$ 5,400
Aetna Medicare 800-832-2640	Aetna Medicare Standard Plan (PPO)	4.5 ★	\$ 101.00	\$0	Enhanced	Few Generics	EA	H5521-013	?	\$ 6,700
Aetna Medicare 800-832-2640	Aetna Medicare Value Plan (HMO)	4 ★	\$ -	\$0	Enhanced	Few Generics	EA	H5793-001	?	\$ 6,700
Aetna Medicare 800-832-2640	Aetna Medicare Standard Plan (HMO)	4 ★	\$ 107.00	\$0	Enhanced	Few Generics	EA	H5793-008	?	\$ 3,400
Anthem Blue Cross & Blue Shield 800-797-0984	Anthem MediBlue Value (HMO)	3 ★	\$ 51.00	\$ 160.00	Basic	No Gap Coverage	BA	H5854-005	?	\$ 6,000
UnitedHealthcare 800-547-5514	AARP MedicareComplete Choice (Regional PPO)	3.5 ★	\$ 30.00	\$0	Enhanced	No Gap Coverage	EA	R7444-001	?	\$ 6,700

Medicare Advantage Plans 2014
Fairfield County, CT

MOOP is defined as Maximum Out of Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A & B services

Organization Name	Plan Name	Star Rating	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Type of Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract / Plan ID	Preferred Pharmacy	In-network MOOP Amount **
WellCare 877-817-5794	Wellcare Value (HMO)	3 ★	\$0	\$0	Enhanced	No Gap Coverage	EA	H0712-019	Walgreens Walmart	\$ 5,000
WellCare 877-817-5794	WellCare Rx (HMO)	3 ★	\$ 16.10	\$ 310.00	Basic	No Gap Coverage	BA	H0712-020	Walgreens Walmart	\$ 4,700
UnitedHealthcare 800-555-5757	UnitedHealthcare MedicareComplete Plan 1 (HMO)	4 ★	\$ 99.00	\$0	Enhanced	Few Generics	EA	H0755-030	?	\$ 3,400
UnitedHealthcare 800-555-5757	UnitedHealthcare MedicareComplete Plan 2 (HMO)	4 ★	\$0	\$0	Basic	No Gap Coverage	BA	H0755-031	?	\$ 6,700
UnitedHealthcare 800-555-5757	UnitedHealthcare MedicareComplete Essential (HMO)	4 ★	\$0	\$0	NO Drug Coverage			H0755-032	N/A	\$ 6,000
ConnectiCare, Inc. 877-224-8220	ConnectiCare VIP Prime 1 (HMO)	4 ★	\$0	\$0	Enhanced	No Gap Coverage	EA	H3528-001	Costco Walmart Stop & Shop	\$ 6,700
ConnectiCare, Inc. 877-224-8220	ConnectiCare VIP Prime 3 (HMO)	4 ★	\$ 137.00	\$0	Enhanced	All Generics	EA	H3528-002	Costco Walmart Stop & Shop	\$ 3,400
ConnectiCare, Inc. 877-224-8220	ConnectiCare VIP Prime 4 (HMO)	4 ★	\$0	\$0	No Drug Coverage			H3528-003	N/A	\$ 5,500