

EXPLANATION OF THE ONE-PAGE "STAND-ALONE" PDP CHART

This guide explains the CMS spreadsheets showing the 46 stand-alone prescription drug plans (PDPs), posted at:

<http://onlineresources.wnyc.net/pb/docs/MEDICA1.pdf> (PDF) or
<http://onlineresources.wnyc.net/pb/docs/MEDICA1.XLS> (Excel).

Of the 46 "stand-alone" prescription drug plans (PDPs) in NYS, 15 have a FREE PREMIUM for Medicaid recipients. This is confusing because the same 15 plans DO charge a premium to REGULAR MEDICARE beneficiaries who do NOT have Medicaid or the full Low Income Subsidy. The attached chart shows all the 46 plans in NYS. It is sorted in the order of cost to Medicaid recipients -- so the first 15 plans on the list are those that are FREE for Medicaid recipients. Here is how to read the chart.

Column F shows the 15 plans that dual eligibles are auto-assigned to -- these are the 1st 15 on this list.

NOTE that there are 2 Health Net Orange plans, each with the same Contract ID but a different Plan ID. Both are free for dual eligibles. BUT NOTE that they are 2 different plans! One may cover the client's drugs, one may not! So you have to make sure that the client is enrolled in the right Health Net Orange Plan.

Column G shows which plans are national -- important for people who travel from NYS.

Column K is the monthly premium for REGULAR Medicare beneficiaries -- BUT NOT for duals and others with the Full Low Income Subsidy. DUAL ELIGIBLES and others with the Low Income Subsidy should IGNORE THIS COLUMN.

Column L is the premium for dual eligibles. You can see that it is \$-0- for the 1st 15 basic plans, because they are free for dual eligibles. This includes two different Health Net Orange plans (lines 4-5). As you see, both should have no premium for dual eligibles.

You can see that below those 1st 15 plans, the rest of the 46 plans are "enhanced" and **do** charge duals a premium. It is less than the premium in column K -- because the premium for dual eligibles are subsidized. Duals MAY join one of the "enhanced" plans and pay the premium amount in this column. The only reason they should do it is if (1) NONE of the 15 basic plans that are FREE cover all of their drugs, and (2) they have a spend-down and can apply the cost of the premium toward their spenddown, or have some other means to pay. They should NOT join one of these plans just because they

hear it has no annual deductible or provides coverage in the doughnut hole or "coverage gap". DUALS NEVER HAVE TO PAY AN ANNUAL DEDUCTIBLE and NEVER HAVE A DOUGHTNUT HOLE anyway. See Column P, Q, and R below.

Columns M, N and O show the amount of the premium for people with the "partial" Low Income Subsidy. These are people who separately applied for Extra Help with the Social Security Administration, and whose income or resources are too high for the "full" extra help. They pay a partial premium, depending on their income.

Column P, Q and R only affect people who are NOT DUALS and do NOT HAVE THE LOW INCOME SUBSIDY:

- COLUMN P shows the annual deductible. PLEASE NOTE THAT THIS COLUMN IS NOT ACCURATE FOR DUAL-ELIGIBLES and others with the full Low income Subsidy. For these people there is NO annual deductible. So you just have to know that, the chart doesn't tell you.
- COLUMN Q AND R are about the doughnut hole - whether the plan provides coverage during this period. THIS DOES NOT APPY TO DUALS because they always get coverage through this period.

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