

## 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.**

**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. 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).