Evelyn Frank Legal Resources Program

Introduction to Medicare Part D in New York State

APPENDIX

2014 Medicare Part D Stand-Alone Prescription Drug Plans -- New York State

Data as of September 3, 2013. Includes 2014 approved contracts/plans. Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized. For 2014, enhanced alternative plans may offer additional gap coverage which is calculated as the percentage of "generic" formulary products with coverage above and beyond the 2014 standard "generic" coverage gap cost-sharing benefit and/or the percentage of "brand" formulary products covered in addition to the coverage gap discount for applicable drugs. Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: "All": 100% of formulary drugs are covered through the gap, "Many": ≥65% to <100% of formulary drugs are covered through the gap, "Some": ≥10% to <65 % of formulary drugs are covered through the gap, "Few": >0% to <10% of formulary drugs are covered through the gap (and must also be >15 "brand" products covered through the gap), "No Gap Coverage": 0% of formulary drugs are covered through the gap (or ≤15 "brand" products covered through the gap). A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

Company Name	Plan Name	Benefit Type	$0 Premium with Full Low-Income Subsidy?	Monthly Drug Premium	Annual Drug Deductible	Type of Additional Drug Coverage Offered in the Gap	Contract ID	Plan ID	Benefit Type Detail
Aetna Medicare	Aetna Medicare Rx Premier (PDP)	Enhanced		$ 144.40	$ -	Few Generics	S5810	239	EA
Cigna Medicare Rx	Cigna Medicare Rx Secure (PDP)	Basic	x	$ 36.80	$ 310.00	No Gap Coverage	S5617	013	AE
Cigna Medicare Rx	Cigna Medicare Rx Secure-Max (PDP)	Enhanced		$ 105.70	$ -	Many Generics, Some Brands	S5617	229	EA
Cigna Medicare Rx	Cigna Medicare Rx Secure-Xtra (PDP)	Enhanced		$ 53.30	$ -	No Gap Coverage	S5617	248	EA
Cigna-HealthSpring	Cigna-HealthSpring Rx -Reg 3 (PDP)	Basic	x	$ 37.90	$ 310.00	No Gap Coverage	S5932	004	DS
EmblemHealth Medicare PDP	EmblemHealth Medicare Prescription Drug Plan (PDP)	Basic		$ 50.00	$ 310.00	No Gap Coverage	S5966	001	AE
EnvisionRx Plus	EnvisionRxPlus Silver (PDP)	Basic		$ 41.40	$ 310.00	No Gap Coverage	S7694	003	AE
Excellus Health Plan, Inc	BlueCross BlueShield Rx PDP (PDP)	Basic		$ 50.90	$ 310.00	No Gap Coverage	S3521	001	AE
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced		$ 49.50	$ -	No Gap Coverage	S5983	006	EA
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic	x	$ 36.40	$ 310.00	No Gap Coverage	S5983	004	AE
First Health Part D	First Health Part D Essentials (PDP)	Basic		$ 43.10	$ 310.00	No Gap Coverage	S5569	007	AE
First Health Part D	First Health Part D Premier Plus (PDP)	Enhanced		$ 105.90	$ -	Some Generics, Some Brands	S0197	005	EA
First Health Part D	First Health Part D Value Plus (PDP)	Enhanced		$ 52.30	$ -	No Gap Coverage	S5569	006	EA
First United American Life Insurance Company	First United American - Enhanced (PDP)	Enhanced		$ 67.60	$ 120.00	No Gap Coverage	S5580	003	EA
First United American Life Insurance Company	First United American - Select (PDP)	Basic		$ 40.10	$ 310.00	No Gap Coverage	S5580	006	AE
HealthNow New York Inc.	SmartSaver Rx PDP (PDP)	Basic		$ 42.90	$ 310.00	No Gap Coverage	S1140	001	AE
Humana Insurance Company of New York	Humana Enhanced (PDP)	Enhanced		$ 52.50	$ -	Few Brands	S5552	003	EA
Humana Insurance Company of New York	Humana Preferred Rx Plan (PDP)	Basic	x	$ 25.80	$ 310.00	No Gap Coverage	S5552	004	AE
Humana Insurance Company of New York	Humana Walmart Rx Plan (PDP)	Enhanced		$ 12.60	$ 310.00	No Gap Coverage	S5552	005	EA
UniCare	MedicareRx Rewards Standard (PDP)	Basic		$ 54.60	$ 310.00	No Gap Coverage	S5960	109	BA
UnitedHealthcare	AARP MedicareRx Enhanced (PDP)	Enhanced		$ 101.00	$ -	Some Generics, Some Brands	S5921	213	EA
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced		$ 44.30	$ -	No Gap Coverage	S5805	001	EA
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	x	$ 23.40	$ 310.00	No Gap Coverage	S5921	379	AE
WellCare	WellCare Classic (PDP)	Basic	x	$ 29.00	$ -	No Gap Coverage	S5967	140	BA
WellCare	WellCare Extra (PDP)	Enhanced		$ 50.60	$ -	No Gap Coverage	S5967	175	EA

Number of Plans	25
Number of Plans with $0 premium for Extra Help	6
Average premium	$54.08
Average premium for basic coverage	$39.41
% of plans with $0 premium for Extra Help	24%
Minimum premium	$12.60
Maximum premium	$144.40
Median premium	$49.50
Number of plans with no deductible	11
Average premium for benchmark plan	$31.55

2014 Medicare Advantage, and Cost Plans -- NYC and Nassau County

Data as of September 3, 2013. Includes 2014 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown. Medicare/Medicaid plans are shown in a separate Landscape file.

Notes: Data are subject to change as contracts are finalized. For 2014, enhanced alternative plans may offer additional gap coverage which is calculated as the percentage of "generic" formulary products with coverage above and beyond the 2014 standard "generic" coverage gap cost-sharing benefit and/or the percentage of "brand" formulary products covered in addition to the coverage gap discount for applicable drugs. Additional gap coverage levels are determined separately for formulary generic and brand products and are described as follows: "All": 100% of formulary drugs are covered through the gap, "Many": ≥65% to <100% of formulary drugs are covered through the gap, "Some": ≥10% to <65 % of formulary drugs are covered through the gap, "Few": >0% to <10% of formulary drugs are covered through the gap (and must also be >15 "brand" products covered through the gap), "No Gap Coverage": 0% of formulary drugs are covered through the gap (or ≤15 "brand" products covered through the gap). A label of "All Formulary Drugs" is applied for plans that cover 100% of "generic" and 100% of "brand" products (either by covering all formulary drug products in the gap or by having no initial coverage limit).

* Indicates plan does not offer Part D drug coverage.

** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable

Counties: Bx=Bronx, Bk=Brooklyn, Ma=Manhattan, Na=Nassau, Qu=Queens, SI=Staten Island, NYC=5 boroughs

Organization Name	Plan Name	Type of Medicare Health Plan	Counties	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 ID	Plan ID	Segment ID	In-network MOOP Amount **
UnitedHealthcare	AARP MedicareComplete Essential (HMO)	Local HMO *	NYC	$ -					H3307	018	0	$ 5,900
UnitedHealthcare	AARP MedicareComplete Mosaic (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H3307	015	0	$ 3,900
UnitedHealthcare	AARP MedicareComplete Plan 1 (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H3307	002	0	$ 5,900
UnitedHealthcare	AARP MedicareComplete Plan 2 (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H3379	001	0	$ 4,200
Access Medicare	Access Medicare Gold (HMO)	Local HMO	Bx, Ma, Qu	$ -	$ -	Enhanced	No Gap Coverage	EA	H4866	003	0	$ 5,000
Access Medicare	Access Medicare Platinum (HMO)	Local HMO	Bx, Ma, Qu	$ 37.20	$ 310.00	Basic	No Gap Coverage	DS	H4866	002	0	$ 5,000
ActiveSaver MSA or BlueSaver MSA	ActiveSaver MSA (MSA)	MSA *	NYC, Na						H9788	004	0	
QUALITY HEALTH PLANS	Advantage Platinum Plus NY (HMO)	Local HMO	Na, Qu, SI	$ 63.00	$ -	Enhanced	Some Generics	EA	H2773	015	0	$ 3,400
QUALITY HEALTH PLANS	Advantage Silver - NY (HMO)	Local HMO	Na, SI	$ -	$ -	Enhanced	No Gap Coverage	EA	H2773	019	0	$ 3,400
QUALITY HEALTH PLANS	Advantage Silver - Queens (HMO)	Local HMO	Qu	$ -	$ -	Enhanced	Some Generics	EA	H2773	013	0	$ 3,400
Aetna Medicare	Aetna Medicare Select Plan (HMO)	Local HMO	Bx, Bk, SI	$ -	$ -	Enhanced	Few Generics	EA	H3312	002	0	$ 3,400
Aetna Medicare	Aetna Medicare Standard Plan (PPO)	Local PPO	Ma, Qu, SI	$ 87.00	$ -	Enhanced	Few Generics	EA	H5521	040	0	$ 6,700
Aetna Medicare	Aetna Medicare Value Plan (HMO)	Local HMO	NYC	$ 41.00	$ -	Enhanced	Few Generics	EA	H3312	061	0	$ 3,200
AlphaCare of New York, Inc.	AlphaCare Renew (HMO)	Local HMO	Bx, Bk, Ma, Qu	$ -	$ -	Enhanced	No Gap Coverage	EA	H9122	001	0	$ 3,400
HealthPlus Amerigroup	Amerivantage Balance + Rx (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H6181	009	0	$ 3,400
Amida Care	Amida Care True Life Plus (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H6745	001	0	$ 3,400
CPHL Advantage Care	CPHL Advantage Care (HMO)	Local HMO	NYC	$ -	$ 310.00	Basic	No Gap Coverage	DS	H6988	001	0	$ 6,700
EASY CHOICE HEALTH PLAN OF NEW YORK	Easy Choice Rewards (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H9285	001	0	$ 3,400
EASY CHOICE HEALTH PLAN OF NEW YORK	Easy Choice Value (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	Many Generics	EA	H9285	002	0	$ 3,400
Elderplan	Elderplan Classic: Zero Premium (HMO)	Local HMO	NYC, Na	$ -	$ 310.00	Basic	No Gap Coverage	AE	H3347	005	0	$ 6,700
Elderplan	Elderplan Extra Help (HMO)	Local HMO	NYC, Na	$ 37.20	$ 310.00	Basic	No Gap Coverage	DS	H3347	009	0	$ 6,700
EmblemHealth Medicare HMO	EmblemHealth Essential (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H3330	032	1	$ 3,400
EmblemHealth Medicare PPO	EmblemHealth PPO I (PPO)	Local PPO *	NYC, Na	$ 25.00					H5528	001	0	$ 3,400
EmblemHealth Medicare PPO	EmblemHealth PPO II (PPO)	Local PPO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H5528	002	0	$ 3,400
EmblemHealth Medicare PPO	EmblemHealth PPO III (PPO)	Local PPO	NYC, Na	$ 89.00	$ -	Enhanced	All Generics	EA	H5528	003	0	$ 3,400
EmblemHealth Medicare HMO	EmblemHealth VIP (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H3330	021	1	$ 3,400
EmblemHealth Medicare HMO	EmblemHealth VIP High Option (HMO)	Local HMO	NYC, Na	$ 161.50	$ -	Enhanced	No Gap Coverage	EA	H3330	033	1	$ 3,400
Empire BlueCross BlueShield	Empire MediBlue Essential (HMO)	Local HMO *	Bx, Bk, Qu, SI	$ -					H3370	019	0	$ 6,000
Empire BlueCross BlueShield	Empire MediBlue Freedom I (PPO)	Local PPO	Bx, Bk, SI, Na	$ 50.00	$ 125.00	Enhanced	No Gap Coverage	EA	H3342	012	0	$ 4,500
Empire BlueCross BlueShield	Empire MediBlue Freedom II (PPO)	Local PPO	Bx, SI	$ 56.00	$ 100.00	Enhanced	No Gap Coverage	EA	H3342	013	0	$ 4,300
Empire BlueCross BlueShield	Empire MediBlue Freedom III (PPO)	Local PPO	Bx, SI	$ 116.00	$ -	Enhanced	No Gap Coverage	EA	H3342	001	0	$ 3,300
Empire BlueCross BlueShield	Empire MediBlue Plus (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H3370	001	0	$ 5,900
Fidelis Care	Fidelis Medicare $0 Premium (HMO)	Local HMO	NYC	$ -	$ -	Basic	No Gap Coverage	BA	H3328	019	0	$ 6,700
Fidelis Care	Fidelis Medicare Advantage Flex (HMO-POS)	Local HMO	NYC, Na	$ 37.20	$ 240.00	Basic	No Gap Coverage	BA	H3328	003	0	$ 6,700
Fidelis Care	Fidelis Medicare Advantage without Rx (HMO-POS)	Local HMO *	NYC, Na	$ -					H3328	001	0	$ 6,700
Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H3359	001	0	$ 6,700
Healthfirst Medicare Plan	Healthfirst Coordinated Benefits Plan (HMO)	Local HMO *	NYC, Na	$ -					H3359	027	0	$ 6,700
Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (HMO)	Local HMO	NYC, Na	$ 30.00	$ 310.00	Basic	No Gap Coverage	DS	H3359	019	0	$ 6,700
Humana Health Company of New York, Inc.	Humana Gold Plus H3533-005 (HMO)	Local HMO	Bk	$ -	$ -	Enhanced	Few Generics, Few Brands	EA	H3533	005	0	$ 6,700
Humana Health Company of New York, Inc.	Humana Gold Plus H3533-007 (HMO)	Local HMO	SI	$ -	$ -	Enhanced	Few Generics, Few Brands	EA	H3533	007	0	$ 6,700
Humana Health Company of New York, Inc.	Humana Gold Plus H3533-009 (HMO)	Local HMO	Qu	$ -	$ -	Enhanced	Few Generics, Few Brands	EA	H3533	009	0	$ 6,700
Humana Health Company of New York, Inc.	Humana Gold Plus H3533-010 (HMO)	Local HMO	Na	$ 24.00	$ -	Enhanced	Few Generics, Few Brands	EA	H3533	010	0	$ 5,500
Liberty Health Advantage	Liberty Health Advantage Preferred Choice (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	All Generics	EA	H3337	001	0	$ 5,500
MetroPlus Health Plan	MetroPlus Platinum (HMO)	Local HMO	Bx, Bk, Ma, Qu	$ 47.90	$ 310.00	Basic	No Gap Coverage	DS	H0423	004	0	$ 6,700
Touchstone Health	Touchstone Health Medicare Clear (HMO-POS)	Local HMO *	NYC	$ -					H3327	039	0	$ 3,400
Touchstone Health	Touchstone Health Medicare Freedom (HMO-POS)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H3327	038	0	$ 3,400
Touchstone Health	Touchstone Health Medicare Power (HMO)	Local HMO	NYC	$ -	$ -	Enhanced	No Gap Coverage	EA	H3327	001	0	$ 3,400
Touchstone Health	Touchstone Health Medicare Total (HMO)	Local HMO	NYC	$ 37.20	$ -	Enhanced	No Gap Coverage	EA	H3327	002	0	$ 3,400
UnitedHealthcare	UnitedHealthcare MedicareComplete Choice (Regional PPO)	Regional PPO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	R5342	001	0	$ 5,200
UnitedHealthcare	UnitedHealthcare MedicareComplete Choice Essential (Regional PPO)	Regional PPO *	NYC, Na	$ -					R5342	002	0	$ 5,200
VNSNY CHOICE Medicare	VNSNY CHOICE Medicare Classic (HMO)	Local HMO	NYC, Na	$ 37.20	$ 310.00	Basic	No Gap Coverage	DS	H5549	008	0	$ 6,700
VNSNY CHOICE Medicare	VNSNY CHOICE Medicare Enhanced (HMO)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H5549	004	0	$ 6,700
WellCare	WellCare Choice (HMO-POS)	Local HMO	NYC, Na	$ -	$ -	Enhanced	No Gap Coverage	EA	H3361	106	0	$ 6,700
WellCare	WellCare Rx (HMO)	Local HMO	NYC, Na	$ 22.90	$ -	Basic	No Gap Coverage	BA	H3361	130	0	$ 6,700

SNP Plans
Current 9/5/2013

NYC & Long Island

* Your premium may be lower depending on your eligibility for medical assistance. Call your plan for details.

SNP Plans - NYC and Long Island

Organization Name	Plan Name	Type of Medicare Health Plan	Special Needs Plan Type	Monthly Consolidated Premium* (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Extra Coverage in the Gap	Drug Benefit Type	Contract ID	Plan ID	County
Access Medicare	Access Medicare Pearl (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H4866	005	Bx, NY, Qu
Affinity Health Plan	Affinity Medicare Solutions (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	AE	H5991	002	Long Island
Affinity Health Plan	Affinity Medicare Ultimate (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	AE	H5991	001	QU, SI
AlphaCare of New York, Inc.	AlphaCare Resilience (HMO SNP)	Local HMO	Institutional	$ 37.20	$ 310.00	Basic	None	DS	H9122	002	QU, SI, Long Island
AlphaCare of New York, Inc.	AlphaCare Total (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H9122	003	NYC, Long Isl
Amida Care	Amida Care Live Life Advantage (HMO SNP)	Local HMO	Chronic or Disabling Condition	$ 37.20	$ 310.00	Basic	None	DS	H6745	003	NYC, Long Isl
Amida Care	Amida Care True Life Advantage (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H6745	002	NYC except SIsl
ArchCare Advantage, HMO SNP	ArchCare Advantage (HMO SNP)	Local HMO	Institutional	$ 37.20	$ 310.00	Basic	None	DS	H1777	007	Kings, Manhattan, QU
CenterLight Healthcare, Inc.	CenterLight Healthcare Direct Complete Plan (HMO SNP)	Local HMO	Institutional	$ 34.00	$ 310.00	Basic	None	BA	H5989	002	NYC

EASY CHOICE HEALTH PLAN OF NEW YORK	Easy Choice Diamond Rewards (HMO SNP)	Local HMO	Chronic or Disabling Condition	$ -	$ -	Enhanced	None	EA	H9285	003	NYC
Elderplan	Elderplan Advantage For Nursing Home Residents (HMO SNP)	Local HMO	Institutional	$ 37.20	$ 310.00	Basic	None	DS	H3347	003	NYC
Elderplan	Elderplan For Medicaid Beneficiaries (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H3347	002	NYC except Bronx, Long Is
Elderplan	Elderplan Medicaid Advantage (HMO SNP)	Local HMO	Dual-Eligible	$ 37.40	$ 310.00	Basic	None	DS	H3347	008	NYC
Elderplan	Elderplan Plus Long Term Care (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H3347	007	NYC, Long Isl
EmblemHealth Medicare HMO	EmblemHealth Dual Eligible (HMO SNP)	Local HMO	Dual-Eligible	$ 34.00	$ 310.00	Basic	None	AE	H3330	029	NYC, Long Isl
EmblemHealth Medicare PPO	EmblemHealth Dual Eligible (PPO SNP)	Local PPO	Dual-Eligible	$ 34.00	$ 310.00	Basic	None	AE	H5528	018	Suffolk
Fidelis Care	Fidelis Dual Advantage (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	AE	H3328	002	NYC, Long Isl
Fidelis Care	Fidelis Dual Advantage Flex (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Enhanced	Some Generics	EA	H3328	017	Suffolk
Fidelis Care	Fidelis Long Term Care Advantage (HMO SNP)	Local HMO	Institutional	$ 44.50	$ 310.00	Basic	None	DS	H3328	018	NYC, Long Isl
Fidelis Care	Fidelis Medicaid Advantage Plus (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	AE	H3328	016	NYC
QUALITY HEALTH PLANS	Advantage Health NY - SNP (HMO SNP)	Local HMO	Chronic or Disabling Condition	$ -	$ -	Enhanced	None	EA	H2773	003	NYC, Long Isl
QUALITY HEALTH PLANS	Advantage Health NYC - SNP (HMO SNP)	Local HMO	Chronic or Disabling Condition	$ -	$ -	Enhanced	Some Generics	EA	H2773	017	NYC, Long Isl
QUALITY HEALTH PLANS	Advantage Value One NY - Dual (HMO SNP)	Local HMO	Dual-Eligible	$ 31.10	$ -	Enhanced	Some Generics	EA	H2773	018	NYC
UnitedHealthcare	UnitedHealthcare Nursing Home Plan (HMO SNP)	Local HMO	Institutional	$ 28.30	$ 310.00	Basic	None	DS	H3379	002	NYC, Nassau

UnitedHealthcare Community Plan	UnitedHealthcare Dual Complete (HMO SNP)	Local HMO	Dual-Eligible	$ 24.10	$ 310.00	Basic	None	DS	H3387	010	NYC, Long Isl
VNSNY CHOICE Medicare	VNSNY CHOICE Medicare Maximum (HMO SNP)	Local HMO	Dual-Eligible	$ 31.50	$ 310.00	Basic	None	DS	H5549	006	NYC, Long Isl
VNSNY CHOICE Medicare	VNSNY CHOICE Medicare Preferred (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H5549	002	NYC, Long Isl
VNSNY CHOICE Medicare	VNSNY CHOICE Total (HMO SNP)	Local HMO	Dual-Eligible	$ 37.20	$ 310.00	Basic	None	DS	H5549	003	NYC, Long Isl
WellCare	WellCare Access (HMO SNP)	Local HMO	Dual-Eligible	$ 36.00	$ 310.00	Basic	None	BA	H3361	109	NYC, Long Isl

2014 Part D Standard Plan Cost-Sharing*

Part D Benefit Cost Periods	Costs and Who Pays	Beneficiary Pays (TrOOP)	Plan Pays	Total Amount Spent on Plan-Covered Drugs
Initial Deductible	Beneficiary pays 100%.	Up to $310	$0	**$310** (Amount spent on deductible, before ICP begins)
Initial Coverage Period (ICP)	Costs of covered drugs are shared: 25% by beneficiary, 75% by plan.	Up to $635	$1,905	**$2,540** (Amount spent during ICP, before Coverage Gap begins)
Coverage Gap ("Donut Hole")	**Discounts in 2014:** Costs of *plan-covered* drugs are shared: • Beneficiary pays 72% for **generic** drugs, 47.5% for **brand** name drugs, plus a nominal pharmacy dispensing fee (approx. $1-$3). • Plan pays 28% for **generic** drugs and 2.5% for **brand-name** drugs. • Drug manufacturer provides 50% discount on **brand-name** drugs. **Note about True Out-of-Pocket (TrOOP) costs:** The total amount spent in the Coverage Gap (up to **$3,605**) includes: • the drug costs paid by the beneficiary (slightly more than $1712, depending on how many brand-name drugs taken and pharmacy dispensing fee amount), **and** • the 50% discount on **brand-name** drugs provided by the drug manufacturer. Payments made by the plan during the Coverage Gap (28% on **generics,** 2.5% on **brand-name** drugs) do <u>not</u> count toward TrOOP.			**$2,850 -** Initial Coverage Limit (total spent on any deductible and during Initial Coverage Period). Coverage Gap begins once reaches the Initial Coverage Limit. **$3,605** (Total amount spent during the Coverage Gap) **$6,455** (Total amount spent during ICP and Coverage Gap, before Catastrophic Benefit Period begins)
Catastrophic Benefit Period	Costs of covered drugs are shared: Beneficiary pays reduced copay/coinsurance; plan pays the difference.	Greater of: 5% coinsurance ***OR*** $2.55 copay for generic, $6.35 copay for brand or non-preferred	Any remaining portion of the negotiated drug price.	Beneficiary will remain in the Catastrophic Benefit Period through December 31, 2014. Part D benefit will reset on January 1, 2015, starting again with a deductible.

***Most Part D plans are <u>not</u> standard plans. This means calculating TrOOP costs during the deductible and ICP varies by plan.**

Source: 2014 Call Letter (pg. 58), at: http://www.cms.gov/Medicare/HealthPlans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf

National Senior Citizens Law Center
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2013 Transition Rights to Medications Under Medicare Part D

Transition Policy: A Critical Protection.

The Centers for Medicare and Medicaid Services (CMS) requires that sponsors of Medicare Part D prescription drug plans provide beneficiaries with access to transition supplies of needed medications to protect them from disruption and give adequate time to move over to a drug that is on a plan's formulary, file a formulary exception request or, particularly for Low Income Subsidy (LIS) recipients, enroll in a different plan.

In early 2013, transition rules will be particularly important for low income beneficiaries who were automatically reassigned to new plans, which may or may not cover their medications.

In addition, all plans change their formularies each year, so even people who remain in the same plan may find that their plan no longer covers their medications or has newly imposed utilization management requirements.

To assist advocates with transition issues, this paper sets out the CMS minimum requirements for all plans.

CMS Minimum Transition Requirements

CMS requires Part D plans to establish transition policies to ensure that beneficiaries who are stabilized on a medication are not left without coverage:

- When they first enroll in a Part D plan.
- When they are moving to a new plan that does not cover their current drug, including when that move is mid-year.
- When, at the start of a new plan year, the plan in which they currently are enrolled drops coverage of a drug they are taking or imposes new utilization management restrictions on that drug.
- When they experience a change in level of care (e.g., from hospital to a nursing facility, from a nursing facility to home, or out of hospice status to standard Medicare, etc.).

For all enrollees:

Plans must provide a one time fill–**30 day supply** (unless a lesser amount is prescribed) — of an **ongoing** medication within the first 90 days of plan membership.

- Applies both to drugs not on formulary and to those subject to utilization management controls.[1]
- Applies to the first 90 days in the plan, even if not at the beginning of the plan year and even if the 90 day period extends over two plan years (e.g., a November enrollment).
- Applies both to new members and to continuing members when a plan has changed formulary.
- Does not cover non-Part D drugs.
- Does not cover multiple fills. For example, if a doctor only prescribes a pain medicine in 14 day batches, the transition will only cover one batch.

Plans must mail a **written notice** explaining that the transition supply is temporary, including instructions for identifying appropriate substitutes; notice of the right to request a formulary exception; and instructions on how to file an exception request. The notice must be mailed within 3 business days of the temporary fill.

If, at the point of sale, a plan cannot determine whether a newly written prescription is for ongoing drug therapy or not, the plan must assume that the prescription is ongoing and apply transition policies.

Residents in a long-term care (LTC) facility or other institution get further protections.

- Plans must provide a 31 day supply during the first 90 days.
- Plans must honor multiple 31 day fills during the first 90 days.

A change in status brings additional rights.

- Early refill edits may not be used to deny an enrollee access to a refill upon admission or discharge from a facility.
- For members leaving facilities, plans should permit fills of prescriptions in the week before discharge to avoid gaps or delays.
- Extension of transition supplies is required on a case-by case basis until an "appropriate and meaningful transition can be effectuated." (See box below for fuller details.)

For CMS Guidance on transition drug supplies, go to Medicare Prescription Drug Benefit Manual, Chapter 6 at 30.4 et seq. http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter6.pdf (excerpt copied below)

Extending Transition Supplies: Plan Responsibilities

CMS Prescription Drug Benefit Manual, Chapter 6 at 30.4.4.3

A Part D sponsor may need to make arrangements to continue to provide necessary drugs to an enrollee via an extension of the transition period, on a case-by case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum transition period. It is vital that sponsors give affected enrollees clear guidance regarding how to proceed after a temporary fill is provided, so that appropriate and meaningful transition can be effectuated by the end of the transition period. *Until that transition is actually made, however, either through a*

switch to an appropriate formulary drug, or a continuation of drug coverage is necessary, other than for drugs not covered under Part D."

decision is made regarding an exception request,

For further information, contact Georgia Burke gburke@nsclc.org or Kevin Prindiville kprindiville@nsclc.org .

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[1] Plans must waive utilization management rules during the transition. However, if a plan limits dosage to, for example, 14 pills, the plan may distribute 14 pills when the enrollee first presents the prescription but must provide refills until the 30 day transition supply is met.

This entry was posted in Medicare Part D, Uncategorized and tagged Medicare, Medicare Part D. Bookmark the permalink.

- NLRC
  Providing Legal Support to the Aging-Advocacy Network

  The National Legal Resource Center has information and links to legal help for older adults and for advocates.

Guide to consumer mailings from CMS, Social Security, & plans in 2013/2014

(All notices available online are hyperlinked, but note that current year versions for many notices aren't posted until fall.)

Mail date	Sender	Mailing/color	Main message	Consumer action
Mid-May	**Social Security**	**Social Security LIS and MSP Outreach Notice** (SSA Pub. Forms L447 & L448)	Informs people who may be eligible for Medicare Savings Programs (MSPs) about MSPs and the Extra Help available for Medicare prescription drug coverage.	• If you think you qualify for Extra Help, you should apply. • Apply for Extra Help through Social Security.
Early September	**Social Security**	**Social Security Notice to Review Eligibility for Extra Help** (SSA Form No. 1026)	Informs people selected for review that they should see if they continue to qualify for Extra Help. Includes an "Income and Resources Summary" sheet.	If you get this notice, you must return the enclosed form in the enclosed postage-paid envelope within 30 days or your Extra Help may end.
September	**Plans**	**Plan Annual Notice of Change (ANOC) and Evidence of Coverage (EOC)** **Model ANOC**	By **September 30**, people will get a notice from their current plan outlining 2014 formulary, benefit design, and/or premium changes.	Review changes to decide whether the plan will continue to meet your needs in 2014.
September	**Plans**	**Plan LIS Rider** **Model LIS Rider**	By **September 30**, all people who qualify for Extra Help will get an LIS rider from their plan telling them how much help they'll get in 2014 towards their Part D premium, deductible, and copayments.	Keep this with your plan's "Evidence of Coverage" (EOC), so you can refer to it if you have questions about your costs.
September	**Employer /union plans**	**Notice of Creditable Coverage**	By **September 30**, employer/union and other group health plans must tell all Medicare-eligible enrollees whether or not their drug coverage is creditable.	Keep the notice.
September	**CMS**	**Loss of Deemed Status Notice** (Product No. 11198) (GREY Notice)	Informs people that they no longer automatically qualify for Extra Help as of January 1, 2014.	Apply for Extra Help through Social Security (application and postage-paid envelope enclosed) or a State Medical Assistance (Medicaid) office.
Late September	**CMS**	**"Medicare & You" 2014 Handbook**	Mailed to all Medicare households each fall. Includes a summary of Medicare benefits, rights, and protections; lists of available health and drug plans; and answers to frequently asked questions about Medicare.	Keep the handbook as a reference guide. You can also download a copy online at Medicare.gov.

Mail date	Sender	Mailing / color	Main message	Consumer action
October	**Plans**	**Plan Marketing Materials**	On October 1, plans begin sending marketing materials for 2014.	Use this information to compare options for 2014.
October	**Plans**	**Plan Non-Renewal Notice**	By October 2, people whose 2013 plan is leaving the Medicare program in 2014 will get notices from plans.	You must look for a new plan for coverage in 2014.
October	**CMS**	**Change in Extra Help Co-payment Notice** (Product No. 11199) (ORANGE Notice)	Informs people that they still automatically qualify for Extra Help, but their copayment levels will change starting January 1, 2014.	• Keep the notice. • No action, unless you believe an error has occurred.
Late October	**CMS**	**Consistent Poor Performer Notice** (Product No. 11627)	Informs people that they're enrolled in a plan that has been identified as a consistent poor performer (i.e. fewer than three stars for three or more consecutive years) and encourages them to explore other plan options in their area.	• Visit Medicare.gov/find-a-plan find and compare plans in your area. • You can change plans during the Open Enrollment Period (October 15–December 7). Call 1-800-MEDICARE (1-800-633-4227) to change plans outside of this period. TTY users should call 1-877-486-2048.
Late October	**CMS**	**Reassignment Notice – Plan Termination** (Product No. 11208) (BLUE Notice)	Informs people that their current Medicare drug plan is leaving the Medicare Program and they'll be reassigned to a new Medicare drug plan effective January 1, 2014, unless they join a new plan on their own by December 31, 2013.	• Keep the notice. • Compare plans to see which plan meets your needs. • Change plans, if you choose, in early December. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the State Health Insurance Assistance Program (SHIP) for free, personalized help.
		Reassignment Notice – Premium Increase (Product No. 11209) (BLUE Notice)	Informs auto-enrollees that because their current Medicare drug plan premium is increasing above the regional LIS premium subsidy amount, they'll be reassigned to a new Medicare drug plan effective January 1, 2014, unless they join a new plan on their own by December 31, 2013.	
Late October/ Early November	**CMS**	**MA Reassignment Notice** (Product No. 11443) (BLUE Notice)	Informs people who get Extra Help and whose current Medicare Advantage (MA) plan is leaving the Medicare Program that they'll be re-assigned to a Medicare drug plan effective January 1, 2014, if they don't join a new MA or PDP plan on their own by December 31, 2013.	• Keep the notice. • Compare plans to see which plan meets your needs. • Change plans, if you choose, in early December. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.

Mail date	Sender	Mailing / color	Main message	Consumer action
Early November	**CMS**	**LIS Choosers Notice (Product No. 11267)** **(TAN Notice)**	Informs people who get Extra Help and chose a Medicare dug plan on their own that their plan's premium is changing, and they'll have to pay a portion of their plan's premium in 2014 unless they join a new $0 premium plan.	• Keep the notice. • You may want to look for a new plan for coverage for 2014 with a premium below the regional low income subsidy benchmark. (Notice includes list of local plans with no premium liability.) • Change plans in early Dec. if you choose.
November	**CMS**	**CMS Non-Renewal Reminder Notice** (Product No. 11433 & Product No.11438)	Reminds people who don't get Extra Help and whose plan is leaving the Medicare Program that they need to choose a new plan for 2014.	You must look for a new plan for coverage in 2014.
November	**Social Security**	**Social Security Part B & Part D Income-Related Adjustment Amount Notice**	Tells higher-income consumers about income-related Part B and Part D premium adjustments. Includes the information in the December BRI notices (see below).	Keep the notice.
November	**Social Security**	**Social Security LIS Redetermination Decision Notice Begins**	Social Security begins mailing notices letting people know whether they still qualify for Extra Help in the coming year.	• Keep the notice • If you believe the decision is incorrect, you have the right to appeal it. The notice explains how to appeal. • If you have questions, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
Late November	**Social Security**	**Social Security LIS and MSP Outreach Notice** (Form SSA-L441)	Informs people who may be eligible for Qualified Disabled Working Individual (QDWI) about the Medicare Savings Programs and the Extra Help available for Medicare prescription drug coverage.	• If you think you qualify for Extra Help, you should apply. • For more information about the Extra Help or if you want to apply, call Social Security at 1-800-772-1213.
December	**Social Security**	**Social Security Benefit Rate Change (BRI) Notice**	Tells people about benefit payment changes for the coming year due to cost of living increases, variations in the premiums that are withheld, etc.	Keep the notice.
December	**CMS**	**Reassign Formulary Notice** (Product No. 11475 & Product No. 11496) (BLUE Notice)	Informs people who get Extra Help and were affected by reassignment which of the Part D drugs they took in 2013 will be covered in their new 2014 Medicare drug plan.	• Consider whether this plan is right for you, or whether another plan might cover more of your drugs. • Compare this Medicare drug plan with others in your area. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.

Mail date	Sender	Mailing / color	Main message	Consumer action
January	**CMS**	**CMS Non-Renewal Action Notice** (Product No. 11452)	Reminds people who don't get Extra Help and whose Medicare plan left the Medicare Program that they need to join a new Medicare drug plan if they want Medicare drug coverage for 2014.	You must join a Medicare drug plan by February 28 if you want Medicare drug coverage for 2014.
Early February	**CMS**	**Consistent Poor Performer Notice – February Notice to New Enrollees** (Product No. 11633)	Informs people that they're enrolled in a plan that has been identified as a consistent poor performer and encourages them to explore other plan options in their area.	• Visit Medicare.gov/find-a-plan to find and compare plans in your area. • You can call 1-800-MEDICARE to move into a higher-rated plan.
Daily - ongoing	**CMS**	**Deemed Status Notice** (Product No. 11166) (PURPLE Notice beginning in Sept/Oct)	Informs people that they'll automatically get Extra Help, including people 1) with Medicare and Medicaid, 2) in Medicare Savings Program, and 3) who receive Supplemental Security Income (SSI) benefits.	• Keep the notice. • No need to apply to get the Extra Help. • Compare Medicare prescription drug plans with others to meet your needs. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.
Daily - ongoing	**CMS**	**Auto-Enrollment Notice** (Product No. 11154) (YELLOW Notice)	Sent to people who automatically qualify for Extra Help because they qualify for Medicare & Medicaid and currently get their benefits through Original Medicare. These people will be automatically enrolled in a drug plan unless they decline coverage or enroll in a plan themselves.	• Keep the notice. • No need to apply to get the Extra Help. • If you don't join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. • For more information call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.
Daily - ongoing	**CMS**	**Auto-Enrollment - Retroactive Notice** (Product No. 11429) (YELLOW Notice)	Sent to people who automatically qualify for Extra Help **with a retroactive effective date** because they either 1) qualify for Medicare & Medicaid or 2) get Supplemental Security Income (SSI). These people will be automatically enrolled in a drug plan unless they decline coverage or enroll in a plan themselves.	• Keep the notice. • No need to apply to get the Extra Help. • If you don't join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.

Mail date	Sender	Mailing / color	Main message	Consumer action
Daily - ongoing	**CMS**	**Facilitated Enrollment Notice** (Product No. 11186 & Product No. 11191) (GREEN Notice)	Informs people who either 1) belong to a Medicare Savings Program or 2) get Supplemental Security Income (SSI), or 3) applied and qualified for Extra Help that they will be automatically enrolled in a drug plan unless they decline coverage or enroll in a plan themselves.	• Keep the notice. • If you don't join a plan, Medicare will enroll you in one. • Compare Medicare prescription drug plans with others to meet your needs. • For more information, call 1-800-MEDICARE, check "Medicare & You," visit Medicare.gov, or contact the SHIP for free, personalized help.
Daily - ongoing	**CMS**	**FBDE RDS Notice** (Product No. 11334)	Informs people with Medicare & Medicaid who already have qualifying creditable drug coverage through an employer or union that they automatically qualify for Extra Help, and can join a Medicare drug plan if they want to at no cost to them.	Contact your employer or union plan to learn how joining a Medicare drug plan may affect your current coverage.
Daily - ongoing	**Social Security**	**Initial IRMAA Determination Notice**	Sent to people with Medicare Part B and/or Part D when Social Security determines whether any IRMAA amounts apply. Notice includes information about Social Security's determination and appeal rights.	Keep the notice.

2014 Medicare Part D Benchmark** Prescription Drug Plans (PDP) in New York State, with Changes from 2013

6 Plans with FREE PREMIUMS for People with Extra Help – down from 12 in 2013

COMPANY	Plan Name 2013	Change from 2013 to 2014	2014 Premium (Free for Extra Help)	Tel.
Aetna Medicare	Aetna CVS/pharmacy Prescription Drug Plan-PDP	No longer benchmark	$61.40 (about $24 with Extra Help)	800-832-2640
CIGNA Medicare Rx	**1. CIGNA Medicare Rx Plan One** (PDP)	Remains benchmark	$36.80	800.735.1459
CIGNA Medicare Rx	**2. CIGNA HealthSpring Rx** – Reg 3	Remains benchmark	$37.90	Formerly known as Healthspring, merged with CIGNA this year
EnvisionRx Plus	EnvisionRx Plus Silver (PDP)	No longer benchmark	$41.40	866.250.2005
Express Scripts Medicare (was Medco)	**3. Express Scripts Medicare - Value** (PDP)	Remains benchmark	$36.40	800.758.3605
First Health Part D	First Health Part D Essentials (PDP)	No longer benchmark	$43.10	
First United American Life Insurance Co.	First United American - Select (PDP)	No longer benchmark	$40.10	866.524.4171
Humana Insurance Company of New York	**4. Humana Walmart-Preferred Rx** Plan (PDP)	Remains benchmark	$25.80	800.281.6918
SilverScript Insurance Company	SilverScript Basic (PDP)	NO LONGER EXISTS		
SmartD Rx	SmartD Rx Saver (PDP)	NO LONGER EXISTS		
HealthNow New York Inc.	SmartSaver Rx PDP (PDP)	No longer benchmark	$42.90	
WellCare	**5. WellCare Classic (PDP)**	Remains benchmark	$29.00	888.293.5151
UnitedHealthcare*	**6. AARP MedicareRx Saver Plus (PDP)**	**Becomes benchmark again (was in 2012 but not 2013)**	$23.40	877.699.5710

- **PLANS DISCONTINUED IN 2014 will be reassigned but not known yet to what plan.**

* Although CMS allows plans whose premiums are within $2.00 above the benchmark amount to waive the difference and remain free for people with Full Extra Help, UnitedHealthcare has chosen not to do this for 2013. As a result, any members of AARP MedicareRx Preferred with Full Extra Help will be billed for a $0.50/mo. premium, and may be disenrolled if they fail to pay. See http://wnylc.com/health/news/43/ for more information.

- **2014 Benchmark Premium is $37.23, BENCHMARK plans are those with premiums that are below this "benchmark amount" which is set each year by CMS.** These plans are free for people with Extra Help. When Medicaid recipients and others with Extra Help are randomly assigned to plans if they don't select one, they can only be assigned to benchmark plans.

2013 NYS INCOME AND RESOURCE STANDARDS AND FEDERAL POVERTY LEVELS (FPL)

Note: All dollar amounts now reflect 2013 levels

Reference Documents: SA 2012 -00484-00, SA 2012-00737-00, GIS 13 MA//01, GIS 13 MA//02, SA 203-00061-00

NYC Human Resources Administration Department of Social Services

MAPDR-01 03/21/2013

1. Medicaid for Pregnant Women and Medicaid Monthly Income Levels (Pregnant Women and Children Under 19)

Family Size	1	2	3	4	5	6	Each Add'l Person
Children under 1 yr; Pregnant Women Perinatal Coverage Only **(200% FPL)**	$1,915	$2,585	$3,255	$3,925	$4,595	$5,265	$670
Children 1-18 yrs **(133% FPL)**	$1,274	$1,720	$2,165	$2,611	$3,056	$3,502	$446
Pregnant Women **(count as 2 people)** Full Coverage **(100% FPL)**		$1,293	$1,628	$1,963	$2,298	$2,633	$335

2. Child Health Plus Premium Levels – Monthly Income by Family Size (Effective 04/01/2013) (Children Under 19 NOT Medicaid Eligible)

Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance **(Calculated at 160% FPL less $1.00)**	$1,531	$2,067	$2,603	$3,139	$3,675	$4,211	$536
$9 per child per month (Max. $27 per family) **(222% FPL)**	$2,126	$2,870	$3,614	$4,357	$5,101	$5,845	$744
$15 per child per month (Max $45/Family) **(250% FPL)**	$2,394	$3,232	$4,069	$4,907	$5,744	$6,582	$838
$30 per child per month (Max. $90 per family) **(300% FPL)**	$2,873	$3,878	$4,883	$5,888	$6,893	$7,898	$1005
$45 per child per month (Max. $135 per family) **(350% FPL)**	$3,352	$4,524	$5,697	$6,869	$8,042	$9,214	$1,173
$60 per child per month (Max. $180 per family) **(400% FPL)**	$3,830	$5,170	$6,510	$7,850	$9,190	$10,530	$1,340
Full Premium per child/month if **over 400%** FPL (Premium amount varies from plan to plan)	Over $3,830	Over $5,170	Over $6,510	Over $7,850	Over $9,190	Over $10,530	

3. Regular Medicaid Levels (Parents, 19 and 20 year olds, disabled or blind 21-64 year olds, persons 65 and over) [Income level testing applies to all. Resource level testing applies only to disabled or blind 21-64 year olds and persons 65 and over]

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	$800	$1,175	$1,352	$1,528	$1,704	$1,880	$2,057	$2, 233	$2,410	$2587	$177
Resource Level	$14,400	$21,150	$24,323	$27,495	$30,668	$33,840	$37,013	$40,185	$43,358	$46,531	$3,173

4. (a) FHP Income Levels (Parents Living with Children Under 21 in their Household; 19-20 year olds living with their parents)

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
FHP Limit 150% FPL	$1,437	$1,939	$2,442	$2,944	$3,447	$3,949	$4,452	$4,954	$5,457	$5,960	$503

4. (b) FHP Income Levels (Adults Without Children Under 21 in Household and 19-20 Year Olds Living Alone)

INCOME LEVELS (100% FPL)	Family of 1	$958
	Family of 2	$1,293

5. Family Planning Benefit Program Income Levels (No Resource Test)

Family Size	1	2	3	4	5	6	Each Add'l Person
FPBP 200% FPL (Child Bearing Age)	$1, 915	$2, 585	$3, 255	$3, 925	$4, 595	$5, 265	$670

6. MBI-WPD (Persons 16-64)

Family Size	1	2	Resource
MBI-WPD 250% FPL	$2,394	$3,232	(1) $20,000 (2) $30,000

7. Monthly Medicaid Standards (Non-Disabled Adults ages 21-64 Without Children under 21 in the Household and Low Income Families)

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Monthly Income	$750	$936	$1,114	$1,293	$1,479	$1,614	$1,757	$1,940	$2,046	$2,152	$106

8. Medicare Savings Program (Buy-In)

		Income	
		Family of 1	**Family of 2**
QMB 100% FPL	Annual	$11,496	$15,516
	Monthly	$ 958	$1,293
SLIMB 120% FPL	Annual	$13,788	$18,612
	Monthly	$1,149	$1,551
QI-1 135% FPL	Annual	$15,516	$20,940
	Monthly	$1,293	$ 1,745

NO RESOURCE TEST FOR ANY MSP PROGRAM

9. Other Important Figures

Medicare Part A Premium: $243.00 (30-39 Quarters)
$441.00 (Less than 30 Quarters)

Medicare Part B Premium: $104.90 for all recipients

Standard Allocation: From non-SSI-related parent to non-SSI-related child $375

PASS-THROUGH FACTORS: .967 and .165

Family Size	1	2
COBRA (100% FPL)	$ 958	$1,293
AIDS Health Ins. Program (AHIP) (185% FPL)	$1,772	$2,392
QWDI (200% FPL)	$1,915	$2,585
COBRA, QWDI (Resource Level)	$4,000	$6,000
Pickle/DAC/SSI (Resource Level)	$2,000	$3,000

10. Spousal Support and Resource Levels

INCOME (MMMNA) - $2,898 **(Inst Spouse) - $50**	**RESOURCES** – (Minimum) - $74,820 (Maximum) - $115,920	**FAMILY MEMBER ALLOWANCE FORMULA: USE -** $1,939 $ 647 is the maximum family member allowance

11. SSI –Related Resource Levels

Family Size	1	2	3	4	5	6	7	8	9	10	Each Add'l Person
Resource Level	$14,400	$21,150	$24,323	$27,495	$30,668	$33,840	$37,013	$40,185	$43,358	$46,531	$3,173

12. Monthly Regional Nursing Home Rates

NEW YORK CITY (All boroughs) **- $11,350**	**LONG ISLAND - $12,034** Nassau, Suffolk
NORTHEASTERN - $8,950 Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	**NORTHERN METROPOLITAN - $10,737** Duchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
WESTERN (Buffalo) - $8,682 Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	**ROCHESTER - $9,782** Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
CENTRAL (Syracuse) - **$8,432** Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	

In determining the community resource allowance on and after January 1, 2009, the community spouse is permitted to retain resources in an amount equal to the greater of the following: $74,820 or the amount of the spousal share up to $115,920. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the date of the first continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989. The look-back period is anchored in the month the A/R is both institutionalized and applying for MA.