PACE PROVIDER BULLETIN

November 2, 2012

Medicare Part D Plans

Listed below are the Medicare Part D plans that have been selected as partner plans with PACE for 2013, pending final execution of their Agreements with the Department of Aging.

The PACE Program is recommending that cardholders using the prescription drug benefit enroll in one of the following plans if they are not currently enrolled in a Medicare Advantage Plan or an employer retiree plan. As in previous years, Part D plans are chosen for cardholders based on the individual's pharmaceutical history. Additionally, the Program makes every effort to place cardholders into plans in which their pharmacy participates.

Provider	Plan			Tier 1	Tier 1	Tier 2	Tier 2	Tier 3	Tier 3	Tier 4	Tier 4	Tier 5	Tier 5	Mail Order
Name	Name	Premium	Deductible	\$	Description	Avail?								
CIGNA							Non-				Non-			CIGNA Tel-
Medicare	Plan				Preferred		Preferred		Preferred		Preferred			Drug/ CIGNA
Rx	One	\$36.10	\$325	\$0	Generic	\$8	Generic	\$34	Brand	\$83	Brand	25%	Specialty	Home Delivery
	Basic				Preferred		Preferred		Non-					
SilverScript	Plan	\$34.00	\$325	\$2	Generic	23%	Brand	45%	Preferred	25%	Specialty	N/A	N/A	CVS Caremark
							Non-				Non-			Orchard
	RxPlus				Preferred		Preferred		Preferred		Preferred			Pharmaceutical
Envision	Silver	\$35.20	\$325	25%	Generic	25%	Generic	23%	Brand	28%	Brand	25%	Specialty	Services, Inc.

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CARDHOLDER INFORMATION

PACE Cardholders:

- The PACE Program will pay the Part D premiums for PACE cardholders enrolled in one of the program's 3 partner Part D plans.
- <u>IF PACE has secured an agreement with a non-partner plan to pay the Part D plan premium, PACE will pay up to the regional benchmark of \$36.57 (2013). A provider bulletin listing these <u>non-partner</u> plans will be distributed in December.</u>
- Cardholders enrolled in a plan with a premium higher than \$36.57 must pay the difference to the plan.
- Catastrophic Coverage: Copay = the greater of \$2.65 generic; \$6.60 brand or 5%.

PACENET Cardholders:

• Cardholders not enrolled in any Part D plan will have the 2013 Benchmark premium of \$36.57 assessed (deducted) at the point of sale. Note: This is the same procedure currently in place.



- PACENET cardholders enrolled in 1 of the 3 partner plans will have the plan's <u>premium</u> collected (deducted) by including it in the amount due from the cardholder plus the lower of the plan's or PACENET's copay.
 - NOTE: This is the same process used for PACENET cardholders **not** enrolled in a Part D plan. The only difference is that instead of the benchmark of \$36.57 plus the copay being returned in the response, the partner's plan premium (\$36.10, \$34.00 or \$35.20) plus the applicable copay will be returned in the response.
- PACENET cardholders in <u>non-partner</u> plans will be billed by the plan. The cardholder will pay the premium directly to the plan and will pay only copays at the pharmacy.
- Catastrophic Coverage: Copay = the greater of \$2.65 generic; \$6.60 brand or 5%.



The most current PACE/PACENET information can be found on the PACE Cares website at PACEcares.magellanhealth.com.

Cardholder Inquiries should be directed to 1-800-225-7223.

Provider Questions may be directed to Provider Services at 1-800-835-4080.

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