

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

## 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.
- ***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 non-partner plans will be distributed in December.
- 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 premium** 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 non-partner 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](http://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.