Dear SHIIP Counselors:

We have a lot of information to share so this e-mail is going to get a little long, but it's important information so grab a cup of coffee and please take time to read it carefully.

IMPORTANT—Quarterly Reports Due This Week

The July-September 2011 reporting quarter has ended. Please get all counseling and event reports entered on ShipTools for this period (July 1-September 30) by ***Sunday, October 16***. I know this is a busy time for you and hopefully most of you got your reports done earlier. We have to review and approve all reports by October 24 so we appreciate your efforts to get your reports entered.

Final 2012 Medicare Advantage Guide Posted on SHIIP Website

Earlier this week we posted a draft of the *2012 Medicare Advantage Guide* on the SHIIP website in the "Volunteers & Sponsors" section under "Emails and Alerts." The final version is now available to the public (and you) posted on the SHIIP website under "Medicare Advantage." It has been sent to the printer and we will send each of you two copies when we get them in the office. Your site will be able to order quantities using the online Supply Order Form once we notify you that the 2012 Guides are here.

5-Star Plans Announced

Today the Plan Finder posted the star ratings for the Part D and Medicare Advantage plans. The 2012 plans include:

PDP plans with 5-star rating:
MedicareBlue Rx Premier
MedicareBlue Rx Standard

MA plans with 5-star rating:
Gunderson Lutheran – All four plans
Medical Associates – All plans
Remember—MA and cost plans are only available in specific counties.
A new special enrollment period (SEP) corresponds to a 5-star rating. Starting in 2012 people with Medicare Parts A and B can use this new SEP to enroll into:
A 5-star Medicare Advantage plan (MA only)

A 5 star Medicare Advantage plan with drug coverage (MAPD)
A 5-star Prescription Drug Plan (PDP)

This SEP can be used **once** in a plan year. Coverage begins the first of the month following the enrollment. If you are currently enrolled in Original Medicare or a Medicare Advantage plan with a star rating of 4.5 or less you can make one of the following changes:

- ✓ Going from Original Medicare to a 5-star MA or MAPD plan
- ✓ Going from a MA or MAPD to a 5-star MA or MAPD or cost plan (going from an MAPD to an MA only plan will result in losing drug coverage for the remainder of the year unless the individual qualifies for some other SEP)
- ✓ Going from a PDP to a 5-star PDP or MAPD
- ✓ Going from no drug coverage to a 5-star PDP or MAPD (any late enrollment penalties will still apply)

2012 Part B Premium E-mails

Several of you have forwarded to us an e-mail which is being sent around that gives Part B premiums for 2012. We want you to know that Social Security and CMS have not yet released the 2012 Part B premiums. Any figures being given are not official and should not be shared. As soon as we get the new premiums we will get them out to you.

State of Iowa Retiree Information

We have posted detailed information about the State of Iowa retiree health plans on ShipTools under the "Resources" tab. Select "Other Resources" and go to "Employer Provided Health Plans." At the Fall Updates Patty discussed the new option the state is offering (Medicare supplement Plan N) and how a special Silverscript Part D plan is offered to state retirees to help with drug costs and to reduce their health insurance premiums. The posted information shows premiums for the various health plans offered with and without Silverscript. The premiums increased quite a bit from 2011 so the State believes many retirees will be interested in changing to individual Medicare supplements and Part D plans from their group plan. You may be getting calls!

New Generics and the Plan Finder

There are several popular brand name drugs which will be going generic before the end of the year (some during the OEP). Many of the 2012 plans will cover these generics but that information will not appear on the Plan Finder (www.medicare.gov) before the end of the year. The only way to find out if a plan will cover the new generic and the co-payment level (cost) is to call the plan.

Plan Non-Renewals

We do not have any Part D plans which did not renew their contracts for 2012. The two 2011 drug plans which are not offered in 2012 were "crosswalked" (moved) into other plans within their company. Plan members with the Aetna Medicare Rx Plus drug plan are being crosswalked in to Aetna Medicare Rx Premier and Advantage Star Plan members are being put into CVS Caremark Value.

We do have several Medicare Advantage plans which did not renew their contracts. The beneficiaries affected are confined to a eight counties (the number affected follow the county name):

Carroll – 128 (Secure Horizons PFFS, Sterling PFFS, Today's Options)
Decatur – 98 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)
Cerro Gordo – 38 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)
Hancock – 12 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)
Howard – 43 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)
Kossuth – 35 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)
Mitchell – 13 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)
Worth – 16 (Humana PFFS, Secure Horizons PFFS, Sterling PFFS, Today's Options PFFS)

Plan Finder Comparison Tips

See the attached information about using the Plan Finder during the 2012 OEP.

Century Link (US West) Retirees Move to HRA

We have been providing you with information about employers who are dropping their retiree health insurance plans to offer Health Reimbursement Accounts (HRAs). Add to the list Century Link (formerly US West). Specific groups of retirees will be moved to HRAs. We don't have details on this move yet. The closest retiree meetings are being held in Omaha and Minneapolis. If you have questions please call the SHIIP office and we'll do some research.

Plan Finder Update

Drug Entry--Frequency

Remember, you must enter all drugs with "every 1 month" quantity if the person wants mail order pricing. If you enter even one drug with "every 2 month" or less often the mail order pricing will be inaccurate.

You will also get inaccurate pricing if a person goes to a retail pharmacy and gets a 90 day supply every 3 months and you enter it that way. It should be entered "30 every 1 month." The exception to this rule is if you are comparing retail pharmacies only (no mail order) and the person gets a "30 every 2 months" or less often. (???Patty, Sue)

Plan Comparisons

Just a reminder that we want SHIIP counselors to **show clients Plan Details** rather than side by side comparisons. The side by side version does not include all the information we feel is important to share with clients.

Also, we've been asked by new counselors what things they should print and keep copies of when doing comparisons. Here's our list:

- Print two copies of the Plan Details page for the 2-3 plans in which the client is most interested. This may be their current plan and a lower cost plan, the two lowest cost plans or just the lowest cost plan in which they want to enroll. The key is not overwhelming them with paper and information. This will vary to some degree from client to client, but 3 plans is plenty.

- If quantity limits are an issue you may want to print the pop-up box which appears when you click on “yes” in this column.
- If the client needs assistance during the donut hole and there are suggestions for lowering drug costs you could print this information for the client to pursue.
- Print two copies of the enrollment form you complete for a client which includes their personal information. (TIP—Be sure to review this with the client carefully before submitting the enrollment. It’s easier to fix an error at this point than after the enrollment is submitted.)

Plan Finder and Pharmacies

One of the changes made to the Plan Finder this year is identification of “preferred network” pharmacies, “network” pharmacies and “out-of-network” pharmacies. As many of you have discovered, some plans have preferred network pharmacies and the pricing for some drugs (tiers) is significantly lower at these pharmacies compared to “network” pharmacies.

You can identify the type of pharmacy on the Plan Details page. You will see the pharmacy type in red print after the pharmacy name (see below). You can also see in the samples below the difference in pricing for this particular plan from the preferred network pharmacy to the network pharmacy.

	Full Year Cost (based on January enrollment) [?]
WALGREENS #3252	$301.20
DAHLS PHARMACY	$385.20

Lower your drug costs

What You Pay

WALGREENS #3252 | DAHLS PHARMACY

WALGREENS #3252 - Preferred-Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay: Initial Coverage Level [?] What you pay after the deductible, but before your total drug costs reach $2,930	What You Pay: Coverage Gap[?] What you pay after you reach $2,930 in full drug costs, but before you reach $4,700 in out of pocket costs	What You Pay: Catastrophic Coverage[?] What you pay after you reach $4,700 in out of pocket costs
Levothyroxine Sodium TAB 100MCG	$7.79	Every 1 Month	$0.00	$6.70	$2.60
MONTHLY TOTALS:	$7.79		$0.00	$6.70	$2.60

	Full Year Cost (based on January enrollment) [?]
WALGREENS #3252	$301.20
DAHLS PHARMACY	$385.20

Lower your drug costs

What You Pay

WALGREENS #3252 | DAHLS PHARMACY

DAHLS PHARMACY - Network Pharmacy

SELECTED DRUGS	FULL COST OF DRUG	Refill Frequency	What You Pay: Initial Coverage Level [?] What you pay after the deductible, but before your total drug costs reach $2,930	What You Pay: Coverage Gap[?] What you pay after you reach $2,930 in full drug costs, but before you reach $4,700 in out of pocket costs	What You Pay: Catastrophic Coverage[?] What you pay after you reach $4,700 in out of pocket costs
Levothyroxine Sodium TAB 100MCG	$7.79	Every 1 Month	$7.00	$6.70	$2.60
MONTHLY TOTALS:	$7.79		$7.00	$6.70	$2.60

Printing Plan Information

One of the really helpful changes to the Plan Finder this year is the print option from the Plan Details page.

Drug Coverage Information

SELECTED DRUGS	TIER (FORMULARY STATUS) [?]	Restrictions: PRIOR AUTHORIZATION [?]	Restrictions: QUANTITY LIMITS [?]	Restrictions: STEP THERAPY [?]
Levothyroxine Sodium TAB 100MCG	Tier: 2			

Add/Edit Drugs | Print My Drug List | Print Plan Report | View Drug Benefit Summary

Pharmacy & Mail Order Information

Mail Order is available.

When you click on this tab the following screen appears:

(see next page)

Customize Your Printable Report

Customize the report by selecting from the options below. Once you have made the selections for what you default report options have been preselected for you.

- [x] Plan Ratings
- [x] Fixed Costs
- [x] Drug List
- [x] Drug Coverage Information
- [x] Estimated Drug Costs - DAHLS PHARMACY
  - [x] Estimated Annual Drug Costs at DAHLS PHARMACY
  - [x] Estimated Drug Cost Details at DAHLS PHARMACY
  - [x] Estimated Monthly Cost Comparison Bar Chart - DAHLS PHARMACY
  - [ ] Estimated Monthly Drug Costs at DAHLS PHARMACY
- [ ] Estimated Drug Costs - WALGREENS #5362
  - [x] Estimated Annual Drug Costs at WALGREENS #5362
  - [x] Estimated Drug Cost Details at WALGREENS #5362
  - [x] Estimated Monthly Cost Comparison Bar Chart - WALGREENS #5362
  - [ ] Estimated Monthly Drug Costs at WALGREENS #5362
- [x] Estimated Drug Costs - Mail Order
  - [x] Estimated Annual Drug Costs at Mail Order Pharmacy
  - [x] Estimated Drug Cost Details at Mail Order Pharmacy
  - [x] Estimated Monthly Cost Comparison Bar Chart - Mail Order Pharmacy
  - [ ] Estimated Monthly Drug Costs at Mail Order Pharmacy
- [ ] Pharmacy Network Information
- [ ] Definitions

Print

If two pharmacies were selected by the client you can check to have details about both pharmacies printed. If the plan has mail order you can check to print mail order details. Likewise, you can “uncheck” mail order if the client is not interested in that option and you don’t need to print it. We recommend

“unchecking” the last two items as this is information that generally the client doesn’t need.

Drug Entry

I know Patty and all the SHIIP staff have drilled into you that entering drugs accurately in the Plan Finder is critical for doing comparisons. A comparison does no good if the drug information is wrong. When there is any doubt the pharmacy needs to be called. I want to share a story that brings home this point. Judy Brannon helped a client with a problem recently. When she was finished she mentioned to the client that the OEP dates had changed and that SHIIP could do a comparison for her. The client stated that a SHIIP counselor had done a comparison for her 4 years ago and entered the drugs wrong so she signed up for a plan that didn’t work for her and since then she hadn’t used a SHIIP for Part D comparisons. I know it takes extra time to call the pharmacy, but accurate drug entry (name, dosage, quality, form) is so critical.