



TEXAS
**Health and Human
Services**

**2019
Medicare Part D
Provider Resource**

2019 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 5, 2018. Includes 2019 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 2019, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

State	Contract ID	Plan ID	Company Name	Plan Name	Benefit Type	\$0 Premium with Full Low-Income Subsidy?	Monthly Drug Premium	Annual Drug Deductible	Additional Drug Coverage Offered in the Gap
Texas	S5810	056	Aetna Medicare	Aetna Medicare Rx Saver (PDP)	Basic	x	\$ 21.30	\$ 355.00	No
Texas	S5810	293	Aetna Medicare	Aetna Medicare Rx Select (PDP)	Enhanced		\$ 16.10	\$ 380.00	Yes
Texas	S5768	145	Aetna Medicare	Aetna Medicare Rx Value Plus (PDP)	Enhanced		\$ 58.80	\$ -	Yes
Texas	S5617	108	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure (PDP)	Basic	x	\$ 22.70	\$ 415.00	No
Texas	S5617	301	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Essential (PDP)	Enhanced		\$ 21.80	\$ 415.00	No
Texas	S5617	267	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Extra (PDP)	Enhanced		\$ 57.50	\$ 100.00	Yes
Texas	S7694	022	EnvisionRx Plus	EnvisionRxPlus (PDP)	Basic		\$ 52.10	\$ 415.00	No
Texas	S5660	192	Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced		\$ 99.90	\$ 350.00	Yes
Texas	S5660	238	Express Scripts Medicare	Express Scripts Medicare - Saver (PDP)	Enhanced		\$ 24.00	\$ 415.00	No
Texas	S5660	124	Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic		\$ 44.60	\$ 415.00	No
Texas	S5715	014	HISC - Blue Cross Blue Shield of Texas	Blue Cross MedicareRx Basic (PDP)	Basic		\$ 30.70	\$ 415.00	No
Texas	S5715	006	HISC - Blue Cross Blue Shield of Texas	Blue Cross MedicareRx Plus (PDP)	Enhanced		\$ 140.10	\$ -	No
Texas	S5715	005	HISC - Blue Cross Blue Shield of Texas	Blue Cross MedicareRx Value (PDP)	Enhanced		\$ 82.10	\$ 415.00	No
Texas	S5884	020	Humana	Humana Enhanced (PDP)	Enhanced		\$ 76.00	\$ -	No
Texas	S5884	143	Humana	Humana Preferred Rx Plan (PDP)	Basic	x	\$ 22.50	\$ 415.00	No
Texas	S5884	168	Humana	Humana Walmart Rx Plan (PDP)	Enhanced		\$ 27.80	\$ 415.00	No
Texas	S7126	021	Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic		\$ 44.80	\$ 415.00	No
Texas	S7126	054	Mutual of Omaha Rx	Mutual of Omaha Rx Value (PDP)	Enhanced		\$ 29.20	\$ 415.00	No
Texas	S5601	164	SilverScript	SilverScript Allure (PDP)	Enhanced		\$ 80.00	\$ -	No
Texas	S5601	044	SilverScript	SilverScript Choice (PDP)	Basic	x	\$ 24.50	\$ 100.00	No
Texas	S5601	045	SilverScript	SilverScript Plus (PDP)	Enhanced		\$ 51.60	\$ -	Yes
Texas	S5820	021	UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced		\$ 75.30	\$ -	No
Texas	S5921	367	UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic		\$ 38.10	\$ 415.00	No
Texas	S5921	403	UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced		\$ 28.00	\$ 415.00	No
Texas	S4802	013	WellCare	WellCare Classic (PDP)	Basic	x	\$ 24.30	\$ 415.00	No
Texas	S4802	118	WellCare	WellCare Extra (PDP)	Enhanced		\$ 67.00	\$ -	No
Texas	S4802	155	WellCare	WellCare Value Script (PDP)	Enhanced		\$ 10.40	\$ 415.00	No

2019 Medicare Part D Stand-Alone Prescription Drug Plans

Includes plans placed under sanction as of September 5, 2018. Information is provided for these plans, but they are not able to accept any new enrollees.

Notes: Data are subject to change as contracts are finalized. For 2019, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

[illegible]

2019 Medicare Part D Stand-Alone Prescription Drug Plans by Company Name

2018 CMS Regional Benchmark for Texas \$23.96

KHC SPAP #SS005

KHC Provider #	State	Contract ID	Plan ID	Company Name	Plan Name	Benefit Type	\$0 Premium with Full Low-Income Subsidy?	Monthly Drug Premium	Annual Drug Deductible	Additional Drug Coverage Offered in the Gap
020872	Texas	S5810	056	Aetna Medicare	Aetna Medicare Rx Saver (PDP)	Basic	x	\$ 21.30	\$ 355.00	No
020872	Texas	S5810	293	Aetna Medicare	Aetna Medicare Rx Select (PDP)	Enhanced		\$ 16.10	\$ 380.00	Yes
022237	Texas	S5768	145	Aetna Medicare	Aetna Medicare Rx Value Plus (PDP)	Enhanced		\$ 58.80	\$ -	Yes
020881	Texas	S5617	108	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure (PDP)	Basic	x	\$ 22.70	\$ 415.00	No
020881	Texas	S5617	301	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Essential (PDP)	Enhanced		\$ 21.80	\$ 415.00	No
020881	Texas	S5617	267	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Extra (PDP)	Enhanced		\$ 57.50	\$ 100.00	Yes
021112	Texas	S7694	022	EnvisionRx Plus	EnvisionRxPlus (PDP)	Basic		\$ 52.10	\$ 415.00	No
021149	Texas	S5660	192	Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced		\$ 99.90	\$ 350.00	Yes
021149	Texas	S5660	238	Express Scripts Medicare	Express Scripts Medicare - Saver (PDP)	Enhanced		\$ 24.00	\$ 415.00	No
021149	Texas	S5660	124	Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic		\$ 44.60	\$ 415.00	No
020943	Texas	S5715	014	HISC - Blue Cross Blue Shield of Texas	Blue Cross MedicareRx Basic (PDP)	Basic		\$ 30.70	\$ 415.00	No
020943	Texas	S5715	006	HISC - Blue Cross Blue Shield of Texas	Blue Cross MedicareRx Plus (PDP)	Enhanced		\$ 140.10	\$ -	No
020943	Texas	S5715	005	HISC - Blue Cross Blue Shield of Texas	Blue Cross MedicareRx Value (PDP)	Enhanced		\$ 82.10	\$ 415.00	No
020845	Texas	S5884	020	Humana	Humana Enhanced (PDP)	Enhanced		\$ 76.00	\$ -	No
020845	Texas	S5884	143	Humana	Humana Preferred Rx Plan (PDP)	Basic	x	\$ 22.50	\$ 415.00	No
020845	Texas	S5884	168	Humana	Humana Walmart Rx Plan (PDP)	Enhanced		\$ 27.80	\$ 415.00	No
No Contract	Texas	S7126	021	Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic		\$ 44.80	\$ 415.00	No
No Contract	Texas	S7126	054	Mutual of Omaha Rx	Mutual of Omaha Rx Value (PDP)	Enhanced		\$ 29.20	\$ 415.00	No
021130	Texas	S5601	164	SilverScript	SilverScript Allure (PDP)	Enhanced		\$ 80.00	\$ -	No
021130	Texas	S5601	044	SilverScript	SilverScript Choice (PDP)	Basic	x	\$ 24.50	\$ 100.00	No
021130	Texas	S5601	045	SilverScript	SilverScript Plus (PDP)	Enhanced		\$ 51.60	\$ -	Yes
020925	Texas	S5820	021	UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced		\$ 75.30	\$ -	No
020934	Texas	S5921	367	UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic		\$ 38.10	\$ 415.00	No
020934	Texas	S5921	403	UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced		\$ 28.00	\$ 415.00	No
030479	Texas	S4802	013	WellCare	WellCare Classic (PDP)	Basic	x	\$ 24.30	\$ 415.00	No
030479	Texas	S4802	118	WellCare	WellCare Extra (PDP)	Enhanced		\$ 67.00	\$ -	No
030479	Texas	S4802	155	WellCare	WellCare Value Script (PDP)	Enhanced		\$ 10.40	\$ 415.00	No

2019 Kidney Health Care Prescription Drug Plan (PDP) Premium Payment Factsheet

The factsheets for the prescription drug plans (PDP) are in alphabetical order in this document, and you can use the links to the S Plan numbers listed on this page.

The Centers for Medicare and Medicaid Services (CMS) state benchmark is \$23.96. The Subsidy amount (CMS Pays column) for providers who have chosen to use unrounded amounts are based on the \$23.96 benchmark. Subsidy amounts for providers who have chosen to use rounded amounts are based on a rounded \$24.00 benchmark.

Links sorted by Name	
Aetna Medicare	S5810
Aetna Medicare	S5768
Cigna-HealthSpring Rx	S5617
EnvisionRx Plus	S7694
Express Scripts Medicare	S5660
HISC-Blue Cross Blue Shield of TX	S5715
Humana Insurance Company	S5884
Mutual of Omaha	S7126
SilverScript	S5601
United Healthcare	S5820
United Healthcare	S5921
WellCare	S4802

Links sorted by Number	
S4802	WellCare
S5601	SilverScript
S5617	Cigna-HealthSpring Rx
S5660	Express Scripts Medicare
S5715	HISC-Blue Cross Blue Shield of TX
S5768	Aetna Medicare
S5810	Aetna Medicare
S5820	United Healthcare
S5884	Humana Insurance Company
S5921	United Healthcare
S7126	Mutual of Omaha
S7694	EnvisionRx Plus

WellCare

S4802

State Benchmark \$23.96

Rounded Plan# 013

Base Cost \$24.30

Premium Price \$24.30

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Classic Basic	100%	\$24.30	\$0.00	\$0.00	\$24.30
	75%	\$18.00	\$0.00	\$6.30	\$24.30
	50%	\$12.00	\$0.00	\$12.30	\$24.30
	25%	\$6.00	\$0.00	\$18.30	\$24.30
	0%	\$0.00	\$0.00	\$24.30	\$24.30

Rounded Plan# 118

Base Cost \$43.40

Premium Price \$67.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Extra Enhanced	100%	\$24.00	\$32.00	\$11.00	\$67.00
	75%	\$18.00	\$32.00	\$17.00	\$67.00
	50%	\$12.00	\$32.00	\$23.00	\$67.00
	25%	\$6.00	\$32.00	\$29.00	\$67.00
	0%	\$0.00	\$32.00	\$35.00	\$67.00

Rounded Plan# 155

Base Cost \$9.80

Premium Price \$10.40

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Value Script	100%	\$0.00	\$0.00	\$10.40	\$10.40
	75%	\$0.00	\$0.00	\$10.40	\$10.40
	50%	\$0.00	\$0.00	\$10.40	\$10.40
	25%	\$0.00	\$0.00	\$10.40	\$10.40
	0%	\$0.00	\$0.00	\$10.40	\$10.40

Late Enrollment Penalty (LEP) not covered by KHC.

SilverScript

State Benchmark \$23.96

\$5601

Rounded Plan# 044

Base Cost \$24.50

Premium Price \$24.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Choice Basic	100%	\$24.50	\$0.00	\$0.00	\$24.50
	75%	\$18.00	\$0.00	\$6.50	\$24.50
	50%	\$12.00	\$0.00	\$12.50	\$24.50
	25%	\$6.00	\$0.00	\$18.50	\$24.50
	0%	\$0.00	\$0.00	\$24.50	\$24.50

Rounded Plan# 045

Base Cost \$34.40

Premium Price \$51.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Plus Enhanced	100%	\$24.00	\$16.60	\$11.00	\$51.60
	75%	\$18.00	\$16.60	\$17.00	\$51.60
	50%	\$12.00	\$16.60	\$23.00	\$51.60
	25%	\$6.00	\$16.60	\$29.00	\$51.60
	0%	\$0.00	\$16.60	\$35.00	\$51.60

Rounded Plan# 164

Base Cost \$63.40

Premium Price \$80.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Allure Enhanced	100%	\$24.00	\$45.00	\$11.00	\$80.00
	75%	\$18.00	\$45.00	\$17.00	\$80.00
	50%	\$12.00	\$45.00	\$23.00	\$80.00
	25%	\$6.00	\$45.00	\$29.00	\$80.00
	0%	\$0.00	\$45.00	\$35.00	\$80.00

Cigna-HealthSpring Rx

State Benchmark \$23.96

S5617

Rounded Plan# 108

Base Cost \$22.70

Premium Price \$22.70

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure Basic	100%	\$22.70	\$0.00	\$0.00	\$22.70
	75%	\$17.00	\$0.00	\$5.70	\$22.70
	50%	\$11.40	\$0.00	\$11.30	\$22.70
	25%	\$5.70	\$0.00	\$17.00	\$22.70
	0%	\$0.00	\$0.00	\$22.70	\$22.70

Rounded Plan# 267

Base Cost \$51.30

Premium Price \$57.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure-Extra Enhanced	100%	\$24.00	\$22.50	\$11.00	\$57.50
	75%	\$18.00	\$22.50	\$17.00	\$57.50
	50%	\$12.00	\$22.50	\$23.00	\$57.50
	25%	\$6.00	\$22.50	\$29.00	\$57.50
	0%	\$0.00	\$22.50	\$35.00	\$57.50

Rounded Plan# 301

Base Cost \$14.80

Premium Price \$21.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure-Essential Enhanced	100%	\$14.80	\$0.00	\$7.00	\$21.80
	75%	\$11.10	\$0.00	\$10.70	\$21.80
	50%	\$7.40	\$0.00	\$14.40	\$21.80
	25%	\$3.70	\$0.00	\$18.10	\$21.80
	0%	\$0.00	\$0.00	\$21.80	\$21.80

Express Scripts Medicare

State Benchmark \$23.96

S5660

Rounded Plan# 124

Base Cost

\$44.60

Premium Price

\$44.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Basic	100%	\$24.00	\$9.60	\$11.00	\$44.60
	75%	\$18.00	\$9.60	\$17.00	\$44.60
	50%	\$12.00	\$9.60	\$23.00	\$44.60
	25%	\$6.00	\$9.60	\$29.00	\$44.60
	0%	\$0.00	\$9.60	\$35.00	\$44.60

Rounded Plan# 192

Base Cost \$77.20

Premium Price

\$99.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Choice Enhanced	100%	\$24.00	\$64.90	\$11.00	\$99.90
	75%	\$18.00	\$64.90	\$17.00	\$99.90
	50%	\$12.00	\$64.90	\$23.00	\$99.90
	25%	\$6.00	\$64.90	\$29.00	\$99.90
	0%	\$0.00	\$64.90	\$35.00	\$99.90

Rounded Plan# 238

Base Cost \$19.30

Premium Price

\$24.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Saver Enhanced	100%	\$19.30	\$0.00	\$4.70	\$24.00
	75%	\$14.50	\$0.00	\$9.50	\$24.00
	50%	\$9.70	\$0.00	\$14.30	\$24.00
	25%	\$4.80	\$0.00	\$19.20	\$24.00
	0%	\$0.00	\$0.00	\$24.00	\$24.00

Late Enrollment Penalty (LEP) not covered by KHC.

HISC-Blue Cross Blue Shield of Texas

State Benchmark \$23.96

\$5715

Rounded Plan# 005

Base Cost

\$74.80

Premium Price

\$82.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Value Enhanced	100%	\$24.00	\$47.10	\$11.00	\$82.10
	75%	\$18.00	\$47.10	\$17.00	\$82.10
	50%	\$12.00	\$47.10	\$23.00	\$82.10
	25%	\$6.00	\$47.10	\$29.00	\$82.10
	0%	\$0.00	\$47.10	\$35.00	\$82.10

Rounded Plan# 006

Base Cost

\$93.10

Premium Price

\$140.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Plus Enhanced	100%	\$24.00	\$105.10	\$11.00	\$140.10
	75%	\$18.00	\$105.10	\$17.00	\$140.10
	50%	\$12.00	\$105.10	\$23.00	\$140.10
	25%	\$6.00	\$105.10	\$29.00	\$140.10
	0%	\$0.00	\$105.10	\$35.00	\$140.10

Rounded Plan# 014

Base Cost

\$30.70

Premium Price

\$30.70

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Basic	100%	\$24.00	\$0.00	\$6.70	\$30.70
	75%	\$18.00	\$0.00	\$12.70	\$30.70
	50%	\$12.00	\$0.00	\$18.70	\$30.70
	25%	\$6.00	\$0.00	\$24.70	\$30.70
	0%	\$0.00	\$0.00	\$30.70	\$30.70

Late Enrollment Penalty (LEP) not covered by KHC.

Aetna Medicare

State Benchmark \$23.96

S5768

Rounded Plan# 145

Base Cost \$46.20

Premium Price \$58.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Value Plus Enhanced	100%	\$24.00	\$23.80	\$11.00	\$58.80
	75%	\$18.00	\$23.80	\$17.00	\$58.80
	50%	\$12.00	\$23.80	\$23.00	\$58.80
	25%	\$6.00	\$23.80	\$29.00	\$58.80
	0%	\$0.00	\$23.80	\$35.00	\$58.80

Late Enrollment Penalty (LEP) not covered by KHC.

Aetna Medicare

State Benchmark \$23.96

\$5810

Rounded Plan# 056

Base Cost \$21.30

Premium Price \$21.30

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Saver Basic	100%	\$21.30	\$0.00	\$0.00	\$21.30
	75%	\$16.00	\$0.00	\$5.30	\$21.30
	50%	\$10.70	\$0.00	\$10.60	\$21.30
	25%	\$5.30	\$0.00	\$16.00	\$21.30
	0%	\$0.00	\$0.00	\$21.30	\$21.30

Rounded Plan# 293

Base Cost \$11.50

Premium Price \$16.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Select Enhanced	100%	\$11.50	\$0.00	\$4.60	\$16.10
	75%	\$8.60	\$0.00	\$7.50	\$16.10
	50%	\$5.80	\$0.00	\$10.30	\$16.10
	25%	\$2.90	\$0.00	\$13.20	\$16.10
	0%	\$0.00	\$0.00	\$16.10	\$16.10

Late Enrollment Penalty (LEP) not covered by KHC.

United Healthcare

State Benchmark \$23.96

S5820

Rounded Plan # 021

Base Cost \$58.50

Premium Price \$75.30

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Preferred Enhanced	100%	\$24.00	\$40.30	\$11.00	\$75.30
	75%	\$18.00	\$40.30	\$17.00	\$75.30
	50%	\$12.00	\$40.30	\$23.00	\$75.30
	25%	\$6.00	\$40.30	\$29.00	\$75.30
	0%	\$0.00	\$40.30	\$35.00	\$75.30

Late Enrollment Penalty (LEP) not covered by KHC.

Humana

\$5884

State Benchmark \$23.96

Rounded Plan# 020

Base Cost \$55.30

Premium Price \$76.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Enhanced	100%	\$24.00	\$41.00	\$11.00	\$76.00
	75%	\$18.00	\$41.00	\$17.00	\$76.00
	50%	\$12.00	\$41.00	\$23.00	\$76.00
	25%	\$6.00	\$41.00	\$29.00	\$76.00
	0%	\$0.00	\$41.00	\$35.00	\$76.00

Rounded Plan# 143

Base Cost \$22.50

Premium Price \$22.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Preferred Rx Plan Basic	100%	\$22.50	\$0.00	\$0.00	\$22.50
	75%	\$16.90	\$0.00	\$5.60	\$22.50
	50%	\$11.30	\$0.00	\$11.20	\$22.50
	25%	\$5.60	\$0.00	\$16.90	\$22.50
	0%	\$0.00	\$0.00	\$22.50	\$22.50

Rounded Plan# 168

Base Cost \$21.20

Premium Price \$27.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Walmart Rx Plan Enhanced	100%	\$21.20	\$0.00	\$6.60	\$27.80
	75%	\$15.90	\$0.00	\$11.90	\$27.80
	50%	\$10.60	\$0.00	\$17.20	\$27.80
	25%	\$5.30	\$0.00	\$22.50	\$27.80
	0%	\$0.00	\$0.00	\$27.80	\$27.80

Late Enrollment Penalty (LEP) not covered by KHC.

United Healthcare

State Benchmark \$23.96

S5921

Rounded Plan# 367

Base Cost \$38.10

Premium Price \$38.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Saver Plus	100%	\$24.00	\$3.10	\$11.00	\$38.10
	75%	\$18.00	\$3.10	\$17.00	\$38.10
	50%	\$12.00	\$3.10	\$23.00	\$38.10
	25%	\$6.00	\$3.10	\$29.00	\$38.10
	0%	\$0.00	\$3.10	\$35.00	\$38.10

Rounded Plan# 403

Base Cost \$7.40

Premium Price \$28.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Walgreens Enhanced	100%	\$7.40	\$0.00	\$20.60	\$28.00
	75%	\$5.60	\$0.00	\$22.40	\$28.00
	50%	\$3.70	\$0.00	\$24.30	\$28.00
	25%	\$1.90	\$0.00	\$26.10	\$28.00
	0%	\$0.00	\$0.00	\$28.00	\$28.00

Late Enrollment Penalty (LEP) not covered by KHC.

Mutual of Omaha Rx

S7126

State Benchmark \$23.96

Rounded Plan# 021

Base Cost \$44.80

Premium Price \$44.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Plus Basic	100%	\$24.00	\$9.80	\$11.00	\$44.80
	75%	\$18.00	\$9.80	\$17.00	\$44.80
	50%	\$12.00	\$9.80	\$23.00	\$44.80
	25%	\$6.00	\$9.80	\$29.00	\$44.80
	0%	\$0.00	\$9.80	\$35.00	\$44.80

Rounded Plan# 054

Base Cost \$23.70

Premium Price \$29.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Value Enhanced	100%	\$23.70	\$0.00	\$5.50	\$29.20
	75%	\$17.80	\$0.00	\$11.40	\$29.20
	50%	\$11.90	\$0.00	\$17.30	\$29.20
	25%	\$5.90	\$0.00	\$23.30	\$29.20
	0%	\$0.00	\$0.00	\$29.20	\$29.20

Late Enrollment Penalty (LEP) not covered by KHC.

Envision Rx Plus

State Benchmark \$23.96

\$7694

Rounded Plan# 022

Base Cost \$52.10

Premium Price \$52.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
RxPlus Basic	100%	\$24.00	\$17.10	\$11.00	\$52.10
	75%	\$18.00	\$17.10	\$17.00	\$52.10
	50%	\$12.00	\$17.10	\$23.00	\$52.10
	25%	\$6.00	\$17.10	\$29.00	\$52.10
	0%	\$0.00	\$17.10	\$35.00	\$52.10

Late Enrollment Penalty (LEP) not covered by KHC.

Late Enrollment calculations for 2018-2019

2018 LEP Amount				
Month	\$35.02		Month	
1	\$0.35		61	\$21.36
2	\$0.70		62	\$21.71
3	\$1.05		63	\$22.06
4	\$1.40		64	\$22.41
5	\$1.75		65	\$22.76
6	\$2.10		66	\$23.11
7	\$2.45		67	\$23.46
8	\$2.80		68	\$23.81
9	\$3.15		69	\$24.16
10	\$3.50		70	\$24.51
11	\$3.85		71	\$24.86
12	\$4.20		72	\$25.21
13	\$4.55		73	\$25.56
14	\$4.90		74	\$25.91
15	\$5.25		75	\$26.27
16	\$5.60		76	\$26.62
17	\$5.95		77	\$26.97
18	\$6.30		78	\$27.32
19	\$6.65		79	\$27.67
20	\$7.00		80	\$28.02
21	\$7.35		81	\$28.37
22	\$7.70		82	\$28.72
23	\$8.05		83	\$29.07
24	\$8.40		84	\$29.42
25	\$8.76		85	\$29.77
26	\$9.11		86	\$30.12
27	\$9.46		87	\$30.47
28	\$9.81		88	\$30.82
29	\$10.16		89	\$31.17
30	\$10.51		90	\$31.52
31	\$10.86		91	\$31.87
32	\$11.21		92	\$32.22
33	\$11.56		93	\$32.57
34	\$11.91		94	\$32.92
35	\$12.26		95	\$33.27
36	\$12.61		96	\$33.62
37	\$12.96		97	\$33.97
38	\$13.31		98	\$34.32
39	\$13.66		99	\$34.67
40	\$14.01		100	\$35.02
41	\$14.36		101	\$35.37
42	\$14.71		102	\$35.72
43	\$15.06		103	\$36.07
44	\$15.41		104	\$36.42
45	\$15.76		105	\$36.77
46	\$16.11		106	\$37.12
47	\$16.46		107	\$37.47
48	\$16.81		108	\$37.82
49	\$17.16		109	\$38.17
50	\$17.51		110	\$38.52
51	\$17.86		111	\$38.87
52	\$18.21		112	\$39.22
53	\$18.56		113	\$39.57
54	\$18.91		114	\$39.92
55	\$19.26		115	\$40.27
56	\$19.61		116	\$40.62
57	\$19.96		117	\$40.97
58	\$20.31		118	\$41.32

2019 LEP Amount				
Month	\$33.49		Month	
1	\$0.33		61	\$20.25
2	\$0.67		62	\$20.58
3	\$1.00		63	\$20.91
4	\$1.34		64	\$21.24
5	\$1.67		65	\$21.57
6	\$2.01		66	\$21.91
7	\$2.34		67	\$22.24
8	\$2.66		68	\$22.57
9	\$2.99		69	\$22.90
10	\$3.32		70	\$23.23
11	\$3.65		71	\$23.56
12	\$3.98		72	\$23.90
13	\$4.31		73	\$24.23
14	\$4.65		74	\$24.56
15	\$4.98		75	\$24.89
16	\$5.31		76	\$25.22
17	\$5.64		77	\$25.56
18	\$5.97		78	\$25.89
19	\$6.31		79	\$26.22
20	\$6.64		80	\$26.55
21	\$6.97		81	\$26.88
22	\$7.30		82	\$27.22
23	\$7.63		83	\$27.55
24	\$7.97		84	\$27.88
25	\$8.30		85	\$28.21
26	\$8.63		86	\$28.54
27	\$8.96		87	\$28.88
28	\$9.29		88	\$29.21
29	\$9.63		89	\$29.54
30	\$9.96		90	\$29.87
31	\$10.29		91	\$30.20
32	\$10.62		92	\$30.53
33	\$10.95		93	\$30.87
34	\$11.28		94	\$31.20
35	\$11.62		95	\$31.53
36	\$11.95		96	\$31.86
37	\$12.28		97	\$32.19
38	\$12.61		98	\$32.53
39	\$12.94		99	\$32.86
40	\$13.28		100	\$33.19
41	\$13.61		101	\$33.52
42	\$13.94		102	\$33.85
43	\$14.27		103	\$34.19
44	\$14.60		104	\$34.52
45	\$14.94		105	\$34.85
46	\$15.27		106	\$35.18
47	\$15.60		107	\$35.51
48	\$15.93		108	\$35.85
49	\$16.26		109	\$36.18
50	\$16.60		110	\$36.51
51	\$16.93		111	\$36.84
52	\$17.26		112	\$37.17
53	\$17.59		113	\$37.50
54	\$17.92		114	\$37.84
55	\$18.25		115	\$38.17
56	\$18.59		116	\$38.50
57	\$18.92		117	\$38.83
58	\$19.25		118	\$39.16

59	\$20.66		119	\$41.67
60	\$21.01		120	\$42.02

59	\$19.58		119	\$39.50
60	\$19.91		120	\$39.83

How Medicaid Programs Pay Medicare

Premiums and Out-of-Pocket Costs

MQMB

(Medicaid Qualified Medicare Beneficiary)

- Pays Medicare Part B premium
- Pays deductibles and copayment

QMB

(Qualified Medicare Beneficiary)

- Pays Medicare Part B premium
- Pays Medicare Part A and Part B deductibles and copayments

SLMB

(Specified Low-Income Medicare Beneficiary and the QI -1 Program)

- Pays Medicare Part B premium

Note: There are different Medicaid programs that pay for services not covered by Medicare. This table only illustrates those that pay Medicare out-of-pocket costs. In Texas, the Health and Human Services Commission administers Medicaid.



2018 - 2019 Standard Drug Costs

Standard Benefit	2018	2019
Deductible	\$405	\$415
Initial Coverage Limit	\$3,750	\$3,820
Out-of-Pocket (OOP) Threshold (1)	\$5,000	\$5,100
Total Covered Part D Spending at OOP Threshold for Non-Applicable Beneficiaries (2)	\$7,508.75	\$7,653.75
Estimated Total Covered Part D Spending for Applicable Beneficiaries (3)	\$8,417.60	\$8,139.54
Minimum Cost-Sharing in Catastrophic Coverage Portion of the Benefit		
Generic/Preferred Multi-Source Drug	\$3.35	\$3.40
Other	\$8.35	\$8.50

Full Subsidy-Full Benefit Dual Eligible (FBDE) Individuals	2018	2019
Deductible	\$0.00	\$0.00
Copayments for Institutionalized Beneficiaries [category code 3]	\$0.00	\$0.00
Copayments for Beneficiaries Receiving Home and Community-Based Services [category code 3] (4)	\$0.00	\$0.00
Maximum Copayments for Non-Institutionalized Beneficiaries Up to or at 100% Federal Poverty Level (FPL) [category code 2] Up to OOP Threshold		
Generic/Preferred Multi-Source Drug (5)	\$1.25	\$1.25
Other (5)	\$3.70	\$3.80
Above OOP Threshold	\$0.00	\$0.00
Over 100% FPL [category code 1] Up to OOP Threshold		
Generic/Preferred Multi-Source Drug	\$3.35	\$3.40
Other	\$8.35	\$8.50
Above OOP Threshold	\$0.00	\$0.00

Full Subsidy-Non-FBDE Individuals (6) Applied or eligible for QMB/SLMB/QI or SSI, income at or below 135% FPL and resources ≤ \$9,060 (individuals, 2018) or ≤ \$14,340 (couples, 2018) [category code 1] (6)	2018	2019
Deductible	\$0.00	\$0.00
Maximum Copayments up to OOP Threshold		
Generic/Preferred Multi-Source Drug	\$3.35	\$3.40
Other	\$8.35	\$8.50
Maximum Copayments above OOP Threshold	\$0.00	\$0.00

Partial Subsidy Applied and income below 150% FPL and resources below \$14,100 (individual, 2018) or \$ 28,150 (couples, 2018) [category code 4] (6)	2018	2019
Deductible (5)	\$83.00	\$85.00
Coinsurance up to OOP Threshold	15%	15%
Maximum Copayments above OOP Threshold		
Generic/Preferred Multi-Source Drug	\$3.35	\$3.40
Other	\$8.35	\$8.50

Retiree Drug Subsidy Amounts	2018	2019
Cost Threshold	\$405	\$415
Cost Limit	\$8,350	\$8,500

1. Pursuant to section 1860D-2(b)(4)(B)(i)(IV) of the Act, for each of years 2016 through 2019, the OOP threshold increase is the lesser of the annual percentage increase or the July CPI plus two percentage points.
2. For a beneficiary who is not considered an “applicable beneficiary,” as defined at section 1860D-14A(g)(1), and is not eligible for the coverage gap discount program, this is the amount of total drug spending required to reach the OOP threshold in the defined standard benefit.
3. For a beneficiary who is considered an “applicable beneficiary,” as defined at section 1860D-14A(g)(1), and is eligible for the coverage gap discount program, this is the estimated average amount of total drug spending required to reach the OOP threshold in the defined standard benefit.
4. Per section 1860D-14(a)(1)(D)(i) of the Act, full-benefit dual eligible beneficiaries qualify for zero cost-sharing if they would be institutionalized individuals (or couple) if the individuals (couple) were not receiving home and community-based services.
5. The partial LIS deductible is increased from the unrounded 2018 value of \$83.46, and the maximum copayments for non-institutionalized FBDE individuals with incomes no greater than 100 percent of the FPL are increased from the unrounded 2018 values of \$1.24 for generic/preferred multi-source drugs and \$3.73 for all other drugs.
6. These resource limit figures will be updated for contract year 2019. Additionally, these amounts include \$1,500 per person for burial expenses. See the HPMS memorandum titled, “2018 Resource and Cost-Sharing Limits for Low-Income Subsidy (LIS)” for additional details.

Source: [Announcement of Calendar Year \(CY\) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter](#). Table V-1. Updated Part D Benefit Parameters for Defined Standard Benefit, Low-Income Subsidy, and Retiree Drug Subsidy, see page 67 and 68

Benefits	Medicare Supplement Insurance (Medigap) plans									
	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2018**			
							\$5,240	\$2,620		

* Plan F also offers a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,240 in 2018 before your policy pays anything.

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2018), the Medigap plan pays 100% of covered services for the rest of the calendar year.

** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.



Revised October 2018

Understanding Medicare Part C & Part D Enrollment Periods

Enrollment in Medicare is limited to certain times. This publication has information about enrolling in Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D), including who can sign up, when to sign up, and how the timing, including signing up late, can affect your costs.

Note: For information about signing up for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the booklet “Enrolling in Medicare Part A & Part B.”

When can I sign up?

There are specific times when you can sign up for a Medicare Advantage Plan (like an HMO or PPO) or Medicare prescription drug coverage, or make changes to coverage you already have:

- During your Initial Enrollment Period when you first become eligible for Medicare or when you turn 65. See page 3.
- During certain enrollment periods that happen each year. See page 5.
- Under certain circumstances that qualify you for a Special Enrollment Period (SEP), like:
 - You move.
 - You're eligible for Medicaid.
 - You qualify for Extra Help with Medicare prescription drug costs.
 - You're getting care in an institution, like a skilled nursing facility or long-term care hospital.
 - You want to switch to a plan with a 5-star overall quality rating. Quality ratings are available on [Medicare.gov](https://www.medicare.gov).

See the charts beginning on page 7 for a list of different SEPs, including rules about how to qualify.

Note about joining a Medicare Advantage Plan

You must have Medicare Part A and Part B to join a Medicare Advantage Plan. In most cases, if you have End-Stage Renal Disease (ESRD), you can't join a Medicare Advantage Plan.

Initial Enrollment Periods

If this describes you...	You can...	At this time...
You're newly eligible for Medicare because you turn 65.	Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.	During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. If you sign up for a Medicare Advantage Plan during this time, you can drop that plan at any time during the next 12 months and go back to Original Medicare.
You're newly eligible for Medicare because you have a disability and you're under 65.	Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.	Starting 21 months after you get Social Security or Railroad Retirement Board (RRB) disability benefits. Your Medicare coverage begins 24 months after you get Social Security or RRB benefits. Your chance to sign up lasts through the 28th month after you get Social Security or RRB benefits.
You're already eligible for Medicare because of a disability, and you turn 65.	<ul style="list-style-type: none"> ■ Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan. ■ Switch from your current Medicare Advantage or Medicare Prescription Drug Plan to another plan. ■ Drop a Medicare Advantage or Medicare Prescription Drug Plan completely. 	During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
You have Medicare Part A coverage, and you get Part B for the first time by enrolling during the Part B General Enrollment Period (January 1–March 31).	Sign up for a Medicare Advantage Plan (with or without prescription drug coverage).	Between April 1–June 30.



Part D late enrollment penalty

The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you have a penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Enrollment periods that happen each year

Each year, you can make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year. There are 2 separate enrollment periods each year. See the chart below for specific dates.

During this enrollment period...	You can...
October 15–December 7 (Changes will take effect on January 1.)	<ul style="list-style-type: none"> ▪ Change from Original Medicare to a Medicare Advantage Plan. ▪ Change from a Medicare Advantage Plan back to Original Medicare. ▪ Switch from one Medicare Advantage Plan to another Medicare Advantage Plan. ▪ Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage. ▪ Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage. ▪ Join a Medicare Prescription Drug Plan. ▪ Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan. ▪ Drop your Medicare prescription drug coverage completely.
January 1–March 31 Medicare Advantage Open Enrollment Period (You can only make one change during this period. Changes will take effect the first of the month after the plan gets your request.)	<ul style="list-style-type: none"> ▪ If you're in a Medicare Advantage Plan (with or without drug coverage), switch to another Medicare Advantage Plan (with or without drug coverage). ▪ Disenroll from your Medicare Advantage Plan and return to Original Medicare. If you choose to do so, you'll be able to join a Medicare Prescription Drug Plan. ▪ If you enrolled in a Medicare Advantage Plan during your Initial Enrollment Period, change to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months you have Medicare.
	You can't...
	<ul style="list-style-type: none"> ▪ Switch from Original Medicare to a Medicare Advantage Plan. ▪ Join a Medicare Prescription Drug Plan if you're in Original Medicare. ▪ Switch from one Medicare Prescription Drug Plan to another if you're in Original Medicare.



Special Enrollment Periods

You can make changes to your Medicare health and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs) and are in addition to the regular enrollment periods that happen each year. Rules about when you can make changes and the type of changes you can make are different for each SEP.

The SEPs listed on the next pages are examples. **This list doesn't include every situation.** For more information about SEPs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Changes in where you live

If this describes you...	You can...	At this time...
You move to a new address that isn't in your plan's service area.*	Switch to a new Medicare Advantage or Medicare Prescription Drug Plan.	<p>If you tell your plan before you move, your chance to switch plans begins the month before the month you move and continues for 2 full months after you move.</p> <p>If you tell your plan after you move, your chance to switch plans begins the month you tell your plan, plus 2 more full months.</p>
You move to a new address that's still in your plan's service area, but you have new plan options in your new location.	<p>* Note: If you're in a Medicare Advantage Plan and you move outside your plan's service area, you can also choose to return to Original Medicare. If you don't enroll in a new Medicare Advantage Plan during this SEP, you'll be enrolled in Original Medicare when you're disenrolled from your old Medicare Advantage Plan.</p>	
You move back to the U.S. after living outside the country.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you move back to the U.S.
You just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital).	<ul style="list-style-type: none"> Join a Medicare Advantage or Medicare Prescription Drug Plan. Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. Drop your Medicare Advantage Plan and return to Original Medicare. Drop your Medicare prescription drug coverage. 	Your chance to join, switch, or drop coverage lasts as long as you live in the institution and for 2 full months after the month you move out of the institution.
You're released from jail.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you're released from jail.

Changes that cause you to lose your current coverage

If this describes you...	You can...	At this time...
You're no longer eligible for Medicaid.	<ul style="list-style-type: none"> Join a Medicare Advantage or Medicare Prescription Drug Plan. Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. Drop your Medicare Advantage Plan and return to Original Medicare. Drop your Medicare prescription drug coverage. 	(New for 2019) Your chance to change lasts for 3 full months from either the date you're no longer eligible or notified, whichever is later.
You find out that you won't be eligible for Extra Help for the following year.	<ul style="list-style-type: none"> Join a Medicare Advantage or Medicare Prescription Drug Plan. Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. Drop your Medicare Advantage Plan and return to Original Medicare. Drop your Medicare prescription drug coverage. 	(New for 2019) Your chance to change lasts for 3 full months from either the date you're no longer eligible or notified, whichever is later.
You leave coverage from your employer or union.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month your coverage ends.
You involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or your other coverage changes and is no longer creditable.	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you lose your creditable coverage or are notified of the loss of creditable coverage, whichever is later.
You have drug coverage through a Medicare Cost Plan and you leave the plan.	Join a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you drop your Medicare Cost Plan.
You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) Plan.	Join a Medicare Advantage or Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you drop your PACE plan.

You have a chance to get other coverage

If this describes you...	You can...	At this time...
You have a chance to enroll in other coverage offered by your employer or union.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan to enroll in the private plan offered by your employer or union.	Whenever your employer or union allows you to make changes in your plan.
You have or are enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage).	Drop your current Medicare Advantage Plan with drug coverage or your Medicare Prescription Drug Plan.	Anytime.
You enroll in a Program of All-inclusive Care for the Elderly (PACE) Plan.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan.	Anytime.
You live in the service area of one or more Medicare Advantage or Medicare Prescription Drug Plans with an overall quality rating of 5 stars.	Join a Medicare Advantage, Medicare Cost, or Medicare Prescription Drug Plan with an overall quality rating of 5 stars.	One time between December 8–November 30.

Changes in your plan's contract with Medicare

If this describes you...	You can...	At this time...
Medicare takes an official action (called a “sanction”) because of a problem with the plan that affects you.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch is determined by Medicare on a case-by-case basis.
Your plan's contract ends (terminates) during the contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch starts 2 months before and ends 1 full month after the contract ends.
Your Medicare Advantage Plan, Medicare Prescription Drug Plan, or Medicare Cost Plan's contract with Medicare isn't renewed for the next contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Between October 15 and the last day in February.

Changes due to other special situations

If this describes you...	You can...	At this time...
You're eligible for both Medicare and Medicaid.	Join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.	(New for 2019) Once during each of these periods: <ul style="list-style-type: none"> ▪ January–March ▪ April–June ▪ July–September (You can also make a change from October 15–December 7, and the change will take effect on January 1.)
You get Extra Help paying for Medicare prescription drug coverage.	Join, switch, or drop Medicare prescription drug coverage.	(New for 2019) Once during each of these periods: <ul style="list-style-type: none"> ▪ January–March ▪ April–June ▪ July–September (You can also make a change from October 15–December 7, and the change will take effect on January 1.)
You're enrolled in a State Pharmaceutical Assistance Program (SPAP).	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Once during the calendar year.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP) and you lose SPAP eligibility.	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Your chance to switch starts either the month you lose eligibility or are notified of the loss, whichever is earlier. It ends 2 months after either the month of the loss of eligibility or notification of the loss, whichever is later.
You dropped a Medicare Supplemental Insurance (Medigap) policy the first time you joined a Medicare Advantage Plan.	Drop your Medicare Advantage Plan and enroll in Original Medicare. You'll have special rights to buy a Medigap policy.	Your chance to drop your Medicare Advantage Plan lasts for 12 months after you join the Medicare Advantage Plan for the first time.
You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your condition.	Join a Medicare Chronic Care SNP that serves people with your condition.	You can join anytime, but once you join, your chance to make changes using this SEP ends.

If this describes you...	You can...	At this time...
You joined a plan, or chose not to join a plan, due to an error by a federal employee.	<ul style="list-style-type: none"> ▪ Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ▪ Switch from your current plan to another Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ▪ Drop your Medicare Advantage Plan with drug coverage and return to Original Medicare. ▪ Drop your Medicare prescription drug coverage. 	Your chance to change coverage lasts for 2 full months after the month you get a notice of the error from Medicare.
You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.
You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.
You don't have Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31).	Join a Medicare Prescription Drug Plan.	Between April 1–June 30.

Get more information

For more detailed information about signing up, including instructions on how to join, visit [Medicare.gov](https://www.Medicare.gov). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Extra Help is available!

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. You can apply for Extra Help at any time. There's no cost to apply for Extra Help, so you should apply even if you're not sure if you qualify. To apply online, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020). Or, call Social Security at 1-800-772-1213 to apply by phone or get a paper application. TTY users can call 1-800-325-0778.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html](https://www.Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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KHC OTHER COVERAGE CODES 2018

NCPDP Field	308-C8
NCPDP Field Name	Other Coverage Code
Other Coverage Code	Indicates if the Client has another source of benefit coverage and if so, how that coverage relates to the claim. For KHC we should be looking for coordination of benefits for Medicare Part B (MEDPARTB) and Medicare Part D (MEDICARERX).

Other Coverage Code	Description of Other Coverage Codes	When is the Other Coverage Code Used	Comments
0	Not Specified By Patient	Code is used when the client does not have any other coverage. Code can also be used with OTC/Excluded Drugs.	Client should have a \$6.00 co-pay .
1	No Other Coverage	Code is used when the client does not have any other coverage Code can also be used with OTC/Excluded Drugs.	Client should have a \$6.00 co-pay .
2	Other Coverage Exists- Payment Collected	Code is used when the client has other coverage such as Medicare Part B (MEDPARTB) and/or Medicare Part D (MEDICARERX)	COB claim should be submitted indicating payment amount received from the primary payer (NCPDP field 431-DV: Other Payer Amount Paid)
3	Other Coverage Billed - Claim Not Covered	Code is used when primary payer denies payment on OTC/Excluded Drugs.	Client should have a \$6.00 co-pay .
4	Other Coverage Exists- Payment Not Collected	Code is used when the client hasn't met the deductible for Medicare Part B. Code is used when the client hasn't met the deductible for Medicare Part D. Code is used when the client is in the GAP for Medicare Part D.	Medicare Part B: Client will be allowed to use OCC 4 only 1 time during the calendar year for ISD's . If the pharmacy uses OCC 4 more than once they will get Reject Code 41 with Claim Exception Code 4952 – Deductible met , OCC 4 no longer allowed for this client for this calendar year. Client should have \$6.00 co-pay . * Part B deductible for 2018 is \$185 yearly. Medicare Part D: Client should have a \$6.00 co-pay . * Refer to the 2018 Medicare Part D Stand-Alone PDP for the annual drug deductible for each PDP.
5	Managed care plan denial	Not Applicable	Not used by KHC
6	Other coverage denied- not a participating provider	Not Applicable	Not used by KHC
7	Other coverage exists- not in effect at time of service	Not Applicable	Not used by KHC
8	Claim is billing for copay	Not Applicable	Not used by KHC