

North Carolina Stand-Alone Prescription Drug Plan Organizations
As of 11/10/05

Organization Name/Plan Name	Beneficiary Total Drug Plan Premium	Tiered Co- Payments for Drugs	Drug Deductible		
			Zero	Reduced	Standard (\$250)
Aetna Life Insurance Company * 1-800-529-5586 www.aetna.com					
Aetna Medicare Rx Essentials	\$37.24	X			X
Aetna Medicare Rx Plus	\$48.45	X	X		
Aetna Medicare Rx Premier	\$64.48	X	X		
Blue Cross and Blue Shield of NC 1-800-661-5518 www.bcbsnc.com					
Medicare Prescription Drug Plan-Standard	\$52.03				X
Medicare Prescription Drug Plan-Plus	\$59.60	X	X		
Connecticut General Life Insurance Co. * 1-800-735-1459 www.cigna.com					
Cignature RX – Value Plan **	\$35.53	X			X
Cignature RX – Plus Plan	\$40.65	X	X		
Cignature RX – Complete Plan	\$48.69	X	X		
Coventry Health and Life Insurance Co. * 1-800-882-3822 www.AdvantraRx.com					
AdvantraRx Value	\$23.23	X	X		
AdvantraRx Premier	\$33.95	X	X		
AdvantraRx Premier Plus	\$46.62	X	X		
Humana Insurance Company 1-800-281-6918					
Humana PDP Standard **	\$13.27	X			X
Humana PDP Enhanced	\$18.05	X	X		
Humana PDP Complete	\$65.03	X	X		
Medco Containment Life Insurance Co. * 1-800-758-3605 www.yourxplan.com					
YOURx Plan **	\$34.32	X			X
MemberHealth Inc. * 1-866-684-5353 www.communitycarerx.com					
CCRX Basic **	\$32.24	X			X
CCRX Choice	\$40.34	X			X
CCRX Gold	\$44.26	X		X	
Pacificare Life and Health Insurance Co. * 1-800-947-9185 www.prescriptionsolution.com					
Pacificare Saver Plan **	\$31.56	X	X		
Pacificare Select Plan	\$47.10	X	X		
Pacificare Comprehensive Plan	\$52.68	X	X		

* Indicates National Plan(s) Available

** For those people who are deemed eligible and approved for low-income subsidy/extra help, plan premium should be covered in full on these plans.

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Pennsylvania Life Insurance Company 1-800-766-3233 www.rxpathway.com					
Prescription Pathway Bronze Plan **	\$32.19				X
Prescription Pathway Silver Plan	\$41.50	X			X
Prescription Pathway Gold Plan	\$52.54	X	X		
RXAmerica, LLC 1-877-279-0370 www.meds4medicare.com					
Advantage Star Plan **	\$32.27	X			X
Advantage Freedom Plan **	\$34.95	X			X
Silverscript Insurance Company *					
SilverScript ** 1-866-552-6106	\$30.90	X			X
SilverScript Plus 1-866-235-4582	\$59.71	X		X	
Sterling Life Insurance Company 1-888-858-8572					
Sterling Prescription Drug Plan	\$60.04	X		X	
UNICARE * 1-866-892-5335					
Medicare RX Rewards **	\$31.30	X			X
Medicare RX Rewards Plus	\$38.73	X	X		
Medicare RX Rewards Premier	\$51.67	X	X		
United American Insurance Company 1-866-524-4169 www.uamedicarepartd.com					
UA Medicare Part D Prescription Drug Cvg	\$38.59	X	X		
United Healthcare Insurance Company *					
AARP MedicareRx Plan ** 1-888-867-5564 www.aarpmedicarerx.com	\$28.27	X	X		
United Medicare MedAdvance ** 1-888-867-5564	\$31.53	X	X		
Wellcare Health Plans * 1-888-423-5252 www.wellcarepdp.com					
WellCare Signature **	\$24.87	X	X		
WellCare Complete	\$45.22	X	X		
WellCare Premier	\$48.99	X	X		

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Seniors'
Health
Insurance
Information
Program

Jim Long, Commissioner
North Carolina Department of Insurance

MEDICARE PART D PRESCRIPTION DRUG PLAN FINDER TOOL

The Seniors' Health Insurance Information Program (SHIIP), a division of the North Carolina Department of Insurance, is able to help you find a Medicare Prescription Drug Plan that will meet your needs and assist you with enrolling in a plan. The following questionnaire provides the necessary information that SHIIP staff and volunteers need to be able to prepare a report for your consideration.

Once completed, please mail to: 111 Seaboard Avenue, Raleigh, NC, 27604 or take the completed form to a counseling clinic in your local county.

Please provide us with contact information about yourself:

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

What is your Medicare Claim Number?

What is the effective date for Medicare Part A?

What is the effective date for Medicare Part B?

MEDICARE HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY JOHN D. DOE	
MEDICARE CLAIM NUMBER 123-45-6789A	SEX MALE
IS ENTITLED TO	EFFECTIVE DATE
▲ HOSPITAL INSURANCE (PART A)	1/1/95
▲ MEDICAL INSURANCE (PART B)	1/1/95
SIGN HERE → <u>John D. Doe</u>	

Do you reside in North Carolina year round? ☐ Yes ☐ If No,
State of _____

Please tell us about your current health insurance coverage:

Do you have a Medicare Advantage Plan (HMO or PPO or PFFS)?

☐ Yes ☐ No

If yes, please list name of the Plan _____

Are you interested in learning about Medicare prescription drug coverage available through:

- ☐ Medicare Advantage Plans
- ☐ Medicare Stand-alone Prescription Drug Plans
- ☐ Both

Do you have other insurance coverage for prescriptions?

Please check any that apply.

- ☐ Medicaid ☐ TRICARE for Life
☐ Medigap/Medicare Supplement ☐ Federal Employees Health Benefit Plan
☐ VA ☐ Other _____
(retirement, private, other than Medicare Advantage)

What type of deductible amount are you looking for in a Prescription Drug Plan?

- ☐ \$250 annual deductible ☐ Reduced or zero annual deductible

I only want information on the 3 lowest-cost Prescription Drug Plans.

- ☐ Yes ☐ No

I am interested in these company/prescription drug plans only.

1. _____
2. _____
3. _____

Please provide us with information on your prescriptions and pharmacy.

NOTE: you may be able to obtain a computerized listing from your pharmacist/pharmacy to attach. If not, please complete the chart below.

NAME OF DRUG Example: <i>Lipitor</i>	STRENGTH Example: <i>10 mg.</i>	DAILY DOSAGE Example: <i>Twice Daily</i>

I prefer to have my prescriptions filled at this pharmacy(s) _____

- ☐ I would be willing to use a different pharmacy.
☐ I prefer to use a mail order pharmacy.
☐ I live in a Long - Term Care Facility.

111 Seaboard Avenue • Raleigh, NC 27604 • 1-800-443-9354 • 919-733-0111 • www.ncshiip.com

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