

MaineCare Services

An Office of the Department of Health and Human Services

John E. Baldacci, Governor

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TTY: 1-800-423-4331

To: Pharmacy Providers

From: Jennifer Cook, Pharmacy Unit Manager

Date: December 16, 2009

Re: MEPARTD CO-PAY AND PLAN CHANGES EFFECTIVE 01/01/10

The new co-pay changes are effective 01/01/2010.

Claims with a date of service prior to 01/01/2010 will revert to the 2009 co-pay structure.

Nursing Facility Medicaid / Medicare (Dual) members no co-pays (same as 2006, 2007, 2008, 2009)

Cost Reimbursement Boarding Home Dual member co-pays

Brand drugs = State pays 100% up to \$6.30 per RX, allow less. Generic drugs = State pays 100% up to \$2.50 per RX, allow less.

Medicaid & Part D Dual member copays

Brand drugs = State pays 50% up to \$3.15 per RX, allow less. Generic drugs = State pays 100% up to \$2.50 per RX, allow less.

Medical Savings Plan Dual member co-pays

Brand drugs = State pays 50% up to \$3.15 per RX, allow less. Generic drugs = State pays 100% up to \$2.50 per RX, allow less.

DEL/Part D member copays

Brand drugs = State pays 50% up to \$10.00 per RX, allow less. (same as 2006, 2007,2008,2009) Generic drugs = State pays 100% up to \$2.50 per RX, allow less.

Other Changes in Part D for 2010 include the following 4.66% increases:

Deductible - \$310 State pays 50% up to \$155

Initial coverage Limit - \$2,830 Out-of-pocket Threshold - \$4,550

Gap - State pays 80% and the Member pays 20% + \$2.00 copay

The following plans are contracted with the State of Maine for 2010. Please use the information below for processing pharmacy claims or contact the Pharmacy Helpdesk at 1-888-420-9711.

PLAN NAME	CONTRACT ID	BENEFIT ID	BIN	PCN	GROUP	PHARMACISTS ONLY
CIGNA PLAN ONE	S5617	003	012353	03490000	246534601CIGV	1-800-558-9363
CIGNA PLAN TWO *	S5617	005	012353	03490000	246534601CIGP	1-800-558-9363
UNITED HEALTH	S5921	171	610097	9999	PDPIND	1-877-889-6481
WELLCARE	S5967	138	603286	01410000	788257	1-800-960-2530
UNIVERSAL AMERICAN	S5597	236	610211	PDP	PRESCRX	1-866-684-5395

^{*}Enrollment into this plan is facilitated by Legal Services for the Elderly and GHS

POS FACILLITATED ENROLLMENT INFORMATION NEW FOR 2010

NOW ADMINISTERED THROUGH HUMANA LIMITED INCOME NET PROGRAM
BIN = 610649 PCN = 05440000 PHONE 1-800-783-1307