



John E. Baldacci, Governor Brenda M. Harvey, Commissioner

Department of Health and Human Services
 MaineCare Services
 442 Civic Center Drive
 # 11 State House Station
 Augusta, Maine 04333-0011
 Pharmacy Helpdesk: 1-866-796-2463
 Pharmacy Helpdesk TTY: 1-800-423-4331

To: Pharmacy Providers
 From: Jennifer Palow, Pharmacy Unit Manager
 Date: November 24th, 2010
 Re: MEPARTD CO-PAY AND PLAN CHANGES EFFECTIVE 01/01/11

**The new co-pay changes are effective 01/01/2011.
 Claims with a date of service prior to 01/01/2011 will revert to the 2010 co-pay structure.**

Nursing Facility Medicaid / Medicare (Dual) members no co-pays similar to previous years.

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 similar to previous years
 Generic drugs = State pays 100% up to \$2.50 per RX, allow less.

Other Changes in Part D for 2011 include the following 0.31% increases:

Deductible - \$310 State pays 50% up to \$155
 Initial coverage Limit - \$2,840
 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 2011. 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	S5820	001	610097	9999	PDPIND	1-877-889-6481
WELLCARE	S5967	138	603286	01410000	788257	1-800-960-2530

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

POS FACILLITATED ENROLLMENT INFORMATION

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