

ConnPACE

**Connecticut Pharmaceutical Assistance Contract
to the Elderly and the Disabled**

Program Information and Application

**Annual Open Enrollment Period
November 15 to December 31**

For Assistance, Please Call

1-800-423-5026

(Toll Free in Connecticut)

or

860-269-2029

(Farmington, Connecticut Area / Out-of-State)

Monday through Friday from 8:30 a.m. to 5:00 p.m.

www.ctdssmap.com

Connecticut Department of Social Services

~ Caring for Connecticut ~

What is ConnPACE? Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled is a state funded program that helps senior and disabled residents pay for certain prescription drugs, insulin, and insulin syringes. Participants pay a yearly \$45 enrollment fee and no more than a \$16.25 co-pay for each prescription covered by ConnPACE. **ConnPACE does not pay for non-formulary Medicare Part D drugs. Applications are only accepted annually during the open enrollment period between November 15 and December 31, and must be received by December 31 for processing with an effective eligibility date of January 1.**

ConnPACE Benefits and Limitations – PLEASE KEEP THIS FOR REFERENCE

ConnPACE covers most prescription drugs, insulin, and insulin syringes and allows a 30-day supply or 120 units (tablets or capsules), whichever is greater, for each prescription.

ConnPACE is the secondary payer for prescriptions after all Medicare Part D Prescription Drug Plans (PDPs) and **must** follow the dispensing guidelines for each Medicare Part D PDP. **Please contact your Medicare Part D PDP if you have questions regarding the quantity of the prescription.**

For certain prescriptions, your physician or pharmacist is required to obtain **Prior Authorization (PA)** from ConnPACE before you can receive your prescription. These include: brand name drugs prescribed when a generic equivalent is available, drugs NOT on the current ConnPACE Preferred Drug List (PDL), and **Early Refills (ER)** on prescriptions before **85%** has been used.

ConnPACE does not cover: antihistamines; contraceptives; cough preparations; anti-obesity drugs; experimental drugs; less than effective drugs, as designated by the FDA; multivitamin combinations; drugs prescribed for cosmetic purposes; smoking cessation gum; most over-the counter drugs; drugs for a lock-in enrollee not locked in to the billing pharmacy. In addition, ConnPACE will not pay for claims for services covered by other insurance, with the exception of the Medicare Part D benefit.

ConnPACE does not cover drugs manufactured by pharmaceutical companies that do not participate in the ConnPACE Drug Rebate Program. The Department may make exceptions based on the medical needs of ConnPACE program participants.

If you have Medicare Part A and/or B, you must be enrolled in a Medicare Prescription Drug Plan (PDP) to receive ConnPACE benefits. ConnPACE will provide “wrap-around” coverage including monthly premium assistance for members enrolled in Connecticut-approved benchmark **Medicare Part D plans** and assistance with out-of-pocket costs above your current \$16.25 co-payment for medications covered by ConnPACE and your Medicare Part D Plan.

The laws and regulations for the ConnPACE program are found at Connecticut General Statutes, Sections 17b-490 to 17b-498, inclusive and Regulations of Connecticut State Agencies, Sections 17b-262-684 to 17b-262-692, inclusive, and the Department’s Uniform Policy Manual Chapter 8075.

You are eligible for ConnPACE if you meet all of the following requirements.

1. RESIDENCY: You must have lived in Connecticut for at least **6 months** immediately before applying for ConnPACE.

➤ **You must submit proof of residency** by providing a **copy** of one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Federal Income Tax Form 1040 (<i>complete & signed</i>) | <input type="checkbox"/> Connecticut Driver’s License |
| <input type="checkbox"/> Social Security 1099 Form with Address | <input type="checkbox"/> Bank Statement with address |
| <input type="checkbox"/> Utility Bill with address: phone, light, or cable | |

The document you submit **must** prove that you lived in Connecticut at least six months before your application date.

2. AGE or DISABILITY: You must be at least **65 years old OR disabled and over 18 years old**. If disabled, you must be currently eligible to receive disability payment under the Social Security Disability Program or the Supplemental Security Income Program.

➤ **You must submit proof of age** by providing a **copy** of one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Your Birth Certificate | <input type="checkbox"/> CT Driver’s License or State ID Card |
| <input type="checkbox"/> Social Security Documents with Date of Birth | <input type="checkbox"/> Valid Passport / Naturalization Papers |

➤ **You must submit proof of your disability by supplying a copy of the Social Security Administration Disability Award letter within 31 days of receipt. The Third Party Query Form (TPQY) will no longer be accepted.**

3. LOW-INCOME SUBSIDY – EXTRA HELP INFORMATION: ConnPACE is required by law to coordinate benefits with Medicare Part D; therefore we must request that you submit asset information. **This is being collected for informational purposes only in order to determine your eligibility for the Extra Help Benefit under Medicare. If you qualify for the extra help, you will be eligible for significantly reduced prescription co-pays and/or little or no monthly premium. If you are currently receiving assistance under the Medicare Savings Program (MSP), you are automatically eligible for the Low Income Subsidy – Extra Help with Medicare Part D costs and will not be required to apply.**

If you are not on MSP and if income is less than **\$16,245** and assets less than **\$12,510** for a single person **or** for a married couple a combined income is less than **\$21,855** and combined assets less than **\$25,010**, then one **must** apply for Extra Help. Extra Help may still be available to you if you have dependent relatives who rely on you or your spouse to provide at least fifty-percent of their financial support. If your annual income is less that of **\$16,245 single / \$21,855 married couple** and you do not declare your assets on this application, then you will be ineligible for ConnPACE. Applications for Extra Help can be obtained from your local Social Security Administration Office. Individuals must apply annually to the Social Security Administration for Extra Help.

Countable assets include:

- Real Estate, such as: rental property, vacant land, and out-of-state property
- Cash Surrender Value of Life Insurance/Death Benefits only if total benefit amount exceeds \$1,500 / person
- Non-Essential Motor Vehicles, Boats, Campers, Recreational Vehicles, Trailers, Motorcycles, etc.
- Bank/Credit Union Savings, Checking, Cash Account(s) Christmas club and/or other account
- Annuities, Stocks, Bonds, U.S. Saving Bonds, or Mutual Funds Trust Funds, CD's, IRA's, 401K

Do not count the assets listed below:

- Primary residence One vehicle per person Burial Plots (up to \$1,500 value) Personal Possessions

4. INCOME: Your adjusted gross income for the **current or previous calendar year** plus Social Security (minus Medicare Part B premiums) must be equal to or less than:

\$25,100 if you are SINGLE or \$33,800 if you are MARRIED

If you are married but living apart, you are considered single, but any financial support received is counted as income. If you are married and living together, you must count both yours and your spouse's income.

Please provide previous or current calendar year income. We will estimate a full year's income based on the documentation returned with your application.

The following sources are considered income:

- Pensions Veteran's Benefits Supplemental Social Security
- Annuities Railroad Retirement All Non-taxable Income
- Wages Net Rental Income Disbursements from Trust Funds
- Interest Social Security (*minus Medicare Part B premiums*)

You must provide copies of all sources of income. Submit a copy of your:

- Federal Income Tax Form 1040 (completed and signed) or proof of filed electronic return,
- Social Security Form 1099,
- Check or Bank statement showing direct deposit of Social Security, and/or
- Railroad Retirement / Pension(s)

If you do not file an income tax return, you must submit copies of all sources of income as listed above and documents to prove wages, net rental income, and bank statements showing annual interest earned.

5. INSURANCE and MEDICARE PRESCRIPTION DRUG COVERAGE (PART D):

You are eligible for ConnPACE during the open enrollment period if:

- **You are in Medicaid spend-down;**
- You have a private insurance plan with a maximum benefit, although you cannot use the ConnPACE card until after you have exhausted the maximum benefit through your private insurance plan. ConnPACE is the payer of last resort and will become effective only after your insurance benefits have been exhausted; or
- You have an Anthem Blue Cross & Blue Shield plan that pays for prescriptions after a hospital or outpatient stay. ConnPACE will pay before your hospitalization and after Anthem BC/BS no longer pays.

For general information or if you need assistance in selecting a Medicare PDP, please contact:

- CHOICES at 1-800-994-9422 or www.medicareadvocacy.org
- MEDICARE at 1-800-633-4227 or www.medicare.gov
- Your local pharmacist

You are not eligible for ConnPACE if:

- You have a private insurance plan that pays for all or a portion of each prescription on a continuous basis or that is a deductible plan that includes prescriptions (except Medicare Part D)
- You are currently covered by the State Medicaid (Title XIX) Program

If you have Medicare Part A and/or B, or other insurance, you must provide a copy of your Medicare Card or Health Insurance Card (front and back).

When Applying to ConnPACE remember to:

- Complete **ALL** information in the enclosed application, front and back. **If you are applying as a married couple please be sure to complete all sections listed “Applicant” and “Spouse”.**
- If this application is for both you and your spouse, **both of you must sign and date the application.**
- If this application is for a married couple, please send **only** one application and one set of documentation.
- If you are an individual applicant and married, please include documents for your spouse’s income and assets.
- Enclose photocopies (8 ½” x 11” in size) of proof for **residency, income, age, disability (if applicable), health insurance, and/or your Medicare Card, and Medicare Part D Prescription Drug Plan Card.**
- Enclose the Annual Registration fee, **\$45** for an individual application, or **\$90** for a married couple applying jointly, with a personal check or money order, payable to: **ConnPACE.**
- Use paper clips and **please do not staple** any attachments to your application
- Mail your application, copied documents/proof, and annual registration fee in the envelope provided to:

ConnPACE P.O. Box 5011 Hartford, CT 06102

Some Frequently Asked Questions:

- **What are the qualifying events to the annual open enrollment period?** An individual can apply for ConnPACE outside of the Annual Open Enrollment period **only** within thirty-one (31) days of their **65th** birthday or becoming eligible for Social Security Disability Income or Supplemental Security Income.
- **Why do I need to apply for SSA’s Low-Income Subsidy?** The annual application for LIS may reduce your prescription co-payments to less than \$6.30 (brand) /\$2.50 (generic) per prescription for the entire calendar year regardless if your income or assets have increased during the calendar year.
- **When will I receive my ConnPACE card?** If your application is complete and you are eligible, you will receive a card in approximately 30 calendar days. The card is good for one year. Since we process the fee immediately, you may receive your cancelled check before hearing from us.
- **What if my application is not complete?** We will send you a letter requesting the missing information. ConnPACE cannot be approved until all missing information is submitted and approved.
- **What if I am found not eligible?** We will send you an explanation and refund your fee. You have a right to **file a written appeal** if you are denied eligibility.
- **Will I have to renew my eligibility? Yes.** We will send you a renewal form 75 days before your eligibility period expires. Call us if you do not receive it, or have lost it. **You must return the renewal form at least 45 days before your eligibility period expires or you must wait until the next annual open enrollment period.** Please notify ConnPACE within 10 days of any change in residential address, loss of your disability, or if you move out of state.