



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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TRENTON, NJ 08625-0715

JON S. CORZINE
Governor

www.nj.gov/health

HEATHER HOWARD
Commissioner

We are writing to you regarding your Pharmaceutical Assistance to the Aged and Disabled (PAAD) prescription coverage and Medicare Part D prescription drug benefits. **Please read this entire letter carefully. All the pages of the letter contain important information.**

New Jersey State law requires all PAAD beneficiaries who have Medicare to be enrolled in a Medicare Part D prescription drug plan. PAAD and Medicare Part D benefits work together to provide prescription drug coverage to PAAD beneficiaries.

According to PAAD records, you are NOT currently enrolled in a Medicare Part D prescription drug plan. Therefore, the PAAD program will need to enroll you in Medicare Part D or you will lose your PAAD benefits in 2009. Once PAAD has enrolled you in a Medicare Part D prescription drug plan, you will show both your PAAD card and your Medicare Part D plan membership card at your pharmacy.

The State of New Jersey and/or the federal Medicare program in 2009 will pay the monthly premiums for PAAD beneficiaries enrolled in *certain* Medicare Part D plans offered in New Jersey. These specific plans must be classified as basic or standard and have a monthly premium at or below what is known as a “benchmark” amount. For 2009, the benchmark premium amount in New Jersey is \$30.99. That means that the PAAD program and/or the federal Medicare program will pay for basic or standard stand-alone Medicare Part D plans in New Jersey only if they have a premium at or below a monthly cost of \$30.99 in 2009.

To ensure your continued PAAD coverage and payment of your Medicare Part D premiums by PAAD, the PAAD program will facilitate your enrollment in [PDP] **unless we hear from you by December 1, 2008.** PAAD will pay the basic or standard plan premium for [PDP] in 2009, and you will pay no more than your regular PAAD co-payment of \$6 for generic drugs or \$7 for brand name drugs. If you are billed directly for premiums by the basic or standard Medicare Part D plan, please call PAAD immediately at 1-800-792-9745 and ask for the COB unit so we may work with you to correct this situation.

We chose [PDP] for you based on your past prescription drug usage and the pharmacy you use. [PDP] will enroll you soon and directly send you a new membership card. [PDP] will become effective January 1,

2009. When you receive the Medicare Part D membership card from [PDP] please show it along with your current PAAD card at the pharmacy in 2009.

If you DO NOT wish to be enrolled in [PDP] or you already are enrolled in another Medicare Part D plan, you must notify us in writing or call us by December 1, 2008 and advise us of your alternate selection. Be sure to include your: (1) full name, (2) PAAD identification number, and (3) your phone number. Write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715, or call us at the **PAAD Hotline 1-800-792-9745** and ask for the COB Unit. However, please remember that you must be enrolled in a Medicare Part D plan to keep your PAAD membership.

You should be aware of two special circumstances that may affect your ability to be enrolled in a Medicare Part D prescription drug plan:

1. You may have a Medicare Advantage plan, which means that the health insurance benefits you get through Medicare Parts A and/or B are provided by a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). When you belong to a Medicare Advantage plan, you can only get Medicare prescription drug coverage from your same Medicare Advantage plan. **It is important that you let PAAD know you are enrolled in a Medicare Advantage plan so that we do not enroll you in a different drug plan.** If you were to enroll in a different drug plan, you automatically would be disenrolled from your Medicare HMO or PPO and returned to the original Medicare Plan. To tell us if you are in a Medicare Advantage HMO or PPO, call the toll-free **PAAD Hotline 1-800-792-9745** or write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715. Be sure to include your: (1) full name, (2) PAAD identification number, (3) your phone number and (4) a copy of the front and back of your Medicare Advantage card.
2. **You may have prescription coverage for yourself or as a dependent of your spouse through a retiree or union health plan, which has notified you to NOT enroll in a Medicare prescription drug plan. It is very important that you tell PAAD if this is the case.** Otherwise, we will enroll you in a Medicare Part D prescription drug plan, and you may lose your prescription, health and/or medical benefits from your retiree or union health plan. To tell us if you are in a retiree or union health plan that has notified you to not enroll in a Medicare prescription drug plan, call the toll-free **PAAD Hotline 1-800-792-9745** or write to us at PAAD, COB Unit, PO Box 715, Trenton, NJ 08625-0715. Be sure to include your: (1) full name, (2) PAAD identification number, (3) your phone number and (4) a copy of the creditable coverage letter or notice from your retiree or union health plan stating that you should not enroll in Medicare Part D.

Thank you for your cooperation. If you have questions regarding this letter, please call the toll free **PAAD Hotline 1-800-792-9745** and ask for the COB Unit.

Sincerely,
The PAAD Program