



# Understanding Your Prescription Coverage

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What is the Maryland Insurance Administration

Understanding your Prescription Coverage – the Basics

Talking with your Providers

Prescription Drug Tiers

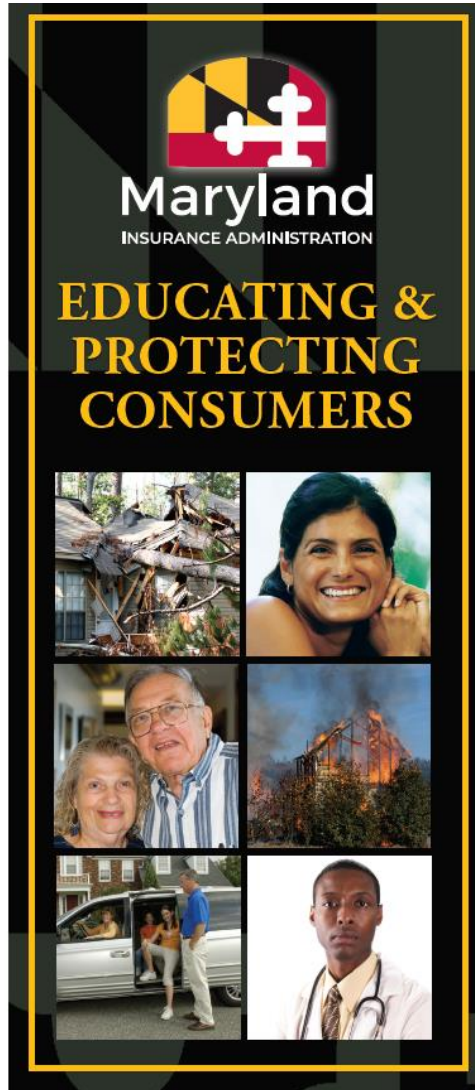
Talking with your Providers

Prior Authorization

Handling Denials



# What is the Maryland Insurance Administration



The Maryland Insurance Administration (MIA) is the state agency that regulates insurance in Maryland. The MIA:

- Licenses insurers and insurance producers (agents or brokers).
- Examines the business practices of licensees to ensure compliance.
- Monitors solvency of insurers.
- Reviews/approves insurance policy forms.
- Reviews insurance rates to ensure rates are not inadequate, excessive or unfairly discriminatory.
- Investigates consumer and provider complaints and allegations of fraud.



# Understanding your Prescription Coverage

Many health plans help pay the cost of covered prescription medicines. The coverage can be quite different from plan to plan, and it's important to understand your own coverage. You will receive a Summary of Benefits Coverage by your plan and can generally find a link to your plan's formulary in the "Common Medical Events" section.

# Understanding your Prescription Coverage

## Get to Know your Prescription Drug Plan

Check your health plan's website. Most health insurers have websites you can use to access the most up-to-date information about your plan. You can learn:

- what your plan covers,
- what doctors and facilities (for example, hospitals and labs) are in your plan's network,
- what prescription drugs the plan covers,
- what claims the plan has paid,
- and how much of your deductible you still need to meet.

You usually need to register or create an account to log in to get information specific to your health plan.

## Understanding your Prescription Coverage - Terms

### What is the **deductible**?

The deductible is the amount you pay before your insurance company starts paying its share of the costs. You will pay the full cost of most services until you meet your deductible. You may have a separate deductible for prescription drugs.



# Understanding your Prescription Coverage - Terms

## What is a **copay**?

A fixed fee you pay directly to the provider when you receive a prescription drug  
(for example, \$40)

## What is **Coinsurance**?

A percentage you may pay for a prescription drug even after you meet your deductible.  
For example, if your coinsurance is 20%, then the insurer pays 80% of the covered amount and you pay 20% until you reach your out-of-pocket maximum.

# Understanding your Prescription Coverage - Terms

## **In-Network Pharmacies**

These are pharmacies that have a contract with your insurance company. If you receive prescription medications from an in-network provider, generally you will only need to pay your deductible and any applicable copay or coinsurance. You may not be billed for the balance by the provider.

## **Out-of-Network Pharmacies**

These are pharmacies that do not have a contract with your insurance company. If you receive prescription medications from an out-of-network provider, the insurance company may not be required to pay any portion of the charges or your copay or coinsurance may be larger than if the services had been provided by an in-network provider.



# Understanding your Prescription Coverage- The Insurance Card

Insurer Name

**FRONT**

Plan Type: Titanium PPO Plan  
Effective Date: 01/01/2020

Member Name: Jane Doe  
Member Number: XXX-XX-XXX  
Group Number: XXXXX-XX

PCP Co-Pay \$15.00  
Specialist Co-Pay \$25.00 Emergency  
Room Co-Pay \$75.00

Prescription Group # XXXX  
Prescription Co-Pay  
\$15.00 Generic  
\$20.00 Name Brand

Member Service: 800-XXX-XXXX

[www.myplan.com](http://www.myplan.com)

**BACK**

Member Service: 800-XXX-XXXX  
Nurse Advice Line 24/7: 866-XXX-XXXX  
Telehealth Services: 888-XXX-XXXX

Send claims to:

My Plan, Inc  
P.O. Box XXXX  
City, State XXXXX

# Prescription Drug Tiers

Insurers use a “formulary” that determines how much of the cost you’ll pay.

A formulary usually has different tiers. Prescription medicines listed in one tier may cost you more than those in another tier. It’s important to note that insurers often make yearly changes to their formularies.



## Medication List

Your Name: \_\_\_\_\_ Pharmacy: \_\_\_\_\_  
Date Updated: \_\_\_\_\_ Pharmacy #: \_\_\_\_\_

Medication	Dosages	How often used?	Which Doctor Prescribed?	Doctor's Phone Number

# Prescription Drug Tiers

## Tier example

\$ Tier 1—Generic drugs. These are lower-cost drugs.

\$\$ Tier 2—Preferred, brand-name drugs. These drugs cost more because they're unique, and just one drug company makes them.

\$\$\$ Tier 3—Non-preferred, brand-name drugs. These are also brand-name drugs. But they may cost you more than other brand name drugs that treat the same condition.

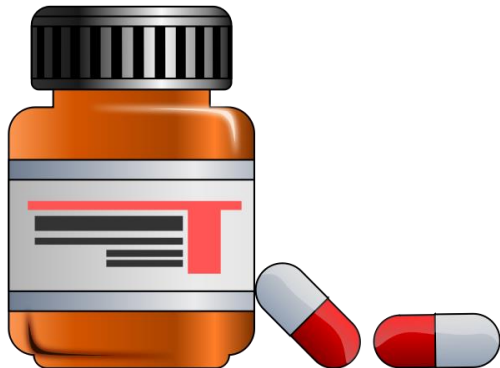
\$\$\$\$ Tier 4—Some plans use this tier for **specialty drugs**. Other plans have a separate “specialty” tier. These are high-cost drugs that treat rare or complex diseases.

# Prescription Drug Tiers

Visit your insurer's website to find your online health plan formulary.

Check your insurance policy or certificate to learn more about your formulary.

If you need help, call your insurer directly to find out what's covered.



# Talking with your Providers

It's a good idea to talk with your providers about the best affordable medications for you, based on your plan.

If the pharmacy says that your plan doesn't cover a prescription drug you've been taking, some insurers may let you refill the prescription once. That will give you time to talk with your provider about other options.



# Talking with your Providers

You also can ask your provider to ask your health plan for an exception. With an exception, you can get a prescription medicine that your plan doesn't normally cover.

Your health insurer might agree because of these common reasons:

- All other drugs the plan covers haven't worked or won't work as well as the drug the provider prescribed, or
- All other drugs the plan covers have caused or could cause harmful side effects.

# Prior Authorizations

Health plans may require prior authorization for some prescription drugs. Prior authorization is getting approval first from your health plan for a special treatment, service, prescription drug, or medical equipment. A health plan gives prior authorization when a service or medication is medically necessary.

Without it, your health plan may not pay any of the costs. You can ask your provider if you need prior authorization. Some providers will ask the health plan for prior authorization.



# Handling Denials

Your health plan must tell you how you can appeal their decisions. If taking the time to appeal would put your life or ability to fully function at risk, you can file an “expedited” appeal to get a quicker decision.





# Handling Denials

Your insurer may fully or partially deny a pre-authorization request or a claim for coverage if drugs or services are not covered by your health plan or if it believes services are not medically necessary. If you believe your request for pre-authorization or claim has been wrongly denied, you can file an appeal with your insurer. The instructions for filing an appeal will be in your policy and may also be in the Explanation of Benefits letter or in your health plan's Summary of Benefits and Coverage.



# Handling Denials

The Health Education and Advocacy Unit (HEAU) of the Consumer Protection Division in the Office of the Attorney General can help you file an appeal.

Email: [heau@oag.state.md.us](mailto:heau@oag.state.md.us)

Call: 410-528-1840 or toll free 1-877-261-8807 Monday – Friday 9 a.m. – 4:30 p.m.

You can also file your complaint online or by mail.

Website: <http://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.



# Handling Denials

If your health plan is subject to Maryland law, you may also be able to file a complaint with the Maryland Insurance Administration (MIA).

Call: 410-468-2340 or toll free at 1-800-492-6116.

Generally, you must appeal the decision through your health plan's appeal process before filing a complaint with the MIA. But in some situations, you may be able to file a complaint with the MIA even if you have not completed your health plan's appeals process.

If your health plan is not subject to Maryland law, you may still have the right to an external review of the health plan's decision. You should read your policy for instructions about how to request this, or contact the HEAU for help.



# How The MIA Can Help

You may file a complaint directly with the MIA before receiving the health insurer's appeal or grievance decision if:

The health insurer waives its requirement that you first appeal to it.

The health insurer does not follow any part of its internal appeal process (for example, if you don't hear back from the health insurer in the time it is supposed to respond).

There is a compelling reason, such as showing delay could result in your death, serious impairment to a bodily function, serious dysfunction of a bodily organ, could cause you to be a threat to yourself or others, or could cause you to continue to experience severe withdrawal symptoms.



# Discount Medical Plans and Discount Drug Plans

These plans are NOT health insurance and do not pay any of your health care costs. Instead, discount plans offer savings to plan members on various health care goods and services. Depending upon the plan, this can include discounts on:

Prescription drugs

Doctor visits

Eyeglasses

Vision care

Dental services

Lab tests



The discounts are made available through arrangements between health care providers and the organization offering the discount plan. For more information, go to:

<https://insurance.maryland.gov/Pages/newscenter/NewsDetails.aspx?NR=20133>

# Prescription Drugs and Diabetes

If you are struggling to pay for insulin and diabetes medication, The American Diabetes Association (ADA) may be able to help.

[www.insulinhelp.org](http://www.insulinhelp.org)

You will need on hand your dosage information, costs, basic contact and residency information, as well as other information. Please visit their webpage or call 1-800-diabetes for more information.



# Contact Information

**Maryland Insurance Administration**  
Life and Health/Appeals and Grievance  
200 St. Paul Place, Suite 2700  
Baltimore, MD 21202  
410-468-2000 or 1-800-492-6116  
[www.insurance.maryland.gov](http://www.insurance.maryland.gov)

**Office of the Attorney General**  
Health Education and Advocacy Unit  
200 St. Paul Place 16<sup>th</sup> Floor  
Baltimore, MD 21202  
410-528-1840 or 877-261-8807  
[www.marylandattorneygeneral.gov/pages/cpd/heau](http://www.marylandattorneygeneral.gov/pages/cpd/heau)



# Contact Information

## **Federal Employees Health Benefits Program**

Office of Personnel Management  
1900 E. Street, NW, Rm 3443  
Washington, DC 20415  
202-606-1800 or 800-877-8339

[www.opm.gov](http://www.opm.gov)

## **United States Department of Labor Employee Benefits Security Administration**

200 Constitution Ave., NW  
Washington, DC 20210  
866-444-3272

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)







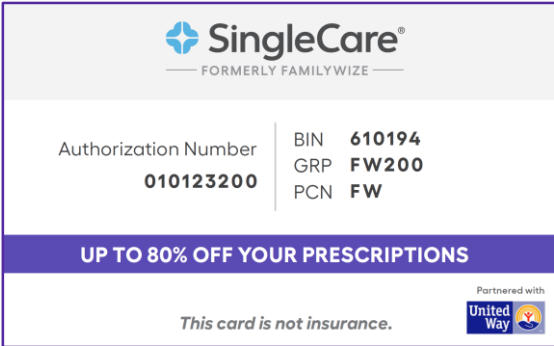
# Prescription Savings Program

May 2022



# Agenda

- ❖ The Problem
- ❖ SingleCare Program Overview
- ❖ Next Steps



# Key Issues & How SingleCare Helps

We pay more on prescription medications than anywhere else in the world!<sup>1</sup>

## ➤ Unrealistic Goal

- ✓ 80% non-critically ill patients don't reach their deductibles<sup>2</sup>

## ➤ Improve patients well being (outcomes)

- ✓ Increase medication adherence (non-adherence is a \$290B/year problem<sup>3</sup>)

## ➤ Save Patients Money

- ✓ 40% of the SingleCare discounts on generics amount to less than \$10 costs per script

### Medications Cost Too Much!

Cost is a significant reason why people do not take their medications.

**2** out of every **5**

2 of every 5 households do not have enough liquid assets to cover a mid-range deductible.<sup>1</sup>

<sup>1</sup> Source: The Henry J. Kaiser Family Foundation, Consumer Assets Patient Cost Sharing, Feb 2015

1. <https://data.oecd.org/healthres/pharmaceutical-spending.htm#indicator-chart>

2. [https://www.americanactionforum.org/weekly-checkup/most-exchange-enrollees-will-never-reach-deductible/#\\_ftn1](https://www.americanactionforum.org/weekly-checkup/most-exchange-enrollees-will-never-reach-deductible/#_ftn1)

3. <https://www.fdpi.org/wp-content/uploads/2017/05/annual17-thursday-legal-limitspdf.pdf>

# Facts about the program

- **Always free** to use by everyone—just show it to the pharmacist
- **40%** of the SingleCare discounts on generics amount to **less than \$10.00** per script
- **Accepted** at major pharmacy chains nationwide
- **No registration** or **eligibility** requirements. Use it right away!
- **Sign up** on [SingleCare.com](https://SingleCare.com) for additional member savings
- **Works** whether you're uninsured, insured or underinsured
- **Card does not expire**



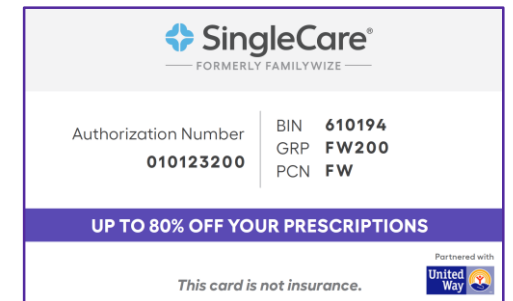
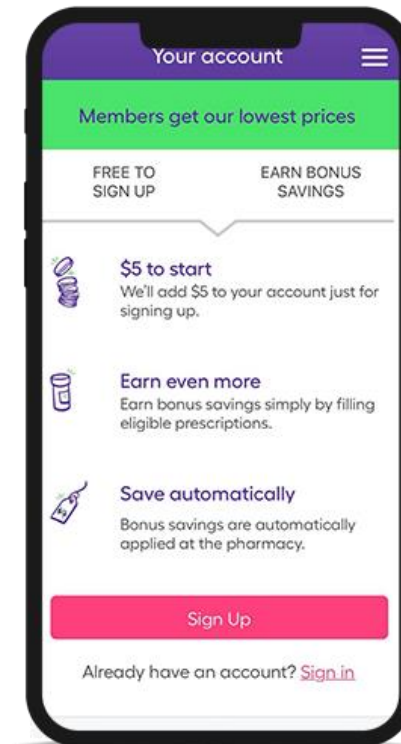
# Direct to Consumer Loyalty Program

AI-driven pricing optimization, layered over CRM for automated, contextual pricing promotion to further drive lifetime value & retention

## Loyalty Members

**33% less** likely to reverse a prescription

**Delivers 43%** increase in prescriptions



# Who needs a card?

## The Uninsured

### Individuals and Families who:

- Have no insurance
- Aren't covered by a family member's insurance

### Employees who:

- Work for businesses that don't offer insurance
- Have declined coverage
- Work part-time
- Are laid off and not on COBRA

## The Underinsured

### Individuals and Families who:

- Have high deductibles or waiting periods
- Need medication not covered by their plan
- Have a co-pay higher than the SingleCare discounted price
- Are on a limited or catastrophic plan

### Employees who:


- Have high deductibles or waiting periods
- Need medication not covered by their plan

### Seniors who:

- Aren't enrolled in Medicare Part D
- Do not qualify for Medicare coverage




# Next Steps

 **SingleCare**<sup>®</sup>  
— FORMERLY FAMILYWIZE —

Authorization Number	BIN	<b>610194</b>
<b>010123200</b>	GRP	<b>FW200</b>
	PCN	<b>FW</b>

**UP TO 80% OFF YOUR PRESCRIPTIONS**

*This card is not insurance.*

Partnered with 

- Get a digital card – text 700700, type “save”
- Download the App

Thank you 

*Vilmarie Díaz Gilliam*  
*VP, Partnerships*  
*[partners@singlecare.com](mailto:partners@singlecare.com)*







# Maryland Senior Prescription Drug Assistance Program

Patricia Dorn, Outreach Staffer  
Consumer Education and Advocacy Unit

# What is Maryland SPDAP?

- The Maryland Senior Prescription Drug Assistance Program (SPDAP) is a subsidy program which provides financial assistance to eligible Maryland residents enrolled in a Medicare Advantage Plan with prescription drug coverage (Part D) or a Medicare Part D plan
- It was established by the Maryland General Assembly in 2005.
- SPDAP is overseen by the Maryland Department of Health



# What does SPDAP cover?

- ✓ For calendar year 2022, the SPDAP program covers up to \$50 per month towards the member's premium for an approved Medicare Part D plan, or up to \$50 per month towards the part of the member's premium for an approved Medicare Advantage that covers prescription drugs.
- ✓ The SPDAP only provides subsidies for program members. To be a program member, you must apply and be accepted into the program.

# SPDAP Eligibility Requirements

Individuals must meet the following eligibility requirements to participate in the SPDAP program:

- Maryland Resident, enrolled in a Medicare Advantage plan with prescription drug coverage (“Part D Plans”) or a Medicare Part D plan
- Have an income at or below 300% of the Federal Poverty Level (In 2022, this is approximately \$40,000 per year for an individual, and \$55,000 for a couple)
- who does not have prescription drug coverage through another health benefit plan

**Must apply and be accepted into the program**

# How do I know if my Medicare Plan qualifies?

» The complete list of approved 2022 Stand Alone Part D plans and the list of 2022 Medicare Advantage Part D Plans can be found on the SPDAP website:

- <https://marylandspdap.com/wp-content/uploads/2020/10/Standard-Prescription-Drug-Plans-for-2022.pdf>
- <https://marylandspdap.com/wp-content/uploads/2020/10/Medicare-Advantage-Prescription-Drug-Plans-for-2022.pdf>

# SPDAP Eligibility Requirements

- If you are already receiving assistance paying for Medicare prescription drug costs from the [Federal Extra Help Program](#), you may not qualify for additional assistance from SPDAP.
- If you are enrolled in Maryland Medical Assistance (Medicaid), you are not eligible.
- You are not eligible if you have prescription drug coverage under another health benefit plan.
- Eligibility is based on earned and unearned income. There is no limit on assets in SPDAP.

# Will the drugs I need be covered?

- Each Medicare Part D plan and the Medicare Advantage **Part D plan** maintain a “drug formulary”
- A drug formulary lists the prescription drugs that each Medicare Part D or **Medicare Advantage Part D Drug** plan covers. The drugs are identified based on tier levels, and prescription drugs at each tier will likely have a different co-pay.
- If you need prescription drugs that are not on your plan’s formulary, or are assigned a high co-pay due to a high tier, you may want to consider switching plans.

# Can I use the pharmacy I want?

- Not every Medicare Part D and Medicare Advantage Part D plan participates with every pharmacy.
- If you want to stay with a specific pharmacy, you can contact your pharmacy to find out which plans they participate in, or pay close attention the participating pharmacy list when you sign up for a new plan.
- Remember that many plans offer prescription drugs through the mail.



# The SPDAP application

- The SPDAP application can be found at:
  - <https://marylandspdap.com/how-to-apply/forms/>
- You can also request a paper copy by calling the SPDAP hotline at 1-800-551-5995 or via a link on the site.
- An authorized representative form is available if you are acting as a representative for an applicant or member.
- For step by step help filling out the application, you can call your local State Health Insurance Assistance Program (SHIP). <https://aging.maryland.gov/Pages/state-health-insurance-program.aspx>

# The SPDAP application

- **First four pages list the application instructions, SPDAP hotline number, and the complete lists of Medicare Part D and Medicare Advantage plans participating.**
- **Sign the application. If you are married and live with your spouse, both you and your spouse must sign the application.**
- **Return the application via fax or to the address listed on the application. Expect 60-90 days to process.**

# The SPDAP application, final note

SPDAP program members may switch their Medicare Part D or Medicare Advantage plan one time per year in addition to the annual open enrollment period.

# Contact information

- SPDAP hotline number 1-800-551-5995
  - Medicare's website plan finder  
<https://www.medicare.gov/plan-compare>

# Questions?

Maryland Insurance Administration

200 St. Paul Place, Suite 2700

Baltimore, MD 21202

(410) 468-2000

(800) 492-6116

[www.insurance.maryland.gov](http://www.insurance.maryland.gov)

[www.facebook.com/MdInsuranceAdmin](https://www.facebook.com/MdInsuranceAdmin)

[www.twitter.com/MD\\_Insurance](https://www.twitter.com/MD_Insurance)

[www.instagram.com/marylandinsuranceadmin](https://www.instagram.com/marylandinsuranceadmin)

[patricia.dorn@maryland.gov](mailto:patricia.dorn@maryland.gov)



**Contact information for Maryland Medicaid Pharmacy Program**  
**Maryland Pharmacy Program office:**



201 West Preston St.,  
Baltimore, MD, 21201  
1(800)492-5231, option # 3  
FAX (410) 333-5398

Business hours: 8:30 AM to 5 PM, Monday to Friday