

## Information About State Pharmacy Assistance Program (SPAP) and How To Apply

### What is the State Pharmacy Assistance Program?

The State Pharmacy Assistance Program (SPAP) is a State-Funded program that will pay for Medicare Part D co-payments for certain Hawaii residents. If you qualify, each time you get your prescription drugs from your Medicare Prescription Drug Plan (PDP) pharmacy, you may not have to pay the \$1.10, \$2.50, \$3.30 or \$6.30 co-payment for each drug.



### Eligibility:

You are eligible to enroll in this program if:

- You are a resident of Hawaii;
- You are age 65 years or older or disabled and are receiving or eligible for Medicare;
- You are not a member of a retirement plan who is receiving a benefit from the Medicare Prescription Drug and Improvement and Modernization Act of 2003 (MMA, also known as "Medicare Part D");
- You are not enrolled in a public assistance program, with the exception of the Hawaii Rx Plus program or Medicaid, that provides drug benefits covered under Medicare Part D;
- You are not enrolled in a private sector plan or insurance providing payments for prescription drugs;
- Your household income (before deductions, not take home pay) does not exceed 150% of the Federal Poverty Level (FPL);
- You enroll in one of the Prescription Drug Plans (PDP) or Medicare Advantage Plans or Medicare Special Needs Plans listed on page 2.

<b>Annual Gross Income – Effective January 1, 2010</b>			
<small>(FPL may change after 12/31/2010)</small>			
	<b>100% FPL</b>	<b>135% FPL</b>	<b>150% FPL</b>
Single	12,460	16,821	18,690
Couple	16,760	22,626	25,140
Each additional Dependent	4,300	5,805	6,450

Income can be wages, self-employment income (after business expenses), Social Security benefits, pension/retirement income, Veteran's benefits, temporary disability insurance (TDI), workers compensation, unemployment insurance benefits (UIB), insurance settlements, certain types of school grants/loans/scholarships, child support, alimony, child's income, etc.

- Your assets are within the limits set by the MMA;

### 2010 ASSETS LIMIT

	<b>Groups 1* and 2*</b>	<b>Group 3*</b>
Single	\$8,100	\$12,510
Couple	\$12,910	\$25,010

Assets can be checking and savings accounts, cash, income tax refunds, stocks and bonds, Money Market Accounts, Certificates of Deposit (CDs), time certificates, IRAs, Keogh and deferred compensation, real property (to include homes, land, and buildings) other than your primary residence, burial plans and plots, life insurance (surrender cash value), trust funds, business equity (self employed), boats and trailers, jewelry, diamonds, gold, silver and other personal property.

### Benefits:

	<b>Group 1*</b>	<b>Group 2*</b>	<b>Group 3*</b>
Your out-of-pocket expenses	\$1.10/\$3.30 copay/drug (Paid by SPAP)	\$2.50/\$6.30 copay/drug (Paid by SPAP)	15% coinsurance (SPAP will only pay a maximum of \$6.30/per drug. You will be responsible for any remaining balance.)

\* Group 1: Full-benefit dual eligibles with incomes at or below 100% FPL with limited assets.

\* Group 2: Full-benefit dual eligibles with income above 100% FPL and below 150% FPL; QMB, SLMB, QI, SSI-only, or non-dual eligible beneficiaries with incomes below 135% FPL with limited assets.

\* Group 3: Non-dual eligible beneficiaries with incomes below 150% FPL with limited assets.

### How can I apply?

You need to complete and sign the State Pharmacy Assistance Program application. You may fax or mail the completed and signed application form to our office. Our fax number is (808) 692-7989 and our address is: Department of Human Services, State Pharmacy Assistance Program, P.O. Box 700220, Kapolei, Hawaii 96709.

To request an application form be mailed to you, Oahu residents may call (808) 692-7999 and Neighbor Island residents may call toll-free 1-866-878-9769. The phone call is free and confidential. DHS office hours are Monday through Friday, 7:45 a.m. to 4:30 p.m. The office is closed on State holidays and furlough days.

If you are already receiving both Medicaid and Medicare, you will be auto-enrolled into this program and the SPAP card will be mailed to you shortly.

**Medicare Part D Prescription Drug Plans:**

- You must be enrolled in one of the Medicare Prescription Drug Plans, Medicare Advantage Plans or Medicare Special Needs Plans that are listed below to qualify for the benefits (These plans may change after 12/31/10):

Plan Name	Plan ID Number
AARP MedicareComp Choice	(H5424-001)
AARP MedicareRx Saver	(S5921-041)
Advantage Star by RxAmerica	(S5644-085)
AdvantraRx Premier	(S5674-063)
AdvantraRx Value	(S5674-062)
Aetna Medicare Rx Essentials	(S5810-067)
Aloha Care Advantage	(H5969-001)
Aloha Care Advantage Plus	(H5969-002)
CIGNA Medicare Access Plus Rx Plan Four	(H2762-050)
CIGNA Medicare Access Plus Rx Plan Two	(H2762-042)
Evercare Plan DP	(H5424-005)
Evercare Plan RDP	(R3175-003)
First Health Part D-Secure	(S5768-115)
Fox Value Plan	(S5557-031)
Health Spring Prescription Drug Plan-Reg 33	(S5932-032)
Humana Choice PPO	(H0248-001)
Humana Gold Choice	(H2944-035)
Humana Value	(S5884-115)
Kaiser Permanente Senior Advantage Basic	(H1230-003)
Kaiser Permanente Senior Advantage Enhanced	(H1230-001)
Ohana Value	(H2491-002)
Ohana Reserve	(H2491-001)
SecureHorizons MedicareComplete Choice	(R3175-001)
Security Choice Plus	(H0540-089)
SilverScript Value	(S5601-066)
Today's Options Premier powered by CCRx	(H3333-105)
Today's Options Value powered by CCRx	(H3333-107)
Today's Options Value powered by CCRx (Maui)	(H3333-115)

**When will my coverage under the State Pharmacy Assistance Program start?**

Coverage starts when you have received your SPAP identification card from the State.

**When will I get my card?**

If approved, your card will be mailed to you within forty-five days of the receipt of your application.

**When does participation in the program end?**

Your participation in the State Pharmacy Assistance Program will continue until you:

- fail to meet the eligibility requirements listed on page 1;
- fail to recertify;
- fail to cooperate with the quality control reviewer;
- voluntarily terminate participation;
- decreased; or
- there are insufficient program funds.

**Is there a renewal process?**

Eligibility reviews will be conducted at intervals determined by the Department.

**Who do I contact for more information?**

For more information about this program or if you have questions about the status of your application, Oahu residents may call 692-7999 and Neighbor Island residents may call toll-free 1-866-878-9769. The phone call is free and confidential. DHS office hours are Monday through Friday, 7:45 a.m. to 4:30 p.m. The office is closed on State holidays and furlough days.