

# 2022 Part D Senior Savings Model FAQ



## Q : What is the benefit of this program?

A : A flat copay of \$35 or less for a 1-month supply of covered insulins through the coverage gap phase, which CMS estimates could save insulin-dependent diabetics up to \$446 each year

## Q : What UnitedHealthcare plans participate?

A : All Individual MAPD non-SNP and C-SNP plans without 25% coinsurance cost-sharing, which is the majority of UnitedHealthcare's MA Non-SNPs and C-SNPs, PDP – AARP MedicareRx Preferred (excluding territories)

## Q : Are there any CMS restrictions?

A : CMS rules exclude members who receive Extra Help as their copays would be lower than \$35, so this benefit is not offered on plans designed to support the needs of Dual-eligible plan members (D-SNP and Medicare Advantage Assure plans). Group plans (except for Connector Model), PFFS, and MMP plans are also excluded from this program (Reference “2022 Part D Senior Savings Model\_ Insulins and Plans”). Find it in the Knowledge Center on [www.uhcjarvis.com](http://www.uhcjarvis.com). Jarvis > Knowledge Center > Product Overview > Prescription Drug (Part D) Plans

## Q : What members can participate and how do they qualify?

A : Any member in participating plans who does not receive Extra Help. No additional action is required to obtain the \$35 or less copayment at point of sale.

## Q : How long does the program last?

A : The model is expected to last a minimum of 5 years starting from 2021.

## Q : What insulin medications are covered in the program?

A : All insulins UnitedHealthcare covers are included in the program (Reference “2022 Part D Senior Savings Model\_ Insulins and Plans”). Find it in the Knowledge Center on [www.uhcjarvis.com](http://www.uhcjarvis.com). Jarvis > Knowledge Center > Product Overview > Prescription Drug (Part D) Plans

## Q : What tier has the covered insulins?

A : All covered insulins are on Tier 3 and will have a \$35 or less copay. The copay for non-insulin drugs on Tier 3 will follow the regular Tier 3 copay structure.

## Q : Is the alternative generic Lispro still on Tier 2 for SNP plans?

A : No, generic Lispro is on Tier 3 with covered Brand insulins.

## Q : Are there other drugs or diabetic supplies that are part of this program?

A : No

## Q : Will the insulin drug list change during the plan year?

A : No

## Q : Are there discounts on mail copays?

A : Yes - Some MAPD have additional discounts; No - PDP does not have mail discounts.

## Q : Will the insulin copays change based on filling at a standard or preferred pharmacy?

A : MAPD and PDP copays are the same regardless of where you fill if the pharmacy is a “network pharmacy”. On the MAPD Walgreens plan only, members receive a \$10 discount for a 3-month supply when filling at a Walgreens Pharmacy vs other network pharmacies.



## Q : Where is it available?

A : MAPD – 49 States MAPD (excludes AK); PDP – All 50 States (including DC).

## Q : What if someone takes more than one prescription?

A : Copay applies to each prescription (ex. 2 insulin prescriptions = \$35 x 2 copays = \$70).

## Q : What is the member cost share in each stage?

A :       **Deductible** – \$35 or less (does not count towards deductible threshold)  
          **Initial Coverage Limit** – \$35 or less  
          **Coverage Gap** - \$35 or less  
          **Catastrophic** – 5%.

## Q : How are tier exceptions handled for non-covered/non-formulary insulins?

A : Insulins that are not covered on the plan's formulary, will follow normal rules and if approved through the exceptions process, the member will pay the tier 4 copay/coinsurance (not \$35 copay).

*(Members who are currently taking a non-formulary insulin product should discuss converting to a covered alternative with their doctor. Switching to an insulin that is covered as part of the program will save members a substantial amount of money and offers a more predictable way to estimate insulin costs during the year.)*

## Q : Can members with an insulin pump participate in this program, or do they still need to have their insulin process under Part B?

A : Members who receive insulin through a non-disposable insulin pump are ***not eligible to participate in this program***. Medicare Part B covers non-disposable insulin pumps purchased through a Durable Medical Equipment (DME) provider and pump supplies (including the insulin used in the pump) for beneficiaries with diabetes who meet certain requirements. Members will pay the Part B cost share. Coverage under Part D applies to medical supplies directly associated with delivering insulin, which includes insulin syringes, needles, alcohol swabs, gauze, and insulin injection delivery devices not otherwise covered under Medicare Part B.

## Q : Are we required to offer this program?

A : No, this is a voluntary program we chose to participate in.

## Q : Where is the program covered in plan materials?

A : Many printed and online materials including but not limited to: ANOC, EOC, Summary of Benefits, Ben-Highlight, Quick Start Guide, View plans and pricing, comprehensive formulary.

## Q : Will this program be priced accurately on the Medicare.gov website?

A: Yes. Medicare Plan Finder (Medicare.gov website) removed the insulin filter on 8/19/21, but insulin drugs will show accurate tier and price information.

## Q : Where can I find more information?

A : CMS Links : <https://www.cms.gov/newsroom/press-releases/president-trump-announces-lower-out-pocket-insulin-costs-medicare-seniors>  
<https://innovation.cms.gov/innovation-models/part-d-savings-model>