

Prescription Drugs

The following chart provides information on a variety of prescription drug benefits in addition to the Medicare Prescription Drug Endorsed Card programs that are being offered starting Jun1, 2004 by Medicare. Individuals may enroll in more than one of the following programs. For information, call 303-333-3482.

Company***	Name of Program	How To Apply	Cost	Amount of Discount	Income Requirements	Resource Requirements	Age	Must Receive Medicare	Retail Pharmacy Benefit	Mail Order Pharmacy Benefit
AARP	Prescription Savings Service	Enroll in AARP Health Care Options Program or call 1-800-523-5800	Must be a member of AARP (annual membership is \$10/year/person)	Varies	Can not have an insurance company benefit	None	50+	No	Present card at neighborhood pharmacies. To get a list of participating pharmacies, you can go to http://www.aarppharmacy.com/mc/mclist.asp	Cardholders enjoy low prices on prescriptions ordered conveniently through the mail. For prices on any medications, call 1-800-523-5800 or at http://www.aarppharmacy.com/ . Enroll in the Program and you will get all the order forms and postage-paid envelopes you need. Drop the order form and prescriptions in the mail and the medications will be delivered to your door.
AARP	Membership Choice Program	Enroll in AARP or call 1-800-439-4457 or register online at www.aarppharmacy.com	\$15/person/year	Varies	None	None	50+	No	Present card at neighborhood pharmacies. To get a list of participating pharmacies, you can go to http://www.aarppharmacy.com/mc/mclist.asp	Member Choice cardholders enjoy low prices on prescriptions ordered conveniently through the mail. For prices on any of your medications, call 1-800-439-4457 http://www.aarppharmacy.com/ . Enroll in the Member Choice Program and the order forms and postage-paid envelopes will be mailed. Drop the order form and prescriptions in the mail and the medications will be delivered to your door.
Albertson's	Silver Rx	Complete application at Albertson's or at www.Rxamerica.com or 1-800-770-8014	\$7.95/person/year (enrollee receives a \$5 coupon to be used toward the first purchase)	2-35%	None	None	60+	No	Present the card at Albertson's, Osco Drug, Jewel-Osco, Sav-on Drugs, ACME, Seesel's, Max Foods for a guaranteed discount on every purchase	
Bankers Life & Casualty	Bankers Health Advantage	Complete enrollment form (can be obtained from Bankers Life at 303-282-8252)	\$9.95 per person per month	Up to 30%	None	None	Any Age	No	Present the card at A & P, Albertsons, Amerisource, Aurora Pharmacies, Brooks, Costco (Price Club), Discount Drug Mart, Drug Emporium, Daunte Read, EPIC Pharmacy Network, Fred's, Giant Eagle, K-Mart, Kroger, Leader Drugstores, Major Value Pharmacy Network, Medicap, Medicine Shoppe, Meijer, Northeast Pharmacy Service, Pathmark, PharMor, Rite Aid, Rousauers, Safeway, Sav Mor, Target, United: A/K/A American Associated Druggist; Wal-Mart, Winn Dixie	
Centura Porter /Littleton Hospital	Senior Selections	Enroll by calling 303-765-6446	Free	Varies	None	None	50+	No		

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Costco	Pharmacy	Call your local Costco or register online at www.costco.com	\$45 annual membership fee	Varies	None	None	None	None	Available at Costco stores	Mail order available online or through US Mail
Denver Health Medical Center	Senior Plus	Receive primary care at Denver Health Medical Center for information at 303-436-5105	Free	Ability to pay up to a maximum of \$25 per prescription	None	None	65+	Medicare Part A and B	Purchase medications at Denver Health Medical Center, Eastside, Westside, Park Hill, Globeville	None
Lilly & Company	LillyAnswers	Call 1-877-795-4559	Free	\$12/prescription	\$18,800 (individual) \$24,000/(couple)	None	65+ or disabled	Medicare Part A and B	Present card and purchase any Lilly product at any pharmacy	
LMC Community Foundation	RX Senior Dimensions	Enroll in Senior Dimensions 303-425-8190	Free		Can not have an insurance drug benefit plan	None	55+	No		
Merck & Co	Patient Assistance Program	1-800-727-5400 or www.merck.com Complete application form with physician and patient; No insurance coverage (or have exhausted coverage)	Free	Free	\$18,000/year (\$24,000 for a household)	None	None	No		Applicants can receive a home delivered order with up to one-year's worth of free medication. At the end of the year, they will need to re-apply. (Vaccines and injectibles are not included)
Pfizer	Share Card	1-800-717-6005 or http://www.pfizerforliving.com	Free	\$15 for a 30 day supply	\$18,000 (\$24,000 for couples)	NA	Medicare beneficiaries	Medicare	Submit card to retail pharmacies for over 80 Pfizer medicines including drugs for diabetes, Alzheimer's disease and high blood pressure	NA
PhRMA	Patient Assistance Program	Each participating pharmaceutical company has their own application procedure and the amount of medication they will provide. Most require that the physician write a letter or complete their form to request medications. Medications (or vouchers) are usually sent to the physician for distribution to the eligible person Get information at www.pharma.org Or ask your physician Or call 303-333-3482	Usually free	Free	Varies	Varies	Low income	Usually can not be receiving a drug benefit from another company	Usually the physician must write a letter (or complete the form) and submit to the participating pharmaceutical company. The company provides vouchers for retail pharmacies or sends the prescription to the physician for dispensation. For a complete list of companies that participate in the program at http://www.phrma.org/searchcures/dpdpap/ For a copy of the directory of participating companies, call (800) 762-4636.	NA

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Senior Friends	Express Scripts	Enroll in Senior Friends and call 1-800-747-6577 (must provide social security number to complete application which can be done through the mail or over the phone)	Membership in Senior Friends is \$15 per year for one person or \$25 for two persons at the same address	Varies	None	None				Can receive up to a 180-day supply for mail service for routine prescriptions and a 14-day emergency supply at a local pharmacy for immediate needs
Senior Friends	King Soopers "Best Price"	Enroll in Senior Friends and present your Senior Friends identification card at any of the King Soopers Pharmacies on the eastern slope at the time you drop off your prescription (pharmacist will need your social security number and your date of birth); If you have questions, call King Soopers Prescription Plans and Services at 303-778-3252. To locate the benefit, ask them to look on their GREEN CARD under SENIOR FRIENDS (Computer Code: HSA9505)	Membership in Senior Friends is \$15 per year for one person or \$25 for two persons at the same address	Varies	N/A	N/A			Each drug is priced at the average wholesale price discount rate and then compared to King Soopers "U"nique and "C"ompetitive Retail Price. The member is charged the lower of the two prices. Normal delivery charges are applicable)	
Senior Friends	ScriptSave	Enroll in Senior Friends and call 1-800-700-3957	Membership in Senior Friends is \$15 per year for one person or \$25 for two persons at the same address	Varies	None	None			Discounts vary depending on the prescription, dosage and pharmacy used for brand name or generic at retail or independent pharmacies	Mail order discounts available at 1-800-499-0214; May realize additional savings depending on quantity and script

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State Farm	Good Neighbor Advantage Card	1-866-386-5508 or www.gnadvantage.com for retail services 1-877-321-2652 for mail order services	Free for members who have a State Farm Medicare Supplement Plan	Up to 60% discount on retail prices for generics; up to 20% off brand name prescriptions	Must have a State Farm Medicare Supplement Plan	None	65+	Yes	Available at Albertson's, Rite Aid, King Soopers, Target, CVS, Safeway, Kmart, Sam's Club and Wal-Mart; as well as participating independent pharmacies. Call 1-866-386-5508 to locate a participating pharmacy near you.	Complete the Mail Service Order Envelope or order a packet at www.advancerx.com or call 1-877-321-2652. Include the original prescription and payment (no shipping or handling charge); order re-fills online or by calling. DIABETIC SUPPLIES can be shipped free to your home with payment of the deductible and co-payment charges; discounts on products not covered by Medicare. Call 1-800-881-8924 for details.
Together Rx offered by Novartis, Abbott Laboratories, Ortho-McNeil, Janssen, Bristol-Myers Squibb Company, GlaxoSmithKline	Together Rx	1-800-865-7211 or www.together-rx.com Be a Medicare beneficiary; no other prescription drug coverage (public or private)	Free	Minimum 15% discount	\$28,000/year (\$38,000 for a couple)	None	65+ or Medicare	Yes	15-40% discount on selected prescriptions at cooperating retail pharmacies including Wal-Mart, Rite Aid, Walgreen's, Target, Albertson's, Costco, Safeway, King Soopers, and City Market, starting June 2002, depending on the discount negotiated between the retail pharmacies and the pharmaceutical companies	None
TRICARE for Life	TSRx	Be a military retiree, drawing retired pay or veterans' disability compensation in lieu of retired pay, regardless of age; qualifying family members, survivors, and certain categories of unremarried former spouses; parents and parents-in-law who are dependent on the retiree for more than 50% of their support; Call 1-877-363-6337	Free	N/A	None	None	65+ or disabled	Medicare Part A and B	Co-payment is \$3 for generic; \$9 for brand name. Full reimbursement at any participating pharmacy by submitting the TRICARE claim form, along with documentation showing medication, cost, and the applicable co-payment or deductible to the claims processor; If a non-network pharmacy is used, the TRICARE deductible and co-payments must be met. TRx will reimbursement for any deductibles or co-payments that are not covered by other insurance (No co-payment if using a military pharmacy)	Co-payment is \$3 for generic; \$9 for brand name. Full reimbursement at any participating pharmacy by submitting the TRICARE claim form, along with documentation showing medication, cost, and the applicable co-payment or deductible to the claims processor; If a non-network pharmacy is used, the TRICARE deductible and co-payments must be met. TRx will reimburse for any deductibles or co-payments that are not covered by other insurance
University of Colorado Hospital	Colorado Indigent Care Program	Must have a Colorado Indigent Care Program or Resident Discount Card; To apply call 303-372-8333	Sliding scale	NA	Based on income	Based on resources	None	No	Prescription must be from a doctor in University of Colorado Hospital. Limited formulary which changes frequently	None

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Veterans Administration	Non-service connected veterans	Veterans must be receiving health care at the Veterans Administration facility as a non-service connected veteran For information, 303-393-2816 – Denver VA)	Must pay \$2 co-payment (Will increase to \$7 with a maximum out-of-pocket of \$840/year in the future)	NA	Varies	Varies	Honorably discharged veteran	No	None	Refills come from CMOP (Leavenworth, KS); To order 1) call the automated phone system in Denver 303-399-8020x3244 or outside Denver 1-888-336-8262x 3244; or 2) optional signature on the bottom of your refill slip and mail to the Denver VA; or 3) optional signatures and drop off the refill slips at the VA pharmacy in the special "Prescription Mail Box"
Veterans Administration	Veterans with a service connected disability of 50% or more; those receiving medication for a service connected disability; those with incomes below the maximum amount of VA pensions	Veteran (or eligible dependents) must be receiving health care at a Veterans Administration facility as a service connected disability (For information, 303-393-2816 – Denver VA)		NA	NA	None	Honorably discharged veteran	No		Refills come from CMOP (Leavenworth, KS); To order 1) call the automated phone system in Denver 303-399-8020x3244 or outside Denver 1-888-336-8262x 3244; or 2) optional signatures on the bottom of your refill slip and mail to the Denver VA; or 3) optional signatures and drop off the refill slips at the VA pharmacy in the special "Prescription Mail Box"

*** This is a partial listing of prescription drug programs.