# Compass - MED D - Utilizing the Med D CARE Coverage Grid for Aetna EGWP PDP Clients

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**Description:** This document provides information on utilizing the Care Coverage Grid.

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| Overview |

The Med D CARE Coverage Grid provides information about Aetna SilverScript EGWP PDP clients (as well as some SilverScript EGWP clients that offer some or all of their members plans with an Aetna Formulary and/or an Aetna Pharmacy Network also referred to as Hybrid plans) that is not available in PeopleSafe or the CIF at this time. This information consists of the following:

* Deductibles that apply only to certain benefits or tiers
* Initial Coverage Limits (ICL) and extended ICL
* Part D True Out Of Pocket (TrOOP), Part B Maximum Out Of Pocket (MOOP) and STCOB (if applicable)
* Differences between the Part B drug cost share for preferred and non-preferred diabetic supplies.
* Formulary

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| Process |

If the beneficiary is requesting information regarding:

* Deductibles that apply only to certain benefits or tiers
* Initial Coverage Limits (ICL) and extended ICL
* Part D TrOOP, Part B Maximum Out Of Pocket (MOOP) and STCOB (if applicable)
* Differences between the Part B drug cost share for preferred and non-preferred diabetic supplies.
* Formulary

Other information regarding accumulations and cost shares should be located following standard processes and researching in Compass and **theSource**.

Perform the steps below:

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| **Step** | **Action** |
| **1** | Locate the **Client Plan ID** for the member in question by navigating to the **Client and Processing Information** panel on both the **Member Snapshot Landing** **Page** and **Claims Landing Page.**    **Note:** Client Plan ID and RxPlan ID are the same thing. |
| **2** | Access the Med D Care Coverage Grid based on the Client Plan ID/RxPlan ID.  Refer to:   * [Aetna Med D - 2025 Standard Care Coverage Grid All Plans](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=91394f34-ec02-49b9-b3a0-782c062a4bd1) * [Aetna Med D – 2024 Standard Care Coverage Grid All Plans](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=14427bca-71ea-4a7c-819a-02392277faa3) |
| **3** | Select the magnifying glass within the PDF to search for the Client Plan ID/RxPlan ID that you need. Enter the Client Plan ID/RxPlan ID in the **Find** field and hit the **ENTER** key.    **Note:** If you use CTRL F to do a search, you will get zero results. |
| **4** | **Result:**  The document will scroll to the first available listing of that Client Plan ID/RxPlan ID.  **Note:** If a field within this grid is blank, then it is not applicable to this plan.    **Example:** Care Coverage Grid |
| **Description** |
| **Deductible (if applicable) & Deductible Excluded Tiers/Which Tiers does the Med D Deductible not apply?** Identifies instances where Tiers do not apply to the Med D Deductible for a plan; shows excluded tiers for that plan. This means that a medication filled within an excluded tier does not apply to deductible. |
| **Initial Coverage Limit (ICL):** This will identify the ICL limit and instances where a plan has extended limits beyond the CMS standard (2021 CMS Standard: $4,130; 2022 CMS Standard: $4,430) and provide the cost share amounts by tier. Variable coverage may impact cost shares at the tier level depending on the plan. |
| **Med D TrOOP, Part B MOOP and STCOB Plan Information (if applicable):** This section provides 4 key pieces of benefit information where applicable:   1. Med D TrOOP 2. Part B MOOP (Primary) 3. STCOB Plan indicator (if applicable)   **Note:** If the plan is an STCOB plan, this means there is additional coverage by a secondary or Enhanced Wrap Benefit plan.   1. Part D MOOP (Max Out of Pocket) (Secondary) |
| **Other Plan Specific Information (e.g.** **Non-Part D Supplemental Benefit (formerly called rider)/Non Part D Drug Lists, Lifescan Exclusivity, Plan Build Comments, Home Infusion Telephone # and Diabetic Supplies Part B Drug cost shares (if applicable):** Identifies if there is a difference in the diabetic supply cost share for preferred vs. non-preferred. |
| **CVSH Formulary Name:** Identifies which formulary applies to a plan. |
| **NY State Mandate:** If the NY state mandate applies to the plan, the details will be listed. |

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| Related Documents |

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:/Users/qcpv885/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/BR4OFYRN/CMS-2-017428)

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