

## 2024 Comparison of PAAD and Senior Gold

1-800-792-9745

<b><u>Pharmaceutical Assistance to the Aged and Disabled Program</u></b> <a href="https://www.nj.gov/humanservices/doas/services/l-p/paad/">https://www.nj.gov/humanservices/doas/services/l-p/paad/</a>	<b><u>Senior Gold Prescription Discount Program</u></b> <a href="https://www.nj.gov/humanservices/doas/services/q-z/senior-gold/">https://www.nj.gov/humanservices/doas/services/q-z/senior-gold/</a>
Income limit: less than \$52,142 (single) less than \$59,209 (married)	Income limit: between \$52,142 & \$62,142 (single) between \$59,209 & \$69,209 (married)
ID Number starts with 6.	ID Number starts with 7.
PAAD co-pay is: <ul style="list-style-type: none"><li>• \$5 per PAAD covered generic drug</li><li>• \$7 per PAAD covered brand name drug.</li></ul>	Senior Gold co-pay for Senior Gold covered drugs is \$15 + 50% of the remaining cost of the prescription or actual drug cost, whichever is less. (Co-pay will change with change in drug price.)
PAAD does not have a Catastrophic cap.	Catastrophic cap: \$2,000 (single) \$3,000 (married) Once the beneficiary's annual out of pocket expenses reach the catastrophic cap, co-pay is \$15 (or the reasonable cost of the drug, whichever is less) for the balance of that eligibility period.
If Medicare-eligible, must enroll in a Medicare Plan with Prescription Drug Coverage (Part D or MA-PD) unless have other creditable drug coverage. PAAD pays Part D premium for certain Part D plans.	If Medicare-eligible, must enroll in a Medicare Plan with Prescription Drug Coverage (Part D or MA-PD), unless have other creditable drug coverage. Beneficiary responsible for paying Part D monthly premium.
If a Part D plan is the primary payer for a drug covered on its formulary, PAAD will provide coverage as secondary payer if needed for that drug, and the PAAD beneficiary will pay the regular PAAD copayment for PAAD covered drugs. However, if a Part D plan does not pay for a medication because the drug is not on its formulary, PAAD beneficiaries will have to switch to a drug on their Part D plan's formulary or their doctor will have to request an exception due to medical necessity directly to the Part D plan.	If a Part D plan is the primary payer for a drug covered on its formulary, Senior Gold will provide coverage as secondary payer if needed for that drug and the Senior Gold beneficiary will pay the regular Senior Gold copayment for Senior Gold covered drugs. However, if a Part D plan does not pay for a medication because the drug is not on its formulary, Senior Gold beneficiaries will have to switch to a drug on their Part D plan's formulary or their doctor will have to request an exception due to medical necessity directly to the Part D plan.
Third-party insurance must be billed before PAAD.	Third-party insurance must be billed BEFORE Senior Gold.
PAAD DOES NOT pay for diabetic testing supplies (for example, test strips & lancets).	Senior Gold DOES NOT pay for diabetic testing supplies (for example, test strips & lancets).

Can also apply on-line at <https://www.state.nj.us/humanservices/doas/paad/>

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