



2017 Medicare Part D Stand-Alone Prescription Drug Plans



Must have Medicare Part A and/or Part B to qualify for Part D enrollment

Organization Name Enrollment Telephone No. Website	Plan Name	Monthly Premium	Annual Deductible	Copayments after deductible has been met and prior to reaching \$3,700 in full drug cost						Coverage in Gap*	Low Income Subsidy Plan	Quality Rating (out of 5)
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6			
Aetna Medicare 855-338-7030 aetnamedicare.com	Medicare Rx Saver	\$32.10	\$400	\$1	\$2	\$30	38%	25%	N/A	No	Yes	3.5
Anthem Blue Cross 800-261-8667 anthem.com/ca/medicare	MedicareRx Standard	\$68.20	\$400	\$11	\$17	\$41	48%	25%	\$5	No		4.0
	MedicareRx Plus	\$106.00	\$0	\$9	\$17	\$45	47%	33%	\$5	Tiers 1, 6		4.0
	MedicareRx Gold	\$159.80	\$0	\$9	\$17	\$45	40%	33%	\$9	Tiers 1-3, 6		4.0
Blue Shield of California 800-488-8000 blueshieldca.com	Basic Plan	\$82.40	\$400	\$8	\$14	\$47	30%	25%	25%	No		3.5
	Enhanced Plan	\$129.30	\$0	\$13	\$17	\$47	29%	25%	33%	No		3.5
EnvisionRx Plus 866-250-2005 envisionrxplus.com	EnvisionRxPlus	\$53.90	\$400	15%	17%	25%	50%	25%	N/A	No		3.0
Express Scripts Medicare 866-477-5704 express-scripts.com	Value	\$59.10	\$400	\$7	\$12	\$47	50%	25%	N/A	No		4.0
	Choice	\$91.40	\$350**	\$10	\$20	25%	50%	26%	N/A	No		4.0

*During the coverage gap, plans may cover all or only some drugs within the tiers listed.

**Deductible may not apply to all tiers.

Copayments are based on a one-month supply of a covered Part D prescription drug from a non-preferred pharmacy. Preferred pharmacy prices may be lower.

Quality Rating is based on a combination of member satisfaction, problems with plan and complaints.

Tier 1 = Preferred Generics; Tier 2 = Non-Preferred Generics; Tier 3 = Preferred Brands; Tier 4 = Non-Preferred Brands; Tier 5 = Specialty; Tier 6 = Select Care



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First Health Part D 855-389-9688 coventryhealthcare.com	Part D Value Plus	\$42.30	\$0	\$10	\$20	\$47	50%	33%	N/A	Tiers 1, 2		3.5
	Part D Premier Plus	\$120.70	\$0	\$10	\$20	\$34	50%	33%	N/A	Tiers 1, 2, 4		3.5
Humana Insurance Co. 800-706-0872 humana.com/medicare	Walmart Rx Plan	\$17.00	\$400**	\$10	\$20	25%	50%	25%	N/A	No		3.0
	Preferred Rx Plan	\$28.20	\$400	\$2	\$3	24%	37%	25%	N/A	No	Yes	3.0
	Enhanced	\$71.10	\$0	\$7	\$12	\$47	50%	33%	N/A	Tiers 3, 4		3.0
SilverScript 866-552-6106 silverscript.com	Choice	\$29.90	\$0	\$3	\$17	\$47	48%	33%	N/A	No	Yes	4.0
	Plus	\$83.70	\$0	\$10	\$20	\$47	50%	33%	N/A	Tiers 1, 2		4.0
UnitedHealthCare (AARP) 800-753-8004 uhcmedicaresolutions.com	MedicareRx Walgreens	\$22.40	\$400**	\$15	\$18	\$47	33%	25%	N/A	No		2.5
	Symphonix Value Rx	\$30.60	\$400	\$3	\$4	\$26	33%	25%	N/A	No	Yes	2.5
	MedicareRx Saver Plus	\$33.40	\$400	\$3	\$6	\$31	36%	25%	N/A	No	Yes	3.0
	MedicareRx Preferred	\$86.00	\$0	\$8	\$15	\$38	43%	33%	N/A	No		3.5
WellCare 888-900-4307 wellcare.com/pdp	Classic	\$34.90	\$400**	\$0	\$14	\$46	48%	25%	N/A	No	Yes	2.5
	Extra	\$67.50	\$0	\$0	\$8	\$31	45%	33%	N/A	No		2.5

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