

## 2021 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	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments after deductible and prior to reaching \$4,130 in full drug cost						Additional Coverage in Gap*	Senior Savings Model	Extra Help (LIS)	Quality Rating
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6				
<b>Aetna Medicare</b> 833-526-2445 aetnamedicare.com	SilverScript Choice	S5601-064	\$29.50	\$250**	\$0	\$5	\$35	39%	28%	N/A			Yes	3.5
	SilverScript Plus	S5601-065	\$81.60	\$0	\$0	\$2	\$47	45%	33%	N/A	Tier 1,2			3.5
	SilverScript SmartRx	S5601-207	\$7.20	\$445**	\$0	\$19	\$46	48%	25%	N/A				3.5
<b>Anthem Blue Cross</b> 800-261-8667 anthem.com/medicare	MediBlue Rx Enhanced	S5596-076	\$26.10	\$300**	\$0	\$2	20%	39%	26%	N/A	Tiers 1,2			3.5
	MediBlue Rx Plus	S5596-034	\$79.90	\$0	\$1	\$3	\$43	45%	33%	N/A				3.5
	MediBlue Rx Standard	S5596-033	\$84.20	\$390**	\$1	\$2	\$32	27%	25%	N/A				3.5
<b>Blue Shield of California</b> 888-292-7591 blueshieldca.com	Rx Plus	S2468-003	\$59.00	\$445**	\$2	\$6	\$39	41%	25%	N/A				4.0
	Rx Enhanced	S2468-004	\$130.40	\$0	\$2	\$7	\$43	33%	33%	N/A				4.0
<b>Cigna-Healthspring Rx</b> 800-735-1459 cigna.com	Secure-Essential Rx	S5617-311	\$24.00	\$445**	\$0	\$2	18%	43%	25%	N/A				3.5
	Secure Rx	S5617-158	\$27.70	\$445**	\$1	\$2	\$30	50%	25%	\$0			Yes	3.5
	Secure-Extra Rx	S5617-277	\$30.30	\$100**	\$4	\$10	\$42	49%	31%	\$0	Tier 1,2	Yes		3.5
<b>Clear Spring Health</b> 877-317-6082 clearspringhealthcare.com	Premier Rx	S6946-056	\$13.30	\$445**	\$1	\$3	\$40	45%	25%	N/A				New
	Value Rx	S6946-027	\$29.50	\$445	\$1	\$3	\$42	35%	25%	N/A			Yes	New
<b>Elixir Insurance</b> 888-377-1439 envisionrxplus.com	RxSecure	S7694-032	\$30.80	\$445	\$1	\$7	15%	29%	\$25	N/A			Yes	3.5
	RxPlus	S7694-137	\$15.10	\$445**	\$1	\$6	\$43	45%	25%	N/A				3.5

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

\*\* Deductible may not apply to all tiers.

Co-payments are based on a one-month supply of a covered Part D prescription drug from a preferred pharmacy. Non-preferred pharmacy prices may be higher.

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

Tier 1 = Preferred Generic; Tier 2 = Generic; Tier 3 = Preferred Brand; Tier 4 = Non-Preferred Drug; Tier 5 = Specialty; Tier 6 = Select Care Drug

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Organization Name Enrollment Telephone No. Website	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments after deductible and prior to reaching \$4,130 in full drug cost						Additional Coverage in Gap*	Senior Savings Model	Extra Help (LIS)	Quality Rating
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6				
<b>Express Scripts Medicare</b> 866-477-5704 <a href="http://express-scriptsmedicare.com">express-scriptsmedicare.com</a>	Saver	S5660-248	\$26.50	\$285**	\$2	\$7	\$35	50%	28%	N/A		Yes	3.5	
	Value	S5660-134	\$61.00	\$445	\$1	\$3	\$30	50%	25%	\$0			3.5	
	Choice	S5660-202	\$84.90	\$100**	\$2	\$7	\$42	49%	31%	\$0	Tiers 1,2	Yes	3.5	
<b>Humana Insurance Co.</b> 800-706-0872 <a href="http://humana.com/medicare">humana.com/medicare</a>	Walmart Value Rx Plan	S5884-211	\$17.20	\$445**	\$1	\$4	17%	35%	25%	N/A			3.5	
	Basic Rx Plan	S5884-114	\$30.30	\$445	\$0	\$1	20%	32%	25%	N/A		Yes	3.5	
	Premier Rx Plan	S5884-178	\$72.50	\$445**	\$1	\$4	\$45	49%	25%	N/A		Yes	3.5	
<b>Mutual of Omaha Rx</b> 800-961-9006 <a href="http://mutualofomaha.com">mutualofomaha.com</a>	Rx Premier	S7126-101	\$24.00	\$445**	\$0	\$2	23%	44%	25%	N/A		Yes	2.5	
	Rx Plus	S7126-031	\$100.00	\$445	\$0	\$2	20%	35%	25%	N/A			2.5	
<b>UnitedHealthCare (AARP)</b> 888-867-5564 800-753-8004 (Walgreens) <a href="http://aarpmedicareplans.com">aarpmedicareplans.com</a>	MedicareRx Saver Plus	S5921-376	\$29.20	\$445	\$1	\$5	\$25	40%	25%	N/A			Yes	3.5
	MedicareRx Walgreens	S5921-413	\$41.60	\$445**	\$0	\$6	\$40	40%	25%	N/A			3.5	
	MedicareRx Preferred	S5820-031	\$99.30	\$0	\$5	\$10	\$45	40%	33%	N/A		Yes	3.5	
<b>WellCare</b> 888-293-5151 <a href="http://wellcare.com/pdp">wellcare.com/pdp</a>	Wellness Rx	S4802-201	\$15.20	\$445**	\$0	\$5	\$40	46%	25%	N/A		Yes	4.0	
	Value Script	S4802-163	\$17.20	\$445**	\$0	\$7	\$43	47%	25%	N/A		Yes	4.0	
	Rx Select	S5810-295	\$28.30	\$385**	\$0	\$3	\$47	42%	26%	N/A			3.5	
	Classic	S4802-094	\$30.10	\$445	\$0	\$2	\$30	35%	25%	N/A		Yes	4.0	
	Rx Saver	S5810-066	\$37.10	\$445	\$0	\$2	\$36	39%	25%	N/A			3.5	
	Rx Value Plus	S5768-155	\$81.00	\$0	\$1	\$4	\$47	44%	33%	N/A		Yes	3.5	

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