

## 2024 Medicare Part D Stand-Alone Prescription Drug Plans

### Requires Medicare Part A and/or Part B to qualify for Part D

For use by HICAP Counselors in assisting Medicare beneficiaries. See Plan EOC or Medicare Plan Finder for plan details

Organization Name Enrollment Telephone No. Website	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments & coinsurance after deductible and prior to reaching \$5,030 initial coverage limit						Additional Coverage in Gap*	Extra Help (LIS)	Star 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	\$55.20	\$545	\$2	\$7	16%	36%	25%	N/A			3.0
	SilverScript Plus	S5601-065	\$116.00	\$200**	\$0	\$0	\$47	50%	30%	N/A	Tier 1,2		3.0
	SilverScript SmartSaver	S5601-207	\$18.60	\$280***	\$0	\$5	24%	50%	29%	N/A			3.0
<b>Anthem Blue Cross</b> 855-793-1938 shop/anthem.com/medicare	MediBlue Rx Plus	S5596-088	\$132.70	\$0	\$1	\$4	\$47	50%	33%	N/A			3.0
	MediBlue Rx Standard	S5596-087	\$100.60	\$545**	\$1	\$2	19%	38%	25%	N/A			3.0
<b>Blue Shield of California</b> 888-292-7591 blueshieldca.com/medicare	Rx Plus	S2468-003	\$168.90	\$545***	\$1	\$14	\$45	47%	25%	N/A			3.5
	Rx Enhanced	S2468-004	\$188.40	\$0	\$2	\$7	\$43	47%	33%	N/A			3.5
<b>Cigna</b> 800-735-1459 cigna.com/medicare	Saver Rx	S5617-382	\$15.80	\$545**	\$0	\$6	18%	49%	25%	N/A			2.5
	Secure Rx	S5617-158	\$34.50	\$545	\$0	\$3	16%	40%	25%	N/A		Yes	2.5
	Extra Rx	S5617-277	\$105.90	\$145**	\$3	\$12	20%	46%	31%	N/A	Tier 1,2		2.5
<b>Clear Spring</b> 877-317-6082 clearspringhealthcare.com	Value Rx	S6946-027	\$22.70	\$545	\$1	\$3	\$42	35%	25%	N/A		Yes	1.5
<b>Humana Insurance Co.</b> 800-706-0872 humana.com/medicare	Walmart Value Rx Plan	S5884-211	\$59.00	\$545**	\$0	\$1	15%	47%	25%	N/A	Tier 1, 2		3.0
	Basic Rx Plan	S5884-114	\$75.20	\$545	\$0	\$1	23%	43%	25%	N/A			3.0
	Premier Rx Plan	S5884-178	\$129.20	\$0	\$1	\$4	\$45	49%	33%	\$0	Tier 1, 2		3.0
<b>Mutual of Omaha Rx</b> 800-961-9006 mutualofomaha.com	Rx Premier	S7126-101	\$100.30	\$349**	\$1	\$10	\$47	45%	28%	N/A			1.5
	Rx Plus	S7126-031	\$112.30	\$545	\$1	\$5	17%	39%	25%	N/A			1.5
	Rx Essential	S7126-134	\$25.70	\$545***	\$0	\$15	20%	48%	25%	N/A			1.5
<b>UnitedHealthCare (AARP)</b> 888-867-5564 800-753-8004 (Walgreens) aarpmedicareplans.com	MedicareRx Saver	S5921-376	\$89.80	\$545	\$2	\$8	\$47	37%	25%	N/A			3.0
	MedicareRx Walgreens	S5921-413	\$80.40	\$410***	\$2	\$8	\$40	50%	27%	N/A	Tier 1, 2		3.0
	MedicareRx Preferred	S5820-031	\$121.60	\$0	\$7	\$12	\$47	40%	33%	N/A	Tier 2 only		3.5
<b>WellCare</b> 866-859-9084 wellcare.com/pdp	Value Script	S4802-163	\$0.40	\$545**	\$0	\$5	25%	50%	25%	\$11			3.5
	Classic	S4802-094	\$35.90	\$545	\$0	\$5	22%	44%	25%	\$0		Yes	3.5
	Medicare Rx Value Plus	S4802-235	\$82.60	\$0	\$0	\$4	\$47	50%	33%	\$11			3.5

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### **NOTES:**

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

\*\* Deductible may not apply to Tier 1 and Tier 2 drugs

\*\*\* Deductible may not apply to Tier 1 drugs

Copayments/coinsurance amounts based on a 30-day supply of a covered prescription drug from a preferred pharmacy. Non-preferred pharmacy prices may be higher.

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

Tier 1 = Preferred Generic

Tier 2 = Generic

Tier 3 = Preferred Brand

Tier 4 = Non-Preferred Drug

Tier 5 = Specialty

Tier 6 = Select Care Drug