

2023 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 \$4,660 initial coverage limit						Additional Coverage in Gap*	Extra Help (LIS)	Star Rating
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6			
Aetna Medicare 833-526-2445 aetnamedicare.com	SilverScript Choice	S5601-064	\$29.60	\$505	\$2	\$7	17%	35%	25%	N/A		Yes	3.5
	SilverScript Plus	S5601-065	\$69.10	\$0	\$0	\$0	\$47	50%	33%	N/A	Tier 1,2		3.5
	SilverScript SmartSaver	S5601-207	\$4.50	\$505**	\$2	\$15	25%	50%	25%	N/A			3.5
Anthem Blue Cross 855-793-1938 anthem.com/medicare	MediBlue Rx Plus	S5596-088	\$94.50	\$0	\$1	\$4	\$47	50%	33%	N/A			3.5
	MediBlue Rx Standard	S5596-087	\$90.60	\$505	\$1	\$2	\$40	40%	25%	N/A			3.5
Blue Shield of California 888-292-7591 blueshieldca.com	Rx Plus	S2468-003	\$96.50	\$505**	\$1	\$12	\$43	47%	25%	N/A			3.0
	Rx Enhanced	S2468-004	\$172.50	\$0	\$2	\$7	\$43	42%	33%	N/A			3.0
Cigna 800-735-1459 cigna.com/medicare	Saver Rx	S5617-382	\$12.70	\$505**	\$0	\$10	\$40	50%	25%	N/A			3.0
	Secure Rx	S5617-158	\$28.40	\$505**	\$1	\$6	\$28	50%	25%	\$0		Yes	3.0
	Extra Rx	S5617-277	\$67.70	\$100**	\$4	\$10	\$45	50%	31%	\$0	Tier 1,2		3.0
Clear Spring Health 877-317-6082 clearspringhealthcare.com	Premier Rx	S6946-056	\$15.10	\$505**	\$1	\$5	\$42	45%	25%	N/A			1.5
	Value Rx	S6946-027	\$25.80	\$505	\$1	\$3	\$42	35%	25%	N/A		Yes	1.5
Elixir Insurance 888-377-1439 elixirinsurance.com	RxSecure	S7694-032	\$65.10	\$505	\$1	\$4	15%	34%	25%	N/A			2.5
	RxPlus	S7694-137	\$64.30	\$505**	\$1	\$6	\$43	46%	25%	N/A			2.5

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

** Deductible may not apply to all tiers.

Notes:

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, 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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Humana Insurance Co. 800-706-0872 humana.com/medicare	Walmart Value Rx Plan	S5884-211	\$44.50	\$505**	\$0	\$2	15%	50%	25%	N/A			3.0
	Basic Rx Plan	S5884-114	\$52.30	\$505	\$0	\$1	20%	39%	25%	N/A			3.0
	Premier Rx Plan	S5884-178	\$93.70	\$300**	\$1	\$4	\$45	49%	28%	N/A	Tier 1, 2		3.0
Mutual of Omaha Rx 800-961-9006 mutualofomaha.com	Rx Premier	S7126-101	\$81.70	\$505**	\$1	\$10	45%	45%	25%	N/A			2.0
	Rx Plus	S7126-031	\$104.60	\$505	\$1	\$5	20%	36%	25%	N/A			2.0
	Rx Essential	S7126-134	\$20.50	\$505	\$0	\$15	20%	48%	25%	N/A			2.0
UnitedHealthCare (AARP) 888-867-5564 800-753-8004 (Walgreens) aarpmedicareplans.com	MedicareRx Saver Plus	S5921-376	\$50.70	\$505	\$1	\$4	\$18	42%	25%	N/A			3.0
	MedicareRx Walgreens	S5921-413	\$35.20	\$350**	\$1	\$10	\$40	45%	27%	N/A	Tier 2 only		3.0
	MedicareRx Preferred	S5820-031	\$122.50	\$0	\$7	\$12	\$47	40%	33%	N/A	Tier 1, 2		3.5
WellCare 888-293-5151 wellcare.com/pdp	Value Script	S4802-163	\$8.30	\$505**	\$0	\$5	\$44	47%	25%	N/A			3.0
	Classic	S4802-094	\$29.00	\$505	\$0	\$4	\$33	39%	25%	N/A		Yes	3.0
	Medicare Rx Value Plus	S4802-235	\$71.30	\$0	\$0	\$4	\$47	50%	33%	N/A			3.0

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