

2025 Medicare Part D Stand-Alone Prescription Drug Plans

Organization Name Enrollment Telephone No. Website	Star Rating ¹	Plan Name	Plan Contract ID	2025 Monthly Premium	2025 Monthly Premium Increase (Decrease)	Annual Deductible		Copayments & coinsurance after deductible. 30 day supply from pref. pharmacy prior to reaching \$2,000 annual limit				
						Amount	Tiers that Deductible Applies	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Pref. Drug	Tier 5 Specialty
AARP Medicare from UHC 888-867-5564 800-753-8004 (Pfd) aarpmedicareplans.com	2.0	Rx Saver	S5921-376	\$124.80	\$35.00	\$590	All	\$2	\$7	17%	36%	25%
		Rx Preferred	S5921-413	\$115.40	\$35.00	\$0	N/A	\$5	\$10	\$47	40%	33%
Aetna Medicare 833-526-2445 aetnamedicare.com	2.5	SilverScript Choice	S5601-064	\$53.60	(\$1.60)	\$590	All	\$5	\$10	18%	31%	25%
Anthem Blue Cross 855-793-1938 shop/anthem.com/medicare	3.5	MediBlue Rx Plus	S5596-088	\$164.90	\$32.20	\$120	3 - 5	\$0	\$4	15%	37%	31%
		MediBlue Rx Standard	S5596-087	\$135.60	\$35.00	\$590	All	\$1	\$4	17%	39%	25%
Blue Shield of California 888-292-7591 blueshieldca.com/medicare	3.0	Rx Plus	S2468-003	\$161.70	(\$7.20)	\$590	2 - 5	\$3	\$14	18%	47%	25%
		Rx Enhanced	S2468-004	\$183.50	(\$4.90)	\$0	N/A	\$2	\$7	\$43	47%	33%
Cigna Healthcare 800-735-1459 cigna.com/medicare	2.5	Healthcare Saver Rx	S5617-382	\$20.60	\$4.80	\$590	3 - 5	\$0	\$5	17%	41%	25%
		Healthcare Assurance Rx ²	S5617-158	\$1.80	(\$32.70)	\$590	All	\$0	\$2	16%	49%	25%
		Healthcare Extra Rx	S5617-277	\$140.90	\$35.00	\$175	3 - 5	\$1	\$8	18%	47%	31%
Humana Insurance Co. 800-706-0872 humana.com/medicare	3.5	Value Rx Plan	S5884-211	\$94.00	\$35.00	\$573	3 - 5	\$0	\$0	18%	35%	26%
		Basic Rx Plan	S5884-114	\$110.20	\$35.00	\$590	All	\$0	\$1	22%	46%	25%
		Premier Rx Plan	S5884-178	\$164.20	\$35.00	\$0	N/A	\$1	\$4	\$45	50%	33%
WellCare 866-859-9084 wellcare.com/pdp	3.5	Value Script	S4802-163	\$17.40	\$17.00	\$590	3 - 5	\$0	\$5	25%	35%	25%
		Classic ²	S4802-094	\$16.80	(\$19.10)	\$590	3 - 5	\$0	\$5	21%	35%	25%
		Medicare Rx Value Plus	S4802-235	\$117.60	\$35.00	\$590	4 - 5	\$0	\$4	15%	50%	25%

NOTES: ¹ - Medicare's overall star scale is 1 to 5 with 5 being highest. Based on a combination of member satisfaction and measuring plan's service quality.

² - Plan is \$0 premium for those with Extra Help (LIS) coverage

Participation in Medicare Part A and/or Part B is needed to enroll in a Part D plan

Information from Medicare Planfinder and subject to change. Use medicare.gov to obtain specifics on tier levels and plan formularies. HICAP not liable for missing or incorrect information.



Navigating Medicare

Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP)

Contact Us: (925) 655-1393, (800) 510-2020 or (800) 434-0222

Visit: www.cchicap.org and Contact us or Email: ehsdhicap@ehsd.cccounty.us



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