

## 2025 Medicare Part D Stand-Alone Prescription Drug Plans

Organization Name Enrollment Telephone No. Website	Star Rating <sup>1</sup>	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
<b>AARP Medicare from UHC</b> 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%
<b>Aetna Medicare</b> 833-526-2445 aetnamedicare.com	2.5	SilverScript Choice	S5601-064	\$53.60	(\$1.60)	\$590	All	\$5	\$10	18%	31%	25%
<b>Anthem Blue Cross</b> 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%
<b>Blue Shield of California</b> 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%
<b>Cigna Healthcare</b> 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 <sup>2</sup>	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%
<b>Humana Insurance Co.</b> 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%
<b>WellCare</b> 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 <sup>2</sup>	S4802-094	\$16.80	(\$19.10)	\$590	All	\$0	\$5	21%	35%	25%
		Medicare Rx Value Plus	S4802-235	\$117.60	\$35.00	\$590	4 - 5	\$0	\$4	15%	50%	25%

NOTES: <sup>1</sup> - 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.

<sup>2</sup> - 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 formalurries. 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](http://www.cchicap.org) and Contact us or Email: [ehsdhicap@ehsd.cccounty.us](mailto:ehsdhicap@ehsd.cccounty.us)**



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