

STATE OF NEVADA SENIOR RX AND DISABILITY RX		2020 Annual Deductible	2020 Part D Premium	SRx/DRx Pays	SRx/DRx MEMBERS PAY	Additional Gap Assistance
2020 Plan Premium Information for Medicare Part D Plans						
PROGRAM IS SUBJECT TO FUNDING AVAILABILITY						
PLAN NAME	PLAN ID					
AARP MedicareRx Preferred (United HealthCare)	S5820-028	\$0	\$82.80	\$37.00	\$45.80	No Additional Gap coverage
AARP MedicareRx Saver Plus (United HealthCare)	S5921-373	\$435	\$24.20	\$24.20	\$0.00	No Additional Gap coverage
AARP MedicareRx Walgreens (United HealthCare)	S5921-410	\$435	\$34.00	\$34.00	\$0.00	No Additional Gap coverage
Anthem MediBlue Rx Enhanced	S5596-084	\$300	\$20.70	\$20.70	\$0.00	Some Additional GAP Coverage
Anthem MediBlue Rx Plus	S5596-063	\$0	\$52.80	\$37.00	\$15.80	Some Additional GAP Coverage
Anthem MediBlue Rx Standard	S5596-062	\$370	\$53.90	\$37.00	\$16.90	No Additional Gap coverage
Cigna HealthSpring Rx Secure	S5617-143	\$435	\$23.90	\$23.90	\$0.00	No Additional Gap coverage
Cigna HealthSpring Rx Secure-Essential	S5617-308	\$435	\$22.20	\$22.20	\$0.00	No Additional Gap coverage
Cigna HealthSpring Rx Secure-Xtra	S5617-274	\$100	\$56.00	\$37.00	\$19.00	Some Additional GAP Coverage
EnvisionRxPlus Silver	S7694-029	\$435	\$58.90	\$37.00	\$21.90	No Additional Gap coverage
Express Scripts Medicare-Choice	S5660-199	\$250	\$83.80	\$37.00	\$46.80	Some Additional GAP Coverage
Express Scripts Medicare-Saver	S5660-245	\$435	\$21.60	\$21.60	\$0.00	No Additional Gap coverage
Express Scripts Medicare-Value	S5660-131	\$435	\$47.40	\$37.00	\$10.40	No Additional Gap coverage
Humana Basic Rx	S5884-112	\$435	\$25.00	\$25.00	\$0.00	No Additional Gap coverage
Humana Premier Rx	S5884-175	\$435	\$61.20	\$37.00	\$24.20	No Additional Gap coverage
Humana Walmart Value Rx	S5884-208	\$435	\$13.20	\$13.20	\$0.00	No Additional Gap coverage
SilverScript Choice	S5601-058	\$390*	\$36.30	\$36.30	\$0.00	No Additional Gap coverage
SilverScript Plus	S5601-059	\$0	\$76.90	\$37.00	\$39.90	Some Additional GAP Coverage
WellCare Classic	S4802-093	\$435	\$29.20	\$29.20	\$0.00	No Additional Gap coverage
WellCare Medicare Rx Saver	S5810-063	\$435	\$23.00	\$23.00	\$0.00	No Additional Gap coverage
WellCare Medicare Rx Select	S5810-305	\$435	\$22.20	\$22.20	\$0.00	No Additional Gap coverage
WellCare Medicare Rx Value Plus	S5768-152	\$0	\$74.50	\$37.00	\$37.50	No Additional Gap coverage
WellCare Value Script	S4802-161	\$435	\$17.90	\$17.90	\$0.00	No Additional Gap coverage
WellCare Wellness Rx	S4802-198	\$435	\$15.00	\$15.00	\$0.00	No Additional Gap coverage
Member portion to pay after SPAP subsidy						
ALL PLANS LISTED BELOW ARE <u>NOT CURRENTLY CONTRACTED</u> WITH THE SENIOR RX AND DISABILITY RX PROGRAM FOR PREMIUM ASSISTANCE						
PLAN NAME	PLAN ID					
Clear Spring Health Premier Rx	S6946-053	\$435	\$15.30	N/A	\$15.30	No Additional Gap coverage
Clear Spring Health Value Rx	S6946-024	\$435	\$23.60	N/A	\$23.60	Some Additional GAP Coverage
Mutual of Omaha Rx Value	S7126-061	\$435	\$21.70	N/A	\$21.70	Some Additional GAP Coverage
Mutual of Omaha Rx Plus	S7126-028	\$435	\$48.00	N/A	\$48.00	No Additional Gap coverage