

STATE OF NEVADA SENIOR RX AND DISABILITY RX (NVSPAP)			2020 Annual Deductible	2020 Medicare Adv Plan Premium	2020 Part D Premium	SRx/DRx Pays	SRx/DRx Member Pays	Additional GAP Assistance
2020 Plan Premium Information for Contracted Medicare Advantage Plans								
PROGRAM IS SUBJECT TO FUNDING AVAILABILITY								
COMPANY/PLAN NAME	PLAN ID	Service Area						
Senior Care Plus Value Rx (HMO)	H2960-012	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Senior Care Plus Value Rx Enhanced (HMO)	H2960-004	Carson City	\$0.00	\$45.00	\$45.00	\$37.00	\$8.00	Some Additional Gap Coverage
Senior Care Plus Value Rx Select (HMO)	H2960-018	Carson City	\$0.00	\$180.00	\$87.60	\$37.00	\$143.00	Some Additional Gap Coverage
Senior Care Plus Value Basic (HMO)	H2960-009	Carson City	\$0.00	NO RX COVERAGE AT ALL				
AARP Medicare Advantage (HMO)	H0609-028	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage Premier (HMO)	H0609-031	Clark	\$0.00	\$23.90	\$23.90	\$23.90	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage Walgreens Plan 1 (HMO)	H0609-038	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage Walgreens Plan 2 (HMO)	H0609-039	Clark	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Anthem Medibluе Breathe (HMO C-SNP)	H4346-005	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Care On Site (HMO I-SNP)	H4346-010	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Connect Plus (HMO)	H4346-011	Clark	\$435.00	\$20.30	\$20.30	\$20.30	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Coordination Plus (HMO)	H4346-018	Clark	\$435.00	\$22.70	\$22.70	\$22.70	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Diabetes (HMO C-SNP)	H4346-006	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Heart (HMO C-SNP)	H4346-008	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Plus (HMO)	H4346-017	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Anthem Medibluе Startsmart Plus (HMO)	H4346-009	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Anthem Medibluе Value Plus (HMO)	H4346-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Humana Choice (PPO)	H5216-036	Clark	\$225.00	\$150.00	\$51.50	\$37.00	\$113.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-037	Clark	\$225.00	\$33.00	\$0.00	\$0.00	\$33.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-141	Clark	\$365.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Gold Plus (HMO)	H6622-028	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Gold Plus (HMO)	H6622-056	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Gold Plus Lung (HMO C-SNP)	H6622-030	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Humana Gold Plus-Diabetes & Heart (HMO C-SNP)	H6622-029	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Humana Honor (PPO)	H5216-216	Clark	NO RX COVERAGE AT ALL					
Humana Kidney Care (HMOC-SNP)	H6622-031	Clark	\$0.00	\$23.90	\$23.90	\$23.90	\$0.00	No Additional Gap Coverage
Humana Value Plus (HMO)	H6622-064	Clark	\$435.00	\$18.80	\$18.80	\$18.80	\$0.00	No Additional Gap Coverage
Senior Care Plus Value Rx Complete (HMO)	H2960-019	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
United Healthcare Medicare Advantage Assist (HMO C-SNP)	H0609-037	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
United Healthcare Medicare Advantage Focus (HMO)	H0609-032	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage (HMO)	H0609-033	Lyon	\$290.00	\$29.00	\$16.60	\$16.60	\$12.40	No Additional Gap Coverage
AARP Medicare Advantage (HMO)	H0609-033	Mineral	\$290.00	\$29.00	\$16.60	\$16.60	\$12.40	No Additional Gap Coverage

Member portion to pay after SPAP subsidy

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2020 Plan Premium Information for Contracted Medicare Advantage Plans only								
PROGRAM IS SUBJECT TO FUNDING AVAILABILITY								
COMPANY/PLAN NAME	PLAN ID	Service Area						
AARP Medicare Advantage (HMO)	H0609-028	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage Premier (HMO)	H0609-031	Nye	\$0.00	\$23.90	\$23.90	\$23.90	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage Walgreens Plan 1 (HMO)	H0609-038	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage Walgreens Plan 2 (HMO)	H0609-039	Nye	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-036	Nye	\$225.00	\$150.00	\$51.50	\$37.00	\$113.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-037	Nye	\$225.00	\$33.00	\$0.00	\$0.00	\$33.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-141	Nye	\$365.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Gold Plus (HMO)	H6622-028	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Gold Plus (HMO)	H6622-056	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Gold Plus Lung (HMO C-SNP)	H6622-030	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Humana Gold Plus-Diabetes & Heart (HMO C-SNP)	H6622-029	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Humana Honor (PPO)	H5216-216	Nye	\$0.00	NO RX COVERAGE AT ALL				
Humana Kidney Care (HMO C-SNP)	H6621-031	Nye	\$0.00	\$23.90	\$23.90	\$23.90	\$0.00	No Additional Gap Coverage
Humana Value Plus (HMO)	H6622-064	Nye	\$435.00	\$18.80	\$18.80	\$18.80	\$0.00	No Additional Gap Coverage
Senior Care Plus-Value Rx Complete (HMO)	H2960-019	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
United Healthcare Medicare Advantage Assist (HMO C-SNP)	H0609-037	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
United Healthcare Medicare Advantage Focus (HMO)	H0609-032	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
AARP Medicare Advantage (HMO)	H0609-033	Washoe	\$290.00	\$29.00	\$16.60	\$16.60	\$12.40	No Additional Gap Coverage
Anthem Mediblu Coordination Plus (HMO)	H4346-018	Washoe	\$435.00	\$22.70	\$22.70	\$22.70	\$0.00	Some Additional Gap Coverage
Anthem Mediblu Plus (HMO)	H4346-019	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Humana Choice (PPO)	H5216-039	Washoe	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-194	Washoe	\$365.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Humana Honor (PPO)	H5216-216	Washoe	\$0.00	NO RX COVERAGE AT ALL				
Senior Care Plus Value Basic (HMO)	H2960-009	Washoe	\$0.00	NO RX COVERAGE AT ALL				
Senior Care Plus Value Rx (HMO)	H2960-012	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Senior Care Plus Value Rx Enhanced (HMO)	H2960-004	Washoe	\$0.00	\$45.00	\$45.00	\$37.00	\$8.00	Some Additional Gap Coverage
Senior Care Plus Value Rx Select (HMO)	H2960-018	Washoe	\$0.00	\$180.00	\$87.60	\$37.00	\$143.00	Some Additional Gap Coverage

Member portion to pay after SPAP subsidy