

STATE OF NEVADA SENIOR RX AND DISABILITY RX (NVSPAP)

2020 Plan Premium Information for Medicare Part D Plans only

PROGRAM IS SUBJECT TO FUNDING AVAILABILITY

PLAN NAME	PLAN ID	2020 Annual Deductible	2020 Part D Premium	SRx/DRx Pays	SRx/DRx MEMBERS PAY	Additional Gap Assistance
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 NOT CURRENTLY CONTRACTED WITH THE SENIOR RX AND DISABILITY RX PROGRAM FOR PREMIUM ASSISTANCE

PLAN NAME	PLAN ID	2020 Annual Deductible	2020 Part D Premium	SRx/DRx Pays	SRx/DRx MEMBERS PAY	Additional Gap Assistance
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