

NON CONTRACTED MEDICARE ADVANTAGE PLANS

ALL PLANS LISTED BELOW ARE NOT CURRENTLY CONTRACTED WITH THE SENIOR RX AND DISABILITY RX PROGRAM FOR PREMIUM ASSISTANCE

COMPANY/PLAN NAME	PLAN ID	SVC AREA	2020 Annual Deductible	2020 MAPD Premium	2020 Part D Premium	SRx/DRx Pays	SRx/DRx Members Pay	Additional GAP Coverage
Aetna Medicare Choice Plan (PPO)	H5521-055	Carson City	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Platinum (HMO)	H3931-115	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Premium Plan (HMO)	H4711-005	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Select (PPO)	H5521-022	Carson City	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional Gap Coverage
Lasso Healthcare (MSA)	H1924-001	Carson City	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Prominence Plus (HMO)	H5945-001	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Choice (PPO)	H5521-055	Churchill	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Premier (HMO)	H4711-005	Churchill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Aetna Medicare Select (PPO)	H5521-022	Churchill	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional Gap Coverage
Lasso Healthcare (MSA)	H1924-001	Churchill	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Aetna Medicare Choice (PPO)	H5521-055	Clark	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Prime (HMO)	H4711-002	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Select (HMO)	H3931-094	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Select (PPO)	H5521-022	Clark	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional Gap Coverage
Aetna Medicare Premier (HMO)	H4711-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Allwell Medicare (HMO)	H6446-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Lasso Healthcare (MSA)	H1924-001	Clark	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Select Health Advantage Essential (HMO)	H1994-009	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Select Health Advantage-Diabetes & Heart Care (HMO C-SNP)	H1994-010	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Select Health Advantage-Lung Care(HMO C-SNP)	H1994-011	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Choice (PPO)	H5521-055	Douglas	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Platinum HMO)	H3931-115	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Premier(HMO)	H4711-005	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Aetna Medicare Select (PPO)	h5521-022	Douglas	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional Gap Coverage
Lasso Healthcare (MSA)	H1924-001	Douglas	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Prominence Plus (HMO)	H5945-001	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Lasso Healthcare (MSA)	H1924-003	Elko	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Lasso Healthcare (MSA)	H1924-003	Esmeralda	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Lasso Healthcare (MSA)	H1924-003	Eureka	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Lasso Healthcare (MSA)	H1924-003	Humbolt	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Lasso Healthcare (MSA)	H1924-003	Lander	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Lasso Healthcare (MSA)	H1924-003	Lincoln	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Lasso Healthcare (MSA)	H1924-003	Lyon	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Prominence Plus (HMO)	H5945-001	Lyon	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional Gap Coverage
Lasso Healthcare(MSA)	H1924-003	Mineral	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Aetna Medicare Choice (PPO)	H5521-055	Nye	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Premier (HMO)	H4711-001	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Prime (HMO)	H4711-002	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Select (PPO)	H5521-088	Nye	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional GAP Coverage
Allwell Medicare (PPO)	H6446-001	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Lasso Health Care (MSA)	H1924-003	Nye	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
SelectHealth Advantage Essential (HMO)	H1994-009	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
SelectHealth Advantage-Diabetes & Heart Care (HMO C-SNAP)	H1994-010	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
SelectHealth Advantage-Lung Care (HMO C-SNAP)	H1994-011	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage

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Lasso Health Care (MSA)	H1924-003	Pershing	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Aetna Maedicare Choice (PPO)	H5521-055	Storey	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Premier (HMO)	H4711-005	Storey	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Select (PPO)	H5521-022	Storey	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional GAP Coverage
Lasso Health Care (MSA)	H1924-003	Storey	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Prominence Plus (HMO)	H5945-001	Storey	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Maedicare Choice (PPO)	H5521-055	Washoe	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Platinum (HMO)	H3931-115	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Premier (HMO)	H4711-005	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Aetna Medicare Select (PPO)	H5521-022	Washoe	\$0.00	\$73.00	\$40.60	\$0.00	\$73.00	Some Additional GAP Coverage
Lasso Health Care (MSA)	H1924-003	Washoe	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage
Prominence Plus (HMO)	H5945-002	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Some Additional GAP Coverage
Lasso Health Care (MSA)	H1924-003	White Pine	\$0.00	No RX coverage	No RX coverage	No RX coverage	No RX coverage	No RX coverage