

STATE OF NEVADA SENIOR RX AND DISABILITY RX (NVSPAP)

2021 Plan Premiums for Medicare Part D Plans only

PROGRAM IS SUBJECT TO FUNDING AVAILABILITY

PLAN NAME	PLAN ID	2021 Annual Deductible	2021 Part D Premium	SRx/DRx Pays	SRx/DRx MEMBERS PAY	Additional Assistance
AARP MedicareRx Saver Plus (UHC)	S5921-373	\$445	\$23.90	\$23.90	\$0.00	No Additional Gap Coverage
AARP MedicareRx Preferred (UHC)	S5820-028	\$0	\$94.80	\$37.00	\$57.80	No Additional Gap Coverage. Insulin coverage at \$35 or less
AARP MedicareRx Walgreens (UHC)	S5921-410	\$445	\$43.00	\$37.00	\$6.00	No Additional Gap Coverage
Anthem MediBlue Rx Enhanced	S5596-084	\$350	\$21.40	\$21.40	\$0.00	Call Plan for more information
Anthem MediBlue Rx Plus	S5596-063	\$0	\$60.60	\$37.00	\$23.60	No Additional Gap Coverage
Anthem MediBlue Rx Standard	S5596-062	\$410	\$66.10	\$37.00	\$29.10	No Additional Gap Coverage
Cigna Secure Essential Rx	S5617-308	\$445	\$24.00	\$24.00	\$0.00	No Additional Gap Coverage
Cigna Secure Rx	S5617-143	\$445	\$26.20	\$26.20	\$0.00	No Additional Gap Coverage
Cigna Secure Extra Rx	S5617-274	\$100	\$50.50	\$37.00	\$13.50	Call Plan for more information. Insulin coverage at \$35 or less
Express Scripts Medicare-Value	S5660-131	\$445	\$22.20	\$22.20	\$0.00	No Additional Gap Coverage
Express Scripts Medicare-Saver	S5660-245	\$285	\$24.70	\$24.70	\$0.00	No Additional Gap Coverage. Insulin coverage at \$35 or less
Express Scripts Medicare-Choice	S5660-199	\$100	\$72.00	\$37.00	\$35.00	Call Plan for more information. Insulin coverage at \$35 or less
Humana Walmart Value Rx	S5884-208	\$445	\$17.20	\$17.20	\$0.00	No Additional Gap Coverage
Humana Basic Rx	S5884-112	\$445	\$25.30	\$25.30	\$0.00	No Additional Gap Coverage
Humana Premier Rx	S5884-175	\$445	\$69.20	\$37.00	\$32.20	No Additional Gap Coverage. Insulin coverage at \$35 or less
SilverScript SmartRx	S5601-204	\$445	\$7.20	\$7.20	\$0.00	No Additional Gap Coverage
SilverScript Choice	S5601-058	\$445	\$23.10	\$23.10	\$0.00	No Additional Gap Coverage
SilverScript Plus	S5601-059	\$0	\$63.00	\$37.00	\$26.00	Call Plan for more information
WellCare Wellness Rx	S4802-198	\$445	\$15.50	\$15.50	\$0.00	No Additional Gap Coverage. Insulin coverage at \$35 or less
WellCare Value Script	S4802-161	\$445	\$18.30	\$18.30	\$0.00	No Additional Gap Coverage. Insulin coverage at \$35 or less
WellCare Medicare Rx Saver	S5810-063	\$445	\$23.00	\$23.00	\$0.00	No Additional Gap Coverage
WellCare Classic	S4802-093	\$445	\$32.40	\$32.40	\$0.00	No Additional Gap Coverage
WellCare Medicare Rx Select	S5810-305	\$445	\$23.30	\$23.30	\$0.00	No Additional Gap Coverage
WellCare Medicare Rx Value Plus	S5768-152	\$0	\$79.30	\$37.00	\$42.30	No Additional Gap Coverage. Insulin coverage at \$35 or less

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	2021 Annual Deductible	2021 Part D Premium	SRx/DRx Pays	SRx/DRx MEMBERS PAY	Additional Assistance
Clear Spring Health Premier Rx	S6946-053	\$445	\$13.80	N/A	\$13.80	No Additional Gap coverage
Clear Spring Health Value Rx	S6946-024	\$445	\$22.80	N/A	\$22.80	No Additional Gap coverage
Mutual of Omaha Rx Plus	S7126-028	\$445	\$82.50	N/A	\$82.50	No Additional Gap coverage
Mutual of Omaha Rx Premier	S7126-098	\$445	\$23.00	N/A	\$23.00	No Additional Gap coverage. Insulin coverage at \$35 or less
Elixer Rx Plus	S7694-029	\$445	\$38.60	N/A	\$38.60	No Additional Gap coverage