

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	2021 Annual Deductible	2021 MAPD Premium	2021 Part D Premium	SRx/DRx Pays	SRx/DRx Members Pay	Additional Coverage
Aetna Medicare Select Plan (PPO)	H5521-300	Carson City	\$0.00	\$73.00	\$20.10	\$0.00	\$73.00	Call Plan for more information
Aetna Medicare Choice Plan (PPO)	H5521-301	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	H5521-303	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Platinum Plan (HMO)	H3931-115	Carson City	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-005	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare Complement (HMO)	H6446-013	Carson City	\$445.00	\$16.60	\$16.60	\$0.00	\$16.60	No Additional Gap coverage
Allwell Dual Medicare Harmony (HMO)	H6446-016	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare (HMO)	H6446-010	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare Boost (HMO)	H6446-005	Carson City	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Lasso Healthcare Growth (MSA)	H1924-001	Carson City	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth Plus (MSA)	S1924-004	Carson City	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Prominence Plus (HMO)	H5945-001	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Aetna Medicare Premier Plan (HMO)	H4711-005	Churchill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Select Plan (PPO)	H5521-300	Churchill	\$0.00	\$73.00	\$20.10	\$0.00	\$73.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	H5521-303	Churchill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Choice Plan (PPO)	S5521-301	Churchill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Lasso Healthcare Growth (MSA)	H1924-001	Churchill	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasoo Healthcare Growth Plus (MSA)	H1924-004	Churchill	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Prominence Plus (HMO)	H5945-001	Churchill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Aetna Medicare Choice Plan (PPO)	H5521-055	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Prime Plan (HMO)	H4711-002	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Select Plan (HMO)	H3931-094	Clark	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	H5521-299	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Prime Plan (HMO D-SNP)	H4711-011	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Aetna Medicare Select Plan (PPO)	H5521-022	Clark	\$0.00	\$67.00	\$45.30	\$0.00	\$67.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Dual Medicare Harmony USHS (HMO D-SNP)	H6446-015	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Dual Medicare Harmony P3 (HMO D-SNP)	H6446-014	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Boost P3 (HMO)	H6446-003	Clark	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Boost USHS (HMO)	H6446-004	Clark	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Select P3 (HMO)	H6446-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare Select USHS (HMO)	H6446-009	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare Complement USHS (HMO)	H6446-012	Clark	\$445.00	\$19.60	\$19.60	\$0.00	\$19.60	No Additional Gap coverage
Allwell Medicare Complement P3 (HMO)	H6446-011	Clark	\$445.00	\$21.00	\$21.00	\$0.00	\$21.00	No Additional Gap coverage
Lasso Healthcare Growth (MSA)	H1924-001	Clark	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasoo Healthcare Growth Plus (MSA)	H1924-004	Clark	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Platinum (HMO)	H9686-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Imperial Insurance Value (HMO C-SNP)	H2793-005	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Imperial Insurance Traditional Plue (HMO)	H2793-007	Clark	\$445.00	\$32.40	\$32.40	\$0.00	\$32.40	Call Plan for more information
Imperial Insurance Company Traditional (HMO)	H2793-003	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
AVA (HMO)	H9686-003	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
SelectHealth Advantage (HMO)	H1994-012	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
NVPlus (HMO)	H9686-002	Clark	\$445.00	\$15.20	\$15.20	\$0.00	\$15.20	No Additional Gap coverage
Aetna Medicare Choice Plan (PPO)	H5521-301	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	H5521-303	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Platinum Plan (HMO)	H3931-115	Douglas	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-005	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Select Plan (PPO)	H5521-300	Douglas	\$0.00	\$73.00	\$20.10	\$0.00	\$73.00	Call Plan for more information
Lasso Healthcare Growth (MSA)	H1924-001	Douglas	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth Plus (MSA)	H1924-004	Douglas	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL

Prominence Plus (HMO)	H5945-001	Douglas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Lasso Healthcare Growth (MSA)	H1924-001	Elko	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Elko	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-001	Esmeralda	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Esmeralda	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-001	Eureka	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Eureka	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-001	Humbolt	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Humbolt	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-001	Lander	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Lander	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-001	Lincoln	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Lincoln	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-001	Lyon	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Lyon	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Aetna Medicare Select Plan (PPO)	H5521-300	Lyon	\$0.00	\$73.00	\$20.10	\$0.00	\$73.00	Call Plan for more information
Aetna Medicare Choice Plan (PPO)	H5521-301	Lyon	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	H5521-303	Lyon	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-005	Lyon	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Prominence Plus (HMO)	H5945-001	Lyon	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Lasso Healthcare Growth (MSA)	H1924-001	Mineral	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Mineral	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Aetna Medicare Choice Plan (PPO)	H5521-055	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-001	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Prime Plan (HMO)	H4711-002	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	H5521-299	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Prime Plan (HMO D-SNP)	H4711-011	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Complement USHS (HMO)	H6446-012	Nye	\$445.00	\$19.60	\$19.60	\$0.00	\$19.60	No Additional Gap coverage
Allwell Complement P3 (HMO)	H6446-011	Nye	\$445.00	\$21.00	\$21.00	\$0.00	\$21.00	No Additional Gap coverage
Aetna Medicare Select Plan (PPO)	H5521-022	Nye	\$0.00	\$67.00	\$45.30	\$0.00	\$67.00	Call Plan for more information
Allwell Medicare Boost P3 (HMO)	H6446-003	Nye	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Boost USHS (HMO)	H6446-004	Nye	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Select P3 (HMO)	H6446-001	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare Select USHS (HMO)	H6446-009	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Dual Medicare Harmony P3 (HMO D-SNP)	H6446-014	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Dual Medicare Harmony USHS (HMO D-SNP)	H6446-015	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Lasso Healthcare Growth (MSA)	H1924-001	Nye	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Nye	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
SelectHealth Advantage (HMO)	H1994-012	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Lasso Healthcare Growth (MSA)	H1924-001	Pershing	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Pershing	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Aetna Medicare Select Plan (PPO)	H5521-300	Storey	\$0.00	\$73.00	\$20.10	\$0.00	\$73.00	Call Plan for more information
Aetna Medicare Choice Plan (PPO)	H5521-301	Storey	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Elite Plan (PPO)	S5521-303	Storey	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-005	Storey	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Lasso Healthcare Growth (MSA)	H1924-001	Storey	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	S1924-004	Storey	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Prominence Plus (HMO)	H5945-001	Storey	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Aetna Medicare Select Plan (PPO)	H5521-300	Washoe	\$0.00	\$73.00	\$20.10	\$0.00	\$73.00	Call Plan for more information
Aetna Medicare Choice Plan (PPO)	H5521-301	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Platinum Plan (HMO)	H3931-115	Washoe	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Aetna Medicare Premier Plan (HMO)	H4711-005	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare (HMO)	H6446-010	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Allwell Medicare Boost (HMO)	H6446-005	Washoe	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage
Allwell Medicare Complement (HMO)	H6446-013	Washoe	\$445.00	\$16.60	\$16.60	\$0.00	\$16.60	No Additional Gap coverage
Allwell Dual Medicare Harmony (HMO)	H6446-016	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap coverage

Lasso Healthcare Growth (MSA)	H1924-001	Washoe	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	Washoe	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Prominence Plus (HMO)	H5945-002	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage \$35 or less
Lasso Healthcare Growth (MSA)	H1924-001	White Pine	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL
Lasso Healthcare Growth (MSA)	H1924-004	White Pine	\$0.00	-	-	-	-	NO RX COVERAGE AT ALL