

STATE OF NEVADA SENIOR RX AND DISABILITY RX (NVSPAP)

2021 Plan Premium Information for Contracted Medicare Advantage Plans

PROGRAM IS SUBJECT TO FUNDING AVAILABILITY

COMPANY/PLAN NAME	PLAN ID	Service Area	2021 Annual Deductible	2021 Medicare Adv Plan Premium	2021 Part D Premium	SRx/DRx Pays	SRx/DRx Member Pays	Additional Assistance
Senior Care Plus Essential Plan (HMO)	H2960-012	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Senior Care Plus Select Plan (HMO)	H2960-018	Carson City	\$0.00	\$180.00	\$102.60	\$37.00	\$143.00	Call Plan for more information. Insulin coverage at \$35 or less
Renown Preferred Plan by Senior Care Plus (HMO)	H2960-023	Carson City	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Senior Care Plus Patriot Plan (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	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Premier (HMO)	H0609-031	Clark	\$0.00	\$26.50	\$26.50	\$26.50	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Walgreens Plan 1 (HMO)	H0609-038	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Choice (PPO)	H7404-018	Clark	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Patriot Plan (PPO)	H7404-019	Clark	\$0.00	NO RX COVERAGE AT ALL				
AARP Medicare Advantage Walgreens Plan 2 (HMO)	H0704-020	Clark	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage. Insulin coverage at \$35 or less
Anthem MediBlue Lung Care (HMO C-SNP)	H4346-005	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Care On Site (HMO I-SNP)	H4346-010	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Dual Advantage (HMO C-SNP)	H4346-025	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Connect (HMO D-SNP)	H4346-026	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Connect Plus (HMO)	H4346-011	Clark	\$445.00	\$18.20	\$18.20	\$18.20	\$0.00	Call Plan for more information
Anthem MediBlue Coordination Plus (HMO)	H4346-018	Clark	\$445.00	\$5.30	\$5.30	\$5.30	\$0.00	Call Plan for more information
Anthem MediBlue Diabetes (HMO C-SNP)	H4346-006	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Heart Care (HMO C-SNP)	H4346-008	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Plus (HMO)	H4346-017	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue StartSmart Plus (HMO)	H4346-009	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Anthem MediBlue Value Plus (HMO)	H4346-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Humana Choice (PPO)	H5216-036	Clark	\$225.00	\$151.00	\$51.70	\$37.00	\$114.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-037	Clark	\$225.00	\$34.00	\$34.00	\$34.00	\$0.00	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	Call Plan for more information. Insulin coverage at \$35 or less
Humana Gold Plus-Diabetes & Heart (HMO C-SNP)	H6622-029	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
Humana Honor (PPO)	H5216-216	Clark		NO RX COVERAGE AT ALL				
Humana Value Plus (HMO)	H6622-064	Clark	\$445.00	\$26.50	\$26.50	\$26.50	\$0.00	No Additional Gap Coverage
Senior Care Plus Encompass Plan (HMO C-SNP)	H2960-022	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
Senior Care plus Comprehensive Plan (HMO)	H2960-021	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Senior Care Plus Value Rx Complete (HMO)	H2960-019	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
United Healthcare Medicare Advantage Assist (HMO C-SNP)	H0609-037	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
United HealthCare Dual Complete (HMOD-SNP)	H1360-001	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
United Healthcare Medicare Advantage Focus (HMO)	H0609-032	Clark	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Plan 2 (HMO)	H0609-040	Lyon	\$290.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Plan 1 (HMO)	H0609-033	Lyon	\$290.00	\$25.00	\$25.00	\$25.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage (HMO)	H0609-028	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Choice (PPO)	H7404-018	Nye	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Patriot Plan (PPO)	H7404-019	Nye	\$0.00	NO RX COVERAGE AT ALL				
AARP Medicare Advantage Premier (HMO)	H0609-031	Nye	\$0.00	\$26.50	\$26.50	\$26.50	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Walgreens Plan 1 (HMO)	H0609-038	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less

AARP Medicare Advantage Walgreens Plan 2 (PPO)	H7404-020	Nye	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage. Insulin coverage at \$35 or less
Anthem Mediblu Plus (HMO)	H4346-024	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Dual Advantage (HMO D-SNP)	H4346-025	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Senior Care Plus Complete Plan (HMO)	H2960-019	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Humana Choice (PPO)	H5216-036	Nye	\$225.00	\$151.00	\$51.70	\$37.00	\$114.00	No Additional Gap Coverage
Humana Choice (PPO)	H5216-037	Nye	\$225.00	\$34.00	\$34.00	\$34.00	\$0.00	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	Call Plan for more information. Insulin coverage at \$35 or less
Humana Gold Plus-Diabetes & Heart (HMO C-SNP)	H6622-029	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
Humana Honor (PPO)	H5216-216	Nye	\$0.00	NO RX COVERAGE AT ALL				
Humana Value Plus (HMO)	H6622-064	Nye	\$445.00	\$26.50	\$26.50	\$26.50	\$0.00	No Additional Gap Coverage
United Healthcare Medicare Advantage Assist (HMO C-SNP)	H0609-037	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
United Healthcare Medicare Advantage Focus (HMO)	H0609-032	Nye	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Plan 2 (HMO)	H0609-040	Washoe	\$290.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
AARP Medicare Advantage Plan 1 (HMO)	H0609-033	Washoe	\$290.00	\$25.00	\$25.00	\$25.00	\$0.00	Call Plan for more information. Insulin coverage at \$35 or less
Anthem MediBlue Dual Advantage (HMO D-SNP)	H4346-025	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Anthem MediBlue Coordination Plus (HMO)	H4346-018	Washoe	\$445.00	\$5.30	\$5.30	\$5.30	\$0.00	Call Plan for more information
Anthem MediBlue Plus (HMO)	H4346-019	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Humana Choice (PPO)	H5216-039	Washoe	\$250.00	\$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				
Renown Preferred Plan by Senior Care Plus (HMO)	H2960-023	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
Senior Care Plus Patriot Plan (HMO)	H2960-009	Washoe	\$0.00	NO RX COVERAGE AT ALL				
Senior Care Plus Essential Plan (HMO)	H2960-012	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Call Plan for more information
United HealthCare Dual Complete (HMOD-SNP)	H1360-001	Washoe	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	No Additional Gap Coverage
Senior Care Plus Select Plan (HMO)	H2960-018	Washoe	\$0.00	\$180.00	\$102.60	\$37.00	\$143.00	Call Plan for more information. Insulin coverage at \$35 or less

Member portion to pay after SPAP subsidy