

## STATE OF NEVADA SENIOR RX AND DISABILITY RX (NVSPAP)

2022 Plan Premiums for Medicare Advantage Plans contracted with the SRx/DRx Program

PROGRAM IS SUBJECT TO FUNDING AVAILABILITY NOTE: PREMIUM SUBSIDY PROGRAM ENDS 6/30/2022

COMPANY/PLAN NAME	PLAN ID	Service Area	2022 Annual Deductible	2022 Medicare Adv Plan Premium	2022 Part D Premium	SRx/DRx Program Pays *Note:subsidy ends 6/30/2022	SRx/DRx Member Pays *Note: subsidy ends 6/30/2022	Additional Assistance *Note: Please contact the Medicare Assistance Program (MAP) for additional information
SENIOR CARE PLUS SELECT PLAN (HMO)	H2960-018	CARSON CITY	\$0	\$180.00	\$117.90	\$37.00	\$143.00	SOME ADDITIONAL GAP COVERAGE
WELLCARE ASSIST (HMO)	H6446-013	CARSON CITY	\$480	\$28.00	\$28.00	\$28.00	\$0.00	NO ADDITIONAL GAP COVERAGE
AARP MEDICARE ADVANTAGE PREMIER (HMO)	H0609-031	CLARK	\$0	\$31.70	\$31.70	\$31.70	\$0.00	SOME ADDITIONAL GAP COVERAGE **
HUMANA CHOICE (PPO)	H5216-036	CLARK	\$225	\$152.00	\$58.90	\$37.00	\$115.00	NO ADDITIONAL GAP COVERAGE
HUMANA CHOICE (PPO)	H5216-037	CLARK	\$225	\$35.00	\$35.00	\$35.00	\$0.00	NO ADDITIONAL GAP COVERAGE
HUMANA VALUE PLUS (HMO)	H6622-064	CLARK	\$480	\$23.60	\$23.60	\$23.60	\$0.00	NO ADDITIONAL GAP COVERAGE
WELLCARE ASSSIT P3 (HMO)	H6446-011	CLARK	\$480	\$28.40	\$28.40	\$28.40	\$0.00	NO ADDITIONAL GAP COVERAGE
WELLCARE ASSIST USHS (HMO)	H6446-012	CLARK	\$480	\$29.80	\$29.80	\$29.80	\$0.00	NO ADDITIONAL GAP COVERAGE
AARP MEDICARE ADVANTAGE PLAN 1 (HMO)	H0609-033	LYON	\$0	\$25.00	\$25.00	\$25.00	\$0.00	SOME ADDITIONAL GAP COVERAGE
WELLCARE ASSIST (HMO)	H6446-013	LYON	\$480	\$28.00	\$28.00	\$28.00	\$0.00	NO ADDITIONAL GAP COVERAGE
AARP MEDICARE ADVANTAGE PREMIER (HMO)	H0609-031	NYE	\$0	\$31.70	\$31.70	\$31.70	\$0.00	SOME ADDITIONAL GAP COVERAGE**
HUMANA CHOICE (PPO)	H5216-036	NYE	\$225	\$152.00	\$58.90	\$37.00	\$115.00	NO ADDITIONAL GAP COVERAGE
HUMANA CHOICE (PPO)	H5216-037	NYE	\$225	\$35.00	\$35.00	\$0.00	\$0.00	NO ADDITIONAL GAP COVERAGE
HUMANA VALUE PLUS (HMO)	H6622-064	NYE	\$480	\$23.60	\$23.60	\$23.60	\$0.00	NO ADDITIONAL GAP COVERAGE
WELLCARE ASSIST P3 (HMO)	H6446-011	NYE	\$480	\$28.40	\$28.40	\$28.40	\$0.00	NO ADDITIONAL GAP COVERAGE
WELLCARE ASSIST USHS (HMO)	H6446-012	NYE	\$480	\$29.80	\$29.80	\$29.80	\$0.00	NO ADDITIONAL GAP COVERAGE
AARP MEDICARE ADVANTAGE PLAN 1 (HMO)	H0609-033	WASHOE	\$0	\$25.00	\$25.00	\$25.00	\$0.00	SOME ADDITIONAL GAP COVERAGE
SENIOR CARE PLUS SELECT PLAN (HMO)	H2960-018	WASHOE	\$0	\$180.00	\$117.90	\$37.00	\$143.00	SOME ADDITIONAL GAP COVERAGE
WELLCARE ASSIST (HMO)	H6446-013	WASHOE	\$480	\$28.00	\$28.00	\$28.00	\$0.00	NO ADDITIONAL GAP COVERAGE
							** FOR DUAL ELIGIBLE (MEDICARE/MEDICAID)	** SELECT INSULIN COVERAGE \$35 OR LESS
Member portion to pay after SRx/DRx Premium Subsidy (Note: Premium Subsidy ending 6/30/22)								** SELECT INSULIN COVERAGE \$35 OR LESS