

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

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

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

PLAN NAME	PLAN ID	2022 Annual Deductible	2022 Part D Premium	SRx/DRx Pays *Note: subsidy ends 6/30/2022	SRx/DRx Members Pay * Note: subsidy ends 6/30/2022	Additional Assistance *Note: Contact the Medicare Assistance Program (MAP) for more information
AARP MedicareRx Saver Plus (UHC)	S5921-373	\$480	\$36.00	\$36.00	\$0.00	No Additional Gap Coverage
AARP MedicareRx Preferred (UHC)	S5820-028	\$0	\$101.10	\$37.00	\$64.10	No Additional Gap Coverage. Select Insulin coverage at \$35 or less
AARP MedicareRx Walgreens (UHC)	S5921-410	\$310	\$29.30	\$29.30	\$0.00	No Additional Gap Coverage
Anthem MediBlue Rx Plus	S5596-063	\$0	\$72.20	\$37.00	\$35.20	No Additional Gap Coverage. Select Insulin coverage at \$35 or less
Anthem MediBlue Rx Standard	S5596-062	\$425	\$60.10	\$37.00	\$23.10	No Additional Gap Coverage
Cigna Essential Rx	S5617-308	\$480	\$33.50	\$33.50	\$0.00	No Additional Gap Coverage
Cigna Secure Rx	S5617-143	\$480	\$29.70	\$29.70	\$0.00	No Additional Gap Coverage
Cigna Secure Extra Rx	S5617-274	\$100	\$50.50	\$37.00	\$13.50	Call Plan for more information. Select Insulin coverage at \$35 or less
Elixer Rx Secure	S7694-029	\$480	\$42.70	\$37.00	\$5.70	No Additional Gap coverage
Humana Walmart Value Rx	S5884-208	\$480	\$22.70	\$22.70	\$0.00	No Additional Gap Coverage
Humana Basic Rx	S5884-112	\$480	\$29.90	\$29.90	\$0.00	No Additional Gap Coverage
Humana Premier Rx	S5884-175	\$480	\$84.70	\$37.00	\$47.70	No Additional Gap Coverage. Select Insulin coverage at \$35 or less
SilverScript SmartRx	S5601-204	\$480	\$7.30	\$7.30	\$0.00	No Additional Gap Coverage
SilverScript Choice	S5601-058	\$480	\$27.50	\$27.50	\$0.00	No Additional Gap Coverage
SilverScript Plus	S5601-059	\$0	\$63.50	\$37.00	\$26.50	Call Plan for more information. Select Insulin coverage at \$35 or less
WellCare Value Script	S4802-161	\$480	\$12.00	\$12.00	\$0.00	No Additional Gap Coverage. Select Insulin coverage at \$35 or less
WellCare Classic	S4802-093	\$480	\$26.50	\$26.50	\$0.00	No Additional Gap Coverage
WellCare Medicare Rx Value Plus	S5768-232	\$0	\$69.00	\$37.00	\$32.00	No Additional Gap Coverage. Select Insulin coverage at \$35 or less

Member portion to pay after SRx/DRx Premium Subsidy (Note: Premium Subsidy ending 6/30/2022)