

## 2020 Medicare Part D Stand-Alone Prescription Drug Plans

Must have Medicare Part A and/or Part B to qualify for Part D enrollment

Organization Name Enrollment Telephone No. Website	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments after deductible has been met and prior to reaching \$4,020 in full drug cost						Coverage in Gap*	Low Income Subsidy Plan	Quality Rating (out of 5)
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6			
<b>Anthem Blue Cross</b> 800-261-8667 anthem.com/ca/medicare	MediBlue Rx Enhanced	S5596-076	\$20.60	\$275**	\$1	\$2	20%	37%	25%	N/A	Tiers 1,2		4.0
	MediBlue Rx Plus	S5596-034	\$74.20	\$0	\$1	\$3	\$40	42%	33%	N/A	Tier 1		4.0
	Medi Blue Rx Standard	S5596-033	\$77.80	\$250**	\$1	\$2	\$33	40%	25%	N/A	No		4.0
<b>Blue Shield of California</b> 800-488-8000 blueshieldca.com	Rx Plus	S2468-003	\$40.70	\$435**	\$2	\$6	\$35	40%	25%	N/A	No		3.5
	Rx Enhanced	S2468-004	\$118.40	\$0	\$2	\$7	\$40	27%	33%	N/A	No		3.5
<b>Cigna-Healthspring Rx</b> 800-735-1459 cigna.com	Rx Secure Essential	S5617-311	\$22.20	\$435**	\$0	\$2	18%	40%	25%	N/A	No		3.5
	Rx Secure	S5617-158	\$33.30	\$435	\$1	\$2	\$30	33%	25%	\$0	No	Yes	3.5
	Rx Secure-Extra	S5617-277	\$74.40	\$100**	\$4	\$10	\$42	50%	31%	\$2	Tier 1,2		3.5
<b>Clear Spring Health</b> 877-384-1241 clearspringhealthcare.com	Premier Rx	S6946-056	\$12.80	\$435**	\$1	\$3	\$40	40%	25%	N/A	No		New
	Value Rx	S6946-027	\$29.70	\$435	\$1	\$3	\$45	35%	25%	N/A	No	Yes	New
<b>EnvisionRx Plus</b> 888-377-1439 envisionrxplus.com													
	EnvisionRxPlus	S7694-032	\$14.10	\$435**	\$1	\$7	\$35	33%	25%	N/A	No	Yes	3.0
<b>Express Scripts Medicare</b> 866-477-5704 express-scripts.com	Saver	S5660-248	\$28.50	\$435**	\$1	\$4	\$30	48%	25%	N/A	No		3.0
	Value	S5660-134	\$57.70	\$435	\$1	\$3	\$25	41%	25%	N/A	No		3.0
	Choice	S5660-202	\$95.20	\$250**	\$2	\$7	\$42	47%	28%	N/A	Tiers 1,2		3.0

\* During the coverage gap, plans may cover all or only some drugs within the listed tiers.

\*\* Deductible may not apply to all tiers.

Co-payments are based on a one-month supply of a covered Part D prescription drug from a preferred pharmacy. Non-preferred pharmacy prices may be higher.

Quality Rating is based on a combination of member satisfaction, problems with plan and complaints.

Tier 1 = Preferred Generics; Tier 2 = Non-Preferred Generics; Tier 3 = Preferred Brands; Tier 4 = Non-Preferred Brands; Tier 5 = Specialty; Tier 6 = Select Care

## 2020 Medicare Part D Stand-Alone Prescription Drug Plans

Must have Medicare Part A and/or Part B to qualify for Part D enrollment

Organization Name Enrollment Telephone No. Website	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible	Copayments after deductible has been met and prior to reaching \$4,020 in full drug cost						Coverage in Gap*	Low Income Subsidy Plan	Quality Rating (out of 5)
					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6			
<b>Humana Insurance Co.</b> 800-457-4708 <a href="http://humana.com/medicare">humana.com/medicare</a>	Walmart Value Rx Plan	S5884-211	\$13.20	\$435**	\$1	\$4	\$47	35%	25%	N/A	No		3.0
	Basic Rx Plan	S5884-114	\$33.00	\$435	\$0	\$1	25%	35%	25%	N/A	No	Yes	3.0
	Premier Rx Plan	S5884-178	\$64.50	\$435**	\$1	\$4	\$42	44%	25%	N/A	No		3.0
<b>MII Life Insurance, Inc.</b> 888-575-7530 <a href="http://journeyrxmedicare.com">journeyrxmedicare.com</a>	Journey Rx Value	S6986-012	\$23.70	\$435**	\$0	\$1	\$35	33%	25%	N/A	No		2.5
	Journey Rx Standard	S6986-006	\$29.50	\$435	\$2	\$6	\$25	29%	25%	N/A	No	Yes	2.5
<b>Mutual of Omaha Rx</b> 800-961-9006 <a href="http://mutualofomaha.com">mutualofomaha.com</a>	Rx Value	S7126-064	\$23.10	\$435**	\$0	\$2	\$25	46%	25%	N/A	Tier 1,2		New
	Rx Plus	S7126-031	\$51.70	\$435	\$0	\$10	\$42	48%	25%	N/A	No		New
<b>SilverScript</b> 866-552-6106 <a href="http://silverscript.com">silverscript.com</a>	Choice	S5601-064	\$30.50	\$230**	\$0	\$1	\$47	38%	28%	N/A	No	Yes	4.0
	Plus	S5601-065	\$97.60	\$0	\$0	\$2	\$47	49%	33%	N/A	Tier 1,2		4.0
<b>UnitedHealthCare ( AARP)</b> 888-867-5564 800-753-8004 (Walgreens) <a href="http://uhcmedicare resolutions.com">uhcmedicare resolutions.com</a>	MedicareRx Saver Plus	S5921-376	\$30.80	\$435	\$1	\$5	\$25	35%	25%	N/A	No	Yes	3.5
	MedicareRx Walgreens	S5921-413	\$34.20	\$435**	\$0	\$5	\$40	32%	25%	N/A	No		3.5
	MedicareRx Preferred	S5820-031	\$91.90	\$0	\$5	\$10	\$45	40%	33%	N/A	No		3.5
<b>WellCare</b> 888-293-5151 <a href="http://wellcare.com/pdp">wellcare.com/pdp</a>	Wellness Rx	S4802-201	\$13.70	\$435**	\$0	\$8	\$43	48%	25%	N/A	No		4.5
	Value Script	S4802-163	\$16.80	\$435**	\$0	\$10	\$43	49%	25%	N/A	No		3.5
	Rx Select	S5810-295	\$23.80	\$385**	\$0	\$3	\$47	42%	27%	N/A	No		3.5
	Classic	S4802-094	\$31.30	\$435	\$0	\$3	\$31	34%	25%	N/A	No	Yes	3.5
	Rx Saver	S5810-066	\$34.10	\$435	\$0	\$3	\$35	40%	25%	N/A	No		3.5
	Rx Value Plus	S5768-155	\$74.50	\$0	\$1	\$4	\$47	50%	33%	N/A	No		3.5

\* During the coverage gap, plans may cover all or only some drugs within the listed tiers.

\*\* Deductible may not apply to all tiers.

Co-payments are based on a one-month supply of a covered Part D prescription drug from a preferred pharmacy. Non-preferred pharmacy prices may be higher.

Quality Rating is based on a combination of member satisfaction, problems with plan and complaints.

Tier 1 = Preferred Generics; Tier 2 = Non-Preferred Generics; Tier 3 = Preferred Brands; Tier 4 = Non-Preferred Brands; Tier 5 = Specialty; Tier 6 = Select Care