

CY2024 Plan and Premium Information for Medicare Plans Offering Part D Coverage

Includes contracts/plans as of September 05, 2023. The data does not reflect information for Employer sponsored plans, Part B only plans, or plans not offering a Part D drug benefit.

Organization Name	Plan Name	Contract ID	Plan ID	Benefit Type	Part D Basic Premium Below Regional Benchmark	National PDP	Part D Total Premium	Part D Premium with Full Premium Assistance	Part D Drug Deductible	Tiers Not Subject to Deductible	Star Ratings
Aetna Medicare	SilverScript Choice (PDP)	S5601	032	Actuarially Equivalent Standard	Below Regional Benchmark	Y	\$ 45.60	\$ -	\$ 545.00		3
Aetna Medicare	SilverScript Plus (PDP)	S5601	033	Enhanced Alternative		Y	\$ 98.70	\$ 71.80	\$ -	1	3
Aetna Medicare	SilverScript SmartSaver (PDP)	S5601	191	Enhanced Alternative		Y	\$ 9.80	\$ 2.30	\$ 545.00	1	3
Anthem / Anthem or Blue KC in Missouri	Anthem MediBlue Rx Standard (PDP)	S5596	056	Basic Alternative			\$ 83.60	\$ 35.50	\$ 545.00	1	3
Anthem / Anthem or Blue KC in Missouri	Anthem MediBlue Rx Plus (PDP)	S5596	057	Enhanced Alternative			\$ 89.50	\$ 46.50	\$ -		3
Cigna	Cigna Secure Rx (PDP)	S5617	223	Actuarially Equivalent Standard	Below Regional Benchmark	Y	\$ 48.00	\$ -	\$ 545.00		2.5
Cigna	Cigna Extra Rx (PDP)	S5617	261	Enhanced Alternative		Y	\$ 79.00	\$ 31.50	\$ 145.00	1	2.5
Cigna	Cigna Saver Rx (PDP)	S5617	366	Enhanced Alternative		Y	\$ 22.60	\$ 17.60	\$ 545.00	1	2.5
Clear Spring Health	Clear Spring Health Value Rx (PDP)	S6946	013	Actuarially Equivalent Standard	Below Regional Benchmark		\$ 34.30	\$ -	\$ 545.00		1.5
Humana	Humana Basic Rx Plan (PDP)	S5884	139	Actuarially Equivalent Standard	Below Regional Benchmark	Y	\$ 48.00	\$ -	\$ 545.00		3
Humana	Humana Premier Rx Plan (PDP)	S5884	162	Enhanced Alternative		Y	\$ 106.60	\$ 58.50	\$ 200.00	1	3
Humana	Humana Walmart Value Rx Plan (PDP)	S5884	195	Enhanced Alternative		Y	\$ 35.30	\$ 6.60	\$ 505.00	1	3

Organization Name	Plan Name	Contract ID	Plan ID	Benefit Type	Part D Basic Premium Below Regional Benchmark	National PDP	Part D Total Premium	Part D Premium with Full Premium Assistance	Part D Drug Deductible	Tiers Not Subject to Deductible	Star Ratings
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	S7126	015	Actuarially Equivalent Standard	Below Regional Benchmark		\$ 46.30	\$ -	\$ 545.00		1.5
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	S7126	085	Enhanced Alternative			\$ 77.80	\$ 29.70	\$ 545.00	1	1.5
Mutual of Omaha Rx	Mutual of Omaha Rx Essential (PDP)	S7126	118	Enhanced Alternative			\$ 22.10	\$ 22.10	\$ 545.00	1	1.5
United Healthcare	AARP MedicareRx Preferred (PDP)	S5820	015	Enhanced Alternative		Y	\$ 100.70	\$ 52.60	\$ -		3.5
United Healthcare	AARP MedicareRx Basic (PDP)	S5921	361	Actuarially Equivalent Standard	Below Regional Benchmark	Y	\$ 41.60	\$ -	\$ 545.00		3
United Healthcare	AARP MedicareRx Walgreens (PDP)	S5921	397	Enhanced Alternative		Y	\$ 54.20	\$ 7.20	\$ 410.00	1	3
Wellcare	Wellcare Classic (PDP)	S4802	097	Actuarially Equivalent Standard	Below Regional Benchmark	Y	\$ 44.50	\$ -	\$ 545.00		3.5
Wellcare	Wellcare Value Script (PDP)	S4802	132	Enhanced Alternative		Y	\$ -	\$ -	\$ 545.00	1	3.5
Wellcare	Wellcare Medicare Rx Value Plus (PDP)	S4802	219	Enhanced Alternative		Y	\$ 78.90	\$ 44.20	\$ -		3.5