CY2025 Plan a	nd Premium Information for Medica	re Plans Off	ering Pa	rt D Coverage							
Organization Name	Plan Name	Contract ID	Plan ID	Benefit Type	LIS Eligible	National PDP	Part D Total Premium	Part D Premium with Full Premium Assistance	Part D Drug Deductible	Tiers Not Subject to Deductible	Star Ratings
Wellcare	Wellcare Classic (PDP)	S4802	097	Actuarially Equivalent Standard	Yes	Yes	\$22.30	\$0.00	\$590.00	Not Applicable	
Wellcare	Wellcare Value Script (PDP)	S4802	132	Enhanced Alternative	Not Applicable	Yes	\$0.00	\$0.00	\$590.00	Yes	
Wellcare	Wellcare Medicare Rx Value Plus (PDP)	S4802	219	Enhanced Alternative	Not Applicable	Yes	\$102.40	\$58.90	\$590.00	Yes	
Anthem / Anthem or Blue KC in Missouri	Anthem MediBlue Rx Standard (PDP)	S5596	056	Actuarially Equivalent Standard	Not Applicable	No	\$118.60	\$75.10	\$590.00	Not Applicable	
	Anthem MediBlue Rx Plus (PDP)	S5596	057	Enhanced Alternative	Not Applicable	No	\$39.30	\$20.60	\$590.00	Yes	
Aetna Medicare	SilverScript Choice (PDP)	S5601	032	Actuarially Equivalent Standard	Yes	Yes	\$32.30	\$0.00	\$590.00	Not Applicable	
Cigna Healthcare	Cigna Healthcare Assurance Rx (PDP)	S5617	223	Actuarially Equivalent Standard	Yes	Yes	\$14.60	\$0.00	\$590.00	Not Applicable	
Cigna Healthcare	Cigna Healthcare Extra Rx (PDP)	S5617	261	Enhanced Alternative	Not Applicable	Yes	\$76.90	\$33.40	\$175.00	Yes	
Cigna Healthcare	Cigna Healthcare Saver Rx (PDP)	S5617	366	Enhanced Alternative	Not Applicable	Yes	\$6.30	\$6.30	\$590.00	Yes	
Humana	Humana Basic Rx Plan (PDP)	S5884	139	Actuarially Equivalent Standard	Yes	Yes	\$23.00	\$0.00	\$590.00	Not Applicable	
Humana	Humana Premier Rx Plan (PDP)	S5884	162	Enhanced Alternative	Not Applicable	Yes	\$130.80	\$87.30	\$0.00	Not Applicable	
Humana	Humana Value Rx Plan (PDP)	S5884	195	Enhanced Alternative	Not Applicable	Yes	\$16.50	\$16.50	\$573.00	Yes	
UnitedHealthcare	AARP Medicare Rx Saver from UHC (PDP)	S5921	361	Actuarially Equivalent Standard	Yes	Yes	\$5.00	\$0.00	\$590.00	Not Applicable	
UnitedHealthcare	AARP Medicare Rx Preferred from UHC (PDP)	S5921	397	Enhanced Alternative	Not Applicable	Yes	\$89.20	\$45.70	\$0.00	Not Applicable	
Clear Spring Health	Clear Spring Health Value Rx (PDP)	S6946	013	Actuarially Equivalent Standard	Yes	No	\$15.30	\$0.00	\$590.00	Not Applicable	
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	S6946	079	Enhanced Alternative	Not Applicable	No	\$72.80	\$29.30	\$590.00	Yes	