

2024 Pennsylvania Part D Prescription Plans 2024

Medicare PRESCRIPTION DRUG PLANS in Pennsylvania

This chart provides basic information about what your costs will be for each plan. Go to page 126 for information on how to read this chart. Contact the plan for specific details. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. Go to page 14 to find out how to get personalized help when choosing a plan.

21 Prescription Plans

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
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Aetna Medicare (S5601)

Members' Rating of Plan: 80%

www.aetnamedicare.com

SilverScript Choice (PDP) (012) Phone: 833-526-2445	\$40.70	\$545 for all drugs	\$2 - \$15 Copay and/or 16% - 35% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
SilverScript Plus (PDP) (013) Phone: 833-526-2445	\$99.60	\$200 some drugs; call plan	\$0 - \$47 Copay and/or 30% - 50% Coinsurance	\$0 - \$10 Copay and/or 25% Coinsurance
SilverScript SmartSaver (PDP) (181) Phone: 833-526-2445	\$9.90	\$280 some drugs; call plan	\$0 - \$12 Copay and/or 24% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

Cigna (S5617)

Members' Rating of Plan: 81%

www.cignamedicare.com

Cigna Extra Rx (PDP) (251) Phone: 800-735-1459	\$91	\$145 some drugs; call plan	\$3 - \$20 Copay and/or 20% - 50% Coinsurance	\$3 - \$20 Copay and/or 25% Coinsurance
Cigna Saver Rx (PDP) (356) Phone: 800-735-1459	\$20.40	\$545 some drugs; call plan	\$0 - \$20 Copay and/or 19% - 48% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Cigna Secure Rx (PDP) (215) Phone: 800-735-1459	\$40.90	\$545 for all drugs	\$0 - \$8 Copay and/or 16% - 43% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

Clear Spring Health (S6946)

Members' Rating of Plan: 76%

www.clearspringhealthcare.com

Clear Spring Health Value Rx (PDP) (003) Phone: 877-317-6082	\$29.30	\$545 for all drugs	\$1 - \$47 Copay and/or 25% - 39% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
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* If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information. If you qualify for the full Extra Help and the premium amount is BLUE, your premium for that plan will be \$0.

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
Highmark Blue Shield (\$5593)				
Members' Rating of Plan: 84%				
medicare.highmark.com				
Blue Rx PDP Complete (PDP) (003) Phone: 866-435-1047	\$195.10	\$0	\$0 - \$45 Copay and/or 33% - 50% Coinsurance	10% - 25% Coinsurance
Blue Rx PDP Plus (PDP) (002) Phone: 866-435-1047	\$108.80	\$545 for all drugs	\$0 - \$12 Copay and/or 20% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana (\$5884)				
Members' Rating of Plan: 80%				
www.humana.com/medicare				
Humana Basic Rx Plan (PDP) (104) Phone: 800-706-0872	\$45.30	\$545 for all drugs	\$0 - \$1 Copay and/or 23% - 42% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana Premier Rx Plan (PDP) (152) Phone: 800-706-0872	\$106.70	\$100 some drugs; call plan	\$0 - \$47 Copay and/or 31% - 50% Coinsurance	\$0 - \$11 Copay and/or 25% Coinsurance
Humana Walmart Value Rx Plan (PDP) (185) Phone: 800-706-0872	\$41.60	\$545 some drugs; call plan	\$0 - \$20 Copay and/or 16% - 50% Coinsurance	\$0 - \$20 Copay and/or 25% Coinsurance
Mutual of Omaha Rx (\$7126)				
Members' Rating of Plan: 77%				
www.mutualofomaharx.com				
Mutual of Omaha Rx Essential (PDP) (108) Phone: 800-961-9006	\$24.90	\$545 some drugs; call plan	\$0 - \$20 Copay and/or 20% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Mutual of Omaha Rx Plus (PDP) (005) Phone: 800-961-9006	\$41.20	\$545 for all drugs	\$2 - \$12 Copay and/or 15% - 41% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Mutual of Omaha Rx Premier (PDP) (075) Phone: 800-961-9006	\$88.20	\$349 some drugs; call plan	\$1 - \$47 Copay and/or 28% - 37% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
UnitedHealthcare (\$5820)				
Members' Rating of Plan: 83%				
AARPMedicarePlans.com				
AARP Medicare Rx Preferred from UHC (PDP) (005) Phone: 888-867-5564	\$107.10	\$0	\$7 - \$47 Copay and/or 33% - 45% Coinsurance	\$12 - \$20 Copay and/or 25% Coinsurance

* If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary list of covered drugs and cost information. If you qualify for the full Extra Help and the premium amount is 0 or 0.01, your premium for that plan will be \$0.

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
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UnitedHealthcare (\$5921)

Members' Rating of Plan: 78%

AARPmedicareplans.com

AARP Medicare Rx Basic from UHC (PDP) (351) Phone: 888-867-5564	\$38.60	\$545 for all drugs	\$2 - \$10 Copay and/or 15% - 45% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
AARP Medicare Rx Walgreens from UHC (PDP) (388) Phone: 800-753-8004	\$68.50	\$410 some drugs; call plan	\$2 - \$45 Copay and/or 27% - 50% Coinsurance	\$2 - \$20 Copay and/or 25% Coinsurance

Wellcare (\$4802)

Members' Rating of Plan: 82%

www.wellcare.com/PDP

Wellcare Classic (PDP) (080) Phone: 866-859-9084	\$41.60	\$545 for all drugs	\$0 - \$9 Copay and/or 22% - 41% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Wellcare Medicare Rx Value Plus (PDP) (209) Phone: 866-859-9084	\$78.90	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Wellcare Value Script (PDP) (141) Phone: 866-859-9084	\$0.50	\$545 some drugs; call plan	\$0 - \$11 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

* If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information. If you qualify for the full Extra Help and the premium amount is **BLUE**, your premium for that plan will be \$0.