that isn't listed. TTY users can call 1-877-486-2048. See page 16 to find out how to get personalized help when choosing a plan. 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 This chart provides basic information about what your costs will be for each plan. See page 136 for information on how to read this chart.

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Wembers' Rating of Plan: 83%				www.aetnamedicare.com
Aetna Medicare Rx Saver (PDP) (040) Phone: 855-338-7030	\$37.50	\$320 some drugs; call plan	\$1 - \$30 Copay and/or 26% - 35% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Aetna Medicare Rx Select (PDP) (280) Phone: 855-338-7030	\$17.70	\$17.70 \$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 48% Coinsurance	\$0 - \$20 Copay and/or 35% - 44% Coinsurance

Weilders Rating of Flatt. 0370				Baran de Profit Carcolle Coll
Aetna Medicare Rx Saver (PDP) (040) Phone: 855-338-7030	\$37.50	\$320 some drugs; call plan	\$1 - \$30 Copay and/or 26% - 35% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Aetna Medicare Rx Select (PDP) (280) Phone: 855-338-7030	\$17.70	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 48% Coinsurance	\$0 - \$20 Copay and/or 35% - 44% Coinsurance
Avalon insurance Company (S8067) Members' Rating of Plan: 81%			•	avalonsecurerxpdp.com
SecureRx - Option 1 (PDP) (003) Phone: 888-839-7330	\$133.70	0\$	\$4 - \$95 Copay and/or 33% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
SecureRx - Option 3 (PDP) (001) Phone: 888-839-7330	\$68.10	\$0	\$5 - \$45 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Cigna-HealthSpring Rx (S5617) Members' Rating of Plan: 80%			,	www.cignahealthspring.com
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your premium for that plan will be \$0.
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,
* Hyou 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.

Cigna-HealthSpring Rx Secure (PDP) (215) Phone: 800-735-1459

Cigna-HealthSpring Rx Secure-Extra (PDP) (251) Phone: 800-735-1459

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\$

\$37.70

\$405 for all drugs

\$1 - \$40 Copay and/or 25% - 40%

\$4 - \$47 Copay and/or 33% - 50% Coinsurance

\$4 - \$20 Copay and/or 35% - 44%

Coinsurance

Standard cost-sharing applies: 35% - 44% Coinsurance

Coinsurance

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
EnvisionRx Plus (S7694)				
Members' Rating of Plan: 81%			,	www.envisionrxplus.com
EnvisionRxPlus (PDP) (006) Phone: 866-250-2005	\$12.60	\$300 some drugs; call plan	\$1 - \$47 Copay and/or 27% - 43% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Express Scripts Medicare (\$5660)				
Members' Rating of Plan: 86%			Jes pena	www.Express-ScriptsMedicare.com
Express Scripts Medicare - Choice (PDP) (176) Phone: 866-477-5704	\$95.50	\$350 some drugs; call plan	\$2 - \$47 Copay and/or 26% - 50% Coinsurance	25% - 44% Coinsurance
Express Scripts Medicare - Saver (PDP) (222) Phone: 866-477-5704	\$24	\$405 some drugs; call plan	\$1 - \$10 Copay and/or 18% - 45% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Express Scripts Medicare - Value (PDP) (108) Phone: 866-477-5704	\$35	\$405 for all drugs	\$1 - \$23 Copay and/or 25% - 43% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
First Health Part D (S5768) Members' Rating of Plan: 80%				www.FirstHealthPartD.com
First Health Part D Value Plus (PDP) (129) Phone: 855-389-9688	\$56.20	. \$0	\$1 - \$47 Copay and/or 33% - 50% Coinsurance	\$1 - \$20 Copay and/or 25% - 44% Coinsurance
Highmark Health Insurance Company (S5593)	(56555			
Wembers' Rating of Plan: 31%			uufbieg naman	www.highmarkblueshield.com/medicare
Blue Rx PDP Complete (PDP) (003) Phone: 866-435-1047	\$157.80	\$0	\$0 - \$45 Copay and/or 33% - 50% Coinsurance	19% - 44% Coinsurance
Blue Rx PDP Plus (PDP) (002) Phone: 866-435-1047	\$84.90	\$405 for all drugs	\$0 - \$10 Copay and/or 20% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Humana insurance Company (S5884) Members' Rating of Plan: 80%				www.humana.com/medicare
Humana Enhanced (PDP) (005) Phone: 800-706-0872	\$73.10	\$0	\$3 - \$47 Copay and/or 33% - 50% Coinsurance	\$21 - \$95 Copay and/or 35% - 44% Coinsurance

<sup>\*</sup> 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.

Plan Name	Monthly	Annual Deductible	Amount You Pay for Each	Coverage
Humana insurance Company (\$5884)				
Members' Rating of Plan: 80%			_	www.humana.com/medicare
Humana Preferred Rx Plan (PDP) (104) Phone: 800-706-0872	\$36.20	\$405 for all drugs	\$0 - \$3 Copay and/or 20% - 36% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Humana Walmart Rx Plan (PDP) (152) Phone: 800-706-0872	\$20.40	\$405 some drugs; call plan	\$1 - \$20 Copay and/or 23% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Magellan Rx Medicare (S4607) Members' Rating of Plan: 80%			·	medicare.magellanrx.com
Magellan Rx Medicare Basic (PDP) (008) Phone: 800-424-5759	\$70.60	\$405 for all drugs	\$1 - \$12 Copay and/or 15% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Mil Life, Inc. (S6986) Plan too new for rating				www.basicbluerx.com
Basic Blue Rx (PDP) (003) Phone: 888-575-7519	\$27.20	\$405 some drugs; call plan	\$4 - \$20 Copay and/or 15% - 46% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
SilverScript (S5601)				
SilverScript Choice (PDP) (012) Phone: 866-552-6106	\$27.80	\$0	\$3 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
SilverScript Plus (PDP) (013) Phone: 866-552-6106	\$72	\$0	\$1 - \$47 Copay and/or 33% - 50% Coinsurance	\$1 - \$20 Copay and/or 35% - 44% Coinsurance
UnitedHealthcare (S0522)				umum 1146 Modife Drosolintions com
Symphonix Value Rx (PDP) (078) Phone: 855-283-2958	\$33	\$405 for all drugs	\$1 - \$43 Copay and/or 25% - 37% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance

<sup>\*</sup> 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.

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
UnitedHealthcare (SS820)				
Wembers' Rating of Plan: 83%				www.AARPWedicareRx.com
AARP MedicareRx Preferred (PDP) (005) Phone: 888-867-5564	\$83.90	\$0	\$7 - \$45 Copay and/or 33% - 50% Coinsurance	\$37 - \$45 Copay and/or 23% - 44% Coinsurance
UnitedHealthcare (S5921)	:	- •		
Wembers Mating of Plan: 1/%				War M. Wat in control cur con
AARP MedicareRx Saver Plus (PDP) (351) Phone: 888-867-5564	\$48.20	\$405 for all drugs	\$1 - \$42 Copay and/or 25% - 41% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
AARP MedicareRx Walgreens (PDP) (388) Phone: 800-753-8004	\$26.80	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 33% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
WellCare (S4802)				
Members' Rating of Plan: 81%				www.wellcarepdp.com
WellCare Classic (PDP) (080) Phone: 888-293-5151	\$37.80	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
WellCare Extra (PDP) (103) Phone: 888-293-5151	\$70.90	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
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Hyou 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. 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,