



2017 Medicare Part D Stand Alone Prescription Drug Plans

Massachusetts

Updated 6/19/17 - This chart is not approved by CMS

Organization Name	Plan Name /Plan ID #	Monthly Premium	Deductible	Monthly Premium After Full LIS	Prescription Cost/Tiers 30 Day Supply - Preferred Pharmacy	Prescription Cost/Tiers 90 Day Supply - Mail	PA Mail Order
Aetna Medicare (1-855-338-7030) www.aetnamedicare.com	Aetna Medicare RX Saver (S5810-036)	\$33.30	\$310**	\$0.00	\$1/2/30/35%/25%	\$3/6/90/35%	No
Blue MedicareRx (1-877-479-2227) www.rxmedicareplans.com	Blue Medicare Rx-Value Plus (S2893-001)	\$43.10	\$280**	\$8.30	\$3/8/35/40%/27%	\$3/16/70/40%	Yes
	Blue Medicare Rx-Premier (S2893-003)	\$127.70	\$0	\$92.90	\$4/9/30/70/33%	\$4/18/60/140	Yes
Cigna HealthSpring (1-800-735-1459) www.cignahealthspring.com	Cigna-HealthSpring Rx Secure-Xtra (S5617-247)	\$37.20	\$50	\$9.70	\$5/10/42/50%/32%	\$15/30/126/50%	Yes
	Cigna-HealthSpring Rx Secure (S5617-008)	\$49.10	\$400	\$14.30	\$2/7/40/40%/25%	\$6/21/120/40%	Yes
Envision Rx Plus (1-866-250-2005) www.envisionrxplus.com	EnvisionRx Plus (S7694-002)	\$14.60	\$260**	\$0.00	\$1/15/10%/25%/27%	\$2/45/10%/25%	Yes
Express Scripts Medicare (1-866-477-5704) www.express-scriptsmedicare.com	Express Scripts Medicare Value (S5660-105)	\$43.10	\$400	\$8.30	\$0/3/36/48%/25%	\$3/6/108	No
	Express Scripts Medicare Choice (S5660-206)	\$80.50	\$350**	\$45.70	\$2/7/23/48%/26%	\$0/4/25%	No
First Health Part D (1-855-389-9688) www.firsthealthpartd.com	First Health Part D Value Plus (S5768-126)	\$39.60	\$0	\$9.40	\$2/5/47/50%/33%	\$6/15/141/50%	No
	First Health Part D Premier Plus (S5768-186)	\$95.20	\$0	\$60.40	\$1/2/34/50%/33%	\$3/6/102/50%	No
Humana (1-800-706-0872) www.humana-medicare.com	Humana Walmart Rx Plan (S5884-149)	\$17.00	\$400**	\$7.90	\$1/4/20%/35%/25%	\$0/8/20%/35%	No
	Humana Preferred Rx Plan (S5884-102)	\$28.90	\$400	\$0.00	\$0/1/20%/35%/25%	\$0/0/15%/30%	No
	Humana Enhanced (S5884-002)	\$62.10	\$0	\$27.30	\$3/7/42/44%/33%	\$0/0/116/44%	No
SilverScript (1-866-552-6106) www.silverscript.com	SilverScript Choice (S5601-004)	\$32.30	\$0	\$0.00	\$3/13/42/44%/33%	\$7.50/32.50/105/44%	Yes
	SilverScript Plus (S5601-005)	\$67.90	\$0	\$33.10	\$0/3/27/40%/33%	\$0/0/67.50/40%	Yes
UnitedHealthcare (1-800-753-8004) www.uhcmedicareolutions.com	AARP Medicare Rx Walgreens (S0522-081)	\$22.40	400**	\$2.20	\$0/3/27/32%/25%	\$0/9/81/32%/25%	Yes - Set up account with Optum RX
(1-855-283-2958)	Symphonix Value Rx (S0522-079)	\$30.60	\$400	\$0.00	\$1/2/26/35%/25%	\$3/6/78/35%/25%	Yes - Set up account with Optum RX
(1-888-867-5564)	AARP MedicareRx Saver Plus (S5921-348)	\$32.70	\$400	\$0.00	\$1/2/18/30%/25%	\$0/0/49/30%/25%	Yes - Set up account with Optum RX
(1-888-867-5564)	AARP MedicareRx Preferred (S5820-002)	\$67.30	\$0	\$32.50	\$2/10/36/38%/33%	\$0/0/93/38%/33%	Yes - Set up account with Optum RX
WellCare (1-888-900-4307) www.wellcarepdp.com	WellCare Classic (S4802-076)	\$28.10	400*	\$0.00	\$0/16/39/46%/25%	\$0/40/97.50/46%	Yes
	WellCare Extra (S4802-099)	\$65.90	\$0	\$33.70	\$0/0/28/45%/33%	\$0/0/70/45%	Yes

Pink highlighted **basic** plans have a premium below 2017 benchmark of \$34.83 All plans are National except Blue Cross plans

Plan copayments listed above are for **preferred** pharmacies. Contact plan for more details.

*Tier 1 or **Tier 1 and 2: Medications not subject to plan deductible. Most plans have 5 tiers: preferred generic / non-preferred generic / preferred brand / non-preferred brand / specialty

Late enrollment penalty based on 2017 National Base Beneficiary Premium of \$35.63 - (Penalty is 1% each month one did not have creditable coverage)