2015 Medicare Prescription Drug Plans for Indiana

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	YEARLY DEDUCTIBLE	GAP COVERAGE	CONTRACT # PLAN ID #
ADVANTAGE-PLUS MERIDIAN 855-647-0075	ADVANTAGE-PLUS MERIDIAN	$39.00	$320	NO	S7230-003
AETNA MEDICARE 800-832-2640**	AETNA MEDICARE RX SAVER*	$27.00	$320	NO	S5810-049
	AETNA MEDICARE RX PREMIER	$123.50	$0	YES	S5810-185
ANTHEM BLUE CROSS AND BLUE SHIELD 800-261-8667	ANTHEM BLUE MEDICARE RX STANDARD	$37.20	$320	NO	S5596-017
	ANTHEM BLUE MEDICARE RX PLUS	$73.60	$0	YES	S5596-018
	ANTHEM BLUE MEDICARE RX PREMIER	$108.50	$0	YES	S5596-019
CIGNA-HEALTHSPRING RX 800-735-1459**	CIGNA-HEALTHSPRING RX SECURE*	$32.60	$320	NO	S5617-222
	CIGNA-HEALTHSPRING RX SECURE-XTRA	$32.40	$0	NO	S5617-260
	CIGNA-HEALTHSPRING RX SECURE-MAX	$131.30	$0	YES	S5617-185
ENVISION RX PLUS 866-250-2005**	ENVISION RX PLUS SILVER*	$32.80	$320	NO	S7694-015
EXPRESS SCRIPTS MEDICARE 866-477-5704**	EXPRESS SCRIPTS MEDICARE-VALUE*	$33.10	$320	NO	S5660-117
	EXPRESS SCRIPTS MEDICARE-CHOICE	$83.10	$50	NO	S5660-185
FIRST HEALTH PART D 877-815-8163**	FIRST HEALTH PART D VALUE PLUS	$42.20	$250	NO	S5768-138
	FIRST HEALTH PART D PREMIER PLUS	$102.20	$0	YES	S5768-189
HUMANA INSURANCE COMPANY 800-706-0872**	HUMANA WALMART RX PLAN	$15.70	$320	NO	S5884-161
	HUMANA PREFERRED RX PLAN*	$29.00	$320	NO	S5884-138
	HUMANA ENHANCED	$51.70	$0	YES	S5884-073
SILVERSCRIPT 866-552-6106**	SILVERSCRIPT CHOICE*	$22.60	$0	NO	S5601-030
	SILVERSCRIPT PLUS	$76.80	$0	YES	S5601-031
STONEBRIDGE LIFE INSURANCE 877-527-1958	TRANSAMERICA MEDICARE RX CLASSIC	$40.10	$320	NO	S9579-014
	TRANSAMERICA MEDICARE RX CHOICE	$49.20	$0	NO	S9579-047
SYMPHONIX HEALTH	SYMPHONIX RITE-AID VALUE RX*	$33.10	$320	NO	S0522-022

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855-355-2280	SYMPHONIX RITE-AID PREMIER RX	$90.00	$0	YES	S0522-059
UNITED AMERICAN INSURANCE COMPANY 877-723-1662**	UNITED AMERICAN-ESSENTIAL	$29.70	$230	NO	S5755-120
	UNITED AMERICAN-SELECT	$34.90	$320	NO	S5755-086
	UNITED AMERICAN-ENHANCED	$79.80	$40	YES	S5755-018
UNITED HEALTHCARE 866-679-3282**	AARP MEDICARE RX SAVER PLUS*	$26.80	$320	NO	S5921-360
	AARP MEDICARE RX PREFERRED	$49.20	$0	NO	S5820-014
WELLCARE 888-293-5151	WELLCARE CLASSIC*	$30.00	$320	NO	S5967-152
	WELLCARE EXTRA	$62.00	$0	NO	S5967-187

* If you qualify for Extra Help, this plan's premium will be $0.
** Indicates company offers national plans.

Revised 9-19-14

For an individualized drug plan comparison, go to www.medicare.gov