

# 2019 Medicare Prescription Drug Plans in Indiana

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	YEARLY DEDUCTIBLE	GAP COVERAGE	CONTRACT # -- PLAN ID #
<b>AETNA MEDICARE**</b> <b>833-856-5680</b>	AETNA MEDICARE RX SELECT	\$17.10	\$370.00	YES	S5810-289
	AETNA MEDICARE RX SAVER*	\$29.30	\$285.00	NO	S5810-049
	AETNA MEDICARE RX VALUE PLUS	\$58.80	\$0.00	YES	S5768-138
<b>ANTHEM BLUE CROSS AND BLUE SHIELD</b> <b>800-261-8667</b>	ANTHEM BLUE MEDICARE RX STANDARD	\$90.20	\$300.00	NO	S5596-017
	ANTHEM BLUE MEDICARE RX PLUS	\$91.90	\$0.00	YES	S5596-018
<b>CIGNA-HEALTHSPRING RX**</b> <b>800-735-1459</b>	CIGNA-HEALTHSPRING RX SECURE-ESSENTIAL	\$21.90	\$415.00	NO	S5617-294
	CIGNA-HEALTHSPRING RX SECURE*	\$29.90	\$415.00	NO	S5617-222
	CIGNA-HEALTHSPRING RX SECURE-EXTRA	\$60.10	\$100.00	YES	S5617-260
<b>ENVISION RX PLUS**</b> <b>888-377-1439</b>	ENVISION RX PLUS	\$50.90	\$415.00	NO	S7694-015
<b>EXPRESS SCRIPTS MEDICARE**</b> <b>866-477-5704</b>	EXPRESS SCRIPTS MEDICARE-SAVER	\$24.00	\$415.00	NO	S5660-231
	EXPRESS SCRIPTS MEDICARE-VALUE*	\$31.20	\$415.00	NO	S5660-117
	EXPRESS SCRIPTS MEDICARE-CHOICE	\$87.20	\$350.00	YES	S5660-185
<b>HUMANA INSURANCE COMPANY**</b> <b>800-706-0872</b>	HUMANA WALMART RX PLAN	\$26.30	\$415.00	NO	S5884-161
	HUMANA PREFERRED RX PLAN*	\$30.20	\$415.00	NO	S5884-138
	HUMANA ENHANCED	\$73.00	\$0.00	NO	S5884-073
<b>Mutual of Omaha Rx</b> <b>800-961-9006</b>	MUTUAL OF OMAHA--VALUE	\$27.00	\$415.00	NO	S7126-47
	MUTUAL OF OMAHA--PLUS	\$41.90	\$415.00	NO	S7126-14

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<b>SILVERSCRIPT**</b> 866-552-6106	SILVERSCRIPT CHOICE*	\$29.10	\$0.00	NO	S5601-030
	SILVERSCRIPT PLUS	\$52.10	\$0.00	YES	S5601-031
	SILVERSCRIPT ALLURE	\$80.00	\$0.00	NO	S5601-157
<b>UNITED HEALTHCARE**</b> 888-867-5564	AARP MEDICARE RX WALGREENS	\$28.00	\$415.00	NO	S5921-396
	AARP MEDICARE RX SAVER PLUS*	\$30.90	\$415.00	NO	S5921-360
	AARP MEDICARE RX PREFERRED	\$72.10	\$0.00	NO	S5820-014
<b>WELLCARE**</b> 888-293-5151	WELLCARE VALUE SCRIPT	\$15.50	\$415.00	NO	S4802-150
	WELLCARE CLASSIC*	\$32.10	\$415.00	NO	S4802-086
	WELLCARE EXTRA	\$72.60	\$0.00	NO	S4802-112

\* If you qualify for Extra Help, this plan's premium and deductible will be less than the amount listed.

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\*\*Denotes company offers national plans

For an individualized prescription drug plan comparison go to [www.medicare.gov](http://www.medicare.gov)