

2020 Medicare Prescription Drug Plans in Indiana

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	YEARLY DEDUCTIBLE	GAP COVERAGE	CONTRACT # -- PLAN ID #
ANTHEM BLUE CROSS AND BLUE SHIELD 800-261-8667	ANTHEM MEDIBLUE RX ENHANCED	\$20.80	\$300.00	YES	S5596-074
	ANTHEM MEDIBLUE RX PLUS	\$53.00	\$0.00	YES	S5596-018
	ANTHEM MEDIBLUE RX STANDARD	\$54.10	\$300.00	NO	S5596-017
CIGNA-HEALTHSPRING RX** 800-735-1459	CIGNA-HEALTHSPRING RX SECURE-ESSENTIAL	\$22.10	\$435.00	NO	S5617-294
	CIGNA-HEALTHSPRING RX SECURE*	\$29.60	\$435.00	NO	S5617-222
	CIGNA-HEALTHSPRING RX SECURE-EXTRA	\$55.80	\$100.00	YES	S5617-260
CLEAR SPRING HEALTH 877-384-1241	CLEAR SPRING HEALTH VALUE RX*	\$29.00	\$435.00	NO	S6946-012
	CLEAR SPRING HEALTH PREMIER RX	\$16.00	\$435.00	NO	S6946-041
ENVISION INSURANCE** 888-377-1439	ENVISION RX PLUS*	\$14.10	\$435.00	NO	S7694-015
EXPRESS SCRIPTS MEDICARE** 866-477-5704	EXPRESS SCRIPTS MEDICARE-SAVER	\$19.70	\$435.00	NO	S5660-231
	EXPRESS SCRIPTS MEDICARE-VALUE	\$32.80	\$435.00	NO	S5660-117
	EXPRESS SCRIPTS MEDICARE-CHOICE	\$74.70	\$250.00	YES	S5660-185
HUMANA** 800-706-0872	HUMANA WALMART VALUE RX PLAN	\$13.20	\$435.00	NO	S5884-194
	HUMANA BASIC RX PLAN*	\$30.90	\$435.00	NO	S5884-138
	HUMANA PREMIER RX PLAN	\$55.10	\$435.00	NO	S5884-161

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MUTUAL OF OMAHA 800-961-9006	MUTUAL OF OMAHA RX VALUE	\$23.50	\$435.00	YES	S7126-047
	MUTUAL OF OMAHA RX PLUS	\$52.90	\$435.00	NO	S7126-014
SILVERSCRIPT** 866-552-6106	SILVERSCRIPT CHOICE*	\$28.90	\$350.00	NO	S5601-030
	SILVERSCRIPT PLUS	\$68.40	\$0.00	YES	S5601-031
UNITED HEALTHCARE** 888-867-5564	AARP MEDICARE RX SAVER PLUS*	\$29.50	\$435.00	NO	S5921-360
	AARP MEDICARE RX WALGREENS	\$34.10	\$435.00	NO	S5921-396
	AARP MEDICARE RX PREFERRED	\$74.70	\$0.00	NO	S5820-014
WELLCARE** 888-293-5151	WELLCARE WELLNESS RX	\$14.20	\$435.00	NO	S4802-184
	WELLCARE VALUE SCRIPT	\$17.20	\$435.00	NO	S4802-150
	WELLCARE MEDICARE RX SELECT	\$18.70	\$415.00	NO	S5810-289
	WELLCARE CLASSIC*	\$29.90	\$435.00	NO	S4802-086
	WELLCARE MEDICARE RX SAVER	\$32.70	\$435.00	NO	S5810-049
	WELLCARE MEDICARE RX VALUE PLUS	\$69.60	\$0.00	NO	S5768-138

If you qualify for Extra Help your monthly premium and deductible may be less than the amount listed.

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*Denotes \$0 premium plan if you qualify for Extra Help

** Indicates company offers national plans

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