Alaska Medicare Rx Plans - 2013

Make sure your 2013 plan covers all your medications and works with your pharmacy

Medicare Information Office (Alaska SHIP) 1-800-478-6065 or (907) 269-3680 www.medicare.alaska.gov

Company Name & Contact Information	Plan Name & ID Number	Monthly Premium	M	Tiered Costs	Annual Deductible	Coverage in Gap
Aetna Medicare 1-800-832-2640 www.aetnamedicare.com	Aetna Medicare Rx Essentials (S5810-068)	$ 57.70		$2-$45, 25%-47%	$325	None
Aetna Medicare	Aetna Medicare Rx Premier (S5810-204)	$100.00		$5-$45,33%-50%	$0	Many Gs, Some Bs
Cigna Medicare Rx 1-800-735-1459 www.cignamedicarerx.com	Cigna Medicare Rx Plan One (S5617-227)	$ 43.20		$0-$52 ,25%	$325	None
EnvisionRx Plus 1-866-250-2005 www.envisionrxplus.com	EnvisionRxPlus Gold (S7694-104)	$ 54.50		$2-$25, 1%-30%	$150	Some Gs
EnvisionRx Plus	EnvisionRxPlus Silver (S7694-034)	$ 32.00	xxx	23%-28%	$325	None
Express Scripts Medicare 1-866-477-5704 www.Express-ScriptsMedicare.com	Express Scripts Medicare - Choice (S5660-204)	$ 81.40		$8-$95, 28%	$200	Many Gs
Express Scripts Medicare	Express Scripts Medicare - Value (S5660-136)	$ 50.90		$4-$6, 25%-45%	$325	None
First Health Part D 1-877-815-8163 www.FirstHealthPartD.com	First Health Part D Premier (S5768-117)	$ 36.40	xxx	$1, 25%-39%	$325	None
First Health Part D	First Health Part D Premier Plus (S5674-071)	$ 89.70		$0-$25, 25%-50%	$0	Some Gs, Some Bs
Health Markets Medicare 1-888-625-5531 www.hmic-medicare.com	Reader's Digest Value Rx (S0128-035)	$ 34.10	xxx	$1-$29, 27%	$325	None
HealthSpring Prescription Drug Plan 1-877-357-1685 www.myhealthspring.com	HealthSpring Prescription Drug Plan-Reg 34 (S5932-033)	$ 35.60	xxx	25%	$325	None
Humana Insurance Company 1-800-706-0872 www.humana-medicare.com	Humana Enhanced (S5884-094)	$ 55.70		$2-$90, 33%	$0	None
Humana Insurance Company	Humana Walmart-Preferred Rx Plan (S5884-116)	$ 18.50	xxx	$1-$3, 20%-35%	$325	None
SilverScript 1-866-552-6106 www.SilverScript.com	SilverScript Basic (S5601-068)	$ 42.70		$2, 21%-41%	$325	None
SmartD Rx 1-855-976-2781 www.smartdrx.com	SmartD Rx Plus (S0064-069)	$ 68.50		$0-$55, 25%	$0	Some Gs
SmartD Rx	SmartD Rx Saver (S0064-034)	$ 34.10	xxx	$0-$55, 25%	$325	None
UniCare 1-877-541-7382 www.unicare.com/medicare	MedicareRx Rewards Standard (S5960-140)	$ 55.40		$2-$85, 25%	$325	None
United American Insurance 1-866-524-4169 www.uamedicarepartd.com	United American - Select (S5755-039)	$ 46.50		$1-$95, 25%	$325	None
UnitedHealthcare 1-888-867-5564 www.AARPMedicareRx.com	AARP MedicareRx Preferred (S5820-033)	$ 41.10		$3-$85, 33%	$0	None
UnitedHealthcare	AARP MedicareRx Enhanced (S5921-013)	$108.50		$2-$76, 33%	$0	Some Gs, Some Bs
UnitedHealthcare	AARP MedicareRx Saver Plus (S5921-377)	$ 15.00	xxx	$1-$45, 25%	$325	None
WellCare 1-888-293-5151 www.wellcarepdp.com	WellCare Classic (S5967-171)	$ 37.70		$8-$82, 33%	$0	None
WellCare	WellCare Extra (S5967-205)	$ 39.00		$0, 25%-50%	$0	Many Gs

Monthly Premium Column- the FIXED monthly amount you pay regardless of what medications you purchase. You can pay the plan directly or have the monthly premium deducted from your Social Security retirement or disability benefit.

M Column- Plans checked xxx under column M have a $0 monthly premium for beneficiaries fully subsidized by Medicaid or Extra Help (Limited-income subsidy). People on Medicaid or Full Extra Help have no deductible, have lower copay amounts ($1.15-$6.60) and don't have a coverage gap period (aka donut hole).

Tiered Copay Column- refers generally to the cost of Tier 1 - Generic, Tier 2 - Brand Name, Tier 3 - Non-preferred and Tier 4 - Specialty Drugs. Always check with the prescription plan as there is variation.

Annual Deductible Column- the amount you pay to the pharmacy before the benefit of the insurance.

Coverage in the Gap Column- Gs = Generic Drugs Bs = Brand Name Drugs
Always check with the prescription plan as there is variation.