2021 MEDICARE PLANS FOR PREMIUM ASSISTANCE

2021 STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS

Organization Name	Plan Name	Contract ID	Plan ID	Segment ID	CADAP Part D Total Premium
Aetna Medicare	SilverScript Choice (PDP)	S5601	004	000	$32.90
Aetna Medicare	SilverScript Plus (PDP)	S5601	005	000	$72.00
Aetna Medicare	SilverScript SmartRx (PDP)	S5601	177	000	$7.20
Blue MedicareRx	Blue MedicareRx Value Plus (PDP)	S2893	001	000	$50.50
Blue MedicareRx	Blue MedicareRx Premier (PDP)	S2893	003	000	$135.00
Cigna	Cigna Secure Rx (PDP)	S5617	008	000	$36.50
Cigna	Cigna Secure-Extra Rx (PDP)	S5617	247	000	$40.90
Cigna	Cigna Secure-Essential Rx (PDP)	S5617	281	000	$24.00
Elixir Insurance	Elixir RxSecure (PDP)	S7694	002	000	$34.40
Elixir Insurance	Elixir RxPlus (PDP)	S7694	125	000	$14.30
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	S5660	105	000	$32.80
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	S5660	206	000	$76.40
Express Scripts Medicare	Express Scripts Medicare - Saver (PDP)	S5660	219	000	$27.40
Humana	Humana Basic Rx Plan (PDP)	S5884	102	000	$35.10
Humana	Humana Premier Rx Plan (PDP)	S5884	149	000	$65.40
Humana	Humana Walmart Value Rx Plan (PDP)	S5884	182	000	$17.20

Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	S7126	002	000	$87.10
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	S7126	072	000	$25.10
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	S5820	002	000	$86.00
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	S5921	348	000	$31.90
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	S5921	385	000	$37.90
WellCare	WellCare Classic (PDP)	S4802	076	000	$31.00
WellCare	WellCare Value Script (PDP)	S4802	137	000	$16.20
WellCare	WellCare Wellness Rx (PDP)	S4802	171	000	$14.40
WellCare	WellCare Medicare Rx Value Plus (PDP)	S5768	126	000	$74.40
WellCare	WellCare Medicare Rx Saver (PDP)	S5810	036	000	$35.70
WellCare	WellCare Medicare Rx Select (PDP)	S5810	276	000	$26.40

2021 MEDICARE ADVANTAGE WITH PRESCRIPTION DRUG PLANS

Organization Name	Plan Name	Contract ID	Plan ID	Segment ID	Part C Premium	Part D Total Premium	CADAP CIPA Benefit Covered Premium
Aetna Medicare	Aetna Medicare Explorer Premier Plan (PPO)	H5521	013	000	$67.70	$31.30	$99.00
Aetna Medicare	Aetna Medicare Elite Plan (PPO)	H5521	157	000	$0.00	$0.00	$0.00
Aetna Medicare	Aetna Medicare Value Plan (HMO)	H5793	001	000	$62.80	$36.20	$99.00
Aetna Medicare	Aetna Medicare Elite Plan (HMO)	H5793	010	000	$0.00	$0.00	$0.00
Aetna Medicare	Aetna Medicare Prime PCP Elite Plan (HMO)	H5793	012	000	$0.00	$0.00	$0.00
Aetna Medicare	Aetna Medicare Assure Plan (HMO-POS D-SNP)	H5793	017	000	$0.00	$28.20	$28.20
Anthem Blue Cross and Blue Shield	Anthem MediBlue Access Select (PPO)	H2836	005	000	$0.00	$25.00	$25.00
Anthem Blue Cross and Blue Shield	Anthem MediBlue Plus (HMO)	H5854	007	000	$0.00	$26.00	$26.00
Anthem Blue Cross and Blue Shield	Anthem MediBlue Dual Advantage (HMO D-SNP)	H5854	008	000	$0.00	$35.20	$35.20
Anthem Blue Cross and Blue Shield	Anthem MediBlue Plus (HMO)	H5854	009	000	$0.00	$36.00	$36.00
Anthem Blue Cross and Blue Shield	Anthem MediBlue Select (HMO)	H5854	010	000	$0.00	$0.00	$0.00

Anthem Blue Cross and Blue Shield	Anthem MediBlue Extra (HMO)	H5854	011	000	$0.00	$35.20	$35.20
Anthem Blue Cross and Blue Shield	Anthem MediBlue ESRD Care (HMO-POS C-SNP)	H5854	012	000		$16.40	$16.40
Anthem Blue Cross and Blue Shield	Anthem MediBlue Dual Advantage Select (HMO D-SNP)	H5854	013	000	$0.00	$35.20	$35.20
Anthem Blue Cross and Blue Shield	Anthem MediBlue Care To You (HMO I-SNP)	H5854	014	000	$0.00	$7.40	$7.40
Anthem Blue Cross and Blue Shield	Anthem MediBlue Prime (HMO)	H5854	015	000	$0.00	$0.00	$0.00
CarePartners of Connecticut	CarePartners Access (PPO)	H0342	001	000	$0.00	$0.00	$0.00
CarePartners of Connecticut	CarePartners of CT CareAdvantage Preferred (HMO)	H5273	001	000	$0.00	$0.00	$0.00
CarePartners of Connecticut	CarePartners of CT CareAdvantage Prime (HMO)	H5273	002	000	$0.00	$30.00	$30.00
CarePartners of Connecticut	CarePartners of CT CareAdvantage Premier (HMO)	H5273	003	000	$50.50	$39.50	$90.00
ConnectiCare	ConnectiCare Choice Dual (HMO D-SNP)	H3276	001	000	$0.00	$35.20	$35.20
ConnectiCare	ConnectiCare Choice Dual Basic (HMO D-SNP)	H3276	002	000	$0.00	$35.20	$35.20
ConnectiCare	ConnectiCare Flex Plan 1 (HMO-POS)	H3528	006	000	$145.50	$95.50	$241.00
ConnectiCare	ConnectiCare Passage Plan 1 (HMO)	H3528	010	000	$0.00	$0.00	$0.00
ConnectiCare	ConnectiCare Flex Plan 3 (HMO-POS)	H3528	011	002	$7.40	$61.60	$69.00
ConnectiCare	ConnectiCare Flex Plan 3 (HMO-POS)	H3528	011	001	$0.00	$49.00	$49.00
ConnectiCare	ConnectiCare Choice Plan 3 (HMO)	H3528	014	000	$0.00	$0.00	$0.00
ConnectiCare	ConnectiCare Flex Plan 2 (HMO-POS)	H3528	015	000	$75.00	$59.00	$134.00
ConnectiCare	ConnectiCare Choice Plan 1 (HMO)	H3528	016	000	$108.90	$74.10	$183.00
ConnectiCare	ConnectiCare Choice Part B Saver (HMO)	H3528	017	000	$0.00	$0.00	$0.00
UnitedHealthcare	UnitedHealthcare Dual Complete (PPO D-SNP)	H0271	014	000	$0.00	$20.50	$20.50
UnitedHealthcare	UnitedHealthcare Assisted Living Plan (PPO I-SNP)	H0710	009	000	$0.00	$35.20	$35.20
UnitedHealthcare	UnitedHealthcare Nursing Home Plan (PPO I-SNP)	H0710	026	000	$0.00	$36.20	$36.20
UnitedHealthcare	UnitedHealthcare Medicare Advantage Plan 1 (HMO)	H0755	030	000	$68.60	$25.40	$94.00

UnitedHealthcare	UnitedHealthcare Medicare Advantage Plan 2 (HMO)	H0755	031	000	$3.80	$25.20	$29.00
UnitedHealthcare	UnitedHealthcare Medicare Advantage Plan 3 (HMO)	H0755	033	000	$0.00	$0.00	$0.00
UnitedHealthcare	AARP Medicare Advantage Walgreens (PPO)	H3442	001	000	$0.00	$0.00	$0.00
UnitedHealthcare	AARP Medicare Advantage Choice (Regional PPO)	R7444	001	000	$18.00	$31.00	$49.00
WellCare	WellCare Access (HMO D-SNP)	H0712	005	000	$0.00	$23.40	$23.40
WellCare	WellCare Value (HMO)	H0712	019	000	$0.00	$0.00	$0.00
WellCare	WellCare Compass (HMO)	H0712	020	000	$0.00	$21.40	$21.40
WellCare	WellCare Freedom (HMO D-SNP)	H0712	029	000	$0.00	$23.30	$23.30
WellCare	WellCare Premier (PPO)	H1914	001	000	$0.00	$0.00	$0.00
WellCare	WellCare Absolute (PPO)	H1914	002	000	$0.00	$0.00	$0.00
WellCare	WellCare Endurance (PPO)	H1914	003	000	$0.00	$0.00	$0.00

For questions related to premium assistance or if your plan is not listed, please call: 1-800-424-3310