

# Prescription Drug Plans 2022

Courtesy of PA MEDI, Montco: 610-834-1040 x120

Company	Plan Name (PDP)	LIS	Ins* Plan	Monthly Premium	Annual Deductible	Coverage Gap	30-day copays Preferred pharmacies					30-day copays Standard pharmacies					90-day copays Preferred Mail Order				
							Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
							Aetna Medicare	SilverScript Choice	x		\$33.30	\$480	No	\$0	\$5	17%	41%	25%	\$5	\$11	17%
Aetna Medicare	SilverScript Plus		x	\$73.30	\$0	Yes	\$0	\$2	\$47	50%	33%	\$5	\$10	47%	50%	33%	\$9	\$0	\$120	50%	n/a
Aetna Medicare	SilverScript SmartRx			\$7.20	\$480	No	\$1	\$19	\$46	49%	25%	\$19	\$20	\$47	50%	25%	\$3	\$57	\$138	49%	n/a
Avalon Insurance Co.	SecureRx - Option 1		x	\$90.50	\$0	No	\$3	\$10	\$38	\$88	33%	\$10	\$20	\$45	\$95	33%	\$9	\$30	\$114	\$264	n/a
Avalon Insurance Co.	SecureRx - Option 3			\$43.30	\$335	No	\$5	\$12	\$40	50%	27%	\$5	\$12	\$40	50%	27%	\$15	\$36	\$120	50%	n/a
Cigna	Cigna Essential Rx			\$33.20	\$480	No	\$0	\$6	\$0	49%	25%	\$19	\$20	20%	49%	25%	\$0	\$0	18%	49%	n/a
Cigna	Cigna Extra Rx		x	\$61.70	\$100	Yes	\$4	\$10	\$42	50%	31%	\$15	\$20	\$47	50%	31%	\$0	\$4	\$126	50%	n/a
Cigna	Cigna Secure Rx	x		\$36.80	\$480	No	\$1	\$2	\$20	50%	25%	\$12	\$15	\$30	50%	25%	\$0	\$0	\$60	50%	n/a
Clear Spring Health	Clear Spring Health Premier Rx			\$18.20	\$480	No	\$1	\$5	\$42	45%	25%	\$15	\$20	\$47	50%	25%	\$3	\$15	\$126	45%	25%
Clear Spring Health	Clear Spring Health Value Rx	x		\$32.80	\$480	No	\$1	\$3	\$42	39%	25%	\$6	\$8	\$47	39%	25%	\$3	\$9	\$126	39%	25%
Elixir Insurance	Elixir RxPlus			\$20.30	\$480	No	\$1	\$6	\$43	45%	25%	\$15	\$16	\$47	50%	25%	\$0	\$6	\$86	45%	n/a
Elixir Insurance	Elixir RxSecure	x		\$38.90	\$480	Yes	\$1	\$4	15%	34%	25%	\$10	\$12	20%	39%	25%	\$0	\$6	15%	34%	n/a
Highmark Inc.	Blue Rx PDP Complete			\$178.30	\$0	Yes	\$0	\$5	\$40	35%	33%	\$4	\$10	\$45	50%	33%	\$0	\$12.50	\$100	33%	33%
Highmark Inc.	Blue Rx PDP Plus			\$109.10	\$480	No	\$0	\$7	20%	40%	25%	\$6	\$14	\$25	50%	25%	\$0	\$17.50	20%	40%	25%
Humana Ins. Co.	Humana Basic Rx Plan	x		\$38.30	\$480	No	\$0	\$1	19%	40%	25%	\$1	\$2	23%	43%	25%	\$0	\$3	19%	40%	n/a
Humana Ins. Co.	Humana Premier Rx Plan		x	\$81.30	\$480	No	\$1	\$4	\$45	49%	25%	\$5	\$10	\$47	50%	25%	\$3	\$12	\$135	49%	25%
Humana Ins. Co.	Humana Walmart Value Rx Plan			\$22.70	\$480	No	\$0	\$4	15%	42%	25%	\$10	\$20	18%	48%	25%	\$0	\$12	16%	42%	n/a
Mutual of Omaha Rx	Mutual of Omaha Rx Plus			\$80.30	\$480	No	\$1	\$3	18%	47%	25%	\$8	\$10	20%	49%	25%	\$3	\$9	18%	47%	n/a
Mutual of Omaha Rx	Mutual of Omaha Rx Premier	x		\$35.90	\$480	No	\$0	\$13	23%	42%	25%	\$7	\$20	25%	44%	25%	\$0	\$39	25%	42%	n/a
UnitedHealthcare	AARP MedicareRx Preferred		x	\$101.00	\$0	No	\$5	\$10	\$45	40%	33%	\$15	\$20	\$47	45%	33%	\$0	\$0	\$120	40%	n/a
UnitedHealthcare	AARP MedicareRx Saver Plus	x		\$38.00	\$480	No	\$1	\$5	\$38	40%	25%	\$6	\$10	\$43	40%	25%	\$3	\$15	\$114	40%	n/a
UnitedHealthcare	AARP MedicareRx Walgreens			\$29.30	\$310	No	\$0	\$10	\$40	40%	27%	\$15	\$20	\$45	45%	27%	\$0	\$30	\$120	40%	n/a
WellCare	Wellcare Classic	x		\$35.90	\$480	No	\$0	\$6	\$39	40%	25%	\$3	\$14	\$45	42%	25%	\$0	\$18	\$117	n/a	n/a
WellCare	Wellcare Medicare Rx Value Plus		x	\$69.00	\$0	No	\$0	\$4	\$47	50%	33%	\$10	\$20	\$47	50%	33%	\$0	\$10	\$117.50	n/a	n/a
WellCare	Wellcare Value Script		x	\$12.90	\$480	No	\$0	\$8	\$42	47%	25%	\$8	\$15	\$47	50%	25%	\$0	\$12	\$126	n/a	n/a

\* **Insulin Plan** = Maximum of \$35/mo copay for insulin (some types)

**LIS** = No monthly premium will be charged for persons eligible for the "Extra Help" Low Income Subsidy.

Some plans allow 90-day supplies at a retail pharmacy. To get a year's worth of 90 day supplies, ask your doctor to write 90 days prescriptions refillable three times.