

2016 MEDICARE PRESCRIPTION DRUG PLANS

Organization Name	Plan Name	Contract ID	Plan ID	Annual Deductible	Total Monthly Premium	Maryland SPDAP Subsidy	Net Premium	SPDAP Gap Subsidy
Aetna Medicare	Aetna Medicare Rx Saver (PDP)	S5810	039	\$360.00	\$28.50	\$28.50	\$0.00	No
Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure (PDP)	S5617	214	\$360.00	\$35.50	\$35.50	\$0.00	No
Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Extra (PDP)	S5617	250	\$250.00	\$46.50	\$40.00	\$6.50	No
EnvisionRx Plus	EnvisionRxPlus Silver (PDP)	S7694	005	\$360.00	\$33.00	\$33.00	\$0.00	No
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	S5660	107	\$360.00	\$30.30	\$30.30	\$0.00	No
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	S5660	208	\$360.00	\$72.00	\$40.00	\$32.00	No
First Health Part D	First Health Part D Value Plus (PDP)	S5768	128	\$0.00	\$33.40	\$33.40	\$0.00	No
First Health Part D	First Health Part D Premier Plus (PDP)	S5768	164	\$0.00	\$86.80	\$40.00	\$46.80	No
Humana Insurance Company	Humana Enhanced (PDP)	S5884	004	\$0.00	\$68.30	\$40.00	\$28.30	No
Humana Insurance Company	Humana Preferred Rx Plan (PDP)	S5884	103	\$360.00	\$28.60	\$28.60	\$0.00	No
Humana Insurance Company	Humana Walmart Rx Plan (PDP)	S5884	151	\$360.00	\$18.40	\$18.40	\$0.00	No
Magellan Rx Medicare	Magellan Rx Medicare Basic (PDP)	S4607	003	\$360.00	\$32.40	\$32.40	\$0.00	No
SilverScript	SilverScript Choice (PDP)	S5601	010	\$0.00	\$27.00	\$27.00	\$0.00	No
SilverScript	SilverScript Plus (PDP)	S5601	011	\$0.00	\$87.10	\$40.00	\$47.10	No
Stonebridge Life Insurance Company	Transamerica MedicareRx Classic (PDP)	S9579	004	\$360.00	\$83.50	\$40.00	\$43.50	No
Symphonix Health	Symphonix Value Rx (PDP)	S0522	006	\$360.00	\$28.70	\$28.70	\$0.00	No
Symphonix Health	Symphonix PrimeSaver Rx (PDP)	S0522	051	\$200.00	\$40.30	\$40.00	\$0.30	No
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	S5820	004	\$0.00	\$57.50	\$40.00	\$17.50	No
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	S5921	350	\$360.00	\$33.60	\$33.60	\$0.00	No
WellCare	WellCare Classic (PDP)	S5967	142	\$360.00	\$32.60	\$32.60	\$0.00	No
WellCare	WellCare Extra (PDP)	S5967	177	\$0.00	\$66.70	\$40.00	\$26.70	No
United American Insurance Company	United American - Enhanced (PDP)	S5755	008	\$100.00	\$79.00	\$40.00	\$39.00	No
United American Insurance Company	United American - Select (PDP)	S5755	076	\$360.00	\$63.40	\$40.00	\$23.40	No
United American Insurance Company	United American - Essential (PDP)	S5755	110	\$230.00	\$39.50	\$39.50	\$0.00	No