

2025 Medicare Part D Stand-Alone Prescription Drug Plans Requires Medicare Part A and/or Part B to Qualify for Part D

For use by HICAP Counselors in assisting Medicare beneficiaries. See Plan EOC or Medicare Plan Finder for plan details

Plan Sponsor	Plan Name	Plan Contract / ID	Monthly Premium	Annual Deductible		Copayment/coinsurance per each prescription (1 month supply)					Star Rating
				Amount	Applies to:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
Aetna Medicare 833-526-2445; aetnamedicare.com	SilverScript Choice	S5601-064	\$53.60	\$590	All tiers	\$5	\$10	18%	31%	25%	2.5
Anthem Blue Cross 855-793-1938 shop/anthem.com/medicare	MediBlue Rx Plus	S5596-088	\$164.90	\$120**	Tiers 3-5	\$0	\$4	15%	37%	31%	3.5
	MediBlue Rx Standard	S5596-087	\$135.60	\$590	All tiers	\$1	\$4	17%	39%	25%	3.5
Blue Shield of California 888-292-7591 blueshieldca.com/medicare	Rx Plus	S2468-003	\$161.70	\$590**	Tiers 2-5	\$3	\$14	18%	47%	25%	3.0
	Rx Enhanced	S2468-004	\$183.50	\$0	N/A	\$2	\$7	\$43	47%	33%	3.0
Cigna 800-735-1459 cigna.com/medicare	Saver Rx	S5617-382	\$20.60	\$590**	Tiers 3-5	\$0	\$5	17%	41%	25%	2.5
	Assurance Rx *	S5617-158	\$1.80	\$590	All tiers	\$0	\$2	16%	49%	25%	2.5
	Extra Rx	S5617-277	\$140.90	\$175**	Tiers 3-5	\$1	\$8	18%	47%	31%	2.5
Humana Insurance Co. 800-706-0872 humana.com/medicare	Value Rx	S5884-211	\$94.00	\$573**	Tiers 3-5	\$0	\$0	18%	35%	26%	3.5
	Basic Rx	S5884-114	\$110.20	\$590	All tiers	\$0	\$1	22%	46%	25%	3.5
	Premier Rx	S5884-178	\$164.20	\$0	N/A	\$0	\$4	\$45	50%	33%	3.5
UnitedHealthCare (AARP) 888-867-5564 aarpmedicareplans.com	Medicare Rx Saver	S5921-376	\$124.80	\$590	All tiers	\$2	\$7	17%	36%	25%	2.0
	Medicare Rx Preferred	S5921-413	\$115.40	\$0	N/A	\$5	\$10	\$47	40%	33%	2.0
WellCare 866-859-9084 wellcare.com	Value Script	S4802-163	\$17.40	\$590**	Tiers 3-5	\$0	\$5	25%	35%	25%	3.5
	Classic *	S4802-094	\$16.80	\$590	All tiers	\$0	\$5	21%	35%	25%	3.5
	Rx Value Plus	S4802-235	\$117.60	\$590**	Tiers 4-5	\$0	\$4	15%	50%	25%	3.5

SANCTIONED - Cannot accept new members; Medicare contract terminates 12-31-24

Clear Spring 877-317-6082 clearspringhealthcare.com	Value Rx	S6946-027	\$4.00	\$590	All tiers	\$1	\$3	18%	39%	25%	N/A
	Premier Rx	S6946-003	Consolidated with Value Rx plan								

Notes:

* Benchmark Plan

** Deductible applies to drugs in tiers as indicated (*Tiers 1 and 2, sometimes 3, generally excluded from deductible*)
Deductible doesn't apply to covered insulin products and most adult Part D vaccines (e.g., shingles, tetanus)

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Overall Quality Star Rating based on a combination of member satisfaction and problems with the plan

Tier Descriptions

Tier 1 = Preferred Generic - many common lower cost generic drugs

Tier 2 = Generic - higher cost generic drugs

Tier 3 = Preferred Brand - many common brand name drugs and some higher cost generic drugs

Tier 4 = Non-Preferred Drug - higher cost brand name and generic drugs for which a lower cost alternative is often available

Tier 5 = Specialty - high-cost brand and generic drugs meeting Medicare's definition of a specialty drug

2024 Transition to 2025

- Aetna Silverscript Plus and SilverScript SmartSaver Plans discontinued after 2024
Note: Members of these two discontinued plans will become members of SilverScript Choice Plan if do not change/enroll in different plan
- UnitedHealthCare Medicare Rx Walgreens & MedicareRx Preferred plans consolidated into new Medicare Rx Preferred Plan for 2025
Note: 2025 Medicare Rx Preferred Plan assigned Plan/Contract ID from 2024 Medicare Rx Walgreens Plan (S5921-413)
- Mutual of Omaha discontinuing all three plans in 2025 (Rx Premier, Rx Plus, Rx Essential); members must enroll in different plan