

# 2023 Medicare Prescription Drug Plans in Indiana

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	YEARLY DEDUCTIBLE	GAP COVERAGE	CONTRACT # PLAN ID #
AETNA MEDICARE 833-526-2445	SILVERSCRIPT CHOICE*	\$27.80	\$505.00 All Drugs	NO	S5601-030
	SILVERSCRIPT PLUS	\$74.00	\$0.00	YES	S5601-031
	SILVERSCRIPT SMARTSAVER RX	\$4.80	\$505.00 Some Drugs	NO	S5601-190
ANTHEM MEDIBLUE RX** 855-793-1938	ANTHEM MEDIBLUE RX STANDARD	\$54.00	\$505.00 Some Drugs	NO	S5596-017
	ANTHEM MEDIBLUE RX PLUS	\$58.20	\$0.00	NO	S5596-018
CIGNA** 800-735-1459	CIGNA SECURE RX*	\$27.80	\$505.00 Some Drugs	NO	S5617-222
	CIGNA EXTRA RX	\$61.70	\$100.00 Some Drugs	YES	S5617-260
	CIGNA SAVER RX	\$12.20	\$505.00 Some Drugs	NO	S5617-365
CLEAR SPRING HEALTH 877-317-6082	CLEAR SPRING HEALTH VALUE RX*	\$22.60	\$505.00 All Drugs	NO	S6946-012
	CLEAR SPRING HEALTH PREMIER RX	\$20.60	\$505.00 Some Drugs	NO	S6946-041
ELIXIR INSURANCE 888-377-1439	ELIXIR RXSECURE	\$41.60	\$505.00 All Drugs	NO	S7694-015
	ELIXIR RXPLUS	\$41.40	\$505.00 Some Drugs	NO	S7694-133
HUMANA** 800-706-0872	HUMANA WALMART VALUE RX PLAN	\$30.60	\$505.00 Some Drugs	NO	S5884-194
	HUMANA BASIC RX PLAN*	\$30.70	\$505.00 All Drugs	NO	S5884-138
	HUMANA PREMIER RX PLAN	\$80.20	\$300.00 Some Drugs	YES	S5884-161
MUTUAL OF OMAHA RX 800-961-9006	MUTUAL OF OMAHA RX PLUS	\$85.10	\$505.00 All Drugs	NO	S7126-014
	MUTUAL OF OMAHA RX ESSENTIAL	\$19.00	\$505.00 Some Drugs	NO	S7126-117
	MUTUAL OF OMAHA RX PREMIER	\$61.90	\$505.00 Some Drugs	NO	S7126-084

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<b>UNITED HEALTHCARE**</b> <b>888-867-5564</b>	AARP MEDICARE RX SAVER PLUS*	\$29.30	\$505.00 All Drugs	NO	S5921-360
	AARP MEDICARE RX WALGREENS	\$28.20	\$350.00 Some Drugs	NO	S5921-396
	AARP MEDICARE RX PREFERRED	\$102.20	\$0.00	YES	S5820-014
<b>WELLCARE</b> <b>866-859-9084</b>	WELLCARE CLASSIC*	\$27.90	\$505.00 All Drugs	NO	S4802-086
	WELLCARE VALUE SCRIPT	\$10.60	\$505.00 Some Drugs	NO	S4802-150
	WELLCARE MEDICARE RX VALUE PLUS	\$71.30	\$0.00	NO	S4802-218

If you qualify for Extra Help your monthly premium and deductible may be less than the amount listed.

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\*Denotes \$0 premium plan if you qualify for Extra Help

\*\* Indicates company offers national plans

**For an individualized prescription drug plan comparison go to [www.medicare.gov](http://www.medicare.gov)**