

Below is the list of the PDP plans that are participating with the Delaware Prescription Assistance Program. When enrolling in your PDP ask for “direct bill” instead of automatic Social Security deductions.

Plan Name	Part D Total Premium	Part D Drug Deductible	Annual Cost
SilverScript Choice	\$30.70	\$0.00	\$368.40
EnvisionRxPlus	\$16.50	\$365.00	\$563.00
WellCare Value Script	\$14.00	\$415.00	\$583.00
Aetna Medicare Rx Select	\$17.20	\$390.00	\$596.40
Aetna Medicare Rx Saver	\$28.20	\$310.00	\$648.40
Cigna-HealthSpring Rx-Secure Essential	\$21.80	\$415.00	\$676.60
Cigna-HealthSpring Rx Secure-Extra	\$49.40	\$100.00	\$692.80
Express Scripts Medicare - Saver	\$24.00	\$415.00	\$703.00
Aetna Medicare Rx Value Plus	\$58.70	\$0.00	\$704.40
AARP MedicareRx Walgreens	\$28.00	\$415.00	\$751.00
Mutual Of Omaha Rx Value	\$28.40	\$415.00	\$755.80
Cigna-HealthSpring Rx Secure	\$28.70	\$415.00	\$759.40
Express Scripts Medicare - Value	\$29.20	\$415.00	\$765.40
AARP MedicareRx Saver Plus	\$29.30	\$415.00	\$766.60
Humana Walmart Rx Plan	\$29..60	\$415.00	\$770.20
Magellan Rx Medicare Basic	\$29.60	\$415.00	\$770.20
Humana Preferred Rx Plan	\$29.70	\$415.00	\$771.40
WellCare Classic	\$31.70	\$415.00	\$795.40
SilverScript Plus	\$69.30	\$0.00	\$831.60
WellCare Extra	\$72.20	\$0.00	\$866.40
AARP MedicareRx Preferred	\$72.40	\$0.00	\$868.80
Humana Enhanced	\$74.80	\$0.00	\$897.60
Mutual of Omaha Rx Plus	\$41.90	\$415.00	\$917.80
SilverScript Allure	\$80.00	\$0.00	\$960.00
Express Scripts Medicare - Choice	\$97.20	\$350.00	\$1,516.40

The MA-PD plans include Medicare A, B and D. The member is responsible for the medical portion of the premium.

MA-PD Plan Name	Part D Total Premium	Part D Drug Deductible	Annual Cost
Aetna Medicare Choice Plan	\$0.00	\$0.00	\$0.00
Aetna Medicare Silver Plan	\$0.00	\$0.00	\$0.00
Humana Gold Plus H6622-010	\$0.00	\$165.00	\$165.00
Cigna-HealthSpring Achieve	\$0.00	\$199.00	\$199.00
Cigna-HealthSpring Traditions	\$30.00	\$0.00	\$360.00
Cigna-HealthSpring Preferred	\$19.80	\$147.00	\$384.60
Aetna Medicare Standard Plan	\$32.50	\$0.00	\$390.00
Cigna-HealthSpring PreventiveCare	\$18.00	\$199.00	\$415.00
Aetna Medicare Premier Plan	\$35.80	\$0.00	\$429.60
Cigna-HealthSpring TotalCare	\$21.40	\$225.00	\$481.80
HumanaChoice H5216-028	\$22.60	\$265.00	\$536.20
Humana Gold Plus SNP-DE H6622-051	\$24.10	\$405.00	\$694.20
UnitedHealthCare Dual Complete	\$29.80	\$415.00	\$772.60
UnitedHealthCare Nursing Home Plan 1	\$30.00	\$415.00	\$775.00
United HealthCare Nursing Home Plan 2	\$37.00	\$415.00	\$859.00

*TEAMStar Medicare Part D is approved prescription drug coverage for Medicare eligible Teamster retirees.