



Medicare B Plans 2021

Make an appointment today for a personalized plan review

Plan	Premium	Deductible	30 Day Retail Copay	
AARP Medicare Advantage Choice Plan 1 (PPO)	\$32.00	\$0	Standard T1 \$3 T2 \$12 T3 \$47 T4 \$95 T5 33%	
AARP Medicare Advantage Choice Plan 2 (PPO)	\$0.00	\$175 \$0 for T1 and T2	Standard T1 \$4 T2 \$14 T3 \$47 T4 \$100 T5 30%	
AARP Medicare Advantage Plan 1 (HMO-POS)	\$23.00	\$95 \$0 for T1, T2, T3	Standard T1 \$4 T2 \$14 T3 \$47 T4 \$95 T5 31%	
AARP Medicare Advantage Plan 2 (HMO-POS)	\$0.00	\$150 \$0 for T1 and T2	Standard T1 \$4 T2 \$14 T3 \$47 T4 \$95 T5 30%	
AARP MedicareRx Preferred (PDP)	\$88.70	\$0	Pref T1 \$5 T2 \$10 T3 \$45 T4 40% T5 33%	NonPref \$15 \$20 \$47 45% 33%
AARP MedicareRx Saver Plus (PDP)	\$26.60	\$445	Pref T1 \$3 T2 \$12 T3 \$45 T4 \$100 T5 33%	NonPref \$10 \$18 \$47 \$100 33%
AARP MedicareRx Walgreens (PDP)	\$33.30	\$445	Pref T1 \$0 T2 \$6 T3 \$40 T4 40% T5 25%	NonPref \$15 \$20 \$47 45% 25%
Aetna Medicare Freedom Core Plan (PPO)	\$0.00	\$300 \$0 for T1 and T2	Pref T1 \$0 T2 \$0 T3 \$47 T4 \$100 T5 27%	NonPref \$15 \$20 \$47 \$100 27%



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Blue Cross Medicare Advantage Basic (HMO)	\$0.00	\$445 \$0 for T1 and T2	Pref T1 \$0 T2 \$13 T3 \$40 T4 \$93 T5 25%	NonPref \$7 \$20 \$47 \$100 25%
Blue Cross MedicareRx Basic (PDP)	\$31.30	\$445	Pref T1 \$1 T2 \$4 T3 13% T4 46% T5 25%	NonPref \$8 \$11 15% 48% 25%
Blue Cross MedicareRx Choice (PDP)	\$21.00	\$445 \$0 for T1 and T2	Standard T1 \$1 T2 \$4 T3 \$47 T4 35% T5 25%	
Blue Cross MedicareRx Value (PDP)	\$89.10	\$445 \$0 for T1 and T2	Pref T1 \$0 T2 \$8 T3 \$40 T4 44% T5 25%	NonPref \$7 \$15 \$47 47% 25%
Cigna Secure Rx (PDP)	\$29.70	\$445 \$0 for T1,T2	Pref T1 \$1 T2 \$2 T3 \$28 T4 50% T5 25%	NonPref \$10 \$12 \$35 50% 25%
Cigna Secure-Essential Rx (PDP)	\$24.00	\$445 \$0 for T1,T2	Pref T1 \$0 T2 \$2 T3 18% T4 45% T5 25%	NonPref \$19 \$20 20% 46% 25%
Cigna Secure-Extra Rx (PDP)	\$49.10	\$100 \$0 for T1,T2	Pref T1 \$4 T2 \$10 T3 \$42 T4 50% T5 31%	NonPref \$15 \$20 \$47 50% 31%
Cigna True Choice Medicare (PPO)	\$0.00	\$190 \$0 for T1,T2	Pref T1 \$0 T2 \$4 T3 \$42 T4 \$95 T5 29%	NonPref \$10 \$20 \$47 \$100 29%



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Clear Spring Health Premier Rx (PDP)	\$13.70	\$445	Pref T1 \$1 T2 \$3 T3 \$42 T4 33% T5 25%	NonPref \$6 \$8 \$47 33% 25%
Clear Spring Health Value Rx (PDP)	\$27.00	\$445	Pref T1 \$1 T2 \$3 T3 \$42 T4 33% T5 25%	NonPref \$6 \$8 \$47 33% 25%
CommunityCare Prescription Drug Plan (PDP)	\$28.20	\$445 \$0 for T1	Pref T1 \$0 T2 \$4 T3 10% T4 25% T5 25%	NonPref \$2 \$8 25% 25% 25%
Express Scripts Medicare - Choice (PDP)	\$75.60	\$100	Pref T1 \$2 T2 \$7 T3 \$42 T4 50% T5 31%	NonPref \$10 \$20 \$47 50% 31%
Express Scripts Medicare - Saver (PDP)	\$26.80	\$285 \$0 for T1 and T2	Pref T1 \$2 T2 \$7 T3 \$35 T4 50% T5 28%	NonPref \$19 \$20 \$47 50% 28%
Express Scripts Medicare - Value (PDP)	\$26.20	\$445 \$0 for T1 and T2	Pref T1 \$1 T2 \$3 T3 \$30 T4 50% T5 25%	NonPref \$10 \$15 \$46 50% 25%
Generations Classic (HMO)	\$0.00	\$0	Pref T1 \$5 T2 \$15 T3 \$42 T4 40% T5 33%	NonPref \$10 \$20 \$47 50% 33%
Generations Classic Choice (HMO-POS)	\$10.00	\$0	Pref T1 \$5 T2 \$15 T3 \$42 T4 40% T5 33%	NonPref \$10 \$20 \$47 50% 33%



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Generations Select (HMO)	\$29.00	\$0	Pref T1 \$3 T2 \$13 T3 \$40 T4 40% T5 33%	NonPref \$8 \$18 \$45 50% 33%
Humana Basic Rx Plan (PDP)	\$28.10	\$445	Pref T1 \$0 T2 \$1 T3 20% T4 35% T5 25%	NonPref \$1 \$2 24% 42% 25%
Humana Gold Choice H8145-122 (PFFS)	\$131.00	\$195 \$0 for T1 and T2	Pref T1 \$8 T2 \$15 T3 \$47 T4 \$99 T5 29%	NonPref \$8 \$15 \$47 \$99 29%
Humana Gold Plus H6622-032 (HMO)	\$0.00	\$0	Pref T1 \$6 T2 \$11 T3 \$47 T4 \$99 T5 33%	NonPref \$10 \$20 \$47 \$100 33%
Humana Premier Rx Plan (PDP)	\$60.70	\$445	Pref T1 \$1 T2 \$4 T3 \$45 T4 49% T5 25%	NonPref \$5 \$10 \$47 50% 25%
Humana Value Plus H6622-049 (HMO)	\$19.60	\$445 \$0 for T1 and T2	Pref T1 \$1 T2 \$20 T3 \$47 T4 \$100 T5 25%	NonPref \$10 \$20 \$47 \$100 25%
Humana Walmart Value Rx Plan (PDP)	\$17.20	\$445	Pref T1 \$1 T2 \$4 T3 16% T4 34% T5 25%	NonPref \$10 \$20 23% 50% 25%
HumanaChoice H5216-081 (PPO)	\$60.00	\$195 \$0 for T1,T2,T3	Pref T1 \$7 T2 \$12 T3 \$47 T4 \$99 T5 29%	NonPref \$10 \$20 \$47 \$100 29%



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HumanaChoice H5216-083 (PPO)	\$76.00	\$195 \$0 for T1,T2,T3	Pref T1 \$8 T2 \$15 T3 \$47 T4 \$99 T5 29%	NonPref \$10 \$20 \$47 \$100 29%
HumanaChoice H5216-230 (PPO)	\$29.00	\$0	Pref T1 \$7 T2 \$12 T3 \$47 T4 \$99 T5 33%	NonPref \$10 \$20 \$47 \$100 33%
HumanaChoice H9070-006 (PPO)	\$0.00	\$0	Pref T1 \$7 T2 \$12 T3 \$47 T4 \$99 T5 33%	NonPref \$10 \$20 \$47 \$100 33%
HumanaChoice R4845-002 (Regional PPO)	\$41.00	\$395 \$0 for T1	Pref T1 \$4 T2 \$12 T3 \$47 T4 \$100 T5 25%	NonPref \$10 \$20 \$47 \$100 25%
Mutual of Omaha Rx Plus (PDP)	\$93.70	\$445	Pref T1 \$0 T2 \$2 T3 20% T4 34% T5 25%	NonPref \$5 \$7 22% 36% 25%
Mutual of Omaha Rx Premier (PDP)	\$28.00	\$445	Pref T1 \$0 T2 \$2 T3 23% T4 42% T5 25%	NonPref \$8 \$10 25% 44% 25%
SilverScript Choice (PDP)	\$26.70	\$230 \$0 for T1 and T2	Pref T1 \$0 T2 \$5 T3 \$35 T4 40% T5 28%	NonPref \$5 \$10 \$47 40% 28%
SilverScript Plus (PDP)	\$88.60	\$0	Pref T1 \$0 T2 \$2 T3 \$47 T4 50 % T5 33%	NonPref \$5 \$10 \$47 50% 33%



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SilverScript SmartRx (PDP)	\$7.80	\$445 \$0 for T1 and T2	Pref T1 \$0 T2 \$19 T3 \$26 T4 46 % T5 25%	NonPref \$19 \$20 \$47 50% 25%
WellCare Classic (PDP)	\$26.80	\$445 \$0 for T1 and T2	Pref T1 \$0 T2 \$3 T3 \$30 T4 33% T5 25%	NonPref \$3 \$10 \$37 41% 25%
WellCare Medicare Rx Saver (PDP)	\$28.40	\$445 \$0 for T1 and T2	Pref T1 \$0 T2 \$2 T3 \$28 T4 37% T5 25%	NonPref \$2 \$5 \$40 42% 25%
WellCare Medicare Rx Select (PDP)	\$26.60	\$400 \$0 for T1 and T2	Pref T1 \$0 T2 \$3 T3 \$47 T4 42% T5 25%	NonPref \$15 \$20 \$47 49% 25%
WellCare Medicare Rx Value Plus (PDP)	\$87.90	\$0	Pref T1 \$1 T2 \$4 T3 \$47 T4 48% T5 33%	NonPref \$10 \$20 \$47 48% 33%
WellCare Value Script (PDP)	\$17.70	\$445	Pref T1 \$0 T2 \$6 T3 \$43 T4 47% T5 25%	NonPref \$5 \$11 \$47 50% 25%
WellCare Wellness Rx (PDP)	\$15.70	\$445 \$0 for T1,T2	Pref T1 \$0 T2 \$6 T3 \$40 T4 46% T5 25%	NonPref \$8 \$15 \$47 50% 25%