

# MEDICARE DRUG PLANS

Insurance companies in northwest Ohio offer the following plans. Michigan residents should call 1-800-803-7174 for information on plans in their area.

## MEDICARE PART D DRUG-ONLY PLANS

The stand-alone or drug only plans cover only drugs.

PLAN	COVERAGE AREA	MONTHLY PREMIUM*	ANNUAL DEDUCTIBLE	DRUG CO-PAYMENT RANGE	ADDITIONAL DRUG COVERAGE IN GAP**
<b>Aetna 1-800-213-4599 or www.aetna.com</b>					
Aetna Medicare Rx Essentials	Statewide	\$31	\$250	\$5 to \$25 co-pay	
Aetna Medicare Rx Plus	Statewide	\$41	None	\$7 to \$35 co-pay	Generic drug coverage in gap
Aetna Medicare Rx Premier	Statewide	\$57	None	\$2 to \$40 co-pay	Generic drug coverage in gap
<b>AmeriHealth Advantage Rx 1-866-282-3235 or www.performrx.com/member/aa</b>					
AmeriHealth Advantate Rx Option I	Statewide	\$22	\$250	25 percent coinsurance	
<b>Anthem 1-800-467-8065 or www.anthem.com</b>					
Blue MedicareRx Value	Statewide	\$21	\$250	\$5 to \$25 co-pay; 25 percent co-insurance	
Blue MedicareRx Plus	Statewide	\$29	None	\$10 to \$30 co-pay; 30 percent co-insurance	
Blue MedicareRx Premier	Statewide	\$37	None	\$10 to \$60 co-pay; 30 percent co-insurance	Generic drug coverage in gap
<b>CIGNA HealthCare 1-800-735-1459 or www.cignature-rx.com</b>					
CIGNATURE Rx Value Plan	Statewide	\$35	\$250	\$4 to \$40 co-pay; 0 to 40 percent co-insurance	
CIGNATURE Rx Plus Plan	Statewide	\$40	None	\$4 to \$50 co-pay; 0 to 40 percent co-insurance	
CIGNATURE Rx Complete Plan	Statewide	\$48	None	\$5 to \$50 co-pay; 0 to 40 percent co-insurance	Generic drug coverage in gap
<b>Community Care Rx 1-866-684-5353 or www.mhrx.com</b>					
CCRx Basic	Statewide	\$31	\$250	25 to 45 percent co-insurance	
CCRx Choice	Statewide	\$39	\$250	\$4 to \$40 co-pay	
CCRx Gold	Statewide	\$43	\$100	\$4 to \$50 co-pay	
<b>Coventry AdvantraRx 1-800-882-3822 or www.advantrarx.com</b>					
AdvantraRx Value	Statewide	\$21	None	\$12 to \$36 co-pay	
AdvantraRx Premier	Statewide	\$32	None	\$5 to \$52 co-pay	
AdvantraRx Premier Plus	Statewide	\$45	None	\$0 to \$54 co-pay	
<b>First Health Services 1-800-588-3322 or www.firsthealth.com</b>					
First Health Premier	Statewide	\$26	\$250	\$2 to \$5 co-pay; 5 percent to 25 percent coinsurance	
<b>Humana 1-800-833-6578 or www.humana-medicare.com</b>					
Humana Standard	Statewide	\$14	\$250	25 percent coinsurance	
Humana Enhanced	Statewide	\$18	None	\$0 to \$60 co-pay	
Humana Complete	Statewide	\$64	None	\$0 to \$60 co-pay	Generic and brand name drug coverage in gap
<b>PacifiCare Life &amp; Health Insurance 1-866-917-2783 or www.prescriptionsolutions.com</b>					
PacifiCare Saver	Statewide	\$25	None	\$7.50 to \$50.05 co-pay; 33 percent coinsurance	
PacifiCare Select	Statewide	\$40	None	\$7.50 to \$61.40 co-pay; 33 percent coinsurance	
PacifiCare Comprehensive	Statewide	\$45	None	\$7.50 to \$51.15 co-pay; 33 percent coinsurance	Generic drug coverage in gap
<b>Paramount Insurance 1-800-462-3589 or www.paramounthealthcare.com</b>					
Medicare Drug	Statewide	\$50	\$250	25 percent coinsurance	
<b>Prescription Pathway (through Penn. Life) 1-800-765-8900 or www.rxpathway.com</b>					
Prescription Pathway Bronze	Statewide	\$31	\$250	25 percent coinsurance	
Prescription Pathway Silver	Statewide	\$40	\$250	\$5 to \$28 co-pay; 25 percent coinsurance	
Prescription Pathway Gold	Statewide	\$51	None	\$5 to \$28 co-pay; 25 percent coinsurance	
<b>Prescription Pathway (through Marquette National) 1-800-845-2551 or www.rxpathway.com</b>					
Prescription Pathway Silver	Statewide	\$40	\$250	\$4 to \$29 co-pay; 25 percent coinsurance	
Prescription Pathway Gold	Statewide	\$51	None	\$4 to \$29 co-pay; 25 percent coinsurance	
Prescription Pathway Platinum	Statewide	\$68	None	\$4 to \$42 co-pay; 25 percent coinsurance	
<b>SilverScript 1-866-235-4582 or www.silverscript.com</b>					
SilverScript	Statewide	\$30	\$250	\$9 co-pay; 25 percent coinsurance	
SilverScript Plus	Statewide	\$59	\$100	\$7 co-pay to \$60 co-pay; 25 percent coinsurance	
<b>Sterling 1-800-688-0010 or www.sterlingplans.com</b>					
Sterling Prescription Drug Plan	Statewide	\$54	\$100	\$10 to \$25 co-pay; 25 percent to 42 percent coinsurance	
<b>Unicare 1-866-892-5335 or www.unicare.com</b>					
Medicare RX Rewards	Statewide	\$21	\$250	\$5.25 co-pay; 25 percent coinsurance	
Medicare RX Rewards Plus	Statewide	\$29	None	\$10 to \$30 co-pay; 25 percent coinsurance	
Medicare RX Rewards Premier	Statewide	\$39	None	\$10 to \$60 co-pay; 30 percent co-insurance	Generic drug coverage in gap
<b>United American Insurance 1-866-524-4169 or www.uamedicarepartd.com</b>					
United American Medicare Drug Plan	Statewide	\$35	None	\$9 to \$60 co-pay; 33 percent co-insurance	
<b>United HealthCare Insurance 1-888-867-5564 or www.aarpmedicarerx.com</b>					
AARP Medicare Rx	Statewide	\$28	None	\$5 to \$55 co-pay; 25 percent coinsurance	
United Medicare MedAdvance	Statewide	\$30	None	\$10 to \$53 co-pay; 25 percent coinsurance	
<b>WellCare 1-888-423-5252 or www.wellcarepdp.com</b>					
WellCare Signature	Statewide	\$20	None	\$0 to \$68 co-pay; 31 percent coinsurance	
WellCare Complete	Statewide	\$42	None	\$0 to \$50 co-pay; 30 percent coinsurance	
WellCare Premier	Statewide	\$45	None	\$0 to \$60 co-pay; 30 percent coinsurance	
<b>YOURx PLAN 1-800-758-3605 or www.yourxplan.com</b>					
Medco Prescription Savings Plan	Statewide	\$32	\$250	\$4 to \$17 co-pay; 25 percent to 75 percent coinsurance	

## HMO AND PPO PLANS WITH DRUG BENEFITS (ALSO KNOWN AS “ADVANTAGE” PLANS)

Medicare HMO or PPO [Advantage] plans provide drug coverage along with insurance coverage.

PLAN	COVERAGE AREA	MONTHLY PREMIUM*	ANNUAL DEDUCTIBLE	DRUG CO-PAYMENT RANGE	ADDITIONAL DRUG COVERAGE IN GAP**
<b>Aetna Health of Ohio 1-800-832-2640 or www.aetna.com</b>					
Aetna Golden Medicare Value Plan	Lucas	None	None	\$7 to \$35 co-pay	
Aetna Golden Medicare Standard Plan	Lucas	\$35	None	\$7 to \$35 co-pay	Generic drug coverage in gap
Aetna Golden Medicare Premier Plan	Lucas	\$56	None	\$2 to \$40 co-pay	Generic drug coverage in gap
Aetna Golden Choice Standard Plan	Lucas	\$30	\$250	\$5 to \$25 co-pay	
<b>Anthem 1-800-467-8065 or www.anthem.com</b>					
Regional PPO Ohio 1	Statewide	None	None	\$10 to \$30 co-pay; 30 percent coinsurance	Generic drug coverage in gap
Regional PPO Ohio 2	Statewide	None	None	Under review	Generic drug coverage in gap
Anthem Medicare Preferred – Standard	Toledo area	None	None	\$10 to \$30 co-pay; 30 percent coinsurance	Generic drug coverage in gap
Anthem Senior Advantage – Basic	Toledo area	None	None	\$10 to \$30 co-pay; 30 percent coinsurance	
Anthem Senior Advantage – Enhanced	Toledo area	None	None	\$10 to \$30 co-pay; 30 percent coinsurance	
<b>Humana 1-800-833-6578 or www.humana-medicare.com</b>					
HumanaChoice PPO	Statewide	\$15	\$250	\$2 to \$5 co-pay; 5 to 25 percent coinsurance	
HumanaChoice PPO	Statewide	\$24	None	\$5 to \$60 co-pay; 25 percent coinsurance	
<b>Paramount Elite 1-800-462-3589 or www.paramounthealthcare.com</b>					
OH Standard Plan Basic Drugs	Lucas, Wood	\$50	\$250	\$2 to \$5 co-pay; 5 to 25 percent coinsurance	
OH Standard Plan Enhanced Drug	Lucas, Wood	\$59	None	Under review	

\* This is the amount you must pay each month to belong to the plan. The drug premium only covers prescription drugs. You must continue to pay the monthly Part B premium (\$88.50 in 2006). Some companies may offer extra benefits for an additional cost. Medicare Advantage plans (also called HMO or PPO plans) also cover Medicare medical and hospital benefits, and supplemental benefits.

\*\* Medicare's drug coverage has a "gap" in it. After paying a \$250 deductible, you then pay the next \$500 through co-payments or co-insurance. Once your drug costs hit \$2,250, coverage stops until you've spent a total of \$3,600 (not counting premiums). That \$3,600 total includes your annual deductible, plus \$500, plus the next \$2,850, which all together equals \$3,600. After this point, you pay 5 percent of each prescription or \$5, whichever amount is greater. Within this gap, some companies may cover the cost of generic drugs, or even some brand-name drugs.