

## 2009 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 26, 2008. Includes all contracts/plans regardless of 2009 approval status. Employer sponsored plans excluded.

Note: data are subject to change as contracts are being finalized.

Company Name	Plan Name	Benefit Type	low cost plan?	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap	Contract ID	Plan ID
Aetna Medicare	Aetna Medicare Rx Essentials	Basic	•	\$34.60	\$200	No Gap Coverage	S5810	050
Aetna Medicare	Aetna Medicare Rx Plus	Enhanced		\$61.60	\$0	Some Generics	S5810	152
Aetna Medicare	Aetna Medicare Rx Premier	Enhanced		\$102.70	\$0	Many Generics	S5810	186
Anthem Blue Cross Blue Shield of Wisconsin	Blue MedicareRx Value	Basic	•	\$36.60	\$130	No Gap Coverage	S5596	021
Anthem Blue Cross Blue Shield of Wisconsin	Blue MedicareRx Plus	Enhanced		\$40.40	\$0	No Gap Coverage	S5596	022
Anthem Blue Cross Blue Shield of Wisconsin	Blue MedicareRx Premier	Enhanced		\$70.70	\$0	Many Generics	S5596	023
Bravo Health	BravoRx	Basic	•	\$35.00	\$295	No Gap Coverage	S5998	22
CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	Basic	•	\$34.80	\$295	No Gap Coverage	S5617	078
CIGNA Medicare Rx	CIGNA Medicare Rx Plan Two	Enhanced		\$40.70	\$0	No Gap Coverage	S5617	080
CIGNA Medicare Rx	CIGNA Medicare Rx Plan Three	Enhanced		\$71.70	\$0	Some Generics	S5617	186
Coventry AdvantraRx	AdvantraRx Value	Enhanced		\$23.10	\$0	No Gap Coverage	S5670	081
Coventry AdvantraRx	AdvantraRx Premier	Basic		\$39.30	\$0	No Gap Coverage	S5670	082
Coventry AdvantraRx	AdvantraRx Premier Plus	Enhanced		\$54.60	\$0	Many Generics	S5670	084
Dean Health Insurance, Inc.	DeanCare Rx Classic	Basic		\$64.00	\$295	No Gap Coverage	S5954	004
Dean Health Insurance, Inc.	DeanCare Rx Value	Enhanced		\$39.90	\$0	No Gap Coverage	S5954	007
Dean Health Insurance, Inc.	DeanCare Rx Enhanced	Enhanced		\$93.70	\$0	Many Generics & Few Brands	S5954	005
EnvisionRx Plus	EnvisionRxPlus Silver	Basic	•	\$36.20	\$295	No Gap Coverage	S7694	016
EnvisionRx Plus	EnvisionRxPlus Gold	Enhanced		\$51.00	\$0	No Gap Coverage	S7694	050
First Health Part D	First Health Part D-Secure	Enhanced		\$13.70	\$175	No Gap Coverage	S5768	098
First Health Part D	First Health Part D-Premier	Basic	•	\$31.10	\$0	No Gap Coverage	S5768	083
Health Net	Health Net Orange Option 1	Basic	•	\$35.00	\$295	No Gap Coverage	S5678	038
Health Net	Health Net Value Orange Option 2	Enhanced		\$46.70	\$0	No Gap Coverage	S5678	037
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 16	Basic	•	\$36.30	\$295	No Gap Coverage	S5932	015
Humana Insurance Company	Humana PDP Enhanced S5884-014	Enhanced		\$35.70	\$0	No Gap Coverage	S5884	014
Humana Insurance Company	Humana PDP Standard S5884-074	Basic		\$43.80	\$295	No Gap Coverage	S5884	074
Humana Insurance Company	Humana PDP Complete S5884-044	Enhanced		\$95.00	\$0	Many Generics	S5884	044

## 2009 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 26, 2008. Includes all contracts/plans regardless of 2009 approval status. Employer sponsored plans excluded.

Note: data are subject to change as contracts are being finalized.

Company Name	Plan Name	Benefit Type	low cost plan?	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap	Contract ID	Plan ID
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Choice	Enhanced		\$34.40	\$0	No Gap Coverage	S5660	016
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value	Basic	•	\$36.60	\$295	No Gap Coverage	S5660	118
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Access	Enhanced		\$62.80	\$0	All Generics	S5660	186
Pennsylvania Life Insurance Company	Prescriba Rx Bronze	Basic	•	\$31.30	\$295	No Gap Coverage	S5597	250
Pennsylvania Life Insurance Company	Prescriba Rx Gold	Enhanced		\$34.90	\$0	No Gap Coverage	S5597	48
Pennsylvania Life Insurance Company	Prescriba Rx Platinum	Enhanced		\$73.60	\$0	All Generics	S5597	213
RxAmerica	Advantage Star Plan by RxAmerica	Basic	•	\$33.60	\$295	No Gap Coverage	S5644	191
RxAmerica	Advantage Freedom Plan by RxAmerica	Enhanced		\$49.50	\$0	No Gap Coverage	S5644	177
SilverScript Insurance Company	SilverScript Value	Basic	•	\$35.10	\$295	No Gap Coverage	S5601	032
SilverScript Insurance Company	SilverScript Plus	Enhanced		\$52.80	\$50	Many Generics	S5601	033
SilverScript Insurance Company	SilverScript Complete	Enhanced		\$71.90	\$0	Many Generics	S5601	087
Sterling Life Insurance Company	Sterling Rx	Basic		\$39.10	\$295	No Gap Coverage	S4802	027
UniCare	MedicareRx Rewards Standard	Basic	•	\$33.10	\$295	No Gap Coverage	S5960	122
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	Enhanced		\$45.10	\$0	No Gap Coverage	S5755	019
United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan	Basic		\$43.30	\$130	No Gap Coverage	S5755	054
UnitedHealthcare	AARP MedicareRx Saver	Basic	•	\$28.70	\$295	No Gap Coverage	S5921	071
UnitedHealthcare	AARP MedicareRx Preferred	Basic		\$39.40	\$0	No Gap Coverage	S5820	015
UnitedHealthcare	UnitedHealth Rx Basic	Enhanced		\$41.90	\$0	No Gap Coverage	S5921	072
UnitedHealthcare	AARP MedicareRx Enhanced	Enhanced		\$77.40	\$0	Many Generics	S5921	073
Universal American	Community CCRx Basic	Basic	•	\$31.00	\$295	No Gap Coverage	S5803	85
Universal American	Community CCRx Choice	Enhanced		\$37.10	\$0	No Gap Coverage	S5803	153

## 2009 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 26, 2008. Includes all contracts/plans regardless of 2009 approval status. Employer sponsored plans excluded.

Note: data are subject to change as contracts are being finalized.

Company Name	Plan Name	Benefit Type	low cost plan?	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap	Contract ID	Plan ID
Universal American	Community CCRx Gold	Enhanced		\$62.30	\$0	All Generics	S5803	233
WellCare	WellCare Classic	Basic	•	\$37.80	\$295	No Gap Coverage	S5967	153
WellCare	WellCare Signature	Enhanced		\$39.10	\$0	No Gap Coverage	S5967	050
WPS Health Insurance	WPS MedicareRx Standard Plan	Basic		\$39.30	\$295	No Gap Coverage	S5753	012
WPS Health Insurance	WPS MedicareRx Enhanced Plan 1	Enhanced		\$43.90	\$0	No Gap Coverage	S5753	6
WPS Health Insurance	WPS MedicareRx Enhanced Plan 2	Enhanced		\$75.00	\$0	All Generics	S5753	7