

MEDICARE PART D — WHAT'S IN THE CHART

Here are coverage details for the 19 companies authorized to sell Medicare Part D drug plans in Florida. Information includes:

MONTHLY PREMIUM: What you pay for Part D drugs in addition to the Part B premium that comes out of your Social Security check.

YEARLY DEDUCTIBLE: You will pay all your drug bills out of your own pocket until total costs reach this amount. Some plans have zero deductibles, so coverage starts immediately.

TOP 100 DRUGS IN FORMULARY: Plans have a "formulary" of discount drugs. Drugs not on the formulary are more expensive or not covered. In general, the more top 100 drugs on a plan's formulary, the better. Some plans are still adding drugs, so these numbers could get higher.

COVERAGE IN THE "GAP": Medicare usually calls for plans to defray your drug bills until costs have reached \$2,250 in any year. Between \$2,250 and \$5,100, you pay all the bills. After costs top \$5,100, your plan resumes coverage. That \$2,250 to \$5,100 window is called the "coverage gap." The chart indicates which plans go beyond the minimum and cover generics and/or brand-name drugs in the gap. Company phone numbers and Web sites are included.

What's not in the chart

"CATASTROPHIC" COVERAGE BEYOND THE GAP: After your drug costs top \$5,100 in a given year, your plan pays almost all your drug bills. You might have a 5

percent copayment or a \$2 copayment. Medicare calls this "catastrophic" coverage. Contact individual plans for specific "catastrophic" coverage information.

PHARMACIES: Most companies have broad coverage at chain drugstores and grocery stores. Make sure your plan works at pharmacies of your choice, including those outside Florida.

PLAN FORMULARIES: Make sure your plan covers the drugs you take and does not impose unwieldy preapprovals or dosage restrictions.

THE COST OF DRUGS: Different plans will offer different discounts. The best way to find out what your drugs will cost is to call Medicare toll-free at 1-800-633-4227 or visit www.medicare.gov and use the Drug Plan Finder.

Company	Monthly Premium	Yearly Deductible	Number of Top 100 Drugs on Formulary	Generics In Gap?	Brands In Gap?	Copayments and more (Phone numbers listed are toll free)
Aetna Life Insurance						
Medicare Rx Essentials	\$31.91	\$250	85	no	no	PHONE: 1-800-213-4599 WEB SITE: www.aetna.com Medicare Rx Essentials: For 30-day supply, \$5 generic, \$25 brand. For 90-day mail-order supply, \$10 generic, \$50 brand. No coverage in gap.
Medicare Rx Plus	\$42.37	\$0	85	yes	no	Medicare Rx Plus: For 30-day supply, \$7 generic, \$35 brand. In gap: \$7 copay for 30-day generic and \$14 for 90-day mail-order generic. No gap coverage for brand.
Medicare Rx Premier	\$57.85	\$0	97	yes	no	For 30-day supply, \$2 preferred generic, \$20 preferred brand, \$40 nonpreferred generic and brand. For 90-day mail-order supply, \$4 preferred generic, \$40 preferred brand, \$80 nonpreferred generic and brand. In gap: For 30-day supply, \$2 preferred generic, \$40 nonpreferred generic, no brand coverage. For 90-day mail-order supply, \$4 preferred generic, \$80 nonpreferred generic. No brand coverage.
AmeriHealth Advantage Rx						
Option 1	\$22.58	\$250	88	no	no	PHONE: 1-866-282-3235 No copayments available at press time.
America's Health Choice						
AHC Prescription Drug Plan	\$48.44	\$250	89	no	no	PHONE: 1-800-308-9823 No copayments available at press time.
Blue Cross/Blue Shield of Florida						
BlueScript Option 1	\$45.89	\$100 (brand)	97	no	no	PHONE: 1-800-809-8568 WEB SITE: www.bcbsfl.com For 31-day supply, \$5 generic, \$30 preferred brand, 40 percent for nonpreferred brand. For 90-day supply, \$15 generic, \$90 preferred brand, 40 percent nonpreferred brand. No gap coverage.
BlueScript Option 2	\$57.71	\$100 (brand)	97	yes	no	For 31-day supply, \$5 generic, \$30 preferred brand, 40 percent nonpreferred brand. For 90-day supply, \$15 generic, \$90 preferred brand, 40 percent nonpreferred brand. In the gap: \$5 for 30-day supply of generic, \$15 for 90-day supply of generic. No brand coverage.
CIGNA Health Care						
Value	\$34.86	\$250	99	no	no	PHONE: 1-800-735-1459 WEB SITE: www.cigna.com For 30-day supply, \$4 generic, \$20 preferred brand, \$40 nonpreferred brand. For 90-day supply, \$12 generic, \$60 preferred brand, \$120 nonpreferred brand. For drugs bought outside network pharmacies, 40 percent. No gap coverage.
Plus	\$39.99	\$0	99	no	no	For 30-day supply, \$5 generic, \$30 preferred brand, \$50 nonpreferred brand. For 90-day supply, \$15 generic, \$90 preferred brand, \$150 nonpreferred brand. For drugs bought outside network pharmacies, 40 percent. No gap coverage.
Complete	\$48.20	\$0	99	yes	no	For 30-day supply, \$5 generic, \$30 preferred brand, \$50 nonpreferred brand. For 90-day supply, \$15 generic, \$90 preferred brand, \$150 nonpreferred brand. For drugs bought outside network pharmacies, 40 percent. In gap: \$5 for generic, no brand coverage.
Community Care Rx						
Basic	\$31.53	\$250	90	no	no	PHONE: 1-866-684-5353 WEB SITE: www.communitycarerx.com For 30-day and 90-day supply, \$0 for generic, 25 percent preferred brand, 45 percent for nonpreferred brand. No gap coverage.
Choice	\$39.61	\$250	90	no	no	For 30-day supply, \$4 generic, \$20 preferred brand, \$40 nonpreferred brand. For 90-day supply, \$12 generic, \$60 preferred brand, \$120 nonpreferred brand. No gap coverage.
Gold	\$43.52	\$100	90	no	no	For 30-day supply, \$4 for generic, \$25 preferred brand, \$50 nonpreferred brand. For 90-day supply, \$12 generic, \$75 preferred brand, \$150 nonpreferred brand. No gap coverage.

Coventry AdvantraRx						PHONE: 1-800-882-3822 WEB SITE: www.AdvantraRx.com
Value	\$19.66	\$0	74	no	no	For 30-day supply, \$12 generic, \$38 preferred brand, no coverage nonpreferred brand. For 90-day pharmacy supply, \$36 generic, \$114 preferred brand, no coverage non-preferred brand. For 90-day mail-order supply, \$24 generic, \$76 preferred brand, no coverage nonpreferred brand. No gap coverage.
Premier	\$30.04	\$0	98	no	no	For 30-day supply, \$5 generic, \$20 preferred brand, \$54 nonpreferred brand. For 90-day pharmacy supply, \$15 generic, \$60 preferred brand, \$162 nonpreferred brand. For 90-day mail-order supply, \$10 generic, \$40 preferred brand, \$108 nonpreferred brand. No gap coverage.
Premier Plus	\$42.54	\$0	98	no	no	For 30-day supply, \$0 generic, \$20 preferred brand, \$60 nonpreferred brand. For 90-day pharmacy supply, \$0 generic, \$60 preferred brand, \$180 nonpreferred brand. For 90-day mail-order supply, \$0 generic, \$40 preferred brand, \$120 for nonpreferred job. No gap coverage.
Humana Inc.						PHONE: 1-800-281-6918 WEB SITE: www.humana.com
Standard	\$10.35	\$250	97	no	no	For 30-day and 90-day supplies, 25 percent for all drugs. No gap coverage.
Enhanced	\$20.12	\$0	97	no	no	For 30-day supply, \$0 generic for first \$250 in costs and \$7 generic after that, \$30 preferred brand, \$60 nonpreferred brand and 25 percent for specialty. For 90-day pharmacy supply, \$0 generic for first \$250 in costs and \$21 generic after that, \$90 preferred brand, \$180 nonpreferred brand, 25 percent for specialty. For 90-day mail-order supply, \$0 generic for first \$250 in costs and \$17.40 after that, \$75 preferred brand, \$150 nonpreferred brand. No gap coverage.
Complete	\$61.70	\$0	97	yes	yes	For 30-day supply, \$0 generic for first \$250 in costs and \$7 generic after that, \$30 preferred brand, \$60 nonpreferred brand and 25 percent for specialty. For 90-day pharmacy, \$0 generic for first \$250 in costs and \$21 generic after that, \$90 preferred brand, \$180 nonpreferred brand, 25 percent for specialty. For 90-day mail-order supply, \$0 generic for first \$250 in costs and \$17.40 after that, \$75 preferred brand, \$150 nonpreferred brand. This coverage extends all the way through gap.
PacifiCare Life and Health						PHONE: 1-866-917-2783 WEB SITE: www.prescriptionsolutions.com
Saver	\$19.02	\$0	77	no	no	For 30-day supply, \$7.50 generic, \$22 preferred brand, \$52.30 nonpreferred brand, 33 percent for specialty drugs. For 90-day mail-order supply, \$15 generic, \$44 preferred brand, \$104.60 for nonpreferred brand. No gap coverage.
Select	\$32.35	\$0	86	no	no	For 30-day supply, \$7.50 generic, \$22 preferred brand, \$64.95 nonpreferred brand, 33 percent for specialty drugs. For 90-day mail-order supply, \$15 generic, \$44 preferred brand, \$129.90 for nonpreferred brand. No gap coverage.
Comprehensive	\$36.60	\$0	77	yes	no	For 30-day supply, \$7.50 generic, \$22 preferred brand, \$52.60 nonpreferred brand, 33 percent for specialty drugs. For 90-day mail-order supply, \$15 generic, \$44 preferred brand, \$105.20 for nonpreferred brand. In the gap: \$7.50 for 30-day supply of generics, no brand coverage.
Prescription Pathway (Marquette)						PHONE: 1-800-845-2551 WEB SITE: www.marquettenationallife.com
Silver	\$40.37	\$250	89	no	no	For 30-day supply, \$4 generic, \$29 preferred brand, 25 percent specialty. For 90-day pharmacy and mail-order supply, \$8 generic, \$58 preferred brand, 25 percent specialty. No gap coverage.
Gold	\$51.60	\$0	89	no	no	For 30-day supply, \$4 generic, \$29 preferred brand, 25 percent specialty. For 90-day pharmacy and mail-order supply, \$8 generic, \$58 preferred brand, 25 percent specialty. No gap coverage and gap begins when total costs reach \$2,000 not \$2,250.
Platinum	\$68.17	\$0	97	no	no	For 30-day supply, \$4 generic, \$26 preferred brand, 25 percent specialty. For 90-day pharmacy and mail-order supply, \$8 generic, \$52 preferred brand, 25 percent specialty. No gap coverage and gap begins when total costs reach \$2,000, not \$2,250.
Prescription Pathway (Penn Life)						PHONE: 1-800-765-8900 WEB SITE: www.pennlife.com
Bronze	\$30.94	\$250	89	no	no	For 30-day and 90-day supply, 25 percent for generic, preferred brand and specialty. No gap coverage.
Silver	\$40.29	\$250	89	no	no	For 30-day supply, \$5 generic, \$28 preferred brand, 25 percent specialty. For 90-day pharmacy or mail-order supply, \$10 generic, \$56 preferred brand, 25 percent specialty. No gap coverage.
Gold	\$51.54	\$0	89	no	no	For 30-day supply, \$5 generic, \$28 preferred brand, 25 percent specialty. For 90-day pharmacy or mail-order supply, \$10 generic, \$56 preferred brand, 25 percent specialty. No gap coverage and gap begins when total costs reach \$2,000, not \$2,250.

SilverScript							PHONE: 1-866-552-6106 WEB SITE: www.silverscript.com
SilverScript	\$30.59	\$250	89	no	no	For 34-day supply, \$9 generic, 25 percent for preferred brand, 25 percent for biologics. For 90-day supply, \$27 generic, 25 percent for preferred brand. For 90-day mail-order supply, \$20 generic and \$68 preferred brand. No gap coverage.	
SilverScript Plus	\$59.15	\$100	94	no	no	Copayments not available at press time.	
Sterling Life Insurance							PHONE: 1-888-858-8572 WEB SITE: www.sterlingplans.com
Sterling Prescription Drug Plan	\$55.50	\$100	95	no	no	Copayments not available at press time.	
Unicare Life and Health							PHONE: 1-866-892-5335 WEB SITE: www.unicare.com
Rewards Value	\$26.23	\$250	88	no	no	For 30-day supply, \$5 generic, \$25 preferred brand. For 90-day pharmacy supply, \$15 generic, \$75 preferred brand. For 90-day mail-order supply, \$7.50 generic, \$62.50 preferred brand. No gap coverage.	
Rewards Plus	\$33.87	\$0	88	no	no	For 30-day supply, \$10 generic, \$30 preferred brand. For 90-day pharmacy supply, \$30 generic, \$90 preferred brand. For 90-day mail-order supply, \$15 generic, \$75 preferred brand. No gap coverage.	
Rewards Premier	\$45.18	\$0	96	yes	no	For 30-day supply, \$10 generic, \$30 preferred brand, \$60 nonpreferred brand. For 90-day pharmacy supply, \$30 generic, \$90 preferred brand, \$180 nonpreferred brand. For 90-day mail-order supply, \$15 generic, \$75 preferred brand, \$150 nonpreferred brand. In gap: 30-day generic \$10, 90-day pharmacy generic \$30, 90-day mail-order generic, \$15. No brand coverage in gap.	
United American Insurance							PHONE: 1-866-524-4169 WEB SITE: www.uamedicarepartd.com
UA Medicare Part D	\$33.43	\$0	94	no	no	For 33-day supply, \$9 generic, \$30 preferred brand, \$60 nonpreferred brand, 33 percent specialty. For 90-day supply, \$18 generic, \$60 preferred brand, \$120 nonpreferred band, 33 percent specialty drugs. No gap coverage.	
United HealthCare Insurance							PHONE: AARP: 1-888-867-5564 WEB SITE: www.aarpmedicarerx.com (No phone number or Web site for United Medicare MedAdvance available at press time.)
AARP Medicare Rx Plan	\$26.68	\$0	97	no	no	For 30-day supply, \$5 generic, \$28 preferred brand, \$56 nonpreferred brand, 25 percent high-cost specialty drugs. No gap coverage.	
United Medicare MedAdvance	\$29.33	\$0	97	no	no	No copayment information available at press time.	
Universal Health Care							PHONE: 1-866-690-4842 WEB SITE: www.univhc.com
Masterpiece Rx	\$45.99	\$0	77	no	no	For 30-day supply, \$0 preferred generics, \$10 nonpreferred generics, \$10 preferred brands, \$25 nonpreferred brands, 25 percent for injectibles and specialty drugs. For 90-day pharmacy supply, \$0 preferred generic, \$30 nonpreferred generic, \$30 preferred brand, \$75 nonpreferred brand, 25 percent for injectibles and specialty drugs. For 90-day mail-order supply, \$0 preferred generic, \$20 nonpreferred generic, \$20 preferred brand, \$50 nonpreferred brand, 25 percent for injectibles and specialty drugs. No gap coverage.	
Masterpiece Rx Choice	\$104.89	\$0	77	yes	yes	For 30-day supply, \$0 preferred generics, \$10 nonpreferred generics, \$10 preferred brands, \$25 nonpreferred brands, 25 percent for injectibles and specialty drugs. For 90-day pharmacy supply, \$0 preferred generic, \$30 nonpreferred generic, \$30 preferred brand, \$75 nonpreferred brand, 25 percent for injectibles and specialty drugs. For 90-day mail-order supply, \$0 preferred generic, \$20 nonpreferred generic, \$20 preferred brand, \$50 nonpreferred brand, 25 percent injectibles and specialty drugs. In gap: 50 percent for generic and brands.	
WellCare							PHONE: 1-888-307-5151 WEB SITE: www.wellcarepdp.com
Signature	\$18.70	\$0	87	no	no	For 30-day supply, \$0 generic, \$66 preferred brand, \$66 nonpreferred brand. No gap coverage. For 90-day mail-order supply, \$0 generic, \$198 for preferred brand, \$198 for nonpreferred brands.	
Complete	\$38.44	\$0	84	no	no	For 30-day supply, \$0 generic, \$15 preferred brand. \$50 nonpreferred brand. For 90-day mail-order supply, \$0 generic, \$45 preferred brand, \$150 nonpreferred brand. No gap coverage and gap begins at \$1,850 not \$2,250.	
Premier	\$41.41	\$0	84	no	no	For 30-day supply, \$0 for generic, \$30 preferred brand, \$60 nonpreferred brand. For 90-day mail-order supply, \$0 generic, \$90 preferred brand, \$180 nonpreferred brand. No gap coverage.	
YOURx PLAN							PHONE: 1-800-758-3605 WEB SITE: www.yourxplan.com
Medco Prescription Savings Plan	\$31.81	\$250	94	no	no	For 30-day supply, \$4 generic, \$17 preferred brand and 75 percent for nonpreferred brand. For 90-day pharmacy supply, \$12 generic, \$51 preferred brand and 75 percent nonpreferred brand. For 90-day mail-order supply, \$4 generic, \$34 preferred brand, 75 percent nonpreferred brand. No gap coverage.	