



LIST OF ILLINOIS ALF-INCLUDED MEDICARE PART D 2021 PRESCRIPTION DRUG PLANS

Enrollment Period for Assisted & Supportive Living Facilities

Assisted and Supportive Living residents may only enroll or change PDPs from October 15 to December 7 of each year for the next benefit year.

Enroll by phone or online through the plan's website. After enrolling, please follow up with the plan within 7-10 days to ensure that the application was received and is being processed. If the resident is switching from a commercial prescription plan to a Medicare Part D PDP, the plan may request proof of cancellation from the commercial prescription plan.

Below is a list of the Illinois Medicare Part D Prescription Drug Plans:

PLAN NAME	COMPANY NAME	BENEFIT TYPE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	Additional Coverage in the Gap	CONTRACT ID	PLAN ID
Indy Health Insurance Company	Indy Health EliteRx (PDP)	Enhanced	\$ 43.30	\$ -	No	S3535	007
Indy Health Insurance Company	Indy Health SaverRx (PDP)	Basic	\$ 24.50	\$ 445.00	No	S3535	011
WellCare	WellCare Classic (PDP)	Basic	\$ 25.00	\$ 445.00	No	S4802	087
WellCare	WellCare Value Script (PDP)	Enhanced	\$ 16.70	\$ 445.00	No	S4802	151
WellCare	WellCare Wellness Rx (PDP)	Enhanced	\$ 14.70	\$ 445.00	No	S4802	186
Aetna Medicare	SilverScript Choice (PDP)	Basic	\$ 24.70	\$ 340.00	No	S5601	034
Aetna Medicare	SilverScript Plus (PDP)	Enhanced	\$ 82.40	\$ -	Yes	S5601	035
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced	\$ 7.30	\$ 445.00	No	S5601	192
Cigna	Cigna Secure Rx (PDP)	Basic	\$ 26.80	\$ 445.00	No	S5617	224
Cigna	Cigna Secure-Extra Rx (PDP)	Enhanced	\$ 54.00	\$ 100.00	Yes	S5617	262
Cigna	Cigna Secure-Essential Rx (PDP)	Enhanced	\$ 24.00	\$ 445.00	No	S5617	296
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic	\$ 22.80	\$ 445.00	No	S5660	119
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced	\$ 86.70	\$ 100.00	Yes	S5660	187
Express Scripts Medicare	Express Scripts Medicare - Saver (PDP)	Enhanced	\$ 30.60	\$ 285.00	No	S5660	233
Blue Cross and Blue Shield of Illinois	Blue Cross MedicareRx Value (PDP)	Enhanced	\$ 80.00	\$ 445.00	Yes	S5715	001



LIST OF ILLINOIS ALF-INCLUDED MEDICARE PART D 2021 PRESCRIPTION DRUG PLANS

PLAN NAME	COMPANY NAME	BENEFIT TYPE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	Additional Coverage in the Gap	CONTRACT ID	PLAN ID
Blue Cross and Blue Shield of Illinois	Blue Cross MedicareRx Plus (PDP)	Enhanced	\$ 147.80	\$ -	Yes	S5715	002
Blue Cross and Blue Shield of Illinois	Blue Cross MedicareRx Basic (PDP)	Basic	\$ 61.40	\$ 445.00	No	S5715	012
WellCare	WellCare Medicare Rx Value Plus (PDP)	Enhanced	\$ 77.10	\$ -	No	S5768	140
WellCare	WellCare Medicare Rx Saver (PDP)	Basic	\$ 26.60	\$ 445.00	No	S5810	051
WellCare	WellCare Medicare Rx Select (PDP)	Enhanced	\$ 20.00	\$ 445.00	No	S5810	291
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$ 81.50	\$ -	No	S5820	016
Humana	Humana Basic Rx Plan (PDP)	Basic	\$ 27.00	\$ 445.00	No	S5884	107
Humana	Humana Premier Rx Plan (PDP)	Enhanced	\$ 61.40	\$ 445.00	No	S5884	163
Humana	Humana Walmart Value Rx Plan (PDP)	Enhanced	\$ 17.20	\$ 445.00	No	S5884	196
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$ 23.60	\$ 445.00	No	S5921	362
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced	\$ 32.60	\$ 445.00	No	S5921	398
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Basic	\$ 24.50	\$ 445.00	No	S6946	014
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced	\$ 15.40	\$ 445.00	No	S6946	043
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic	\$ 73.90	\$ 445.00	No	S7126	016
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced	\$ 23.00	\$ 445.00	No	S7126	086
Elixir Insurance	Elixir RxPlus (PDP)	Basic	\$ 26.10	\$ 445.00	No	S7694	017



LIST OF WISCONSIN ALF-INCLUDED MEDICARE PART D 2021 PRESCRIPTION DRUG PLANS

Enrollment Period for Assisted & Supportive Living Facilities

Assisted and Supportive Living residents may only enroll or change PDPs from October 15 to December 7 of each year for the next benefit year.

Enroll by phone or online through the plan's website. After enrolling, please follow up with the plan within 7-10 days to ensure that the application was received and is being processed. If the resident is switching from a commercial prescription plan to a Medicare Part D PDP, the plan may request proof of cancellation from the commercial prescription plan.

Below is a list of the Wisconsin Medicare Part D Prescription Drug Plans:

Plan Name	Company Name	Benefit Type	Monthly Drug Premium	Annual Drug Deductible	Additional Coverage in the Gap	Contract ID	Plan ID
WellCare	WellCare Classic (PDP)	Basic	\$ 33.90	\$ 445.00	No	S4802	097
WellCare	WellCare Value Script (PDP)	Enhanced	\$ 14.80	\$ 445.00	No	S4802	132
WellCare	WellCare Wellness Rx (PDP)	Enhanced	\$ 14.60	\$ 445.00	No	S4802	185
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Standard (PDP)	Basic	\$ 54.90	\$ 320.00	No	S5596	056
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Plus (PDP)	Enhanced	\$ 54.30	\$ -	No	S5596	057
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Enhanced (PDP)	Enhanced	\$ 24.60	\$ 290.00	Yes	S5596	080
Aetna Medicare	SilverScript Choice (PDP)	Basic	\$ 36.00	\$ 205.00	No	S5601	032
Aetna Medicare	SilverScript Plus (PDP)	Enhanced	\$ 52.20	\$ -	Yes	S5601	033
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced	\$ 7.30	\$ 445.00	No	S5601	191
Cigna	Cigna Secure Rx (PDP)	Basic	\$ 32.10	\$ 445.00	No	S5617	223
Cigna	Cigna Secure-Extra Rx (PDP)	Enhanced	\$ 54.60	\$ 100.00	Yes	S5617	261
Cigna	Cigna Secure-Essential Rx (PDP)	Enhanced	\$ 24.00	\$ 445.00	No	S5617	295
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic	\$ 31.60	\$ 445.00	No	S5660	118
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced	\$ 80.80	\$ 100.00	Yes	S5660	186
Express Scripts Medicare	Express Scripts Medicare - Saver (PDP)	Enhanced	\$ 27.50	\$ 285.00	No	S5660	232
WPS Health Insurance	WPS MedicareRx Plan 1 (PDP)	Basic	\$ 79.30	\$ 445.00	No	S5753	006
WPS Health Insurance	WPS MedicareRx Plan 2 (PDP)	Enhanced	\$ 132.30	\$ -	Yes	S5753	007
WellCare	WellCare Medicare Rx Value Plus (PDP)	Enhanced	\$ 76.10	\$ -	No	S5768	139
WellCare	WellCare Medicare Rx Saver (PDP)	Basic	\$ 39.50	\$ 445.00	No	S5810	050
WellCare	WellCare Medicare Rx Select (PDP)	Enhanced	\$ 26.80	\$ 300.00	No	S5810	290



LIST OF WISCONSIN ALF-INCLUDED MEDICARE PART D 2021 PRESCRIPTION DRUG PLANS

Plan Name	Company Name	Benefit Type	Monthly Drug Premium	Annual Drug Deductible	Additional Coverage in the Gap	Contract ID	Plan ID
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$ 92.80	\$ -	No	S5820	015
Humana	Humana Basic Rx Plan (PDP)	Basic	\$ 37.90	\$ 445.00	No	S5884	139
Humana	Humana Premier Rx Plan (PDP)	Enhanced	\$ 63.30	\$ 445.00	No	S5884	162
Humana	Humana Walmart Value Rx Plan (PDP)	Enhanced	\$ 17.20	\$ 445.00	No	S5884	195
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$ 40.00	\$ 445.00	No	S5921	361
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced	\$ 32.00	\$ 445.00	No	S5921	397
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Basic	\$ 29.30	\$ 445.00	No	S6946	013
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced	\$ 13.60	\$ 445.00	No	S6946	042
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic	\$ 86.60	\$ 445.00	No	S7126	015
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced	\$ 24.00	\$ 445.00	No	S7126	085
Elixir Insurance	Elixir RxPlus (PDP)	Basic	\$ 39.10	\$ 445.00	No	S7694	016



LIST OF INDIANA ALF-INCLUDED MEDICARE PART D 2021 PRESCRIPTION DRUG PLANS

Enrollment Period for Assisted & Supportive Living Facilities

Assisted and Supportive Living residents may only enroll or change PDPs from October 15 to December 7 of each year for the next benefit year.

Enroll by phone or online through the plan's website. After enrolling, please follow up with the plan within 7-10 days to ensure that the application was received and is being processed. If the resident is switching from a commercial prescription plan to a Medicare Part D PDP, the plan may request proof of cancellation from the commercial prescription plan.

Below is a list of the Indiana Medicare Part D Prescription Drug Plans:

PLAN NAME	COMPANY NAME	BENEFIT TYPE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	Additional Coverage in the Gap	CONTRACT ID	PLAN ID
WellCare	WellCare Classic (PDP)	Basic	\$ 26.50	\$ 445.00	No	S4802	086
WellCare	WellCare Value Script (PDP)	Enhanced	\$ 17.70	\$ 445.00	No	S4802	150
WellCare	WellCare Wellness Rx (PDP)	Enhanced	\$ 15.80	\$ 445.00	No	S4802	184
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Standard (PDP)	Basic	\$ 57.50	\$ 330.00	No	S5596	017
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Plus (PDP)	Enhanced	\$ 58.70	\$ -	No	S5596	018
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Enhanced (PDP)	Enhanced	\$ 25.30	\$ 300.00	Yes	S5596	074
Aetna Medicare	SilverScript Choice (PDP)	Basic	\$ 26.20	\$ 325.00	No	S5601	030
Aetna Medicare	SilverScript Plus (PDP)	Enhanced	\$ 58.70	\$ -	Yes	S5601	031
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced	\$ 7.30	\$ 445.00	No	S5601	190
Cigna	Cigna Secure Rx (PDP)	Basic	\$ 29.40	\$ 445.00	No	S5617	222
Cigna	Cigna Secure-Extra Rx (PDP)	Enhanced	\$ 48.50	\$ 100.00	Yes	S5617	260
Cigna	Cigna Secure-Essential Rx (PDP)	Enhanced	\$ 23.70	\$ 445.00	No	S5617	294
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic	\$ 26.40	\$ 445.00	No	S5660	117
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced	\$ 78.90	\$ 100.00	Yes	S5660	185
Express Scripts Medicare	Express Scripts Medicare - Saver (PDP)	Enhanced	\$ 22.60	\$ 285.00	No	S5660	231
WellCare	WellCare Medicare Rx Value Plus (PDP)	Enhanced	\$ 73.20	\$ -	No	S5768	138
WellCare	WellCare Medicare Rx Saver (PDP)	Basic	\$ 36.00	\$ 445.00	No	S5810	049
WellCare	WellCare Medicare Rx Select (PDP)	Enhanced	\$ 23.20	\$ 415.00	No	S5810	289
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$ 81.60	\$ -	No	S5820	014
Humana	Humana Basic Rx Plan (PDP)	Basic	\$ 28.50	\$ 445.00	No	S5884	138



LIST OF INDIANA ALF-INCLUDED MEDICARE PART D 2021 PRESCRIPTION DRUG PLANS

PLAN NAME	COMPANY NAME	BENEFIT TYPE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	Additional Coverage in the Gap	CONTRACT ID	PLAN ID
Humana	Humana Premier Rx Plan (PDP)	Enhanced	\$ 61.70	\$ 445.00	No	S5884	161
Humana	Humana Walmart Value Rx Plan (PDP)	Enhanced	\$ 17.20	\$ 445.00	No	S5884	194
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$ 27.70	\$ 445.00	No	S5921	360
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced	\$ 33.10	\$ 445.00	No	S5921	396
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Basic	\$ 27.00	\$ 445.00	No	S6946	012
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced	\$ 15.40	\$ 445.00	No	S6946	041
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic	\$ 68.00	\$ 445.00	No	S7126	014
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced	\$ 23.60	\$ 445.00	No	S7126	084
Elixir Insurance	Elixir RxSecure (PDP)	Basic	\$ 27.80	\$ 445.00	No	S7694	015
Elixir Insurance	Elixir RxPlus (PDP)	Enhanced	\$ 14.30	\$ 445.00	No	S7694	133