



LIST OF ILLINOIS ALF-INCLUDED MEDICARE PART D 2022 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
Aetna Medicare	SilverScript Choice (PDP)	Basic	\$27.10	\$480.00	No	S5601	034
Aetna Medicare	SilverScript Plus (PDP)	Enhanced	\$88.10	\$0.00	Yes	S5601	035
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced	\$6.90	\$480.00	No	S5601	192
Blue Cross and Blue Shield of Illinois	Blue Cross MedicareRx Basic (PDP)	Basic	\$65.20	\$480.00	No	S5715	012
Blue Cross and Blue Shield of Illinois	Blue Cross MedicareRx Choice (PDP)	Enhanced	\$20.20	\$480.00	No	S5715	019
Blue Cross and Blue Shield of Illinois	Blue Cross MedicareRx Value (PDP)	Enhanced	\$85.20	\$480.00	Yes	S5715	001
Cigna	Cigna Essential Rx (PDP)	Enhanced	\$30.60	\$480.00	No	S5617	296
Cigna	Cigna Extra Rx (PDP)	Enhanced	\$61.60	\$100.00	Yes	S5617	262
Cigna	Cigna Secure Rx (PDP)	Basic	\$28.00	\$480.00	No	S5617	224
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced	\$17.70	\$480.00	No	S6946	043
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Basic	\$26.50	\$480.00	No	S6946	014
Elixir Insurance	Elixir RxSecure (PDP)	Basic	\$29.60	\$480.00	No	S7694	017
Humana	Humana Basic Rx Plan (PDP)	Basic	\$29.30	\$480.00	No	S5884	107
Humana	Humana Premier Rx Plan (PDP)	Enhanced	\$73.10	\$480.00	No	S5884	163



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PLAN NAME	COMPANY NAME	BENEFIT TYPE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	Additional Coverage in the Gap	CONTRACT ID	PLAN ID
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic	\$78.20	\$480.00	No	S7126	016
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced	\$34.10	\$480.00	No	S7126	086
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$94.30	\$0.00	No	S5820	016
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$27.40	\$480.00	No	S5921	362
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced	\$27.60	\$310.00	No	S5921	398
Wellcare	Wellcare Classic (PDP)	Basic	\$26.20	\$480.00	No	S4802	087
Wellcare	Wellcare Medicare Rx Value Plus (PDP)	Enhanced	\$68.30	\$0.00	No	S4802	220
Wellcare	Wellcare Value Script (PDP)	Enhanced	\$11.70	\$480.00	No	S4802	151



LIST OF INDIANA ALF-INCLUDED MEDICARE PART D 2022 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
Aetna Medicare	SilverScript Choice (PDP)	Basic	\$28.80	\$480.00	No	S5601	030
Aetna Medicare	SilverScript Plus (PDP)	Enhanced	\$58.80	\$0.00	Yes	S5601	031
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced	\$6.80	\$480.00	No	S5601	190
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Plus (PDP)	Enhanced	\$69.00	\$0.00	No	S5596	018
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Standard (PDP)	Basic	\$54.40	\$350.00	No	S5596	017
Cigna	Cigna Essential Rx (PDP)	Enhanced	\$36.20	\$480.00	No	S5617	294
Cigna	Cigna Extra Rx (PDP)	Enhanced	\$58.10	\$100.00	Yes	S5617	260
Cigna	Cigna Secure Rx (PDP)	Basic	\$29.40	\$480.00	No	S5617	222
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced	\$22.20	\$480.00	No	S6946	041
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Basic	\$27.60	\$480.00	No	S6946	012
Elixir Insurance	Elixir RxPlus (PDP)	Enhanced	\$42.90	\$480.00	No	S7694	133
Elixir Insurance	Elixir RxSecure (PDP)	Basic	\$31.80	\$480.00	No	S7694	015
Humana	Humana Basic Rx Plan (PDP)	Basic	\$31.30	\$480.00	No	S5884	138
Humana	Humana Premier Rx Plan (PDP)	Enhanced	\$73.10	\$480.00	No	S5884	161
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic	\$76.00	\$480.00	No	S7126	014
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced	\$34.90	\$480.00	No	S7126	084
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$92.50	\$0.00	No	S5820	014
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$30.30	\$480.00	No	S5921	360
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced	\$29.30	\$310.00	No	S5921	396
Wellcare	Wellcare Classic (PDP)	Basic	\$27.30	\$480.00	No	S4802	086



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PLAN NAME	COMPANY NAME	BENEFIT TYPE	MONTHLY PREMIUM	ANNUAL DEDUCTIBLE	Additional Coverage in the Gap	CONTRACT ID	PLAN ID
Indiana	Wellcare	Wellcare Value Script (PDP)	Enhanced	\$12.90	\$480.00	No	S4802



LIST OF WISCONSIN ALF-INCLUDED MEDICARE PART D 2022 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
Aetna Medicare	SilverScript Choice (PDP)	Basic	\$35.00	\$480.00	No	S5601	032
Aetna Medicare	SilverScript Plus (PDP)	Enhanced	\$45.00	\$0.00	Yes	S5601	033
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced	\$6.60	\$480.00	No	S5601	191
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Plus (PDP)	Enhanced	\$78.10	\$0.00	No	S5596	057
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Standard (PDP)	Basic	\$49.70	\$405.00	No	S5596	056
Cigna	Cigna Essential Rx (PDP)	Enhanced	\$36.20	\$480.00	No	S5617	295
Cigna	Cigna Extra Rx (PDP)	Enhanced	\$45.20	\$100.00	Yes	S5617	261
Cigna	Cigna Secure Rx (PDP)	Basic	\$40.40	\$480.00	No	S5617	223
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced	\$16.70	\$480.00	No	S6946	042
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Basic	\$35.30	\$480.00	No	S6946	013
Elixir Insurance	Elixir RxSecure (PDP)	Basic	\$42.60	\$480.00	No	S7694	016
Humana	Humana Basic Rx Plan (PDP)	Basic	\$42.40	\$480.00	No	S5884	139
Humana	Humana Premier Rx Plan (PDP)	Enhanced	\$77.80	\$480.00	No	S5884	162
Humana	Humana Walmart Value Rx Plan (PDP)	Enhanced	\$22.70	\$480.00	No	S5884	195
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	Basic	\$92.50	\$480.00	No	S7126	015
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced	\$35.00	\$480.00	No	S7126	085
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$100.80	\$0.00	No	S5820	015
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$41.40	\$480.00	No	S5921	361



LIST OF WISCONSIN ALF-INCLUDED MEDICARE PART D 2022 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 Walgreens (PDP)	Enhanced	\$25.20	\$310.00	No	S5921	397
Wellcare	Wellcare Classic (PDP)	Basic	\$36.30	\$480.00	No	S4802	097
Wellcare	Wellcare Medicare Rx Value Plus (PDP)	Enhanced	\$69.00	\$0.00	No	S4802	219
Wellcare	Wellcare Value Script (PDP)	Enhanced	\$9.80	\$480.00	No	S4802	132
WPS Health Insurance	WPS MedicareRx Plan 1 (PDP)	Basic	\$85.30	\$480.00	No	S5753	006
WPS Health Insurance	WPS MedicareRx Plan 2 (PDP)	Enhanced	\$133.30	\$0.00	Yes	S5753	007