



LIST OF ILLINOIS ALF-INCLUDED MEDICARE PART D 2023 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 | \$28.70 | \$505.00 | No | S5601 | 034 |
| Aetna Medicare | SilverScript Plus (PDP) | Enhanced | \$78.50 | \$0.00 | Yes | S5601 | 035 |
| Aetna Medicare | SilverScript SmartRx (PDP) | Enhanced | \$4.90 | \$505.00 | No | S5601 | 192 |
| Blue Cross and Blue Shield of Illinois | Blue Cross MedicareRx Basic (PDP) | Basic | \$48.60 | \$505.00 | No | S5715 | 012 |
| Blue Cross and Blue Shield of Illinois | Blue Cross MedicareRx Choice (PDP) | Enhanced | \$17.80 | \$505.00 | No | S5715 | 019 |
| Blue Cross and Blue Shield of Illinois | Blue Cross MedicareRx Value (PDP) | Enhanced | \$93.70 | \$505.00 | Yes | S5715 | 001 |
| Cigna | Cigna Extra Rx (PDP) | Enhanced | \$65.40 | \$100.00 | No | S5617 | 296 |
| Cigna | Cigna Saver Rx (PDP) | Enhanced | \$12.10 | \$505.00 | Yes | S5617 | 262 |
| Cigna | Cigna Secure Rx (PDP) | Basic | \$26.40 | \$505.00 | No | S5617 | 224 |
| Clear Spring Health | Clear Spring Health Premier Rx (PDP) | Enhanced | \$18.50 | \$505.00 | No | S6946 | 043 |
| Clear Spring Health | Clear Spring Health Value Rx (PDP) | Basic | \$23.70 | \$505.00 | No | S6946 | 014 |
| Elixir Insurance | Elixir RxSecure (PDP) | Basic | \$29.10 | \$505.00 | No | S7694 | 017 |
| Humana | Humana Basic Rx Plan (PDP) | Basic | \$28.80 | \$505.00 | No | S5884 | 107 |
| Humana | Humana Premier Rx Plan (PDP) | Enhanced | \$77.30 | \$300.00 | No | S5884 | 163 |



LIST OF ILLINOIS ALF-INCLUDED MEDICARE PART D 2023 PRESCRIPTION DRUG PLANS

| 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 Essential (PDP) | Enhanced | \$18.40 | \$505.00 | No | S7126 | 119 |
| Mutual of Omaha Rx | Mutual of Omaha Rx Plus (PDP) | Basic | \$84.10 | \$505.00 | No | S7126 | 016 |
| Mutual of Omaha Rx | Mutual of Omaha Rx Premier (PDP) | Enhanced | \$60.80 | \$505.00 | No | S7126 | 086 |
| UnitedHealthcare | AARP MedicareRx Preferred (PDP) | Enhanced | \$103.90 | \$0.00 | No | S5820 | 016 |
| UnitedHealthcare | AARP MedicareRx Saver Plus (PDP) | Basic | \$26.20 | \$505.00 | No | S5921 | 362 |
| UnitedHealthcare | AARP MedicareRx Walgreens (PDP) | Enhanced | \$24.30 | \$350.00 | No | S5921 | 398 |
| Wellcare | Wellcare Classic (PDP) | Basic | \$26.90 | \$505.00 | No | S4802 | 087 |
| Wellcare | Wellcare Medicare Rx Value Plus (PDP) | Enhanced | \$71.40 | \$0.00 | No | S4802 | 220 |
| Wellcare | Wellcare Value Script (PDP) | Enhanced | \$8.10 | \$505.00 | No | S4802 | 151 |