

2018 New York State Medicare Part D Stand-Alone Prescription Drug Plans

Notes: Data are subject to change as contracts are finalized. For 2018, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.

Plan Name	Benefit Type	\$0 Premium with Full Low-Income Subsidy?	Drug Premium/Mo. (No Extra Help)	Annual Drug Deductible	Additional Drug Coverage Offered in the Gap	Contract ID	Plan ID	\$ Change from 2017
AARP MedicareRx Preferred (PDP)	Enhanced		\$91.10	\$0.00	Yes	S5805	001	\$ 10.60
AARP MedicareRx Saver Plus (PDP)	Basic		\$55.40	\$405.00	No	S5921	379	\$ 7.20
AARP MedicareRx Walgreens (PDP)	Enhanced		\$26.80	\$405.00	No	S5921	382	\$ 4.30
Aetna Medicare Rx Saver (PDP)	Basic	X	\$38.60	\$300.00	No	S5810	037	\$ (2.20)
Aetna Medicare Rx Select (PDP)	Enhanced		\$17.70	\$405.00	Yes	S5810	277	NEW
Cigna-HealthSpring Rx Secure (PDP)	Basic	X	\$39.00	\$405.00	No	S5617	013	\$ 2.00
Cigna-HealthSpring Rx Secure-Extra (PDP)	Enhanced		\$62.00	\$0.00	Yes	S5617	248	\$ 18.40
EnvisionRxPlus (PDP)	Basic	X	\$12.60	\$300.00	No	S7694	003	\$ (2.00)
Express Scripts Medicare - Choice (PDP)	Enhanced		\$91.20	\$350.00	Yes	S5983	006	\$ 7.80
Express Scripts Medicare - Saver (PDP)	Enhanced		\$22.60	\$405.00	No	S5983	007	NEW
Express Scripts Medicare - Value (PDP)	Basic	X	\$35.00	\$405.00	No	S5983	004	\$ (3.40)
First Health Part D Value Plus (PDP)	Enhanced		\$56.30	\$0.00	Yes	S5768	200	\$ 12.60
First Health Part D Value Plus	Enhanced		\$43.70	\$0.00	Yes	S5768	200	CLOSED
Humana Enhanced (PDP)	Enhanced		\$80.50	\$0.00	Yes	S5552	003	\$ 11.70
Humana Preferred Rx Plan (PDP)	Basic	X	\$38.60	\$405.00	No	S5552	004	\$ 2.20
Humana Walmart Rx Plan (PDP)	Enhanced		\$20.40	\$405.00	No	S5552	005	\$ 3.40
Magellan Rx Medicare Basic (PDP)	Basic	X	\$38.10	\$405.00	No	S4607	002	\$ (0.70)
SilverScript Choice (PDP)	Basic	X	\$29.80	\$0.00	No	S5601	006	\$ (1.00)
SilverScript Plus (PDP)	Enhanced		\$72.00	\$0.00	Yes	S5601	007	\$ (3.70)
WellCare Classic (PDP)	Basic	X	\$38.10	\$405.00	No	S4802	077	\$ 1.80
WellCare Extra (PDP)	Enhanced		\$80.20	\$0.00	No	S4802	100	\$ 12.10

