

**2022 NYS Medicare Part D Benchmark<sup>1</sup> Prescription Drug Plans (PDP), with Changes from 2021  
FOUR Plans with FREE PREMIUMS for People with FULL Extra Help**

	COMPANY	Plan Name	Change from 2021 to 2022	2022 Premium (without Extra Help)	Tel.	Members 2021
1	CIGNA	<b>Cigna Secure RX (formerly: Cigna HealthSpring)</b>	Remains benchmark	<b>\$40.80</b>	(800) 735-1459	69,317
2	Humana	<b>Humana Basic Rx Plan (PDP)</b>	Remains benchmark	<b>\$40.50</b>	(800) 281-6918	45,210
3	Aetna (formerly SilverScript)	<b>SilverScript Choice (PDP)</b>	Remains benchmark	<b>\$39.30</b>	(866) 552-6106	204,342
4	WellCare	<b>WellCare Classic (PDP)</b>	Remains benchmark	<b>\$36.20</b>	(866) 765-4390	46,941
<b>2021 Benchmark Plans That are No Longer Benchmark Plans in 2022</b>						
1	Wellcare	<b>WellCare Medicare Saver Rx (PDP)</b>	Plan no longer offered. All members should be assigned to Wellcare Classic, a benchmark plan.			26,982
2	Express Scripts Medicare	<b>Express Scripts Medicare - Value (PDP)</b>	Express Scripts Part D plans are changing to CIGNA. Members of this plan will be assigned to Cigna Secure RX plan, also a benchmark plan.			66,128
3	Elixir (Formerly EnvisionRx)	<b>Elixir RxSecure</b>	No longer a benchmark plan. 2022 Premium (basic) is \$44.90. Those with Extra Help: <ul style="list-style-type: none"> <li>Those who were assigned to this plan (“Non-choosers”) receive <a href="#">BLUE Notice No. 11209</a> in October that they will be randomly reassigned to a benchmark plan unless they choose another plan or choose to stay and pay the \$2.50/mo. premium above the “benchmark” (unless they have EPIC which should pay it). In December they receive 2<sup>nd</sup> notice<sup>2</sup></li> <li>If they <i>CHOSE</i> the plan, they get a <a href="#">TAN Chooser Notice #11267</a> saying they will be charged the \$2.50 premium unless they change plans, but won't be reassigned if they don't.</li> </ul>			28,446
<b>2021 Plans that are CLOSING in 2021 – Neither was a Benchmark Plan<sup>3</sup></b>						
1-2	EmblemHealth Medicare PDP	1. EmblemHealth VIP Rx 2. EmblemHealth VIP Rx Plus	BOTH PLANS CLOSING - Those with Extra Help will receive Reassignment notice for Plan Terminations in October- <a href="#">BLUE notice No. 11208</a> - that they will be RANDOMLY reassigned for 2022 if they do not select a plan. In December they receive a 2 <sup>nd</sup> notice. <sup>2</sup>			3,485

<sup>1</sup> **2022 Benchmark Premium = \$42.43** - Benchmark plans are BASIC plans with premiums below the benchmark premium – and are free for people with Full Extra Help. There are “enhanced plans” with premiums below the benchmark but premium for Extra Help members may not be \$0. See complete PDP plan list. Anyone with Extra Help is randomly assigned to benchmark plans if they don't select any plan. It is ALWAYS better to CHOOSE the best plan based on your drugs than be randomly assigned.

<sup>2</sup> December – 2<sup>nd</sup> [BLUE notice No. 11496](#) (for those whose plan closed) or [11475](#) (for those whose premium increased) – Sent to those with Extra Help listing which drugs they took from Jan – Aug 2021 are covered by new randomly assigned plan. May change plans 12/8 – 2/28/22 with SEP for closing plans, or til 12/31/ for those whose premium went up. Also have Extra Help SEP once in Q1 in 2022.

<sup>3</sup> **Members of closing plans who do NOT have Extra Help** also receive notice from the plan in Oct. and CMS in November (Notice [# 11438](#)) stating that plan is closing and that they need to pick a different plan for 2022, but they are **not reassigned to a plan** if they do not pick one. If they do not choose a new plan to start Jan. 1, 2022, they receive a CMS Non-Renewal Action [Notice No. 11452](#) in January reminding them that they have a Special Enrollment Period ending February 28, 2022 to join a plan.

All CMS Consumer notices at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf>