Company Name	United Healthcare		Rx America		Coventry AdvantraRx			Health Net	
Phone #	MedAdvance 1-888-556-6657 AARP 1-888-867-5564		1-877-279-0370		1-800-882-3822			1-800-547-8734	
Website	www.unitedmedicaremedadvance.com www.AARPmedicareRx.com		www.Rxamerica.com		www.advantrarx.com			www.healthnet.com	
Prescription Drug Plan Name	**AARP MedicareRx Plan**	**United Medicare MedAdvance**	**Advantage Freedom Plan**	**Advantage Star Plan**	**AdvantraRx Premier**	**AdvantraRx Premier Plus**	**AdvantraRx Value**	**Health Net Orange**	**Health Net Orange**
Premium	$23.69	$27	$34.19	$31.52	$29.74	$42.89	$19.35	$20.03	$24.26
Deductible	$0	$0	$250	$250	$0	$0	$0	$0	$0
Co-pays	$5-$56	$10-54	N/A	N/A	$5-51	$0-55	$10-40	$5-35	$5-59
Co-Insurance	25%	25%	25%	25%	N/A	0%	N/A	25%	25%
Help During Coverage Gap	No	No	No	No	No	No	No	No	No
My Medications	Place a check mark (✓) in the box if your medication is covered by the above plans.								

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Company Name	Aetna Medicare			Blue Cross & Blue Shield of RI			CIGNA HealthCare		
Phone #	1-800-445-1796			1-877-479-2227			1-800-735-1459		
Website	www.aetnamedicare.com			www.anthemprescription.com			www.cignature-rx.com		
Prescription Drug Plan Name	**Aetna Medicare Rx Essentials**	**Aetna Medicare Rx Plus**	**Aetna Medicare Rx Premier**	**Blue MedicareRx-Option 1**	**Blue MedicareRx-Option 2**	**Blue MedicareRx-Option 3**	**Cignature Rx Complete Plan**	**Cignature Rx Plus Plan**	**Cignature Rx Value Plan**
Premium	$37.61	$49	$65.58	$28.64	$37.15	$50.33	$50.57	$42.00	$36.78
Deductible	$250	$0	$0	$0	$0	$0	$0	$0	$250
Co-pays	$5-25	$7-35	$2-40	$10-52	$8-48	$8-40	$5-50	$5-50	$4-40
Co-Insurance	N/A	N/A	N/A	25%	25%	25%	N/A	N/A	N/A
Help During Coverage Gap	No	Generics Only	Generics Only	No	No	Generics Only	Generics Only	No	No
My Medications	Place a check mark (✓) in the box if your medication is covered by the above plans.								

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Company Name	MemberHealth			Humana, Inc			Unicare		
Phone #	1-866-684-5353			1-800-281-6918			1-866-892-5335		
Website	www.communitycarerx.com			www.humana.com			www.unicare.com		
Prescription Drug Plan Name	**Community Care Rx BASIC**	**Community Care Rx CHOICE**	**Community Care Rx GOLD**	**Humana PDP Complete**	**Humana PDP Enhanced**	**Humana PDP Standard**	**Medicare Rx Rewards**	**Medicare Rx Rewards Plus**	**Medicare Rx Rewards Premier**
Premium	$31.49	$39.57	$43.43	$55.08	$13.92	$7.32	$18.85	$27.35	$36.43
Deductible	$250	$250	$100	$0	$0	$250	$250	$0	$0
Co-pays	N/A	$4-40	$4-50	$0-60	$0-60	N/A	$5-25	$10-30	$10-60
Co-Insurance	25-45%	N/A	N/A	25%	25%	25%	25%	25%	30%
Help During Coverage Gap	No	No	No	Generic and Brand	No	No	No	No	Generics Only
My Medications	Place a check mark (✓) in the box if your medication is covered by the above plans.								

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Company Name	PacifiCare Life & Health Insurance			Pennsylvania Life Insurance			American Progressive Life & Health Insurance Co of NY		
Phone #	1-800-943-0399			1-800-765-8900			1-800-825-8200		
Website	www.prescriptionsolutions.com			www.RxPathway.com			www.RxPathway.com		
Prescription Drug Plan Name	**PacifiCare Comprehen-sive Plan**	**PacifiCare Saver Plan**	**PacifiCare Select Plan**	**Prescription Pathway Bronze**	**Prescription Pathway Gold**	**Prescription Pathway Silver**	**Prescription Pathway Gold**	**Prescription Pathway Platinum**	**Prescription Pathway Silver**
Premium	$39.11	$22.04	$34.95	$26.23	$47.64	$35.67	$47.64	$64.26	$35.65
Deductible	$0	$0	$0	$250	$0	$250	$0	$0	$250
Co-pays	$7.50-52.60	$7.50-52.25	$7.50-64.50	N/A	$5-28	$5-28	$6-27	$6-40	$6-27
Co-Insurance	33%	33%	33%	25%	25%	25%	25%	25%	25%
Help During Coverage Gap	Generics Only	No	No	No	No	No	No	No	No
My Medications	Place a check mark (✓) in the box if your medication is covered by the above plans.								

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Company Name	SilverScript		Sterling PDP	United American Insurance	WellCare			Medco Health Solutions, Inc
Phone #	1-866-552-6106		1-888-858-8572	1-866-524-4169	1-888-423-5353			1-800-758-3605
Website	www.silverscript.com		www.sterlingplans.com	www.unitedamerican.com	www.wellcarepdp.com			www.yourxplan.com
Prescription Drug Plan Name	**Silver Script**	**Silver Script Plus**	**Sterling Prescription Drug Plan**	**UA Medicare Part D Prescription Drug Coverage**	**WellCare Complete**	**WellCare Premier**	**WellCare Signature**	**YOURx Plan**
Premium	$24.67	$51.84	$56.30	$32.59	$38.61	$41.25	$20.59	$30.47
Deductible	$250	$100	$100	$0	$0	$0	$0	$250
Co-pays	$8	$8-60	$10-25	$9-60	$0-50	$0-60	$0-70	$4-17
Co-Insurance	25%	25%	25-45%	33%	30%	30%	32%	25-75%
Help During Coverage Gap	No	No	No	No	No	No	No	No
My Medications	Place a check mark (✓) in the box if your medication is covered by the above plans.							

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