

# 2012 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Data as of October 12, 2011.

| Company Name   | Plan Name   | Benefit Type | \$0 Premium with PAAD, Medicaid or Low-Income Subsidy | Monthly Drug Premium | Annual Drug Deductible | Type of Extra Coverage Offered in the Gap | Contract ID | Plan ID | Plan's Overall Performance Star Rating * |
|--|---|--------------|---|----------------------|------------------------|---|-------------|---------|--|
| UnitedHealthcare<br>1-800-745-0922<br>aarpmedicareRx.com<br>1-888-867-5564 | <b>AARP MedicareRx Preferred</b>  | Basic        |   | \$38.60              | \$0                    | No Gap Coverage                           | S5820       | 003     | 3  |
|  | <b>AARP MedicareRx Enhanced</b>   | Enhanced     |   | \$90.10              | \$0                    | Some Generics                             | S5921       | 293     | 3  |
| Aetna Medicare<br>1-800-213-4599<br>aetnamedicare.com                      | <b>Aetna CVS Pharmacy Prescription Drug Plan</b><br><i>(formerly called "Essentials")</i> | Basic        | •   | \$26.00              | \$320                  | No Gap Coverage                           | S5810       | 038     | 2.5                                      |
|  | <b>Aetna Medicare Rx Premier</b>  | Enhanced     |   | \$89.90              | \$0                    | Many Generics                             | S5810       | 174     | 2.5                                      |
| Bravo Health<br>1-800-723-9209<br>mybravohealth.com                        | <b>Bravo Rx</b>   | Basic        | •   | \$37.30              | \$320                  | No Gap Coverage                           | S5998       | 003     | 2.5                                      |
| CIGNA Medicare Rx<br>1-800-735-1459<br>cignamedicareRx.com                 | <b>CIGNA Medicare Rx Plan One</b>   | Basic        |   | \$44.10              | \$320                  | No Gap Coverage                           | S5617       | 018     | 2.5                                      |
| Pennsylvania Life<br>1-866-684-5353<br>communityccrx.com                   | <b>Community CCRx Basic</b>   | Basic        |   | \$42.40              | \$320                  | No Gap Coverage                           | S5803       | 073     | 3  |
|  | <b>Community CCRx Choice</b>  | Enhanced     |   | \$80.00              | \$0                    | No Gap Coverage                           | S5803       | 141     | 3  |

Plans in yellow have \$0 premium for those with NJ PAAD, Medicaid or Low Income Subsidy. Referred to as "benchmark" plans.

\* Plan's Overall Performance Star Rating provided by Medicare and based on 1 to 5 stars, with 5 highest rating

For assistance in choosing a Medicare Part D Drug Plan contact the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or call 1-800-MEDICARE.

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|---|--|--------------|---|----------------------|------------------------|---|-------------|---------|--|
| SilverScript Insurance<br>1-866-552-6106<br>silverscript.com              | <b>CVS Caremark Value</b>                        | Basic        | •   | \$34.20              | \$320                  | No Gap Coverage                           | S5601       | 008     | 3  |
|   | <b>CVS Caremark Plus</b>                         | Enhanced     |   | \$75.00              | \$0                    | No Gap Coverage                           | S5601       | 009     | 3  |
| EnvisionRx Plus<br>1-866-250-2005<br>envisionrxplus.com                   | <b>EnvisionRxPlus Silver</b>                     | Basic        | •   | \$34.80              | \$320                  | No Gap Coverage                           | S7694       | 004     | 2.5                                      |
|   | <b>Rite Aid EnvisionRxPlus</b>                   | Enhanced     |   | \$65.10              | \$0                    | Some Generics                             | S7694       | 075     | 2.5                                      |
| First Health Part D<br>1-800-588-3322<br>firsthealthpartd.com             | <b>First Health Part D Value Plus</b>            | Enhanced     |   | \$27.50              | \$0                    | No Gap Coverage                           | S5768       | 127     | 2.5                                      |
|   | <b>First Health Part D Premier</b>               | Basic        | •   | \$33.90              | \$250                  | No Gap Coverage                           | S5768       | 007     | 2.5                                      |
|   | <b>First Health Part D Premier Plus</b>          | Enhanced     |   | \$92.60              | \$0                    | Some Generics and Some Brands             | S5674       | 017     | 3  |
| Health Net<br>1-800-606-3604<br>healthnet.com                             | <b>Health Net Orange Option 1</b>                | Basic        |   | \$56.10              | \$320                  | No Gap Coverage                           | S5678       | 005     | 3  |
|   | <b>Health Net Value Orange Option 2</b>          | Enhanced     |   | \$96.50              | \$0                    | No Gap Coverage                           | S5678       | 011     | 3  |
| HealthSpring<br>1-800-331-6293<br>healthspring.com                        | <b>HealthSpring Prescription Drug Plan-Reg 4</b> | Basic        |   | \$43.00              | \$320                  | No Gap Coverage                           | S5932       | 005     | 2.5                                      |
| Horizon Blue Cross Blue Shield of NJ<br>1-800-224-1234<br>horizonblue.com | <b>Horizon Medicare Blue Rx Standard</b>         | Basic        |   | \$50.60              | \$320                  | No Gap Coverage                           | S5993       | 001     | 3.5                                      |
|   | <b>Horizon Medicare Blue Rx Enhanced</b>         | Enhanced     |   | \$88.30              | \$0                    | Many Generics                             | S5993       | 003     | 3.5                                      |

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|--|---|--------------|---|----------------------|------------------------|---|-------------|---------|--|
| Humana Insurance<br>1-800-706-0872<br>humana-medicare.com                  | <b>Humana Walmart-Preferred Rx Plan</b>         | Basic        | ●   | \$15.10              | \$320                  | No Gap Coverage                           | S5884       | 131     | 3  |
|  | <b>Humana PDP Enhanced</b>                      | Enhanced     |   | \$39.20              | \$0                    | No Gap Coverage                           | S5884       | 062     | 3  |
|  | <b>Humana PDP Complete</b>                      | Enhanced     |   | \$112.90             | \$0                    | Many Generics<br>Some Brands              | S5884       | 032     | 3  |
| Medco Medicare Prescription Plan<br>1-800-758-3605<br>medcomedicare.com    | <b>Medco Medicare Prescription Plan - Value</b> | Basic        | ●   | \$34.40              | \$320                  | No Gap Coverage                           | S5660       | 106     | 4  |
| UniCare<br>(a WellPoint Company)<br>1-866-892-5335<br>medicarexrewards.com | <b>MedicareRx Rewards Standard</b>              | Basic        |   | \$58.20              | \$320                  | No Gap Coverage                           | S5960       | 110     | 2  |
|  | <b>MedicareRx Rewards Plus</b>                  | Enhanced     |   | \$99.60              | \$0                    | Some Generics                             | S5960       | 142     | 2  |
| United American Insurance Co.<br>1-866-299-3406<br>uamedicarepartd.com     | <b>United American - Select</b>                 | Basic        | ●   | \$34.90              | \$320                  | No Gap Coverage                           | S5755       | 075     | 2.5                                      |
|  | <b>United American - Preferred</b>              | Enhanced     |   | \$48.90              | \$130                  | No Gap Coverage                           | S5755       | 007     | 2.5                                      |
| WellCare<br>1-888-423-5252<br>wellcarepdp.com                              | <b>WellCare Classic</b>                         | Basic        | ●   | \$37.40              | \$0                    | No Gap Coverage                           | S5967       | 141     | 3.5                                      |
|  | <b>WellCare Signature</b>                       | Enhanced     |   | \$67.50              | \$0                    | No Gap Coverage                           | S5967       | 038     | 3.5                                      |

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