

2016 Kidney Health Care Prescription Drug Plan (PDP) Premium Payment Factsheet

The factsheets for the prescription drug plans (PDP) are in alphabetical order in this document, and you can use the links to the S Plan numbers listed on this page.

The Centers for Medicare and Medicaid Services (CMS) state benchmark is \$28.05. Subsidy amount (CMS Pays column) for providers is based on the \$28.05 benchmark rounded to \$28.10.

Sorted by Name	
Aetna Medicare	S5810
Cigna-HealthSpring Rx	S5617
EnvisionRx Plus	S7694
Express Scripts Medicare	S5660
First Health Part D	S5768
HISC-Blue Cross Blue Shield of TX	S5715
Humana Insurance Company	S5884
SilverScript	S5601
Symphonix Health	S0522
United American Insurance Co.	S5755
United Healthcare	S5820
United Healthcare	S5921
WellCare	S4802
WellCare	S5967

Links sorted by Number	
S0522	Symphonix Health
S4802	WellCare
S5601	SilverScript
S5617	Cigna-HealthSpring Rx
S5660	Express Scripts Medicare
S5715	HISC-Blue Cross Blue Shield of TX
S5755	United American Insurance Co.
S5768	First Health Part D
S5810	Aetna Medicare
S5820	United Healthcare
S5884	Humana Insurance Company
S5921	United Healthcare
S5967	WellCare
S7694	EnvisionRx Plus

Aetna Medicare

State Benchmark \$28.05

\$5810

Rounded Plan# 056

Base Cost \$24.20

Premium Price \$24.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Saver Basic	100%	\$24.20	\$0.00	\$0.00	\$24.20
	75%	\$18.20	\$0.00	\$6.00	\$24.20
	50%	\$12.10	\$0.00	\$12.10	\$24.20
	25%	\$6.10	\$0.00	\$18.10	\$24.20
	0%	\$0.00	\$0.00	\$24.20	\$24.20

Late Enrollment Penalty (LEP) not covered by KHC.

Cigna-HealthSpring Rx

State Benchmark \$28.05

\$5617

Rounded Plan# 108

Base Cost \$29.90

Premium Price

\$29.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
	100%	\$28.10	\$0.00	\$0.00	\$29.90
	75%	\$21.00	\$0.00	\$8.90	\$29.90
	50%	\$14.00	\$0.00	\$15.90	\$29.90
	25%	\$7.00	\$0.00	\$22.90	\$29.90
	0%	\$0.00	\$0.00	\$29.90	\$29.90

Rounded Plan# 267

Base Cost \$53.80

Premium Price

\$62.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure-Extra Enhanced	100%	\$28.10	\$27.90	\$6.90	\$62.90
	75%	\$21.00	\$27.90	\$14.00	\$62.90
	50%	\$14.00	\$27.90	\$21.00	\$62.90
	25%	\$7.00	\$27.90	\$28.00	\$62.90
	0%	\$0.00	\$27.90	\$35.00	\$62.90

Late Enrollment Penalty (LEP) not covered by KHC.

Envision Rx Plus

State Benchmark \$28.05

\$7694

Rounded Plan# 022

Base Cost \$31.20

Premium Price \$31.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Silver Basic	100%	\$28.10	\$0.00	\$3.10	\$31.20
	75%	\$21.00	\$0.00	\$10.20	\$31.20
	50%	\$14.00	\$0.00	\$17.20	\$31.20
	25%	\$7.00	\$0.00	\$24.20	\$31.20
	0%	\$0.00	\$0.00	\$31.20	\$31.20

Late Enrollment Penalty (LEP) not covered by KHC.

Express Scripts Medicare

State Benchmark \$28.05

\$5660

Rounded Plan# 124

Base Cost \$36.60

Premium Price \$36.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Basic	100%	\$28.10	\$1.60	\$6.90	\$36.60
	75%	\$21.00	\$1.60	\$14.00	\$36.60
	50%	\$14.00	\$1.60	\$21.00	\$36.60
	25%	\$7.00	\$1.60	\$28.00	\$36.60
	0%	\$0.00	\$1.60	\$35.00	\$36.60

Rounded Plan# 192

Base Cost \$82.80

Premium Price \$104.30

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Choice Enhanced	100%	\$28.10	\$69.30	\$6.90	\$104.30
	75%	\$21.00	\$69.30	\$14.00	\$104.30
	50%	\$14.00	\$69.30	\$21.00	\$104.30
	25%	\$7.00	\$69.30	\$28.00	\$104.30
	0%	\$0.00	\$69.30	\$35.00	\$104.30

Late Enrollment Penalty (LEP) not covered by KHC.

First Health Part D

State Benchmark \$28.05

\$5768

Rounded Plan# 145

Base Cost \$25.60

Premium Price \$36.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Plus Enhanced	100%	\$25.60	\$1.50	\$9.40	\$36.50
	75%	\$19.20	\$1.50	\$15.80	\$36.50
	50%	\$12.80	\$1.50	\$22.20	\$36.50
	25%	\$6.40	\$1.50	\$28.60	\$36.50
	0%	\$0.00	\$1.50	\$35.00	\$36.50

Rounded Plan# 179

Base Cost \$38.40

Premium Price \$76.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Premier Plus Enhanced	100%	\$28.10	\$41.80	\$6.90	\$76.80
	75%	\$21.00	\$41.80	\$14.00	\$76.80
	50%	\$14.00	\$41.80	\$21.00	\$76.80
	25%	\$7.00	\$41.80	\$28.00	\$76.80
	0%	\$0.00	\$41.80	\$35.00	\$76.80

Late Enrollment Penalty (LEP) not covered by KHC.

HISC-Blue Cross Blue Shield of Texas**S5715**

State Benchmark \$28.05

Rounded Plan# 005

Base Cost \$59.70

Premium Price \$63.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Enhanced	100%	\$28.10	\$28.20	\$6.90	\$63.20
	75%	\$21.00	\$28.20	\$14.00	\$63.20
	50%	\$14.00	\$28.20	\$21.00	\$63.20
	25%	\$7.00	\$28.20	\$28.00	\$63.20
	0%	\$0.00	\$28.20	\$35.00	\$63.20

Rounded Plan# 006

Base Cost \$85.70

Premium Price \$163.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Plus Enhanced	100%	\$28.10	\$128.00	\$6.90	\$163.00
	75%	\$21.00	\$128.00	\$14.00	\$163.00
	50%	\$14.00	\$128.00	\$21.00	\$163.00
	25%	\$7.00	\$128.00	\$28.00	\$163.00
	0%	\$0.00	\$128.00	\$35.00	\$163.00

Rounded Plan# 014

Base Cost \$29.60

Premium Price \$29.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Basic	100%	\$28.10	\$0.00	\$0.00	\$29.60
	75%	\$21.00	\$0.00	\$8.60	\$29.60
	50%	\$14.00	\$0.00	\$15.60	\$29.60
	25%	\$7.00	\$0.00	\$22.60	\$29.60
	0%	\$0.00	\$0.00	\$29.60	\$29.60

Late Enrollment Penalty (LEP) not covered by KHC.

Humana Insurance Company

\$5884

State Benchmark \$28.10

Rounded Plan# 20

Base Cost \$51.90

Premium Price \$65.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Enhanced	100%	\$28.10	\$30.90	\$6.90	\$65.90
	75%	\$21.00	\$30.90	\$14.00	\$65.90
	50%	\$14.00	\$30.90	\$21.00	\$65.90
	25%	\$7.00	\$30.90	\$28.00	\$65.90
	0%	\$0.00	\$30.90	\$35.00	\$65.90

Rounded Plan# 143

Base Cost \$26.20

Premium Price \$26.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Preferred Rx Plan Basic	100%	\$26.20	\$0.00	\$0.00	\$26.20
	75%	\$19.70	\$0.00	\$6.50	\$26.20
	50%	\$13.10	\$0.00	\$13.10	\$26.20
	25%	\$6.60	\$0.00	\$19.60	\$26.20
	0%	\$0.00	\$0.00	\$26.20	\$26.20

Rounded Plan# 168

Base Cost \$8.10

Premium Price \$18.40

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Walmart Rx Plan Enhanced	100%	\$8.10	\$0.00	\$10.30	\$18.40
	75%	\$6.10	\$0.00	\$12.30	\$18.40
	50%	\$4.10	\$0.00	\$14.30	\$18.40
	25%	\$2.00	\$0.00	\$16.40	\$18.40
	0%	\$0.00	\$0.00	\$18.40	\$18.40

Late Enrollment Penalty (LEP) not covered by KHC.

SilverScript

State Benchmark \$28.05

\$5601

Rounded Plan# 044

Base Cost \$22.90

Premium Price \$22.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Choice Basic	100%	\$22.90	\$0.00	\$0.00	\$22.90
	75%	\$17.20	\$0.00	\$5.70	\$22.90
	50%	\$11.50	\$0.00	\$11.40	\$22.90
	25%	\$5.70	\$0.00	\$17.20	\$22.90
	0%	\$0.00	\$0.00	\$22.90	\$22.90

Rounded Plan# 045

Base Cost \$37.50

Premium Price \$78.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Plus Enhanced	100%	\$28.10	\$43.50	\$6.90	\$78.50
	75%	\$21.00	\$43.50	\$14.00	\$78.50
	50%	\$14.00	\$43.50	\$21.00	\$78.50
	25%	\$7.00	\$43.50	\$28.00	\$78.50
	0%	\$0.00	\$43.50	\$35.00	\$78.50

Late Enrollment Penalty (LEP) not covered by KHC.

Symphonix Health

State Benchmark \$28.05

S0522

Rounded Plan#	39	Base Cost	\$26.40	Premium Price	\$26.40
Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Rx Basic	100%	\$26.40	\$0.00	\$0.00	\$26.40
	75%	\$19.80	\$0.00	\$6.60	\$26.40
	50%	\$13.20	\$0.00	\$13.20	\$26.40
	25%	\$6.60	\$0.00	\$19.80	\$26.40
	0%	\$0.00	\$0.00	\$26.40	\$26.40

Rounded Plan#	69	Base Cost	\$32.90	Premium Price	\$36.90
Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
PrimeSaver Rx Enhanced	100%	\$28.10	\$1.90	\$6.90	\$36.90
	75%	\$21.00	\$1.90	\$14.00	\$36.90
	50%	\$14.00	\$1.90	\$21.00	\$36.90
	25%	\$7.00	\$1.90	\$28.00	\$36.90
	0%	\$0.00	\$1.90	\$35.00	\$36.90

Late Enrollment Penalty (LEP) not covered by KHC.

United American Insurance Co.**S5755**

State Benchmark \$28.05

Rounded Plan# 025

Base Cost \$73.30

Premium Price \$85.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Enhanced	100%	\$28.10	\$50.10	\$6.90	\$85.10
	75%	\$21.00	\$50.10	\$14.00	\$85.10
	50%	\$14.00	\$50.10	\$21.00	\$85.10
	25%	\$7.00	\$50.10	\$28.00	\$85.10
	0%	\$0.00	\$50.10	\$35.00	\$85.10

Rounded Plan# 093

Base Cost \$61.40

Premium Price \$61.40

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Select	100%	\$28.10	\$26.40	\$6.90	\$61.40
	75%	\$21.00	\$26.40	\$14.00	\$61.40
	50%	\$14.00	\$26.40	\$21.00	\$61.40
	25%	\$7.00	\$26.40	\$28.00	\$61.40
	0%	\$0.00	\$26.40	\$35.00	\$61.40

Rounded Plan# 126

Base Cost \$31.90

Premium Price \$45.70

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Essential	100%	\$28.10	\$10.70	\$6.90	\$45.70
	75%	\$21.00	\$10.70	\$14.00	\$45.70
	50%	\$14.00	\$10.70	\$21.00	\$45.70
	25%	\$7.00	\$10.70	\$28.00	\$45.70
	0%	\$0.00	\$10.70	\$35.00	\$45.70

United Healthcare

State Benchmark \$28.05

\$5820

Rounded Plan # 021

Base Cost \$60.40

Premium Price \$66.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Saver Plus Basic	100%	\$28.10	\$31.00	\$6.90	\$66.00
	75%	\$21.00	\$31.00	\$14.00	\$66.00
	50%	\$14.00	\$31.00	\$21.00	\$66.00
	25%	\$7.00	\$31.00	\$28.00	\$66.00
	0%	\$0.00	\$31.00	\$35.00	\$66.00

Late Enrollment Penalty (LEP) not covered by KHC.

United Healthcare

State Benchmark \$28.05

\$5921

Rounded Plan# 367

Base Cost \$37.60

Premium Price \$37.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Preferred Enhanced	100%	\$28.10	\$2.60	\$6.90	\$37.60
	75%	\$21.00	\$2.60	\$14.00	\$37.60
	50%	\$14.00	\$2.60	\$21.00	\$37.60
	25%	\$7.00	\$2.60	\$28.00	\$37.60
	0%	\$0.00	\$2.60	\$35.00	\$37.60

Late Enrollment Penalty (LEP) not covered by KHC.

WellCare**S4802**

State Benchmark \$28.05

Rounded Plan # 013

Base Cost \$39.30

Premium Price \$39.30

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Simple Basic	100%	\$28.10	\$4.30	\$6.90	\$39.30
	75%	\$21.00	\$4.30	\$14.00	\$39.30
	50%	\$14.00	\$4.30	\$21.00	\$39.30
	25%	\$7.00	\$4.30	\$28.00	\$39.30
	0%	\$0.00	\$4.30	\$35.00	\$39.30

Late Enrollment Penalty (LEP) not covered by KHC.

WellCare

State Benchmark \$28.05

\$5967

Rounded Plan# 159

Base Cost \$28.20

Premium Price \$28.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Classic Basic	100%	\$28.10	\$0.00	\$0.00	\$28.20
	75%	\$21.00	\$0.00	\$7.20	\$28.20
	50%	\$14.00	\$0.00	\$14.20	\$28.20
	25%	\$7.00	\$0.00	\$21.20	\$28.20
	0%	\$0.00	\$0.00	\$28.20	\$28.20

Rounded Plan# 193

Base Cost \$44.80

Premium Price \$61.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Extra Enhanced	100%	\$28.10	\$26.80	\$6.90	\$61.80
	75%	\$21.00	\$26.80	\$14.00	\$61.80
	50%	\$14.00	\$26.80	\$21.00	\$61.80
	25%	\$7.00	\$26.80	\$28.00	\$61.80
	0%	\$0.00	\$26.80	\$35.00	\$61.80

Late Enrollment Penalty (LEP) not covered by KHC.