2026 Medicare Prescription Drug Plans in Indiana

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	YEARLY DEDUCTIBLE	MAXIMUM OUT-OF POCKET LIMIT	CONTRACT # PLAN ID #
AETNA MEDICARE 833-526-2445	SILVERSCRIPT CHOICE*	$29.70	$615 for some drugs	$2,100	S5601-030
HealthSpring ** 800-735-1459	HEALTHSPRING ASSURANCE RX	$117.80	$615 for some drugs	$2,100	S5617-222
	HEALTHSPRING EXTRA RX	$78.20	$615 for some drugs	$2,100	S5617-365
HUMANA 800-706-0872**	HUMANA BASIC RX PLAN	$0	$615 for some drugs	$2,100	S5884-138
	HUMANA PREMIER RX PLAN	$125.30	$0	$2,100	S5884-161
	HUMANA VALUE RX PLAN	$9.90	$601 for some drugs	$2,100	S5884-194
UNITED HEALTHCARE 888-867-5564	AARP MEDICARE RX SAVER FROM UHC	$90.30	$615 for some drugs	$2,100	S5921-360
	AARP MEDICARE RX PREFERRED FROM UHC	$127.10	$130 for some drugs	$2,100	S5921-396
WELLCARE 800-270-5320	WELLCARE CLASSIC*	$8.70	$615 for some drugs	$2,100	S4802-086
	WELLCARE VALUE SCRIPT	$ 8.60	$615 for some drugs	$2,100	S4802-150

If you qualify for Extra Help your monthly premium and deductible may be less than the amount listed.
***Denotes $0 premium plan if you qualify for Extra Help**
**** Indicates company offers national plans**

For an individualized prescription drug plan comparison go to www.medicare.gov

Revised 9-29-25 AK