2027 Medicare Prescription Drug Plans - Indiana

COMPANY	PLAN NAME	PLAN ID	MONTHLY PREMIUM	RATING	ANNUAL DEDUCTIBLE		PHONE #
					Amount	Applies to:	
HEALTHSPRING	HEALTHSPRING ASSURANCE RX	S5715-036	$ 122.40	2.5	$ 700	All drugs	877-665-1842
HUMANA	HUMANA BASIC RX PLAN	S5884-138 (1)	$ 9.30	4.5	$ 700	All drugs	877-529-9871
	HUMANA PREMIER RX PLAN	S5884-161	$ 144.50	4.5	$ 350	Tiers 1,2,3 exempt	
	HUMANA VALUE RX PLAN	S5884-194	$ 26.30	4.5	$ 687	Tiers 1&2 exempt	
UNITED HEALTHCARE	AARP MEDICARE RX SAVER	S5921-360	$ 160.40	3.0	$ 700	All drugs	888-867-5564
	AARP MEDICARE RX PREFERRED	S5921-396	$ 225.90	3.0	$ 300	Tiers 1&2 exempt	800-753-8004
WELLCARE	WELLCARE CLASSIC	S4802-086 (1)	$ 8.30	3.0	$ 700	All drugs	844-480-0700
	WELLCARE VALUE SCRIPT	S4802-150	$ 5.30	3.0	$ 700	Tiers 1&6 exempt	

Your co-pays and deductible are limited to **$2,400** for 2027.

If you qualify for Extra Help, your monthly premium and deductible may be less than the amount shown.

1) You will have a $0 premium if you qualify for Extra Help.