

2015 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 \$27.31. Subsidy amounts (CMS Pays column) for providers are based on the \$27.31 benchmark rounded to \$27.30.

Links 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
SmartD Rx	S0064
Stonebridge Life Insurance Co.	S9597
Symphonix Health	S0522
United American Insurance Co.	S5755
UnitedHealthcare	S5820
UnitedHealthcare	S5921
WellCare	S4802
WellCare	S5967

Links sorted by Number

S0064	SmartD Rx
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	UnitedHealthcare
S5884	Humana Insurance Company
S5921	UnitedHealthcare
S5967	WellCare
S7694	EnvisionRx Plus
S9567	Stonebridge Life Insurance Co.

SmartD Rx

S0064

State Benchmark \$27.31

Rounded Plan# 022 Base Cost \$24.80 Premium Price \$24.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Saver Basic	100%	\$24.80	\$0.00	\$0.00	\$24.80
	75%	\$18.60	\$0.00	\$6.20	\$24.80
	50%	\$12.40	\$0.00	\$12.40	\$24.80
	25%	\$6.20	\$0.00	\$18.60	\$24.80
	0%	\$0.00	\$0.00	\$24.80	\$24.80

Late Enrollment Penalty (LEP) not covered by KHC.

Symphonix Health

S0522

State Benchmark \$27.31

Rounded Plan# 039

Base Cost \$27.50

Premium Price \$27.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Rx Basic	100%	\$27.30	\$0.00	\$0.00*	\$27.50
	75%	\$20.50	\$0.00	\$7.00	\$27.50
	50%	\$13.70	\$0.00	\$13.80	\$27.50
	25%	\$6.80	\$0.00	\$20.70	\$27.50
	0%	\$0.00	\$0.00	\$27.50	\$27.50

Rounded Plan# 069

Base Cost \$77.10

Premium Price \$92.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Premier Rx Enhanced	100%	\$27.30	\$57.20	\$7.70	\$92.20
	75%	\$20.50	\$57.20	\$14.50	\$92.20
	50%	\$13.70	\$57.20	\$21.30	\$92.20
	25%	\$6.80	\$57.20	\$28.20	\$92.20
	0%	\$0.00	\$57.20	\$35.00	\$92.20

*De minimis applied
 Late Enrollment Penalty (LEP) not covered by KHC.

State Benchmark \$27.31

Rounded Plan# 013

Base Cost \$30.40

Premium Price \$30.40

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Simple Basic	100%	\$27.30	\$0.00	3.10	\$30.40
	75%	\$20.50	\$0.00	\$9.90	\$30.40
	50%	\$13.70	\$0.00	\$16.70	\$30.40
	25%	\$6.80	\$0.00	\$23.60	\$30.40
	0%	\$0.00	\$0.00	\$30.40	\$30.40

Late Enrollment Penalty (LEP) not covered by KHC.

Silverscript

\$5601

State Benchmark \$27.31

Rounded Plan# 044

Base Cost \$21.00

Premium Price \$21.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Choice Basic	100%	\$21.00	\$0.00	\$0.00	\$21.00
	75%	\$15.80	\$0.00	\$5.20	\$21.00
	50%	\$10.50	\$0.00	\$10.50	\$21.00
	25%	\$5.30	\$0.00	\$15.70	\$21.00
	0%	\$0.00	\$0.00	\$21.00	\$21.00

Rounded Plan# 045

Base Cost \$46.10

Premium Price \$76.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Plus Enhanced	100%	\$27.30	\$41.90	\$7.70	\$76.90
	75%	\$20.50	\$41.90	\$14.50	\$76.90
	50%	\$13.70	\$41.90	\$21.30	\$76.90
	25%	\$6.80	\$41.90	\$28.20	\$76.90
	0%	\$0.00	\$41.90	\$35.00	\$76.90

Late Enrollment Penalty (LEP) not covered by KHC.

Cigna-HealthSpring Rx

\$5617

State Benchmark \$27.31

Rounded Plan# 108 Base Cost \$26.00 Premium Price \$26.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure Basic	100%	\$26.00	\$0.00	\$0.00	\$26.00
	75%	\$19.50	\$0.00	\$6.50	\$26.00
	50%	\$13.00	\$0.00	\$13.00	\$26.00
	25%	\$6.50	\$0.00	\$19.50	\$26.00
	0%	\$0.00	\$0.00	\$26.00	\$26.00

Rounded Plan# 192 Base Cost \$92.30 Premium Price \$152.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure-Max Enhanced	100%	\$27.30	\$117.10	\$7.70	\$152.10
	75%	\$20.50	\$117.10	\$14.50	\$152.10
	50%	\$13.70	\$117.10	\$21.30	\$152.10
	25%	\$6.80	\$117.10	\$28.20	\$152.10
	0%	\$0.00	\$117.10	\$35.00	\$152.10

Rounded Plan# 267 Base Cost \$17.30 Premium Price \$29.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Secure-Xtra Enhanced	100%	\$17.30	\$0.00	\$12.20	\$29.50
	75%	\$13.00	\$0.00	\$16.50	\$29.50
	50%	\$8.70	\$0.00	\$20.80	\$29.50
	25%	\$4.30	\$0.00	\$25.20	\$29.50
	0%	\$0.00	\$0.00	\$29.50	\$29.50

Late Enrollment Penalty (LEP) not covered by KHC.

Express Scripts Medicare

\$5660

State Benchmark \$27.31

Rounded Plan# 124

Base Cost \$58.90

Premium Price \$58.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Basic	100%	\$27.30	\$23.90	\$7.70	\$58.90
	75%	\$20.50	\$23.90	\$14.50	\$58.90
	50%	\$13.70	\$23.90	\$21.30	\$58.90
	25%	\$6.80	\$23.90	\$28.20	\$58.90
	0%	\$0.00	\$23.90	\$35.00	\$58.90

Rounded Plan# 192

Base Cost \$75.60

Premium Price \$109.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Choice Enhanced	100%	\$27.30	\$74.00	\$7.70	\$109.00
	75%	\$20.50	\$74.00	\$14.50	\$109.00
	50%	\$13.70	\$74.00	\$21.30	\$109.00
	25%	\$6.80	\$74.00	\$28.20	\$109.00
	0%	\$0.00	\$74.00	\$35.00	\$109.00

Late Enrollment Penalty (LEP) not covered by KHC.

HISC-Blue Cross and Blue Shield of Texas

\$5715

State Benchmark \$27.31

Rounded Plan# 005 Base Cost \$48.60 Premium Price \$55.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Enhanced	100%	\$27.30	\$20.10	\$7.70	\$55.10
	75%	\$20.50	\$20.10	\$14.50	\$55.10
	50%	\$13.70	\$20.10	\$21.30	\$55.10
	25%	\$6.80	\$20.10	\$28.20	\$55.10
	0%	\$0.00	\$20.10	\$35.00	\$55.10

Rounded Plan# 006 Base Cost \$68.50 Premium Price \$119.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Plus Enhanced	100%	\$27.30	\$84.50	\$7.70	\$119.50
	75%	\$20.50	\$84.50	\$14.50	\$119.50
	50%	\$13.70	\$84.50	\$21.30	\$119.50
	25%	\$6.80	\$84.50	\$28.20	\$119.50
	0%	\$0.00	\$84.50	\$35.00	\$119.50

Rounded Plan# 014 Base Cost \$26.20 Premium Price \$26.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
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

Late Enrollment Penalty (LEP) not covered by KHC.

United American Insurance Co.**\$5755****State Benchmark \$27.31**

Rounded Plan# 025 Base Cost \$65.70 Premium Price \$80.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Enhanced	100%	\$27.30	\$45.20	\$7.70	\$80.20
	75%	\$20.50	\$45.20	\$14.50	\$80.20
	50%	\$13.70	\$45.20	\$21.30	\$80.20
	25%	\$6.80	\$45.20	\$28.20	\$80.20
	0%	\$0.00	\$45.20	\$35.00	\$80.20

Rounded Plan# 093 Base Cost \$36.70 Premium Price \$36.70

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Select Basic	100%	\$27.30	\$1.70	\$7.70	\$36.70
	75%	\$20.50	\$1.70	\$14.50	\$36.70
	50%	\$13.70	\$1.70	\$21.30	\$36.70
	25%	\$6.80	\$1.70	\$28.20	\$36.70
	0%	\$0.00	\$1.70	\$35.00	\$36.70

Rounded Plan# 126 Base Cost \$23.90 Premium Price \$29.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Essential Enhanced	100%	\$23.90	\$0.00	\$6.00	\$29.90
	75%	\$17.90	\$0.00	\$12.00	\$29.90
	50%	\$12.00	\$0.00	\$17.90	\$29.90
	25%	\$6.00	\$0.00	\$23.90	\$29.90
	0%	\$0.00	\$0.00	\$29.90	\$29.90

Late Enrollment Penalty (LEP) not covered by KHC.

First Health Part D

\$5768

State Benchmark \$27.31

Rounded Plan# 145

Base Cost \$31.30

Premium Price \$36.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Value Plus Enhanced	100%	\$27.30	\$1.50	\$7.70	\$36.50
	75%	\$20.50	\$1.50	\$14.50	\$36.50
	50%	\$13.70	\$1.50	\$21.30	\$36.50
	25%	\$6.80	\$1.50	\$28.20	\$36.50
	0%	\$0.00	\$1.50	\$35.00	\$36.50

Rounded Plan# 179

Base Cost \$73.60

Premium Price \$104.90

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Premier Plus Enhanced	100%	\$27.30	\$69.90	\$7.70	\$104.90
	75%	\$20.50	\$69.90	\$14.50	\$104.90
	50%	\$13.70	\$69.90	\$21.30	\$104.90
	25%	\$6.80	\$69.90	\$28.20	\$104.90
	0%	\$0.00	\$69.90	\$35.00	\$104.90

Late Enrollment Penalty (LEP) not covered by KHC.

Aetna Medicare**\$5810****State Benchmark \$27.31**

Rounded Plan# 056

Base Cost \$21.40

Premium Price \$21.40

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Saver Basic	100%	\$21.40	\$0.00	\$0.00	\$21.40
	75%	\$16.10	\$0.00	\$5.30	\$21.40
	50%	\$10.70	\$0.00	\$10.70	\$21.40
	25%	\$5.40	\$0.00	\$16.00	\$21.40
	0%	\$0.00	\$0.00	\$21.40	\$21.40

Rounded Plan# 192

Base Cost \$82.10

Premium Price \$113.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Premier Enhanced	100%	\$27.30	\$78.10	\$7.70	\$113.10
	75%	\$20.50	\$78.10	\$14.50	\$113.10
	50%	\$13.70	\$78.10	\$21.30	\$113.10
	25%	\$6.80	\$78.10	\$28.20	\$113.10
	0%	\$0.00	\$78.10	\$35.00	\$113.10

Late Enrollment Penalty (LEP) not covered by KHC.

State Benchmark \$27.31

Rounded Plan# 021 Base Cost \$52.00 Premium Price \$54.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Preferred Enhanced	100%	\$27.30	\$19.80	\$7.70	\$54.80
	75%	\$20.50	\$19.80	\$14.50	\$54.80
	50%	\$13.70	\$19.80	\$21.30	\$54.80
	25%	\$6.80	\$19.80	\$28.20	\$54.80
	0%	\$0.00	\$19.80	\$35.00	\$54.80

Late Enrollment Penalty (LEP) not covered by KHC.

State Benchmark \$27.31

Rounded Plan# 020

Base Cost \$43.40

Premium Price \$54.20

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Enhanced	100%	\$27.30	\$19.20	\$7.70	\$54.20
	75%	\$20.50	\$19.20	\$14.50	\$54.20
	50%	\$13.70	\$19.20	\$21.30	\$54.20
	25%	\$6.80	\$19.20	\$28.20	\$54.20
	0%	\$0.00	\$19.20	\$35.00	\$54.20

Rounded Plan# 143

Base Cost \$24.80

Premium Price \$24.80

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Preferred Rx Plan Basic	100%	\$24.80	\$0.00	\$0.00	\$24.80
	75%	\$18.60	\$0.00	\$6.20	\$24.80
	50%	\$12.40	\$0.00	\$12.40	\$24.80
	25%	\$6.20	\$0.00	\$18.60	\$24.80
	0%	\$0.00	\$0.00	\$24.80	\$24.80

Rounded Plan# 168

Base Cost \$6.70

Premium Price \$15.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Walmart Rx Plan Enhanced	100%	\$6.70	\$0.00	\$8.90	\$15.60
	75%	\$5.00	\$0.00	\$10.60	\$15.60
	50%	\$3.40	\$0.00	\$12.20	\$15.60
	25%	\$1.70	\$0.00	\$13.90	\$15.60
	0%	\$0.00	\$0.00	\$15.60	\$15.60

Late Enrollment Penalty (LEP) not covered by KHC.

UnitedHealthcare

S5921

State Benchmark \$27.31

Rounded Plan# 367 Base Cost \$27.00 Premium Price \$27.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Saver Plus Basic	100%	\$27.00	\$0.00	\$0.00	\$27.00
	75%	\$20.30	\$0.00	\$6.70	\$27.00
	50%	\$13.50	\$0.00	\$13.50	\$27.00
	25%	\$6.80	\$0.00	\$20.20	\$27.00
	0%	\$0.00	\$0.00	\$27.00	\$27.00

Late Enrollment Penalty (LEP) not covered by KHC.

WellCare

\$5967

State Benchmark \$27.31

Rounded Plan# 159

Base Cost \$26.50

Premium Price \$26.50

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Classic Basic	100%	\$26.50	\$0.00	\$0.00	\$26.50
	75%	\$19.90	\$0.00	\$6.60	\$26.50
	50%	\$13.30	\$0.00	\$13.20	\$26.50
	25%	\$6.60	\$0.00	\$19.90	\$26.50
	0%	\$0.00	\$0.00	\$26.50	\$26.50

Rounded Plan# 193

Base Cost \$35.70

Premium Price \$59.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Extra Enhanced	100%	\$27.30	\$24.10	\$7.70	\$59.10
	75%	\$20.50	\$24.10	\$14.50	\$59.10
	50%	\$13.70	\$24.10	\$21.30	\$59.10
	25%	\$6.80	\$24.10	\$28.20	\$59.10
	0%	\$0.00	\$24.10	\$35.00	\$59.10

Late Enrollment Penalty (LEP) not covered by KHC.

EnvisionRx Plus

\$7694

State Benchmark \$27.31

Rounded Plan# 022

Base Cost \$25.60

Premium Price \$25.60

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Silver Basic	100%	\$25.60	\$0.00	\$0.00	\$25.60
	75%	\$19.20	\$0.00	\$6.40	\$25.60
	50%	\$12.80	\$0.00	\$12.80	\$25.60
	25%	\$6.40	\$0.00	\$19.20	\$25.60
	0%	\$0.00	\$0.00	\$25.60	\$25.60

Rounded Plan# 112

Base Cost \$28.50

Premium Price \$42.00

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Clear Choice Enhanced	100%	\$27.30	\$7.00	\$7.70	\$42.00
	75%	\$20.50	\$7.00	\$14.50	\$42.00
	50%	\$13.70	\$7.00	\$21.30	\$42.00
	25%	\$6.80	\$7.00	\$28.20	\$42.00
	0%	\$0.00	\$7.00	\$35.00	\$42.00

Late Enrollment Penalty (LEP) not covered by KHC.

Stonebridge Life Insurance Co.**\$9579****State Benchmark \$27.31**

Rounded Plan# 021

Base Cost \$36.10

Premium Price \$36.10

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Classic Basic	100%	\$27.30	\$1.10	\$7.70	\$36.10
	75%	\$20.50	\$1.10	\$14.50	\$36.10
	50%	\$13.70	\$1.10	\$21.30	\$36.10
	25%	\$6.80	\$1.10	\$28.20	\$36.10
	0%	\$0.00	\$1.10	\$35.00	\$36.10

Rounded Plan# 054

Base Cost \$32.30

Premium Price \$46.30

Plan	Subsidy %	CMS Pays	Member Pays	KHC Pays	PDP Premium
Rx Choice Enhanced	100%	\$27.30	\$11.30	\$7.70	\$46.30
	75%	\$20.50	\$11.30	\$14.50	\$46.30
	50%	\$13.70	\$11.30	\$21.30	\$46.30
	25%	\$6.80	\$11.30	\$28.20	\$46.30
	0%	\$0.00	\$11.30	\$35.00	\$46.30

Late Enrollment Penalty (LEP) not covered by KHC.