Data as of October 12, 2016

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD	Preferred Pharmacy Chains**
UnitedHealthcare aarpmedicarerx.com 1-888-867-5564 National Plan	NEW AARP MedicareRx Walgreens	Enhanced	\$2.10	\$22.50	\$400, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S0522	050	2.5 stars	PAAD cannot pay the premium	Walgreens
	AARP MedicareRx Saver Plus	Basic	\$0	\$41.40	\$400	No Gap Coverage	S5921	349	3 stars	PAAD cannot pay the premium	Walgreens, Wal-Mart
	AARP MedicareRx Preferred	Enhanced	\$37.30	\$78.10	\$0	No Gap Coverage	S5820	003	3.5 stars		Walgreens, Wal-Mart
Aetna Medicare 1-800-213-4599 aetnamedicare.com National Plan	Aetna Medicare Rx Saver	Basic	\$0	\$39.50	\$320, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5810	038	3.5 stars	PAAD will pay premiem but cannot enroll	Walgreens, Wal-Mart
CIGNA Medicare Rx 1-800-735-1459 cignamedicarerx.com National Plan	CIGNA-HealthSpring Medicare Rx Secure Currently Under CMS Sanction. Cannot enroll new members.	Basic	\$0	\$34.90	\$400	No Gap Coverage	S5617	018	data not available		
	CIGNA-HealthSpring Medicare Rx Secure-Extra Currently Under CMS Sanction. Cannot enroll new members.	Enhanced	\$12.20	\$34.30	\$50	Yes	S5617	249	data not available		
EnvisionRx Plus 1-866-250-2005 envisionrxplus.com National Plan	EnvisionRx Plus (previously called EnvisionRx Plus Silver)	Basic	\$6.50	\$47.30	\$400	No Gap Coverage	S7694	004	3 stars		Walgreens

^{*} Plan's Overall Performance Rating determined by Medicare and based on 2016 data. Rating range is 1 to 5 stars, with 5 highest rating.

Plans in yellow have \$0 premium for those with Medicaid or Low Income Subsidy (also known as "Extra Help"). All yellow plans are referred to as "benchmark" plans. Plans with \$0 premium for those with PAAD are marked in green.

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

^{**} Plans work with many pharmacies, but offer two pricing structures: one for network pharmacies and another for preferred pharmacies. You will pay the plan's standard copays at network pharmacies and reduced copays at preferred pharmacies within your plan's network. This column shows chain stores where preferred pricing is available for each plan. Many independent pharmacies and grocery stores may also offer preferred pricing for your plan. Check with your plan and/or pharmacy.

2017 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSET											
Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Drug	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD	Preferred Pharmacy Chains**
Express Scripts Medicare 1-866-477-5704 express-scriptsmedicare.com National Plan	Express Scripts Medicare Value	Basic	\$0	\$37.50	\$400	No Gap Coverage	S5660	106	4 stars	PAAD	Walgreens
	Express Scripts Medicare Choice	Enhanced	\$41.60	\$82.40	\$350, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5660	207	4 stars		Walgreens
First Health Part D 1-800-588-3322 firsthealthpartd.com National Plan	First Health Part D Value Plus	Enhanced	\$10.60	\$35.90	\$0	Yes	S5768	127	3.5 stars		Walgreens, Wal-Mart
	First Health Part D Premier Plus	Enhanced	\$79.20	\$120.00	\$0	Yes	S5768	187	3.5 stars		Walgreens, Wal-Mart
Horizon Blue Cross Blue Shield of NJ 1-800-224-1234 horizonblue.com	Horizon Medicare Blue Rx Standard	Basic	\$42.00	\$82.80	\$400	No Gap Coverage	S5993	001	4 stars		CVS, Wal-Mart
	Horizon Medicare Blue Rx Enhanced	Enhanced	\$80.20	\$121.00	\$0	Yes	S5993	003	4 stars		CVS, Wal-Mart

2017 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSET											
Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD	Preferred Pharmacy Chains**
Humana Insurance 1-800-706-0872 humana-medicare.com National Plan	Humana Walmart Rx Plan	Enhanced	\$5.90	\$17.00	\$400, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5884	150	3 stars		Wal-Mart
	Humana Preferred Rx Plan	Basic	\$0	\$35.10	\$400	No Gap Coverage	S5884	131	3 stars	PAAD will pay premiem but cannot enroll	Wal-Mart, Walgreens
	Humana PDP Enhanced	Enhanced	\$25.20	\$66.00	\$0	Yes	S5884	062	3 stars		Wal-Mart, Walgreens
SilverScript Insurance 1-866-552-6106 silverscript.com National Plan	SilverScript Choice	Basic	\$0	\$39.50	\$0	No Gap Coverage	S5601	008	4 stars	PAAD	Preferred Pricing not offered. Plan's standard pricing at all network pharmacies
	SilverScript Plus	Enhanced	\$47.80	\$88.60	\$0	Yes	S5601	009	4 stars		CVS, Walgreens
United Health Care 1-855-355-2280 symphonixhealth.com	Symphonix Value Rx	Basic	\$0	\$37.40	\$400	No Gap Coverage	S0522	004	2.5 stars	PAAD will pay premiem but cannot enroll	Walgreens, Wal-Mart
	Symphonix PrimeSaver Rx NOT OFFERED IN 2017. Members will be moved to AARP Walgreens Plan	Enhanced		\$40.30	\$200, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S0522	050	2.5 stars		CVS Wal-Mart

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD	Preferred Pharmacy Chains**
	United American - Essential NOT OFFERED IN 2017. Members will be moved to SilverScript Choice	Enhanced		\$43.00	\$190, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5755	109	2.5 stars		CVS, Target
United American Insurance Co. 1-866-299-3406 uamedicarepartd.com National Plan	United American - Select NOT OFFERED IN 2017, Members will be moved to SilversScript Choice	Basic		\$69.90	\$360	No Gap Coverage	S5755	075	2.5 stars		CVS, Target, Wal-Mart
	United American - Enhanced NOT OFFERED IN 2017. Members will be moved to SilverScript Plus	Enhanced		\$103.60	\$230, \$0 deduct for Tier 1 & Tier 2 drugs	Yes	S5755	007	2.5 stars		CVS, Target, Wa l-M art
WellCare 1-888-293-5151 wellcarepdp.com National Plan	WellCare Classic	Basic	\$0	\$36.30	\$400, \$0 deduct for Tier 1 drugs	No Gap Coverage	S4802	78	2.5 stars	PAAD	Preferred Pricing not offered. Plan's standard
	WellCare Extra	Enhanced	\$22.10	\$60.30	\$0	No Gap Coverage	S4802	101	2.5 stars	PAAD	pricing at all network pharmacies

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