### **Document Columns Defined**

#### Benchmark Part D Plan Column

Code	Explanation
В	Part D benchmark plan that is affiliated with a Medicare Advantage Health Plan (Part C).
S	Part D benchmark plan that is <b>not</b> affiliated with a Medicare Advantage Health Plan (Part C). Also known as a stand-alone
	benchmark plan.
N	Part D plan that is not a benchmark plan

### Part D Excess Premium Amount (with Full Premium Assistance) Column

The amount listed, if any, is the amount of the Medicare Part D premium for which an MA client receiving Extra Help is responsible, even if covered by a Part C Advantage Plan. This is the amount in excess of the benchmark amount. This amount can be applied as a medical expense.

### Part C – Medicare Advantage Health Plan Column

A "Yes" in this column indicates that the Medicare Part D benefits are being received in conjunction with a Medicare Advantage Health Plan (Part C).

#### **Part C Premium Amount**

The amount listed, if any, is the amount of the Medicare Part C premium for which the client is responsible. This amount can be applied as a medical expense, in addition to the Part D excess amount found in the Part D Excess Premium Amount column.

Note: The total premium amount for which the client is responsible is the Medicare Advantage Plan (Part C) premium amount plus the amount listed in the Part D Excess Premium Amount column.

### Special Needs Plan (SNP)

An "X" in one of the three columns indicates that the plan is an SNP for that managed care product.

	Plan Name	Bench- mark Part D Plan?	Part D Excess Premium Amount (with Full Premium Assistance) DRUG ONLY	Part C – Medicare Advantage Health Plan? Health + Drug?	Part C Premium Amount (if any) HEALTH PLAN Cost		al s s	
Carrier Name						M S H O	S N B C	C D S N P
Aetna	Medicare RX Premier PDP	N	\$109.20					
Aetna (New)	Medicare RX Saver PDP	S	\$0.00					
BCBS	MedicareBlue Rx Standard	N	\$21.20					
BCBS	MedicareBlue Rx Premier	N	\$94.20					
BCBS	MedicareBlue RX Value Plus	N	\$11.80					
BCBS	Platinum Blue Choice with RX	N	\$16.90					
BCBS	Platinum Blue Complete with RX	N	\$16.90					
BCBS	Platinum Blue Core with RX	S	\$0.00					
Blue Plus	Secure Blue	В	\$0.00	Yes	\$0.00	Х		
Cigna	Medicare Rx Secure (PDP)	N	\$2.80					
Cigna	Medicare Rx Secure Max (PDP)	N	\$86.30					
Cigna	Medicare Rx Secure – Xtra (PDP)	N	\$13.30					
EnvisionRx	Plus Silver (PDP)	N	\$2.40					
Express Scripts	Medicare Choice (PDP)	N	\$62.70					
Express Scripts	Medicare Value (PDP)	N	\$20.00					
First Health	Part D Premier Plus (PDP)	N	\$73.80					
First Health	Part D Value Plus (PDP)	N	\$8.50					
Gundersen Lutheran	Senior Preferred Value with Rx (HMO)	N	\$2.40	Yes	\$20.00			

	Plan Name	Bench- mark Part D Plan?	Part D Excess Premium Amount (with Full Premium Assistance) DRUG ONLY	Part C – Medicare Advantage Health Plan? Health + Drug?	Part C Premium Amount (if any) HEALTH PLAN Cost	S N F	_	
Carrier Name						M S H O	овио	CDSNP
Gundersen Lutheran	Senior Preferred Elite with Rx (HMO)	N	\$22.50	Yes	\$120.00			
HealthPartners	HealthPartners MSHO	В	\$0.00	Yes	\$0.00	Х		
HealthPartners	Freedom Balance with Rx (COST)	N	\$4.70					
HealthPartners	Freedom Ultimate with Rx (COST)	N	\$9.70					
HealthPartners	Freedom Ultimate with Enhanced Rx (COST)	N	\$166.10					
HealthPartners	Freedom Vital with Rx (COST)	N	\$2.20					
Humana	Choice (005)	В	\$0.00	Yes	\$41.00			
Humana	Preferred RX Plan (PDP)	S	\$0.00					
Humana	Enhanced (PDP)	N	\$19.30					
Humana	Walmart – RX plan (PDP)	N	\$11.60					
Humana (New)	Choice (074)	В	\$0.00	Yes	\$234.30			
Humana (New)	Gold Choice	В	\$0.00	Yes	59.10			
Itasca Medical Care	IMCare Classic	В	\$0.00	Yes	\$0.00	Х		
Medica	Dual Solution	В	\$0.00	Yes	\$0.00	Х		
Medica	Prime Solution Basic with Part D Option 1 (COST)	S	\$0.00					
Medica	Prime Solution Basic with Part D Option 2 (COST)	N	\$36.60					
Medica	Prime Solution Enhanced with Part D Option 1 (COST)	S	\$0.00					
Medica	Prime Solution Enhanced with Part D Option 2 (COST)	N	\$36.60					

	Plan Name	Bench- mark Part D Plan?	Part D Excess Premium Amount (with Full Premium Assistance) DRUG ONLY	Part C – Medicare Advantage Health Plan? Health + Drug?	Part C Premium Amount (if any) HEALTH PLAN Cost	Special Needs Plans		
Carrier Name						M S H O	S N B C	C D S N P
Medica	Prime Solution Thrift with Part D Option 1 (COST)	S	\$0.00					
Medica	Prime Solution Value Part D Option 1 (COST)	S	\$0.00					
Medica	Prime Solution Value Part D Option 2 (COST)	N	\$36.60					
PrimeWest	Prime Health Complete	В	\$0.00	Yes	\$0.00	Х	Χ	
PrimeWest	Senior Health Complete	В	\$0.00	Yes	\$0.00			
SilverScript (New)	Choice (PDP)	S	\$0.00					
SilverScript (New)	Plus (PDP)	N	\$49.60					
South Country Health Alliance	Ability Care	В	\$0.00	Yes	\$0.00		Х	
South Country Health Alliance	SeniorCare Complete	В	\$0.00	Yes	\$0.00	Х		
Stonebridge Life Insurance Company	Transamerica MedicareRx Choice (PDP)	N	\$16.40					
StonebridgeLife Insurance Company	Transamerica MedicareRx Classic (PDP)	N	\$8.90					
Symphonix	Value RX (PDP)	S	\$0.20					
Symphonix (New)	Premier RX (PDP)	N	\$54.20					
Ucare	Ucare for Seniors Classic-POS	N	\$20.10	Yes	\$120.40			
Ucare	UCare for Seniors Essentials Rx – POS	N	\$0.00	Yes	\$42.30			
Ucare	Ucare for Seniors Value Plus-POS	N	\$15.50	Yes	\$77.30			
Ucare	Ucare MSHO	В	\$0.00	Yes	\$0.00	Х		
United American	Enhanced (PDP)	N	\$49.00					

Carrier Name	Plan Name	Bench- mark Part D Plan?	Part D Excess Premium Amount (with Full Premium Assistance) DRUG ONLY	Part C – Medicare Advantage Health Plan? Health + Drug?	Part C Premium Amount (if any) HEALTH PLAN Cost	N	S N H B	
United American	Select (PDP)	N	\$18.60					
United American (New)	Essential (PDP)	N	\$5.30					
United Healthcare	AARP Medicare Rx Preferred (PDP)	N	\$21.20					
United Healthcare	AARP Medicare Rx Saver Plus (PDP)	S	\$0.00					
WellCare	Classic (PDP)	N	\$3.70					
WellCare	Extra (PDP)	N	\$21.10					