

2025 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*	\$44.90	\$590 for all drugs	\$2,000	S5601-030
ANTHEM MEDIBLUE RX** 833-668-2397	ANTHEM MEDIBLUE RX STANDARD	\$89.70	\$590 for all drugs	\$2,000	S5596-017
	ANTHEM MEDIBLUE RX PLUS	\$87.10	\$465 for some drugs	\$2,000	S5596-018
CIGNA** 800-735-1459	CIGNA HEALTHCARE ASSURANCE RX	\$87.60	\$590 for all drugs	\$2,000	S5617-222
	CIGNA HEALTHCARE EXTRA RX	\$111.20	\$175 for some drugs	\$2,000	S5617-260
	CIGNA HEALTHCARE SAVER RX	\$28.20	\$590 for some drugs	\$2,000	S5617-365
CLEAR SPRING HEALTH 877-434-4290	CLEAR SPRING HEALTH VALUE RX	\$6.40	\$590 for all drugs	\$2,000	S6946-012
	CLEAR SPRING HEALTH PREMIER RX	\$72.70	\$590 for some drugs	\$2,000	S6946-078
HUMANA** 800-706-0872	HUMANA BASIC RX PLAN	\$56.10	\$590 for all drugs	\$2,000	S5884-138
	HUMANA PREMIER RX PLAN	\$131.60	\$0	\$2,000	S5884-161
	HUMANA VALUE RX PLAN	\$30.30	\$573 for some drugs	\$2,000	S5884-194

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UNITED HEALTHCARE 888-867-5564	AARP MEDICARE RX PREFERRED FROM UHC	\$89.20	\$0	\$2,000	S5921-396
	AARP MEDICARE RX SAVER FROM UHC	\$75.00	\$590 for all drugs	\$2,000	S5921-360
WELLCARE 800-270-5320	WELLCARE CLASSIC*	\$32.30	\$590 for all drugs	\$2,000	S4802-086
	WELLCARE VALUE SCRIPT	\$0	\$590 for some drugs	\$2,000	S4802-150
	WELLCARE MEDICARE RX VALUE PLUS	\$102.30	\$590 for some drugs	\$2,000	S4802-218

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

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*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