A Massachusetts Consumer's Guide to Medicare

Massachusetts SHINE Program

Updated February 2021

Medicare Guide

Disclaimer: This guide covers the basics around applying for Medicare. Information for this guide was obtained via the Social Security Administration, Centers for Medicare and Medicaid Services, and state Division of Insurance websites, as well as the *Medicare & You Handbook*. It does not include every detail of the application process or eligibility requirements and residents are encouraged to contact SHINE (Serving Health Insurance Needs of Everyone) for more information or assistance. The Commonwealth's SHINE program is an educational resource that is designed to inform Massachusetts residents about the complexities of Medicare.

SHINE Counselors are highly trained, dedicated volunteers who are re-certified annually. They will be glad to make an appointment with you to further explain and clarify your Medicare options. SHINE Counselors will also screen you for eligibility for programs that may reduce your Medicare costs. These programs are offered through Prescription Advantage and MassHealth.

For more information:

SHINE

For additional information and a directory of SHINE Regional Offices:
1-800-243-4636
SHINEMA.org

MEDICARE

1-800-633-4227
www.medicare.gov/

SOCIAL SECURITY ADMINISTRATION

1-800-772-1213
www.ssa.gov

MassHealth

1-800-841-2900 (Medicaid)
www.mass.gov/masshealth

Prescription Advantage

1-800-243-4636
www.prescriptionadvantagema.org/

WHAT IS MEDICARE?

Medicare is the federal health insurance program for people age 65 & older and some under 65 with disabilities to help with hospital and medical insurance coverage. The program helps with the cost of health care but it is not comprehensive; it does not cover all medical expenses or the cost of long-term care.

Different parts of Medicare help cover specific services:

Part A – Hospital Insurance
Part B – Medical Insurance
Part D – Prescription Drug Coverage

Medicare provides numerous preventive services at no cost to beneficiaries. A complete list of these services is available at this link: Medicare Part B Preventive Services

Who is Eligible for Medicare?

You are eligible for Medicare if you are:

- **65 years old or older** and a U.S. citizen or lawfully permitted resident for **5** years
- **Under age 65 with disabilities.** These individuals must have received 24 months of **Social Security Disability Insurance (SSDI) benefit payments** *or* have End Stage Renal Disease (ESRD) *or* Amyotrophic Lateral Sclerosis (ALS).
- Most people are eligible for premium- free Part A if they have paid Medicare taxes long enough through their own or a spouse's or ex-spouse's work record.

How do I Enroll in Medicare?

Social Security handles enrollment in Parts A and B, and will review your records to see if you qualify for Medicare. They will determine if you qualify for premium-free Part A, and what your monthly premium for Part B will be, based on your income. **Your Part B Medicare Costs.** You can enroll by physically going to a local Social Security Office, or by making an appointment to enroll over the phone or online at www.ssa.gov.

If you already receive benefits from Social Security, you'll get Medicare Part A and Part B automatically when you're first eligible and don't need to sign up. You should be on the lookout in the mail for an Enrollment Kit from Social Security and follow the instructions.

If you, your spouse or your loved one is turning 65 in the next 3 months and not already receiving benefits from Social Security, you will not get Medicare automatically. It is your responsibility to contact Social Security if you want to enroll.

TIP: Social Security highly recommends that you create a personalized *MySocialSecurity* account to enroll in Medicare online.

Do I Have to Enroll in Medicare if I am Still Working?

If you are working and covered by your employer's group health plan (or by a spouse's plan), you may want to delay enrollment in Part B and enroll only in Part A. You should check with your employer benefits manager on whether or not you need to enroll in Part B. The number of employees in your employer group plan may determine if you need to enroll in Medicare as your primary insurance. You can also delay enrollment in Part A unless you are already collecting Social Security benefits.

If you have a Health Savings Account (HSA) as part of a high deductible employer insurance plan, you may want to delay Part A because you cannot contribute to the HSA once your Part A coverage begins. You may use money that is already present in the account *after* you enroll in Medicare to help pay for deductibles, premiums, copayments, or coinsurance. If you contribute to your HSA after your Medicare Part A coverage starts, you may have to pay a *tax penalty.* You should stop HSA contributions six months prior to retiring.

When Do I Enroll in Medicare?

Medicare has specific enrollment periods:

1. Initial Enrollment Period (Parts A, B, C & D)
2. General Enrollment Period (Parts A & B)
3. Fall Open Enrollment Period (Parts C & D)
4. Medicare Advantage Open Enrollment Period (Part C & D- must be enrolled in MA plan on Jan 1st)

To enroll outside of these 4 periods, you must qualify for a Special Enrollment Period

Initial Enrollment Period

3 months before the month you turn **65**	**2 months before** the month you turn **65**	**1 month before** the month you turn **65**	The month you turn 65*	1 month after the month you turn 65	2 months after the month you turn 65	3 months after the month you turn 65
Enroll early to avoid a delay in coverage. To get Part A and Part B the month you turn 65, you must enroll during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to enroll, your Part B coverage will be delayed for up to 3 months from the date you enrolled.			

***IF** your birthday falls on the first day of the month, your coverage would be effective the month preceding your birthday month.

If you do not enroll during your Initial Enrollment Period, you may be subject to late enrollment PENALTIES (with some exceptions), and a possible delay in your coverage.

Penalties for Late Enrollment

- Part A Late Enrollment Penalty
  - **If you enroll late, and aren't eligible for premium-free Part A, your monthly premium may go up 10% for twice the number of years you signed up late.**

- Part B Late Enrollment Penalty
  - **If enrolling late, Part B penalty is a surcharge added to your monthly Part B premium for life.** The Part B late enrollment penalty is calculated as 10% of the current Part B premium for every 12 month period you were not enrolled and did not have active employer coverage.

- Part D Enrollment Penalty
  - If you do not **have Part D coverage, even if you take no prescription drugs you can incur a lifetime penalty.** The Part D penalty is calculated as 1% of the national base beneficiary premium for each month you were not enrolled in a Part D plan and did not have creditable coverage.

How Can I Protect Myself from Penalties for Not Having Coverage?

- Once you are eligible for Medicare, as long as you are **working and covered by your employer's group health plan (or by a spouse's plan)**, you will not be assessed a Part B Late Enrollment penalty. You will need to provide an Employment Letter to Social Security. **COBRA does not provide coverage from the Part B penalty**.

- After you enroll in Medicare, if you have **creditable drug coverage** from any source, including employer, VA coverage, or COBRA coverage, you will not be assessed a Part D late enrollment penalty. If you lose this creditable coverage, you will have up to two months to enroll in a Medicare drug plan to avoid any penalties.

Two Options for Medicare

Once you have enrolled in Medicare Parts A and B via Social Security, you will have two options: **(See Page 8 for a comparison chart)**

1) Original Medicare with an optional Medigap and/or optional standalone drug plan *OR*
2) Medicare Advantage plan (also known as Medicare Part C).

Medicare Advantage Plans

Medicare Advantage (also known as Medicare Part C) is an "all in one" alternative to Original Medicare (Parts A and B). These bundled plans are offered by private insurance companies that contract with Medicare to provide beneficiaries with all of their Medicare benefits that include Part A, Part B, and usually Part D.

Out-of-pocket costs can vary. Some plans may have lower out-of-pocket costs than others for certain services. With Medicare Advantage, you can choose between an HMO, PPO or an HMO-POS plan. You must use doctors and/or other types of providers who are in the plan's network if your Medicare Advantage Plan is an HMO (Healthcare Maintenance Organization). You may also need to get a referral to see a specialist. For PPO and HMO-POS plans, you may have the option of choosing out-of-network doctors but you will usually pay higher co-pays. Ask your primary doctor or other providers you use if they participate in any Medicare Advantage plans.

Emergency services will be covered anywhere within the United States. If you are traveling outside your region (zip code/county), check with your plan for coverage information.

Most plans offer extra benefits that Original Medicare doesn't cover, like routine/limited vision, hearing, and dental. Check with your plan for coverage information.

You may pay a premium for the plan in addition to the monthly premium for Part B. Some plans have no monthly premium. Make sure to check your maximum out-of-pocket cost before committing to any plan.

To be eligible for a plan, you must:

- Have both Medicare Part A & Part B
- Reside in the plan's geographic service area
- Not be diagnosed with End-Stage Renal Disease (ESRD) – Restriction ends 12/31/20

When can I enroll or disenroll in a Medicare Advantage Plan?

- Initial Enrollment Period
- Special Enrollment Period
- Fall Open Enrollment (October 15 - December 7)
- Medicare Advantage Open Enrollment Period (January 1 - March 31)
  - ✓ Note: You must already have a Medicare Advantage Plan as of January 1st to make any changes.

Things to consider before choosing Medicare Advantage:

- Do your medical providers accept the plan or are you willing to change providers?
  - ➢ PLEASE call your provider to confirm plan acceptance!
- How much are the premium, copays, and coinsurance?
- What is the plan's maximum out-of-pocket cost for the year?
- Do you need to get referrals to see a specialist?
- Are your prescription drugs on the plan's formulary and what is the cost and are there any restrictions?

(See Page 11 for a List of Medicare Advantage Plans Currently Offered in Massachusetts)

Medigap Plans

Medigap plans, also known as medicare supplements, provide extra coverage beyond Medicare by filling some of the gaps in Medicare coverage. Medigap plans do not provide prescription drug coverage.

In Massachusetts, there are 7 private insurance companies that offer supplement plans across the state. Massachusetts offers **continuous open enrollment**, which allows you to enroll, change or drop your plan any month for an effective date the 1st of the following month.
(See Pages 14-15 for a List of Medigap Plans Currently Offered in Massachusetts)

Part D Prescription Drug Plans:

Even if you do not take any prescription medications, you MUST have a Part D plan to avoid a lifetime penalty unless you have other creditable coverage.

If you have Medicare Advantage, most include your Part D coverage. If you do not have Medicare Advantage, you can get a Medicare Part D Standalone Prescription Drug Plan (PDP). People with higher incomes will pay more than the standard premium for either type of plan. Your Part D Premium Costs

Medicare Part D standalone prescription drug plan carriers:

- Blue Medicare Rx
- Cigna HealthSpring
- Envision Rx Plus
- Express Scripts Medicare
- Humana
- Mutual of Omaha
- SilverScript
- United Healthcare
- WellCare

Choosing a Part D Plan:
These are the things to consider when choosing a Part D plan

- What is the Total Cost (premiums and co-pays)?
- Are your prescription drugs covered?
- Does the plan have a deductible?
- Are there any restrictions?
- What pharmacies are preferred?

On-Line Tool to Compare Options:

You can view available Part D drug plans and Medicare Advantage plans using Medicare Plan Finder. Go to www.medicare.gov and click on "Find 2020 Health & Drug Plans" – or talk with a SHINE counselor.

TIP: Medicare also highly recommends that you create a personalized *MyMedicare.gov* account.

Create an Account for a Personalized Medicare Plan Finder Experience

When you create an account, you can:

- Build a better drug list. We'll make suggestions based on prescriptions you filled within the last 12 months.
- Modify your drug list and save changes.
- Compare benefits and costs in your current plan to other plans available in your area.
- See prices based on any help you get with drug costs.

Create your new account

If you want access to personalized information and features, you'll need to create an account. Visit **Medicare.gov/plan-compare** and click "Log in or create account."

Have the following information ready (for yourself or the person you're helping):

1. Medicare Number – You can find this on your red, white, and blue Medicare card. If you're new to Medicare and don't have your Medicare card yet, you can get your Medicare number on the letter you get from Social Security after you enroll.
2. Last name
3. Date of birth
4. Current address with ZIP code or city
5. Part A or Part B coverage start date (find this on your Medicare card)

Once you add this information and select "Next," you can create a username and password and use your new Medicare account. You can write your username and a password hint below. Just remember to keep this sheet in a safe place to protect your privacy.

My Username:	My Password Hint:

Forgot your username or password?

If you have an existing account, but forgot the username or password, click "Trouble signing in?" under the Username box on the log in page. You'll need this information:

1. Medicare number
2. Last name
3. Date of birth

Your Medicare Options

REQUIRED WITH BOTH OPTIONS

MEDICARE

Enrolled in Medicare Part A & Part B and continue to pay monthly premiums

OPTION #1

Original Medicare

+

- Optional Medigap plan
- 3 different types of Medigap plans

  1. **Core**
  2. **Supplement 1A**
  3. **Supplement 1***

  (*Only if Medicare eligible prior to 2020)

- Free to choose any doctor or hospital that accepts Medicare
- No referrals needed to see specialists
- Does NOT include drug coverage
- When changing Medigap plans, need to call plan to disenroll

+

OPTIONAL PART D

Stand Alone Prescription Drug Plan

- Multiple plans to choose from
- Automatic disenrollment from Prescription Drug Plan when changing Part D plans

OPTION #2

Medicare Advantage Plan (Part C)

- Optional "Replacement"
- 4 types of MA plans

  1. **HMO** (Health Maintenance Organization) - May use network providers only
  2. **HMO-POS** (HMO with Point Of Service)-HMO with limited out of network coverage
  3. **PPO** (Preferred Provider Organization)- Can go out of network for extra $$
  4. **SNP** (Special Needs Plans) HMOs for institutionalized individuals or dual eligibles

- Usually includes prescription drug coverage.
- Cannot have separate Part D plan
- Cannot live outside service area for more than 6 consecutive months
- Covers some extra benefits
- Usually need referrals to see specialists
- May have co-pays and deductibles
- Automatic disenrollment when changing Medicare Advantage Plans

Lists of Available Medicare Advantage Plans, MediGap Plans, and Medicare Part D plans for Eligible Massachusetts Residents

SHINE
Serving the Health Insurance Needs of Everyone

ship state health insurance assistance programs NATIONAL NETWORK

Massachusetts Medicare Advantage Plans 2021

Updated 12/23/20

Insurer Name	Plans Available	Range of Premiums	Counties Offered In
Aetna 1-855-335-1407 Aetnamedicare.com	HMO, PPO	$0-$99	Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Blue Cross Blue Shield of Massachusetts 1-800-678-2265 medicare.bluecrossma.com	HMO, PPO, HMO-POS	$0-$267	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Fallon Community Health Plan 1-800-868-5200 fchp.org/medicare-choices	HMO, HMO w/ No RX	$0-$254	Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Harvard Pilgrim 1-888-609-0692 Harvardpilgrim.org/public/our-plans	HMO	$0-$195	Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Health New England 1-877-443-3314 healthnewengland.org/medicare	HMO, HMO-POS, HMO w/ No RX	$0-$166	Berkshire, Franklin, Hampden, Hampshire
Humana 1-800-872-7294 humana.com/medicare	PPO, PPO w/ No RX	$0-$20	Bristol, Worcester
Tufts 1-800-890-6600 tuftsmedicarepreferred.org/plans	HMO, HMO w/ No RX	$0-$235	Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
United Health Care (AARP) 1-855-356-6098 uhc.com/medicare	HMO, Local PPO, Regional PPO	$0-$49	Barnstable, Berkshire, Bristol, Dukes, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Massachusetts Medical Savings Accounts 2021

Updated 12/23/20

Insurer Name	Plans Available	Premiums/Deposits/Deductibles	Counties Offered In
Lasso Healthcare 1-800-918-2795 Lassohealthcare.com	Lasso Healthcare Growth MSA Lasso Healthcare Growth Plus MSA	$0 premium/$2000 deposit/$5000 deductible $0 premium/$3000 deposit/$8000 deductible	Barnstable, Berkshire, Bristol, Dukes, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Medicare Advantage Plans

Pros:

- Convenience of having only one plan (drug plan can be included)
- More choices available (HMOs, PPOs...)
- Some plans have lower premiums than Medigap plans
- Potential for better coordination of care (HMOs provide this)
- Additional limited benefits such as hearing, vision, dental, and wellness benefits
- Annual physical exams covered
- No hospital stay required for Skilled Nursing Facility (rehab) coverage
- There is a yearly limit on your out-of-pocket costs

Cons:

- Cannot live outside service area for more than 6 consecutive months
- Usually need referrals to see specialists
- Frequently has co-pays and deductibles
- Limited network of providers
- When outside of designated area, only urgent and emergency services covered

Medicare Health Maintenance Organization (HMO) Plan

Can I go anywhere to receive care?

- No, you may use network providers only, unless you have an emergency or urgent situation.

What is HMO-POS?

- POS benefit may allow you to use doctors, hospitals, and other providers who are not in the HMO network.

Do I need a referral to see a specialist?

- With an HMO plan, you need a referral to see a specialist.

Medicare Preferred Provider Organization (PPO) Plan

Can I go anywhere to receive care?

- PPO plans have a network of providers. You may have the option of choosing out of network doctors but you will usually pay higher out-of-pocket costs.

Do I need a referral to see a specialist?

- In most cases, you do not need a referral to see a specialist.

Important things to consider when choosing a Medicare Advantage Plan:

- Do your medical providers accept the plan or are you willing to change providers?
- How much are the premiums, co-pays and co-insurance?
- What is the plan's maximum out-of-pocket cost for the year?
- Do you need to get referral to see a specialist?
- Are your prescription drugs on the plan's formulary and what is the cost and are there any restrictions?

Important things to consider when choosing a Medical Savings Account:

- MSA deductible amounts are higher than Medicare Advantage plans
- After your deductible is met, you will have no co-pays for any Medicare Part A or B covered service
- Are you able to meet the required member responsibility of either $3000 or $5000?
- Unused balances in your MSA can be rolled over from year to year
- Money withdrawn from your MSA is tax-free as long as it is used for healthcare costs
- MSA accounts do not cover prescription drugs; you will still need to enroll in a Part D plan
- Copays on prescription drugs will not count towards your MSA deductible.

2021 Medigap Plans

Updated 11/12/2020

Medigap Carriers	Supplement Core Monthly Premium	NEW Medigap 1A Monthly Premium	Medigap 1 Monthly Premium Only available if Eligible for Medicare Prior to 1/1/2020 *
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) 1-800-258-2226 (member services) http://www.bluecrossma.com/medicare	$107.88 *$110.19 *Vision & Hearing	$183.48 *$185.79 *Vision & Hearing	$215.45 *$217.76 *Vision & Hearing
Fallon Community Health Plan 1-866-330-6380 (sales) 1-800-868-5200 (member services) http://www.fchp.org/medicare-choices	$138.00	$199.00	$229.00
Harvard Pilgrim Health Care 1-800-782-0334 (sales) 1-877-907-4742 (member services) http://www.harvardpilgrim.org	$136.00	$195.00	$242.00
Health New England 1-877-443-3314 http://www.healthnewengland.com	$123.00	$180.00	$216.00
Humana 1-800-872-7294 (sales) 1-800-866-0581 (member services) http://www.humana-medicare.com	$180.82 *$194.17 *Dental & Hearing	$282.20 *$295.55 *Dental & Hearing	$293.70 *$307.05 *Dental & Hearing
Tufts Health Plan 1-800-714-3000 (sales) 1-800-701-9000 (member services) http://www.tuftsmedicarepreferred.org	$129.00 *$177.00 *Optional Dental	$195.50 *$243.50 *Optional Dental	$228.50 *$276.50 *Optional Dental
United HealthCare 1-800-523-5800 http://www.aarphealthcare.com Only for members of AARP	$139.50 (6/1/20)	$195.25	$250.75 (6/1/20)

NOTE: If new to Medicare, check with each plan to see what discounts they may offer.

* Moving from Supplement 1 to Supplement 1A may be subject to restrictions

Note: Medex Choice™ is no longer sold but existing members may remain enrolled: $159.77/month in 2021

Medicare Medigap 2 is no longer sold but existing members may remain enrolled.

Medex Gold premium is $850.89/month in 2021.

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Medigap 1A	Costs For Beneficiary With Supplement 1
Medicare Part A				
Inpatient Hospital Care				
Days 1-60	$1,484 deductible	$1,484 deductible	$0	$0
Days 61-90	$371/Day	$0	$0	$0
Days 91-150 (Lifetime Reserve)	$742/Day	$0	$0	$0
All Additional Days	Full Cost	$0 For An Additional 365 Lifetime Hospital Days	$0 For an Additional 365 Lifetime Hospital Days	$0 For An Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care				
Days 1-20	$0	$0	$0	$0
Days 21-100	$185.50/Day	$185.50/Day	$0	$0
All additional Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	$0	$0	$0
Medicare Part B				
Annual Deductible	$203	$203	$203	$0
Coinsurance for Part B after deductible	20%	$0	$0	$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	$0	$0

2021 Medicare Part D Stand Alone Prescription Plans

Massachusetts

This chart is for informational purposes only and not approved by CMS

Insurance Company Name	Plan Name /Plan ID #	Monthly Premium
Aetna Medicare **(1-844-950-3513)** **aetnamedicare.com**	**SilverScript Smart Rx** (S5601-177)	**$7.20**
	SilverScript Choice (S5601-004)	**$32.90**
	SilverScript Plus (S5601-005)	**$72.00**
Blue MedicareRx **(1-888-543-4917)** **rxmedicareplans.com**	**Blue Medicare Rx-Value Plus** (S2893-001)	**$50.50**
	Blue Medicare Rx-Premier (S2893-003)	**$135.00**
Cigna **(1-855-391-2556)** **cigna.com/medicare**	**Cigna Secure-Essential Rx** (S5617-281)	**$24.00**
	Cigna Secure Rx (S5617-008)	**$36.50**
	Cigna Secure-Xtra Rx (S5617-247)	**$40.90**
Elixir Insurance **(1-866-250-2005)** **envisionrxplus.com**	**Elixir Rx Secure** (S7694-002) *(Plan name was formerly Envision Rx Plus)*	**$34.40**
	Elixir Rx Plus (S7694-125)	**$14.30**

2/1/21

All plans are National except Blue Cross plans.

Express Scripts Medicare **(866-477-5703)** **express-scriptsmedicare.com**	**Express Scripts Medicare Saver** (S5660-219)	**$27.40**
	Express Scripts Medicare Value (S5660-105)	**$32.80**
	Express Scripts Medicare Choice (S5660-206)	**$76.40**
Humana **(1-800-648-0186)** **humana- medicare.com**	**Humana Walmart Value Rx Plan** (S5884-182)	**$17.20**
	Humana Basic Rx Plan (S5884-102)	**$35.10**
	Humana Premier Rx Plan (S5884-149)	**$65.40**
Mutual of Omaha **(1-833-530-2714)** **mutualofomaharx.com**	**Mutual of Omaha Rx Premier** (S7126-072)	**$25.10**
	Mutual of Omaha Rx Plus (S7126-002)	**$87.10**
UnitedHealthcare **(1-800-850-8230)** **aarpmedicareplans.com**	**AARP MedicareRx Saver Plus** (S5921-348)	**$31.90**
	AARP Medicare Rx Walgreens (S5921-385)	**$37.90**
	AARP MedicareRx Preferred (S5820-002)	**$86.00**
WellCare **(1-888-293-5151)** **wellcarepdp.com**	**WellCare Wellness Rx** (S4802-171)	**$14.40**
	WellCare Value Script (S4802-137)	**$16.20**
	WellCare Medicare Rx Select (S5810-276)	**$26.40**
	WellCare Classic (S4802-076)	**$31.00**
	WellCare Medicare Rx Saver (S5810-036)	**$35.70**
	WellCare Medicare Rx Value Plus	**$74.40**

Pink highlighted **basic** plans have a premium below 2021 benchmark of **$35.16** (or within $2.00 de minimis amount)

2/1/21

All plans are National except Blue Cross plans.