Plan Name	Deductible	Premium	Tier 1 Preferred	Tier 1 Non-Preferred	Tier 2 Preferred	Tier 2 Non-Preferred	Tier 3 Preferred	Tier 3 non-preferred
AARP Medicare Rx Saver Plus	$320.00	$27.50	$1.00	$ 2.00	$ 2.00	$ 4.00	$ 25.00	$ 30.00
AARP MedicareRx Preferred	$0.00	$46.10	$1.00	$ 5.00	$ 3.00	$ 9.00	$ 40.00	$ 45.00
Aetna Medicare Rx Premier	$0.00	$113.30	$0.00	$ 4.00	$ 3.00	$ 7.00	$ 45.00	$ 45.00
Aetna Medicare Rx Saver	$320.00	$23.10	$0.00	$ 2.00	$ 3.00	$ 5.00	$ 45.00	$ 45.00
AR Blue Cross- Medi Pak Rx Basic	$200.00	$40.80	$4.00	$ 10.00	$ 15.00	$ 33.00	$ 40.00	$ 45.00
Cigna-HealthSpring Rx Secure	$320.00	$25.70	$1.00	$ 4.00	$ 4.00	$ 11.00	20% COPAY	22% COPAY
Cigna-HealthSpring Rx Secure-Max	$0.00	$113.30	$1.00	$ 4.00	$ 2.00	$ 8.00	$ 30.00	$ 40.00
Cigna-HealthSpring Rx Secure-Xtra	$0.00	$34.10	$1.00	$ 4.00	$ 4.00	$ 10.00	20% COPAY	22% COPAY
EnvisionRxPlus Silver	$320.00	$27.00	$2.00	$ 10.00	15% COPAY	25% COPAY	39% COPAY	44% COPAY
Express Scripts Medicare - Value	$320.00	$27.40	$0.00	$ 3.00	$ 5.00	$ 11.00	22% COPAY	24% COPAY
Express Scripts Medicare-Choice	$50.00	$56.00	$1.00	$ 8.00	$ 5.00	$ 16.00	$ 40.00	$ 45.00
First Health Part D Premier Plus	$0.00	$103.20	$0.00	$ 4.00	$ 3.00	$ 7.00	$ 45.00	$ 45.00
First Health Part D Value Plus	$250.00	$38.30	$0.00	$ 3.00	$ 3.00	$ 7.00	$ 35.00	$ 35.00
Humana Enhanced	$0.00	$51.10	$3.00	$ 7.00	$ 7.00	$ 12.00	$ 42.00	$ 45.00
Humana Preferred Rx Plan	$320.00	$26.80	$1.00	$ 3.00	$ 2.00	$ 7.00	20% COPAY	25% COPAY
Humana Walmart Rx Plan	$320.00	$15.60	$1.00	$ 10.00	$ 4.00	$ 33.00	20% COPAY	25% COPAY
SilverScripts Plus	$0.00	$70.80	$0.00	$ 7.00	$ 24.00	$ 31.00	40% COPAY	50% COPAY
Symphonix Premier Rx	$0.00	$85.30	$2.00	$ 4.00	$ 4.00	$ 6.00	$ 30.00	$ 35.00
Symphonix Value Rx	$320.00	$28.30	$1.00	$ 2.00	$ 4.00	$ 5.00	$ 25.00	$ 30.00
United American - Enhanced	$0.00	$72.50	$0.00	$ 9.00	$ 7.00	$ 15.00	$ 37.00	$ 45.00
United American - Select	$320.00	$30.30	$0.00	$ 9.00	$ 3.00	$ 11.00	14% COPAY	19% COPAY
WellCare Classic	$320.00	$24.90	$0.00	$ 9.00	$ 9.00	$ 29.00	$ 39.00	$ 45.00
WellCare Extra	$0.00	$56.00	$0.00	$ 9.00	$ 5.00	$ 29.00	$ 39.00	$ 45.00
WellCare Simple	$320.00	$29.70	$0.00	$ 10.00	$ 2.00	$ 14.00	$ 35.00	$ 45.00

Plans with No Preferred Networks	Deductible	Premium	Tier 1	Tier 2	Tier 3
AR Blue Cross Medi-Pak Rx Premier	$0.00	$138.60	$2.00	$ 12.00	$ 45.00
SilverScript Choice	$0.00	$17.90	$7.00	$ 33.00	44% Copay
Transamerica MedicareRx Choice	$0.00	$44.90	$0.00	$ 18.00	$ 45.00
Transamerica MedicareRx Classic	$320.00	$36.80	$0.00	$ 7.00	$ 45.00