

# Alabama

## Medicare Drug Plan Ratings

This AARP rating tool contains information about “stand-alone” Medicare plans in your state that cover only prescription drugs. Each year, from November 15 to December 31, people enrolled in a Medicare drug plan may switch plans. Others who have not yet enrolled in Medicare Part D can also use this time to sign up.

You can compare Medicare drug plans using this AARP rating tool. We’ve listed all the Medicare-approved drug plans in your state along with some helpful information about each plan.

### Using the Tool

**The drug plans are listed in alphabetical order and are divided into three sections.**

- Section One: lists plans that do not pay for any drugs in the coverage gap (also known as the donut hole).
- Section Two: lists plans that pay for only generic drugs in the coverage gap.
- Section Three: lists plans that pay for generic and some brand name drugs in the coverage gap.

(A drug plan sponsor may have one or more plans in a section.)

*Note:* You’ll reach the coverage gap in 2007 if your total drug costs (what you and your drug plan pay for your drugs excluding premiums) will be greater than \$2,400. If you receive Extra Help, you’ll have no coverage gap under any plan.

**Go to the blue cost section of the chart. For each plan, you’ll see:**

- The Monthly Premium for 2007
- The Annual Deductible for 2007

- A Total Cost Range based on the number of drugs you take.
  - You’ll need to determine which of these categories fits your drug use: low (taking 3 medications or less), medium (taking 4-5 medications), or high (taking more than 6 medications).
  - The dollar signs represent a range of total costs you could expect to pay under the plan (lowest cost plans are \$, highest cost plans are \$\$\$\$\$). A key with the range of total costs is included below.
  - Total costs include: the deductible, monthly premiums, and all other costs you will pay.
- Extra Help Pays Full Premium. You will pay no or a reduced premium for plans marked “yes” if you qualify for extra help.

**Go to the orange section on drug coverage. For each plan, you’ll see:**

- What percent of the 100 most commonly used drugs by people with Medicare the plan covers. Look for plans that cover the most drugs.

### Important Considerations

- Before enrolling in a plan, you should check with the drug plan to make sure it covers the drugs you use.
- Remember your actual costs will vary based on the specific drugs you take and the plan you choose.
- Be sure to check with the plan to see whether its preferred pharmacies are convenient to you.

### Key: Range of Cost by Beneficiary Use

| Annual Cost | Low Drug Use | Medium Drug Use | High Drug Use |
|-------------|--------------|-----------------|---------------|
| \$          | \$545–848    | \$825–1177      | \$2882–3887   |
| \$\$        | \$849–955    | \$1178–1306     | \$3888–4037   |
| \$\$\$      | \$956–1043   | \$1307–1404     | \$4038–4137   |
| \$\$\$\$    | \$1044–1165  | \$1406–1549     | \$4138–4217   |
| \$\$\$\$\$  | \$1166–2108  | \$1551–3000     | \$4218–7173   |

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### PLANS

*Terms Identified following chart*

| PLANS  | BENEFICIARY'S COST |                   |                        |                 |               |                              | COVERED DRUGS |
|--|--------------------|-------------------|------------------------|-----------------|---------------|------------------------------|---------------|
|  | Monthly Premium    | Annual Deductible | Annual Cost Ranges For |                 |               | Extra Help Pays Full Premium |               |
|  |                    |                   | Low Drug Use           | Medium Drug Use | High Drug Use |                              |               |
| <b>Plans that do not pay for drugs in the coverage gap</b> |                    |                   |                        |                 |               |                              |               |
| AARP MedicareRx Plan—Saver                                 | \$20.50            | \$265             | \$\$\$                 | \$\$\$          | \$\$\$        | YES                          | 98%           |
| AARP MedicareRx Plan                                       | \$31.30            | \$0               | \$\$                   | \$\$            | \$\$\$        | YES*                         | 98%           |
| Advantage Freedom Plan by RxAmerica                        | \$29.30            | \$265             | \$\$                   | \$              | \$\$\$        | YES                          | 87%           |
| Advantage Star Plan by RxAmerica                           | \$24.70            | \$265             | \$                     | \$              | \$            | YES                          | 100%          |
| AdvantraRx Value   | \$26.80            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$\$      | NO                           | 92%           |
| AdvantraRx Premier   | \$38.30            | \$0               | \$\$\$\$\$             | \$\$\$\$        | \$\$\$\$      | NO                           | 100%          |
| Aetna Medicare Rx Essentials                               | \$28.90            | \$190             | \$\$\$                 | \$\$\$\$        | \$\$\$\$      | YES                          | 92%           |
| Aetna Medicare Rx Plus                                     | \$43.00            | \$0               | \$\$                   | \$\$            | \$\$\$\$\$    | NO                           | 100%          |
| AmeriHealth Advantage Rx Option I                          | \$31.60            | \$265             | \$\$                   | \$              | \$\$          | YES*                         | N/A           |
| Blue Rx Option I   | \$35.50            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$\$\$    | NO                           | 91%           |
| Blue Rx Option III   | \$54.50            | \$250             | \$\$\$\$\$             | \$\$\$\$        | \$\$\$\$\$    | NO                           | 100%          |
| CIGNATURE Rx Value Plan                                    | \$22.00            | \$265             | \$\$\$\$               | \$\$\$          | \$            | YES                          | 100%          |
| CIGNATURE Rx Plus Plan                                     | \$29.90            | \$0               | \$\$\$\$               | \$\$\$\$        | \$\$\$        | NO                           | 100%          |
| Community Care Rx BASIC                                    | \$27.60            | \$265             | \$                     | \$              | \$\$\$\$      | YES                          | 95%           |
| Community Care Rx CHOICE                                   | \$35.30            | \$0               | \$                     | \$              | \$\$\$\$\$    | NO                           | 95%           |
| EnvisionRxPlus Standard                                    | \$40.50            | \$265             | \$\$                   | \$              | \$            | NO                           | 91%           |
| First Health Premier                                       | \$26.40            | \$0               | \$\$\$\$               | \$\$\$          | \$\$\$        | YES                          | 98%           |
| Health Net Orange Option 1                                 | \$28.20            | \$265             | \$\$                   | \$\$            | \$\$\$        | YES                          | 87%           |
| Health Net Orange Option 2                                 | \$31.20            | \$0               | \$                     | \$              | \$\$\$\$\$    | YES*                         | 100%          |
| HealthSpring Prescription Drug Plan                        | \$25.30            | \$265             | \$                     | \$              | \$\$          | YES                          | 90%           |
| Humana PDP Standard  | \$18.20            | \$265             | \$                     | \$              | \$\$\$        | YES                          | 100%          |
| Humana PDP Enhanced  | \$26.50            | \$0               | \$                     | \$              | \$            | NO                           | 100%          |
| Medco YOURx PLAN   | \$34.60            | \$100             | \$\$\$                 | \$\$\$\$        | \$\$\$\$\$    | NO                           | 98%           |

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*Terms Identified following chart*

|   | BENEFICIARY'S COST |                   |                        |                 |               |                              | COVERED DRUGS |
|---|--------------------|-------------------|------------------------|-----------------|---------------|------------------------------|---------------|
|   |                    |                   | Annual Cost Ranges For |                 |               |                              |               |
|   | Monthly Premium    | Annual Deductible | Low Drug Use           | Medium Drug Use | High Drug Use | Extra Help Pays Full Premium |               |
| <b>Plans that do not pay for drugs in the coverage gap</b>  |                    |                   |                        |                 |               |                              |               |
| MedicareRx Rewards Value                                    | \$27.80            | \$265             | \$\$                   | \$\$\$          | \$\$\$\$      | YES                          | 94%           |
| MedicareRx Rewards Plus                                     | \$34.70            | \$0               | \$\$                   | \$\$            | \$\$\$\$      | NO                           | 99%           |
| NMHC Medicare PDP Gold                                      | \$33.40            | \$0               | \$\$\$                 | \$\$\$\$        | \$\$\$\$\$    | NO                           | 91%           |
| Prescription Pathway Bronze Plan                            | \$26.50            | \$265             | \$\$                   | \$\$\$          | \$\$          | YES                          | 96%           |
| Prescription Pathway Gold Plan                              | \$24.60            | \$0               | \$                     | \$              | \$\$\$\$      | NO                           | 96%           |
| SAMAScript  | \$52.30            | \$265             | \$\$\$\$               | \$\$\$          | \$\$\$\$\$    | NO                           | 100%          |
| SierraRx Basic  | \$32.60            | \$265             | \$                     | \$              | \$            | NO                           | 85%           |
| SilverScript  | \$32.80            | \$265             | \$\$\$\$               | \$\$\$\$\$      | \$\$\$\$\$    | NO                           | 94%           |
| SilverScript Plus   | \$42.00            | \$0               | \$\$\$                 | \$\$            | \$\$\$\$      | NO                           | 98%           |
| Sterling Rx   | \$33.70            | \$100             | \$\$\$\$               | \$\$\$\$        | \$\$\$\$\$    | NO                           | 98%           |
| UA Medicare Part D Prescription Drug Cov                    | \$43.80            | \$0               | \$\$\$\$               | \$\$\$\$        | \$\$\$\$\$    | NO                           | 98%           |
| UA Medicare Part D Rx Covg—Silver Plan                      | \$34.10            | \$265             | \$\$                   | \$\$            | \$\$\$        | NO                           | 98%           |
| UnitedHealth Rx Basic                                       | \$33.30            | \$0               | \$\$\$\$               | \$\$\$          | \$\$\$        | NO                           | 98%           |
| UnitedHealth Rx Extended                                    | \$45.30            | \$0               | \$\$\$                 | \$\$            | \$\$\$\$      | NO                           | 98%           |
| WellCare Classic  | \$20.70            | \$265             | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$        | YES                          | 83%           |
| WellCare Signature  | \$30.00            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$\$\$    | YES*                         | 83%           |
| Windsor Rx  | \$19.50            | \$0               | \$\$                   | \$\$\$\$\$      | \$\$\$        | YES                          | 98%           |
| <b>Plans that pay for generic drugs in the coverage gap</b> |                    |                   |                        |                 |               |                              |               |
| AARP MedicareRx Plan—Enhanced                               | \$50.60            | \$0               | \$\$\$\$               | \$\$\$\$        | \$\$          | NO                           | 98%           |
| Advantra Premier Plus                                       | \$48.20            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$\$      | NO                           | 100%          |
| Aetna Medicare Rx Premier                                   | \$73.10            | \$0               | \$\$\$\$               | \$\$\$          | \$\$          | NO                           | 100%          |
| Blue Rx Option II   | \$59.00            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$\$\$    | NO                           | 100%          |
| CIGNATURE Rx Complete Plan                                  | \$39.80            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$        | NO                           | 100%          |
| Community Care Rx GOLD                                      | \$43.60            | \$0               | \$\$                   | \$\$            | \$\$          | NO                           | 96%           |

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### PLANS

*Terms Identified following chart*

|   | BENEFICIARY'S COST |                   |                        |                 |               |                              | COVERED DRUGS<br><br>Top 100 Drugs Used by Medicare Beneficiaries |
|---|--------------------|-------------------|------------------------|-----------------|---------------|------------------------------|---|
|   |                    |                   | Annual Cost Ranges For |                 |               |                              |   |
|   | Monthly Premium    | Annual Deductible | Low Drug Use           | Medium Drug Use | High Drug Use | Extra Help Pays Full Premium |   |
| <b>Plans that pay for generic drugs in the coverage gap</b>                           |                    |                   |                        |                 |               |                              |   |
| EnvisionRxPlus Gold   | \$61.50            | \$0               | \$\$\$                 | \$\$            | \$            | NO                           | 91%   |
| First Health Select   | \$43.90            | \$0               | \$\$\$\$\$             | \$\$\$\$        | \$\$\$        | NO                           | 100%  |
| Health Net Orange Option 3  | \$42.90            | \$0               | \$\$\$                 | \$\$\$          | \$\$          | NO                           | 100%  |
| Humana PDP Complete   | \$88.40            | \$0               | \$\$\$\$\$             | \$\$\$          | \$\$\$\$\$    | NO                           | 100%  |
| MedicareRx Rewards Premier  | \$49.50            | \$0               | \$\$\$\$               | \$\$\$\$        | \$\$\$        | NO                           | 94%   |
| Prescription Pathway Platinum Plan  | \$45.90            | \$0               | \$\$\$\$               | \$\$\$\$        | \$\$\$\$      | NO                           | 100%  |
| SilverScript Complete   | \$49.40            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$\$\$    | NO                           | 94%   |
| Sterling Rx Plus  | \$63.80            | \$100             | \$\$\$                 | \$\$\$\$        | \$            | NO                           | 98%   |
| WellCare Complete   | \$49.70            | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$\$\$        | NO                           | 83%   |
| Windsor Rx Plus   | \$31.00            | \$0               | \$\$                   | \$\$\$          | \$\$          | NO                           | 97%   |
| <b>Plans that pay for generic drugs and some brand name drugs in the coverage gap</b> |                    |                   |                        |                 |               |                              |   |
| SierraRx Plus   | \$123.80           | \$0               | \$\$\$\$\$             | \$\$\$\$\$      | \$            | NO                           | 99%   |

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### Terms

- **Monthly Premium:** The amount you pay each month to receive drug coverage
- **Annual Deductible:** The amount you must pay each year for your medicine before your plan starts to pay your costs
- **Annual Costs for Low Drug Use:** An estimate of the costs a beneficiary would pay if taking 3 medications for diabetes and hypertension
- **Annual Costs for Medium Drug Use:** An estimate of the costs a beneficiary would pay if taking 5 medications for diabetes and hypertension
- **Annual Costs for High Drug Use:** An estimate of the costs a beneficiary would pay if taking 9 medications for diabetes, hypertension, and respiratory illness
- **Coverage of Top 100 Drugs Used by Medicare Beneficiaries:** Percentage of the Top 100 most commonly used drugs by Medicare beneficiaries that are covered by the plan

\* Recent guidance from CMS indicates that those Medicare beneficiaries who qualify for extra help should pay no or a reduced premium for these plans.

N/A: Information not available.

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### Help Is Available:

- Medicare can be reached 24/7 at 1-800-633-4227 (TTY 1-877-486-2048) or at [www.medicare.gov](http://www.medicare.gov).
- State Health Insurance Assistance Program (SHIP): Call Medicare to find a local program or go to [www.shiptalk.org](http://www.shiptalk.org) on the Web.
- AARP Extra Help Application Center can assist you with filing your Extra Help application before December 31, 2006. Call them at 1-800-985-6848 Monday–Friday, 9am–9pm Eastern Time.
- Social Security or your state Medicaid office can tell you whether you qualify for help with paying for prescription drugs. Call Social Security at 1-800-772-1213 (TTY 1-877-486-2048) or go to [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp) on the Web.

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