



# MRx Plan Comparison Report

User Guide 2020



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## Overview: Competitor Analysis

### Overview

MRx plan comparison allows you to compare plans side by side based on the drug coverage they offer and the costs. It breaks it down to each tier level for all types of coverages, including ICL, Gap, etc. The costs reported are for all types of supplies, namely Standard Retail, Preferred Retail and Mail order for all quantity supplies. You can choose to compare MAPD plans, PDP and SNP across all of US.

### What data is available in this report and when is it refreshed?

This report has data coming from PBP files to capture the benefits and enrollment file to capture who has been winning the market in terms of the gain in enrollment. All the files are released by the CMS and this report is refreshed quarterly.

### What decisions can I make using this report?

- Part D benefits account for a big chunk of both beneficiary's and MAO's expenditure, and this report helps keep track of all the tier level information and track changes the competition has been bringing in.
- Understand the market's needs through changes the market leaders have been trying to bring in



## How can I use MRx plan comparison report?

This is the default view of the MRx plan comparison report.

MRx Dashboard					
State <span>California</span> County <span>Los Angeles</span> MA-PD+PDP <span>(All)</span> Plan Type <span>(All)</span> High Rated Plans <span>(All)</span> Org. <span>(All)</span> Plans <span>(Multiple val...</span> Variable <span>(All)</span>					
Performance Indicator	Plan Name	Anthem Blue Cross MedicareRx Plus (PDP)S5596_034_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0	Humana Walmart Rx Plan (PDP)S5884_178_0
	Enrolled (Mar '19)	8,397	1,087	15,459	14,943
	Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
	Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Plan Indicator	Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
	Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
	MRx Drug Benefit	Yes	Yes	Yes	Yes
	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard Retail Cost-Sharing	No	Yes	No	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes
	Standard/Preferred Retail Cost-Sharing	Yes	No	Yes	Yes



# Step 1: Select your market

1

MRx Dashboard

State 

- (All)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky

County

MA-PD+PDP

Plan Type

High Rated Plans

Org.

Plans

Variable

Performance Indicator	Anthem Blue Cross MedicareRx Plus (PDP)\$5596_034_0	Anthem Connect Plus (HMO)\$0544_049_0	Humana Gold Plus H561-9-021 (HMO)\$5619_021_0	Humana Walmart Rx Plan (PDP)\$5884_178_0
Enrollment	8,397	1,087	15,459	14,943
Plan	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Quality	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
Net Premium	\$ 0	\$ 35	\$ 0	\$ 0
Annual Premium	\$ 0	\$ 415	\$ 0	\$ 415
Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
MRx Drug Benefit	Yes	Yes	Yes	Yes
MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
Long Term Care Pharmacy	Yes	Yes	Yes	Yes
Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
Standard Mail Order Cost-Sharing	Yes	Yes	No	No
Standard Retail Cost-Sharing	No	Yes	No	No
Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

## 1.1 Choose your State

Select one State from the dropdown to filter information in your State



# Step 1: Select your market

1

MRx Dashboard

StateCaliforniaCountyEnter search text

MA-PD+PDP(All)Plan Type(All)High Rated Plans(All)Org.(All)Plans(Multiple val...)Variable(All)

Performance Indicator	Plan Name	Blue Cross Medicar- (PDP)S5596_034_0	Anthem Connect Plu- s (HMO)H0544_049_0	Humana Gold Plus H561- 9-021 (HMO)H5619_021_0	Humana Walmart Rx P- lan (PDP)S5884_178_0
	Enrolled (Mar '19)	8,397	1,087	15,459	14,943
	Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
	Plan Type	Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
	Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
	Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
	MRx Drug Benefit	Yes	Yes	Yes	Yes
Plan Indicator	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard Retail Cost-Sharing	No	Yes	No	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

## 1.2 Choose your County

Select the County you want to focus on



## Step 2: Select Plans to compare

MRx Dashboard

2

State California County Los Angeles MA-PD+PDP (All) Plan Type (All) High Rated Plans (All) Org. (All) Plans (Multiple val... Variable (All)

☒ (All)  
☒ MA-PD  
☒ PDP

Can... Apply

Plan Name	Anthem Blue Cross Medicare Rx Plus (PDP)S5596_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0	Humana Walmart Rx Plan (PDP)S5884_178_0
Enrolled (Mar '19)	8,397	1,087	15,459	14,943
Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
MRx Drug Benefit	Yes	Yes	Yes	Yes
MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
Long Term Care Pharmacy	Yes	Yes	Yes	Yes
Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
Standard Mail Order Cost-Sharing	Yes	Yes	No	No
Standard Retail Cost-Sharing	No	Yes	No	No
Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

### 2.1 Choose from MAPD/PDP

Select whether you want to compare Part D benefits of MAPD plans and/or PDP plans.



## Step 2: Select Plans to compare

MRx Dashboard

2

State California County Los Angeles MA-PD+PDP (All) Plan Type (All) High Rated Plans (All) Org. (All) Plans (Multiple val...) Variable (All)

☒ (All)  
☒ HMO  
☒ Medicare Prescription Drug Plan

Cancel Apply

Plan Name	Anthem Blue Cross MedicareRx Plus (PDP)S5596_034_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0	Humana Walmart Rx Plan (PDP)S5884_178_0
Enrolled (Mar '19)	8,397	1,087	15,459	14,943
Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
MRx Drug Benefit	Yes	Yes	Yes	Yes
MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
Long Term Care Pharmacy	Yes	Yes	Yes	Yes
Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
Standard Mail Order Cost-Sharing	Yes	Yes	No	No
Standard Retail Cost-Sharing	No	Yes	No	No
Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

### 2.2 Choose Plan Type

Select the Plan type you want to focus on, including HMO, PPO, and PDP.





## Step 2: Select Plans to compare

MRx Dashboard

2

State California County Los Angeles MA-PD+PDP (All) Plan Type (All) High Rated Plans (All) Org. (All) Plans (Multiple val...) Variable (All)

☒ (All)  
☒ High Rated Plans  
☒ Low Rated Plans  
Cancel Apply

Plan Name	Anthem Blue Cross MedicareRx Plus (PDP)S5596_034_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0	Humana Walmart Rx Plan (PDP)S5884_178_0
Enrolled (Mar '19)	8,397	1,087	15,459	14,943
Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
MRx Drug Benefit	Yes	Yes	Yes	Yes
MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
Long Term Care Pharmacy	Yes	Yes	Yes	Yes
Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
Standard Mail Order Cost-Sharing	Yes	Yes	No	No
Standard Retail Cost-Sharing	No	Yes	No	No
Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

### 2.3 Choose between High Rated Plans

This helps you filter out plans which are 'High Rated' (4 stars or higher) or 'Low Rated' (3.5 stars or lower)



## Step 2: Select Plans to compare

MRx Dashboard

2

State California County Los Angeles MA-PD+PDP (All) Plan Type (All) High Rated Plans (All) Org. (All) Plans (Multiple val...) Variable (All)

Performance Indicator	Plan Name	Anthem Blue Cross MedicareRx Plus (PDP)\$5596_034_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold 9-021 (HMO)	Humana Walmart Rx Plan (PDP)\$5884_178_0
	Enrolled (Mar '19)	8,397	1,087	15,4	14,943
	Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
Plan Indicator	Plan Type	Medicare Prescription Drug Plan	HMO	Humana Inc.	Medicare Prescription Drug Plan
	Overall Star Ratings	3.5 Stars	4.5 Stars	4.5 Stars	3.5 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
	Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1,000	\$ 0
	MRx Drug Benefit	Yes	Yes	Yes	Yes
	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard Retail Cost-Sharing	No	Yes	No	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

Enter search text

☒ (All)  
☒ Aetna Inc.  
☒ AHMC Central Health LLC  
☒ AIDS Healthcare Foundation  
☒ Alignment Healthcare USA, LLC  
☒ Anthem Inc.  
☒ California Physicians' Service  
☒ Centene Corporation  
☒ CIGNA  
☒ CVS Health Corporation  
☒ Express Scripts Holding Company  
☒ Golden State Medicare Health Plan  
☒ Humana Inc.  
☒ Imperial Health Plan of California, Inc.  
☒ InterValley Health Plan  
☒ Kaiser Foundation Health Plan, Inc.  
☒ MHI Life Insurance, Incorporated  
☒ Molina Healthcare, Inc.,  
☒ Mutual of Omaha Rx  
☒ SCAN Health Plan  
☒ UnitedHealth Group, Inc.  
☒ Universal Care, Inc.  
☒ WellCare Health Plans, Inc.

Cancel Apply

### 2.4 Choose Organizations

Choose Organization names you want to select plans of, to make selection of plans easier.



## Step 2: Select Plans to compare

MRx Dashboard

2

State California

County Los Angeles

MA-PD+PDP (All)

Plan Type (All)

High Rated Plans (All)

Org. (All)

Plans (Multiple val...)

Variable (All)

Performance Indicator	Plan Name	Anthem Blue Cross MedicareRx Plus (PDP)S5596_034_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0
	Enrolled (Mar '19)	8,397	1,087	15,459
Plan Indicator	Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.
	Plan Type	Medicare Prescription Drug Plan	HMO	HMO
Plan Indicator	Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0
	Annual Health Deductible	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1300
	MRx Drug Benefit	Yes	Yes	Yes
	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No
Plan Indicator	Standard Retail Cost-Sharing	No	Yes	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes

Enter search text

☐ (All)
 ☒ AARP MedicareComplete SecureHoriz...
 ☐ AARP MedicareComplete SecureHoriz...
 ☐ AARP MedicareComplete SecureHoriz...
 ☐ AARP MedicareComplete SecureHoriz...
 ☐ AARP MedicareRx Preferred (PDP)S5...
 ☒ Aetna Medicare Choice Plan (PPO)H5...
 ☐ Aetna Medicare Prime Plan (HMO)H05...
 ☐ Aetna Medicare Rx Select (PDP)S5810...
 ☐ Aetna Medicare Rx Value Plus (PDP)S...
 ☐ Aetna Medicare Select Plan (HMO)H05...
 ☐ Alignment Health Plan CalPlus (HMO)...
 ☐ Alignment Health Plan Heart & Diabet...
 ☐ Alignment Health Plan My Choice (HM...
 ☐ Alignment Health Plan Platinum (HMO...
 ☐ Alignment Health Plan smartHMO (HM...
 ☐ Anthem Blue Cross MedicareRx Plus (...
 ☐ Anthem Breathe (HMO SNP)H0544\_01...
 ☐ Anthem Care On Site (HMO SNP)H054...
 ☐ Anthem Connect (HMO SNP)H0544\_0...
 ☐ Anthem Connect Plus (HMO)H0544\_0...
 ☐ Anthem Diabetes (HMO SNP)H0544\_0...
 ☐ Anthem Heart (HMO SNP)H0544\_013\_0
 ☒ Anthem MediBlue Coordination Plus (...
 ☐ Anthem MediBlue Extra (HMO)H0544\_...
 ☐ Anthem MediBlue Plus (HMO)H0544\_0...
 ☐ Anthem MediBlue Select (HMO)H0544...
 ☐ Anthem StartSmart Plus (HMO)H0544...
 ☐ Anthem Value Plus (HMO)H0544\_002\_0
 ☐ Blue Shield 65 Plus (HMO)H0504\_015\_0

Cancel

Apply

### 2.5 Choose Plans

Choose the plans you want to compare side by side.



## Step 3: Select Benefits to compare Plans

MRx Dashboard

State **California** County **Los Angeles** MA-PD+PDP **(All)** Plan Type **(All)** High Rated Plans **(All)** Org. **(All)** Plans **(Multiple val...)** Variable **(All)**

Performance Indicator	Plan Name	Anthem Blue Cross Medicar-eRx Plus (PDP)S5596_034_0	Anthem Connect Plu-s (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0	Humana lan (PDP)
	Enrolled (Mar '19)	8,397	1,087	15,459	
	Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
	Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Plan Indicator	Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 0
	Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
	MRx Drug Benefit	Yes	Yes	Yes	Yes
	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard Retail Cost-Sharing	No	Yes	No	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

Enter search text

☒ Part Gap Tier Includes (Gap)  
☒ Part Gap Tier Includes\_2Gap  
☒ Part Gap Tier Includes\_6Gap  
☒ Per Chapter 4 of the Medicare Manage...  
☒ POST OOP Excluded only tier YN  
☒ Pre ICL Exclud drug only YN  
☒ Raised ICL  
☒ Reduced deductible  
☒ Reduced post-threshold cost shares  
☒ Reduced pre-ICL cost shares  
☒ Rx Vbid Num Grps  
☒ Rx Vbid YN  
☒ Second Less Expensive Cost Sharing ...  
☒ Sponsor attests that it will comply wit...  
☒ Standard Mail Order - one month supply  
☒ Standard Mail Order - three month su...  
☒ Standard Mail Order - two month supply  
☒ Standard Mail Order Cost-Sharing - o...  
☒ Standard Mail Order Cost-Sharing - th...  
☒ Standard Mail Order Cost-Sharing - tw...  
☒ Standard Retail Cost-Sharing - one m...  
☒ Standard Retail Cost-Sharing - three ...  
☒ Standard Retail Cost-Sharing - two m...  
☒ Standard Retail/Preferred Retail Cost-...  
☒ Standard Retail/Preferred Retail Cost-...  
☒ Standard/Preferred Mail Order Cost-S...  
☒ Standard/Preferred Mail Order Cost-S...  
☒ Tier Label Description(s)

Cancel Apply

### 3.1 Choose benefits

You can choose the benefits that you want to compare. By default, all will be selected.



## MRx Plan Comparison: Plan details

### MRx Dashboard

State California County Los Angeles MA-PD+PDP (All) Plan Type (All) High Rated Plans (All) Org. (All) Plans (Multiple val...) Variable (All)

Performance Indicator	Plan Name	Anthem Blue Cross MedicareRx Plus (PDP)S5596_034_0	Anthem Connect Plus (HMO)H0544_049_0	Humana Gold Plus H561-9-021 (HMO)H5619_021_0	Humana Walmart Rx Plan (PDP)S5884_178_0
	Enrolled (Mar '19)	8,397	1,087	15,459	14,943
	Parent Organization	Anthem Inc.	Anthem Inc.	Humana Inc.	Humana Inc.
	Plan Type	Medicare Prescription Drug Plan	HMO	HMO	Medicare Prescription Drug Plan
Plan Indicator	Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
	Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
	MRx Drug Benefit	Yes	Yes	Yes	Yes
	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard Retail Cost-Sharing	No	Yes	No	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes

### Plan Information

First section lays out the plan information like the Plan name, Parent Organization, their enrollment and the Plan type



# MRx Plan Comparison: Costs and Benefits offered

Performance Indicator	Enrolled (Mar '19)	9,279	1,661	3,126	160,554
	Parent Organization	UnitedHealth Group, Inc.	Aetna Inc.	Anthem Inc.	Kaiser Foundation Health Plan, Inc.
	Plan Type	HMO	Local PPO	HMO	HMO
Plan Indicator	Overall Star Ratings	3.5 Stars	4.5 Stars	4 Stars	3.5 Stars
	Monthly Consolidated Premium (C+D)	\$ 0	\$ 35	\$ 0	\$ 0
	Annual Drug Deductible	\$ 0	\$ 415	\$ 0	\$ 415
	Annual Health Deductible	\$ 0	\$ 0	\$ 0	\$ 0
	MOOP	\$ 0	\$ 6700	\$ 1300	\$ 0
	MRx Drug Benefit	Yes	Yes	Yes	Yes
	MRx Drug Benefit Type	Enhanced Alternative	Defined Standard Benefit	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard Retail Cost-Sharing	No	Yes	No	No
	Standard/Preferred Mail Order Cost-Sharing	No	No	Yes	Yes
	Standard/Preferred Retail Cost-Sharing	Yes	No	Yes	Yes
Drug benefits..	Copay Amt LTC mmpmin Tier 2 (ICL)				
	Copay Amt LTC mmpmin Tier 3 (ICL)				
	Copay Amt LTC mmpmin Tier 4 (ICL)				
	I attest that it is the plan sponsor's intention to buy do..				
	Label List	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (ICL)/Tier3= Prefer..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..

## Plan Information

The second section lays out the high level cost information and the benefits offered.



# MRx Plan Comparison: Benefit details

Plan	MRx Drug Benefit Type	Enhanced Alternative	Enhanced Alternative	Enhanced Alternative	Enhanced Alternative
	Long Term Care Pharmacy	Yes	Yes	Yes	Yes
	Out-of-Network Pharmacy	Yes	Yes	Yes	Yes
	Standard Mail Order Cost-Sharing	No	No	Yes	Yes
	Standard Retail Cost-Sharing	Yes	No	No	Yes
	Standard/Preferred Mail Order Cost-Sharing	Yes	Yes	No	No
	Standard/Preferred Retail Cost-Sharing	No	Yes	Yes	No
Medicare Part D prescription drug benefits..	Copay Amt LTC mmpmin Tier 2 (ICL)				
	Copay Amt LTC mmpmin Tier 3 (ICL)				
	Copay Amt LTC mmpmin Tier 4 (ICL)				
	I attest that it is the plan sponsor's intention to buy do..				
	Label List	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (ICL)/Tier3= Prefer..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..
	LTC Tier 1M Num Days Tier 2 (GAP)	31.0	31.0		31.0
	LTC Tier 1M Num Days Tier 2 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 3 (GAP)				
	LTC Tier 1M Num Days Tier 3 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 4 (GAP)				
	LTC Tier 1M Num Days Tier 4 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 5 (GAP)				
	LTC Tier 1M Num Days Tier 5 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 6 (GAP)				31.0
	LTC Tier 1M Num Days Tier 6 (ICL)				31.0
	MMP INP Retail Copay Min Amt				

## Benefit Details

The last section details out all the benefits offered for each plan, down to the tier level.



## Downloading the MRx Plan Comparison

Medicare Part D prescription drug benefits..	Cost-Sharing	NO	Yes	Yes	NO
	Copay Amt LTC mmpmin Tier 2 (ICL)				
	Copay Amt LTC mmpmin Tier 3 (ICL)				
	Copay Amt LTC mmpmin Tier 4 (ICL)				
	I attest that it is the plan sponsor's intention to buy do..				
	Label List	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (ICL)/Tier3= Prefer..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..
	LTC Tier 1M Num Days Tier 2 (GAP)	31.0	31.0		31.0
	LTC Tier 1M Num Days Tier 2 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 3 (GAP)				
	LTC Tier 1M Num Days Tier 3 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 4 (GAP)				
	LTC Tier 1M Num Days Tier 4 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 5 (GAP)				
	LTC Tier 1M Num Days Tier 5 (ICL)	31.0	31.0	34.0	31.0
	LTC Tier 1M Num Days Tier 6 (GAP)				31.0

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Click the benefit detail page and scroll to the bottom of the page to find the Download option.





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Medicare Part D prescription drug benefits..

Cost-Sharing	NO	YES	YES	NO
Copay Amt LTC mmpmin Tier 2 (ICL)				
Copay Amt LTC mmpmin Tier 3 (ICL)				
Copay Amt LTC mmpmin Tier 4 (ICL)				
I attest that it is the plan sponsor's intention to buy do..				
Label List	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..	Tier1= Pre	rrered Generic (Gap)/Tier1= Preferred /Tier2= Generic (ICL)/Tier3= Prefer..	Tier1= Preferred Generic (Gap)/Tier1= Preferred Generic (ICL)/Tier2= Generic (Gap)/Tier2= Gene..
LTC Tier 1M Num Days Tier 2 (GAP)	31.0			31.0
LTC Tier 1M Num Days Tier 2 (ICL)	31.0		34.0	31.0
LTC Tier 1M Num Days Tier 3 (GAP)				
LTC Tier 1M Num Days Tier 3 (ICL)	31.0		34.0	31.0
LTC Tier 1M Num Days Tier 4 (GAP)				
LTC Tier 1M Num Days Tier 4 (ICL)	31.0		34.0	31.0
LTC Tier 1M Num Days Tier 5 (GAP)				
LTC Tier 1M Num Days Tier 5 (ICL)	31.0	31.0	34.0	31.0
LTC Tier 1M Num Days Tier 6 (GAP)				31.0

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Click on Crosstab to download this view as an Excel CSV. Select PDF/Image to download a snip to attach in a PowerPoint deck.

An elderly couple is sitting on a wooden park bench. The woman on the left is wearing a grey patterned dress and is focused on reading a newspaper. The man on the right is wearing a light blue jacket over a red shirt, light-colored trousers, a fedora hat, and sunglasses. He is also reading a newspaper and has a slight smile. The background shows a park setting with trees and a path. The entire image has a semi-transparent purple overlay.

# Thank You



HealthWorks AI