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## Your Plan Results

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You are currently viewing all available plans according to your filters. The estimated annual cost range for all available plans is **\$3,650 - \$6,500**

You are now viewing 2011 plan data. [View 2010 plan data.](#)

### View Plans by Type

**Show Plan Type:**

- Medicare Health Plans without drug coverage
- Medicare Health Plans with drug coverage
- Prescription Drug Plans with Original Medicare

 [My Current Profile](#)   [Additional Tools](#)

**Zip Code:** 93291  
**Current Coverage:** Original Medicare  
**Current Subsidy:** No Subsidy  
[Important Coverage Information](#)

[Show Plans](#)

[Or, refine your plan results](#)

 **Your Current Plan(s)**

**Prescription Drug Plans**

Prescription Drug Plans offer only drug coverage (Part D)

There are 28 plans in [93291](#) that match your preferences. [View 10](#) [View 20](#) [View 50](#)

View plan quality and performance ratings for all Prescription Drug Plans

Compare Plans Sort Results By

**Humana Walmart-Preferred Rx Plan (PDP) (S5884-114-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$14.80 Drug: \$14.80 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$2 - \$5, 20% - 35%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,000 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3 out of 5 stars	Enroll
	\$1,627							

**Advantage Star Plan by RxAmerica (PDP) (S5644-084-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$28.10 Drug: \$28.10 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$5 - \$95, 25% - 35%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,200 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3.5 out of 5 stars	Enroll
	\$1,856							

**WellCare Classic (PDP) (S5967-169-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$31.50 Drug: \$31.50 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$0 - \$95, 25%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,450 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 4.5 out of 5 stars	Enroll
	\$2,063							

**BravoRx (PDP) (S5998-013-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$32.00 Drug: \$32.00 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: 25%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,500 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3 out of 5 stars	Enroll
	\$2,129							

**Blue Cross MedicareRx Standard (PDP) (S5596-033-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$36.80 Drug: \$36.80 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,500 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3 out of 5 stars	Enroll
	\$2,122							

Drug Copay/  
Coinsurance: \$4 -  
\$38, 25%

**EnvisionRxPlus Silver (PDP) (S7694-032-0)**

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/> \$2,282	\$39.20 Drug: \$39.20 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: 25%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,650 Includes \$3,366 for Original Medicare	3 out of 5 stars	Enroll

**AARP MedicareRx Preferred (PDP) (S5820-031-0)**

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/> \$1,748	\$40.10 Drug: \$40.10 Health:N/A	Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$7 - \$78, 33%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,100 Includes \$3,366 for Original Medicare	3.5 out of 5 stars	Enroll

**First Health Part D Premier (PDP) (S5768-082-0)**

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/> \$1,814	\$42.60 Drug: \$42.60 Health:N/A	Annual Drug Deductible: \$150.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$9, 16% - 33%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,200 Includes \$3,366 for Original Medicare	3.5 out of 5 stars	Enroll

**Humana Enhanced (PDP) (S5884-030-0)**

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/> \$1,766	\$43.20 Drug: \$43.20 Health:N/A	Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$7 - \$74, 33%	N/A	All Your Drugs on Formulary: N/A Call plan for details	\$5,150 Includes \$3,366 for Original Medicare	3 out of 5 stars	Enroll

**HealthSpring Prescription Drug Plan-Reg 32 (PDP) (S5932-031-0)**

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/> \$2,011	\$43.80 Drug: \$43.80 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: 25%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,400 Includes \$3,366 for Original Medicare	3.5 out of 5 stars	Enroll

**CVS Caremark Value (PDP) (S5601-064-0)**

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]
	\$46.40					

<input type="checkbox"/>	\$2,131	Drug: \$46.40 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$5 - \$95, 25%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	<b>and Drug Costs:[?]</b> \$5,500 Includes \$3,366 for Original Medicare	3.5 out of 5 stars	Enroll
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**Community CCRx Basic (PDP) (S5803-101-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	\$2,107	Drug: \$47.60 Health:N/A	Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$2, 25% - 63%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,450 Includes \$3,366 for Original Medicare	3 out of 5 stars	Enroll

**Sterling Rx (PDP) (S4802-067-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	\$2,152	Drug: \$51.10 Health:N/A	Annual Drug Deductible: \$100.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$4 - \$38, 25%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,500 Includes \$3,366 for Original Medicare	3 out of 5 stars	Enroll

**Blue Cross MedicareRx Plus (PDP) (S5596-034-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	\$1,856	Drug: \$52.10 Health:N/A	Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$4 - \$85, 33%	N/A	All Your Drugs on Formulary: N/A Some Generics	\$5,200 Includes \$3,366 for Original Medicare	3 out of 5 stars	Enroll

**WellCare Signature (PDP) (S5967-066-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	\$1,992	Drug: \$52.20 Health:N/A	Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$0 - \$85, 33%	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,350 Includes \$3,366 for Original Medicare	4.5 out of 5 stars	Enroll

**UA Medicare Part D Prescription Drug Cov (PDP) (S5755-035-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay/Coinsurance: [?]	Drug Restrictions: [?]	Drug Coverage: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	\$1,912	Drug: \$52.70 Health:N/A	Annual Drug Deductible: \$60.00 Health Plan Deductible: N/A	N/A	All Your Drugs on Formulary: N/A No Gap Coverage	\$5,300 Includes \$3,366 for Original Medicare	3 out of 5 stars	Enroll

			Drug Copay/ Coinsurance: \$10 - \$95, 31%				
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**Medco Medicare Prescription Plan - Value (PDP) (S5660-134-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$56.40 Drug: \$56.40 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: 25%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,500 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 5 out of 5 stars	Enroll
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**CIGNA Medicare Rx Plan One (PDP) (S5617-158-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$60.00 Drug: \$60.00 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$310.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$3 - \$75, 25%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,500 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3.5 out of 5 stars	Enroll
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**Blue Shield Medicare Rx Plan (PDP) (S2468-002-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$62.70 Drug: \$62.70 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$9 - \$80.50, 33%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A No Gap Coverage	Estimated Annual Health and Drug Costs:[?] \$5,450 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3.5 out of 5 stars	Enroll
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**CVS Caremark Plus (PDP) (S5601-065-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$63.40 Drug: \$63.40 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$2 - \$90, 33%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A Many Generics	Estimated Annual Health and Drug Costs:[?] \$5,300 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3.5 out of 5 stars	Enroll
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**CIGNA Medicare Rx Plan Two (PDP) (S5617-202-0)**

<input type="checkbox"/>	Estimated Annual Drug Costs:[?]	Monthly Premium: [?] \$71.40 Drug: \$71.40 Health:N/A	Deductibles:[?] and Drug Copay/Coinsurance: [?] Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$0 - \$78, 33%	Drug Restrictions: [?] N/A	Drug Coverage: [?] All Your Drugs on Formulary: N/A Few Generics	Estimated Annual Health and Drug Costs:[?] \$5,300 Includes \$3,366 for Original Medicare	Overall Plan Rating:[?] 3.5 out of 5 stars	Enroll
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**Medco Medicare Prescription Plan - Choice (PDP) (S5660-202-0)**

Monthly Premium: [?]	Drug Coverage: [?]	Estimated Annual Health	Overall Plan Rating:[?]
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<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,063	\$83.90 Drug: \$83.90 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$250.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$6 - \$95, 26%	<b>Drug Restrictions:</b> [?] N/A	All Your Drugs on Formulary: N/A Many Generics	<b>and Drug Costs:[?]</b> \$5,450 Includes \$3,366 for Original Medicare	5 out of 5 stars	Enroll
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**Community CCRx Choice (PDP) (S5803-169-0)**

<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,286	<b>Monthly Premium: [?]</b> \$89.70 Drug: \$89.70 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$0 - \$65, 33%	<b>Drug Restrictions:</b> [?] N/A	<b>Drug Coverage:</b> [?] All Your Drugs on Formulary: N/A No Gap Coverage	<b>Estimated Annual Health and Drug Costs:[?]</b> \$5,650 Includes \$3,366 for Original Medicare	<b>Overall Plan Rating:[?]</b> 3 out of 5 stars	Enroll
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**First Health Part D Premier Plus (PDP) (S5674-059-0)**

<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,152	<b>Monthly Premium: [?]</b> \$90.50 Drug: \$90.50 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$0 - \$25, 30% - 55%	<b>Drug Restrictions:</b> [?] N/A	<b>Drug Coverage:</b> [?] All Your Drugs on Formulary: N/A Some Generics	<b>Estimated Annual Health and Drug Costs:[?]</b> \$5,500 Includes \$3,366 for Original Medicare	<b>Overall Plan Rating:[?]</b> 3.5 out of 5 stars	Enroll
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**Blue Cross MedicareRx Gold (PDP) (S5596-035-0)**

<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,071	<b>Monthly Premium: [?]</b> \$91.20 Drug: \$91.20 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$6 - \$85, 33%	<b>Drug Restrictions:</b> [?] N/A	<b>Drug Coverage:</b> [?] All Your Drugs on Formulary: N/A Many Generics and Some Brands	<b>Estimated Annual Health and Drug Costs:[?]</b> \$5,450 Includes \$3,366 for Original Medicare	<b>Overall Plan Rating:[?]</b> 3 out of 5 stars	Enroll
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**EnvisionRxPlus Gold (PDP) (S7694-066-0)**

<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,558	<b>Monthly Premium: [?]</b> \$91.40 Drug: \$91.40 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$150.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$4 - \$25, 25%	<b>Drug Restrictions:</b> [?] N/A	<b>Drug Coverage:</b> [?] All Your Drugs on Formulary: N/A Many Generics	<b>Estimated Annual Health and Drug Costs:[?]</b> \$5,900 Includes \$3,366 for Original Medicare	<b>Overall Plan Rating:[?]</b> 3 out of 5 stars	Enroll
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**AARP MedicareRx Enhanced (PDP) (S5921-003-0)**

<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,110	<b>Monthly Premium: [?]</b> \$98.80 Drug: \$98.80 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A	<b>Drug Restrictions:</b> [?] N/A	<b>Drug Coverage:</b> [?] All Your Drugs on Formulary: N/A Some Generics	<b>Estimated Annual Health and Drug Costs:[?]</b> \$5,500 Includes \$3,366 for Original Medicare	<b>Overall Plan Rating:[?]</b> 3.5 out of 5 stars	Enroll
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			Drug Copay/ Coinsurance: \$4 - \$80, 33%				
<b>Humana Complete (PDP) (S5884-060-0)</b>							
<input type="checkbox"/>	<b>Estimated Annual Drug Costs:[?]</b> \$2,429	<b>Monthly Premium: [?]</b> \$114.80 Drug: \$114.80 Health:N/A	<b>Deductibles:[?] and Drug Copay/Coinsurance: [?]</b> Annual Drug Deductible: \$0.00 Health Plan Deductible: N/A Drug Copay/Coinsurance: \$5 - \$69, 33%	<b>Drug Restrictions: [?]</b> N/A	<b>Drug Coverage: [?]</b> All Your Drugs on Formulary: N/A Many Generics and Few Brands	<b>Estimated Annual Health and Drug Costs:[?]</b> \$5,800 Includes \$3,366 for Original Medicare	<b>Overall Plan Rating:[?]</b> 3 out of 5 stars  Enroll

Compare Plans

**Notes:**

Your costs may be different depending on your Part B premium, any Part D penalty that may apply, and whether you qualify for Extra Help from Medicare paying your drug costs.



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