2027 Massachusetts Medicare Part D Stand Alone Prescription Drug Plans

Updated 10.8.2026

Company	Plan Name/ Plan ID	Monthly Premium	Monthly Premium with full LIS	Part D deductible	Tiers exempt from deductible	Retail copays* (30-day, standard pharmacy; 30-day, preferred pharmacy)						Mail Order Discount?
							Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	(Y/N)
Blue MedicareRx (1-877-479-2227) RXMedicareplans.com	Blue MedicareRx Value Plus (S2893-001)	$25.50	$0	$700	1	Std	$6	$12	25%	46%	25%	Y
						Pref	$0	$3	17%	35%	25%	
	Blue MedicareRx Premier (S2893-003)*	$284.70	$250.90	$0	N/A	Std	$6	$12	$40	44%	33%	Y
						Pref	$1	$7	$30	35%	33%	
Humana (1-800-706-0872) Humana.com/medicare	Humana Value Rx (S5884-182)*	$107.30	$73.50	$687	1,2	Std	$1	$4	18%	30%	26%	Y
						Pref	$0	$0	18%	30%	26%	
	Humana Basic Rx (S5884-102)	$ 26.10	$0	$700	N/A	Std	25%	$25%	25%	29%	25%	Y
						Pref	N/A	N/A	N/A	N/A	N/A	
	Humana Premier Rx (S5884-149)*	$146.30	$112.50	$350	1,2,3	Std	$5	$10	16%	50%	29%	Y
						Pref	$0	$4	16%	50%	29%	
HealthSpring Assurance (1-877-665-1842) HealthSpring.com	HealthSpring Assurance Rx (S5715-023)	$158.60	$124.80	$700	1	Std	$4	$12	22%	32%	25%	N
						Pref	$0	$3	22%	31%	25%	

*Drug Benefit Category = Enhanced Plans

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Updated 10.8.2026

Company	Plan Name/ Plan ID #	Monthly Premium	Monthly Premium with full LIS	Deductible	Tiers exempt from deductible	Retail copays* (30-day, standard pharmacy; 30-day, preferred pharmacy)						Mail Order Discount ?
							Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	(Y/N)
UnitedHealthcare (1-888-867-5564) AARPMedicareplans.com	AARP Medicare Rx Preferred from UHC (S5921-385)*	$239.80	$206	$300	1,2	Std	$5	$10	18%	31%	30%	Y
						Pref	$0	$5	18%	31%	30%	
	AARP Medicare Rx Saver from UHC (S5921-348)	$122.20	$88.40	$700	-	Std	$5	$10	20%	30%	25%	N
						Pref	$0	$5	20%	30%	25%	
WellCare (1-866-859-9084) Wellcare.com	WellCare Value Script (S4802-137)*	$13.30	$13.30	$700	1	Std	$20	25%	43%	15%	25%	N
						Pref	$0	25%	41%	15%	25%	
	WellCare Classic (S4802-076)	$21.30	$0	$700	-	Std	$20	25%	39%	15%	25%	Y
						Pref	$3	25%	37%	15%	25%	

*Drug Benefit Category = Enhanced Plans

Plans highlighted in blue have a $0 premium for beneficiaries with full LIS (Extra Help).

Plan copays listed are for 30-day supplies from standard and preferred retail pharmacies. Contact plan for more details, including mail order copays.

Drug tiers: 1) preferred generic; 2) generic; 3) preferred brand, 4) non-preferred drug; 5) specialty.

No 5 STAR PDP plans as of October 2026

2027 national base beneficiary premium: $41.33 (late enrollment penalty: 1% of base premium multiplied by number of months without creditable or Part D coverage)