

2023 MAPD Payment Chart																			
Vermont SPAP PDP Portion Premium Benchmark \$36.27																			
MAPD Plan Name	Payment Corp.					CMS Payment (est.)				Vermont Payments				Beneficiary Payment (est.)				VT SPAP	VT SPAP
	Carrier	Carrier	Contract	Plan	Total Part D	100%	75%	50%	25%	100%	75%	50%	25%	100%	75%	50%	25%	Payment (No LIS)	Beneficiary Payment
	Code	Plan Code	Number	ID	Premium	LIS	LIS	LIS	LIS	LIS	LIS	LIS	LIS	LIS	LIS	LIS	LIS		
Humana - Humana Choice H5216-057	QQ9	QQ0	H5216	057	\$48.20	\$31.10	\$23.30	\$15.60	\$7.80	\$0.00	\$9.06	\$18.13	\$27.20	\$17.10	\$15.84	\$14.47	\$13.20	\$36.27	\$11.93
Humana - Humana Choice H5216-058	QQ9	QX1	H5216	058	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Humana - Humana Choice H5216-138	QQ9	QX2	H5216	138	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MVP (Gold Value w/Part D) HMO/POS	QT9	QT0	H3305	022	\$83.80	\$38.70	\$29.00	\$19.40	\$9.70	\$0.00	\$9.06	\$18.13	\$27.20	\$45.10	\$45.74	\$46.27	\$46.90	\$36.27	\$47.53
MVP (UVM Select)	QP3	QQE	H9615	015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MVP (UVM Secure)	QP3	QQF	H9615	016	\$50.00	\$36.70	\$27.50	\$18.40	\$9.20	\$0.00	\$9.06	\$18.13	\$27.20	\$13.30	\$13.44	\$13.47	\$13.60	\$36.27	\$13.73
MVP (UVM Preferred)	QP3	QQG	H9615	017	\$75.90	\$36.80	\$27.60	\$18.40	\$9.20	\$0.00	\$9.06	\$18.13	\$27.20	\$39.10	\$39.24	\$39.37	\$39.50	\$36.27	\$39.63
United Health Care (Medicare Advantage Assure)	QV9	QW0	H0271	012	\$30.80	\$30.80	\$23.10	\$15.40	\$7.70	\$0.00	\$7.70	\$15.40	\$23.10	\$0.00	\$0.00	\$0.00	\$0.00	\$30.80	\$0.00
United Health Care (AARP-HMO plan 1)	QS7	QS8	H1944	018	\$20.00	\$20.00	\$15.00	\$10.00	\$5.00	\$0.00	\$5.00	\$10.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$0.00
United Health Care (AARP-HMO Plan 2)	QS7	QV2	H1944	028	\$48.20	\$36.30	\$27.20	\$18.10	\$9.10	\$0.00	\$9.06	\$18.13	\$27.20	\$11.90	\$11.94	\$11.97	\$11.90	\$36.27	\$11.93
United Health Care (AARP-HMO plan 3)	QS7	QQ5	H1944	032	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
United Health Care (Choice plan 1)	QQB	QQC	H3442	010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
United Health Care - AARP Advantage Choice - Regional PPO	QL1	QL1	R7444	001	\$43.30	\$36.30	\$27.20	\$18.10	\$9.10	\$0.00	\$9.06	\$18.13	\$27.20	\$7.00	\$7.04	\$7.07	\$7.00	\$36.27	\$7.03
Vermont Blue Advantage Freedom PPO	QX3	QX4	H6898	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vermont Blue Advantage Freedom PPO	QX3	QX5	H6898	002	\$31.80	\$31.80	\$23.90	\$15.90	\$8.00	\$0.00	\$7.90	\$15.90	\$23.80	\$0.00	\$0.00	\$0.00	\$0.00	\$31.80	\$0.00
Vermont Blue Advantage Unity HMO	QX6	QX7	H9489	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WellCare - Wellcare Value (HMO)	QX8	QX9	H1862	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wellcare - ( No Premium Open PPO)	QY0	QY3	H6594	001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wellcare - WellCare (Giveback Open PPO)	QY0	QY1	H6594	002	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Wellcare (Plus Open PPO)	QY0	QY2	H6594	003	\$17.30	\$17.30	\$13.00	\$8.70	\$4.30	\$0.00	\$4.30	\$8.60	\$13.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.30	\$0.00
Wellcare - (Assist Open PPO)	QY0	QYH	H6594	004	\$13.10	\$13.10	\$9.80	\$6.60	\$3.30	\$0.00	\$3.30	\$6.50	\$9.80	\$0.00	\$0.00	\$0.00	\$0.00	\$13.10	\$0.00