

2025

Vermont Medicare Part D Premium Payment Calculations

Vermont SPAP Premium Benchmark \$52.52 for members with NO LIS

(LEP excluded for 100% LIS members ONLY)

	Direct payment carrier	Plan Carrier				CMS Payment	Vermont Payment	Est. Beneficiary Payment	VT SPAP Payment	VT SPAP Beneficiary Payment
Plan	Corp.	Plan	Contract	Plan	Total	100%	100%	100%	NO LIS	NO LIS
Name	Plan ID	ID	Number	ID	Premium	LIS	LIS	LIS		
Aetna (SilverScript Choice)	Q16	Q48	S5601	004	\$50.70	\$50.70	\$0.00	\$0.00	\$50.70	\$0.00
Blue MedicareRx (Value Plus)	Q14	Q24	S2893	001	\$49.60	\$49.60	\$0.00	\$0.00	\$49.60	\$0.00
Blue MedicareRx (Premier)	Q14	Q26	S2893	003	\$190.80	\$52.50	\$0.00	\$138.30	\$52.52	\$138.28
Cigna HealthSpring Rx (Assurance)	Q15	Q28	S5617	008	\$89.30	\$52.50	\$0.00	\$36.80	\$52.52	\$36.78
Cigna Healthspring Rx (Secure-Xtra)	Q15	QR2	S5617	247	\$112.90	\$52.50	\$0.00	\$60.40	\$52.52	\$60.38
Cigna Healthspring RX (Saver RX)	Q15	QQM	S5617	352	\$28.80	\$7.50	\$0.00	\$21.30	\$28.80	\$0.00
Clear Spring Health (Value RX)	QQN	QQP	S6946	060	\$6.30	\$6.30	\$0.00	\$0.00	\$6.30	\$0.00
Clear Spring Health (Premier RX)	QQN		S6946	097	\$74.10	\$48.20	\$0.00	\$25.90	\$52.52	\$21.58
Humana (Basic RX)	Q10	QL8	S5884	102	\$102.50	\$52.50	\$0.00	\$50.00	\$52.52	\$49.98
Humana (Premier RX)	Q10	QR4	S5884	149	\$143.40	\$52.50	\$0.00	\$90.90	\$52.52	\$90.88
Humana (Value RX)	Q10	QW4	S5884	182	\$64.90	\$49.50	\$0.00	\$15.40	\$52.52	\$12.38
UnitedHealthcare (AARP-Saver)	Q11	QR9	S5921	348	\$69.50	\$52.50	\$0.00	\$17.00	\$52.52	\$16.98
UnitedHealthcare (AARP-Preferred)	Q11	QU9	S5921	385	\$107.50	\$52.50	\$0.00	\$55.00	\$52.52	\$54.98
WellCare (Classic RX)	QT6	QT7	S4802	076	\$28.30	\$28.30	\$0.00	\$0.00	\$28.30	\$0.00
WellCare - (Value RX)	QT6	QV8	S4802	137	\$12.40	\$0.00	\$0.00	\$12.40	\$12.40	\$0.00
WellCare (Value Plus RX)	QT6	QQD	S4802	205	\$112.30	\$52.50	\$0.00	\$59.80	\$52.52	\$59.78
Aetna /SilverScript Plus)	Q16	Q49	S5601	005			\$0.00			
Aetna (SilverScript SmartRX)	Q16	QQ6	S5601	177			\$0.00			
Mutual of Omaha (RX Plus)	QW1	QW2	S7126	002			\$0.00			
Mutual of Omaha (Premier)	QW1	QQ8	S7126	072			\$0.00			
Mutual of Omaha (RX Essential)	QW1	QQQ	S7126	105			\$0.00			
UnitedHealthcare (AARP MedicareRx Preferred)	Q08	QR8	S5820	002			\$0.00			