

Nebraska PDP Plan and Cost Changes - 2026 vs. 2027

Plan Name	Contract ID	Plan ID	2026 Monthly Premium	2026 Annual Deductible	2027 Monthly Premium	2027 Annual Deductible	\$ Premium Change	\$ Deductible Change	Notes
AARP Medicare Rx Preferred from UHC (PDP)	S5921	406	\$140.20	\$130.00	\$222.90	\$300.00	\$82.70	\$170.00	
AARP Medicare Rx Saver from UHC (PDP)	S5921	370	\$5.30	\$615.00	\$10.30	\$700.00	\$5.00	\$85.00	
HealthSpring Assurance Rx (PDP)	S5617	123	\$125.90	\$615.00	-	-	-	-	Contract & Plan ID ending December 31, 2026. Plan member will be cross walked (auto enrolled) into HealthSpring Assurance Rx (S5715-043)
HealthSpring Extra Rx (PDP)	S5617	375	\$66.50	\$615.00	-	-	-	-	Contract & Plan ID ending December 31, 2026. Plan member will be cross walked (auto enrolled) into HealthSpring Assurance Rx (S5715-043)
HealthSpring Assurance Rx (PDP)	S5715	043	-	-	\$117.10	\$700.00	-	-	New Plan
Humana Basic Rx Plan (PDP)	S5884	145	\$4.70	\$615.00	\$18.30	\$700.00	\$13.60	\$85.00	
Humana Premier Rx Plan (PDP)	S5884	171	\$103.70	\$0.00	\$123.00	\$350.00	\$19.30	\$350.00	
Humana Value Rx Plan (PDP)	S5884	204	\$20.80	\$601.00	\$33.30	\$687.00	\$12.50	\$86.00	
MedicareBlue Rx Standard (PDP)	S5743	001	\$101.00	\$615.00	\$179.10	\$700.00	\$78.10	\$85.00	
SilverScript Choice (PDP)	S5601	050	\$29.70	\$615.00	-	-	-	-	Contract & Plan ID ending December 31, 2026. Plan members will need to take action in order to have a Part D Plan in place on January 1, 2027.
Wellcare Classic (PDP)	S4802	089	\$12.70	\$615.00	\$16.30	\$700.00	\$3.60	\$85.00	
Wellcare Value Script (PDP)	S4802	158	\$9.60	\$615.00	\$5.30	\$700.00	(\$4.30)	\$85.00	

Nebraska SHIP & SMP 2026

2027 Medicare Part D Prescription Drug Plans - Nebraska

By Plan Name

Plan Name	Contract ID	Plan ID	Monthly Premium	Annual Deductible	Premium with LIS	Tier with no Part D Deductible	National PDP	Drug Benefit Type*	LIS Auto Enrollment	Phone
AARP Medicare Rx Preferred from UHC (PDP)	S5921	406	\$222.90	\$300.00	\$198.30	1 & 2	Yes	Enhanced	-	800-753-8004
AARP Medicare Rx Saver from UHC (PDP)	S5921	370	\$10.30	\$700.00	\$0.00	-	Yes	Basic	Yes	888-867-5564
HealthSpring Assurance Rx (PDP)	S5617	123	\$117.10	\$700.00	\$92.50	-	Yes	Basic	-	877-665-1842
Humana Basic Rx Plan (PDP)	S5884	145	\$18.30	\$700.00	\$0.00	-	Yes	Basic	Yes	877-529-9871
Humana Premier Rx Plan (PDP)	S5884	171	\$123.00	\$350.00	\$98.40	1, 2 & 3	Yes	Enhanced	-	877-529-9871
Humana Value Rx Plan (PDP)	S5884	204	\$33.30	\$687.00	\$18.50	1 & 2	Yes	Enhanced	-	877-529-9871
MedicareBlue Rx Standard (PDP)	S5743	001	\$179.10	\$700.00	\$154.50	-	No	Basic	-	866-434-2037
Wellcare Classic (PDP)	S4802	089	\$16.30	\$700.00	\$0.00	-	Yes	Basic	Yes	844-480-0700
Wellcare Value Script (PDP)	S4802	158	\$5.30	\$700.00	\$5.30	1 & 6	Yes	Enhanced	-	844-480-0700

* Enhanced Part D plans may offer more benefits than a basic Part D Plan, including lower cost-sharing. See plan resources for more information.

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