

Part D

2018 Medicare Prescription Drug Plans in Virginia

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Center for Medicare & Medicaid Services
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Medicare PRESCRIPTION DRUG PLANS in Virginia

This chart provides basic information about what your costs will be for each plan. See page 136 for information on how to read this chart. Contact the plan for specific details. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. See page 16 to find out how to get personalized help when choosing a plan.

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
Aetna Medicare (\$5810)				
Members' Rating of Plan: 83%				www.aetnamedicare.com
Aetna Medicare Rx Saver (PDP) (041) Phone: 855-338-7030	\$28.80	\$335 some drugs; call plan	\$1 - \$30 Copay and/or 26% - 35% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Aetna Medicare Rx Select (PDP) (281) Phone: 855-338-7030	\$16.70	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	\$0 - \$20 Copay and/or 35% - 44% Coinsurance
Anthem Blue Cross and Blue Shield (\$5596)				
Members' Rating of Plan: 82%				shop.anthem.com/medicare
Anthem Blue MedicareRx Plus (PDP) (006) Phone: 800-261-8667	\$97.40	\$0	\$0 - \$45 Copay and/or 33% - 47% Coinsurance	\$0 - \$9 Copay and/or 35% - 44% Coinsurance
Anthem Blue MedicareRx Premier (PDP) (007) Phone: 800-261-8667	\$158.80	\$0	\$0 - \$47 Copay and/or 33% - 40% Coinsurance	\$0 - \$17 Copay and/or 27% - 44% Coinsurance
Anthem Blue MedicareRx Standard (PDP) (005) Phone: 800-261-8667	\$63.60	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Cigna-HealthSpring Rx (\$5617)				
Members' Rating of Plan: 80%				www.cignahealthspring.com
Cigna-HealthSpring Rx Secure (PDP) (216) Phone: 800-735-1459	\$58.10	\$405 for all drugs	\$1 - \$40 Copay and/or 25% - 39% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance

* If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information. If you qualify for the full Extra Help and the premium amount is BLUE, your premium for that plan will be \$0.

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137a

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
Cigna-HealthSpring Rx (S5617)				
Members' Rating of Plan: 80%				www.cignahealthspring.com
Cigna-HealthSpring Rx Secure-Extra (PDP) (252) Phone: 800-735-1459	\$55.50	\$0	\$4 - \$47 Copay and/or 33% - 50% Coinsurance	\$4 - \$20 Copay and/or 35% - 44% Coinsurance
EnvisionRx Plus (S7694)				
Members' Rating of Plan: 81%				www.envisionrxplus.com
EnvisionRxPlus (PDP) (007) Phone: 866-250-2005	\$39.40	\$405 for all drugs	\$1 - \$18 Copay and/or 15% - 27% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Express Scripts Medicare (S5660)				
Members' Rating of Plan: 86%				www.Express-ScriptsMedicare.com
Express Scripts Medicare - Choice (PDP) (217) Phone: 866-477-5704	\$91.80	\$350 some drugs; call plan	\$2 - \$47 Copay and/or 26% - 50% Coinsurance	25% - 44% Coinsurance
Express Scripts Medicare - Saver (PDP) (223) Phone: 866-477-5704	\$24	\$405 some drugs; call plan	\$1 - \$10 Copay and/or 18% - 44% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Express Scripts Medicare - Value (PDP) (109) Phone: 866-477-5704	\$47.10	\$405 for all drugs	\$1 - \$25 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
First Health Part D (S5768)				
Members' Rating of Plan: 80%				www.FirstHealthPartD.com
First Health Part D Value Plus (PDP) (130) Phone: 855-389-9688	\$56.20	\$0	\$1 - \$47 Copay and/or 33% - 50% Coinsurance	\$1 - \$20 Copay and/or 25% - 44% Coinsurance
Humana Insurance Company (S5884)				
Members' Rating of Plan: 80%				www.humana.com/medicare
Humana Enhanced (PDP) (065) Phone: 800-706-0872	\$74.50	\$0	\$3 - \$47 Copay and/or 33% - 50% Coinsurance	\$21 - \$95 Copay and/or 35% - 44% Coinsurance

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
Humana Insurance Company (S5884)				
Members' Rating of Plan: 80%				www.humana.com/medicare
Humana Preferred Rx Plan (PDP) (132) Phone: 800-706-0872	\$29.70	\$405 for all drugs	\$0 - \$3 Copay and/or 20% - 36% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Humana Walmart Rx Plan (PDP) (153) Phone: 800-706-0872	\$20.40	\$405 some drugs; call plan	\$1 - \$20 Copay and/or 24% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
Magellan Rx Medicare (S4607)				
Members' Rating of Plan: 80%				medicare.magellanrx.com
Magellan Rx Medicare Basic (PDP) (009) Phone: 800-424-5759	\$28	\$405 for all drugs	\$1 - \$10 Copay and/or 10% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
SilverScript (S5601)				
Members' Rating of Plan: 83%				www.silverscript.com
SilverScript Choice (PDP) (014) Phone: 866-552-6106	\$26	\$0	\$5 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
SilverScript Plus (PDP) (015) Phone: 866-552-6106	\$46.20	\$0	\$2 - \$47 Copay and/or 33% - 50% Coinsurance	\$2 - \$20 Copay and/or 35% - 44% Coinsurance
UnitedHealthcare (S0522)				
Members' Rating of Plan: 80%				www.UHCMedicareSolutions.com
Symphonix Value Rx (PDP) (008) Phone: 855-283-2958	\$24.20	\$405 for all drugs	\$1 - \$42 Copay and/or 25% - 40% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
UnitedHealthcare (S5820)				
Members' Rating of Plan: 83%				www.AARPMedicareRx.com
AARP MedicareRx Preferred (PDP) (006) Phone: 888-867-5564	\$77	\$0	\$4 - \$47 Copay and/or 33% - 50% Coinsurance	\$38 - \$47 Copay and/or 23% - 44% Coinsurance

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
UnitedHealthcare (S5921) Members' Rating of Plan: 77%				
				www.AARPMedicareRx.com
AARP MedicareRx Saver Plus (PDP) (352) Phone: 888-867-5564	\$53.30	\$405 for all drugs	\$1 - \$44 Copay and/or 25% - 38% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
AARP MedicareRx Walgreens (PDP) (389) Phone: 800-753-8004	\$26.70	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 33% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
WellCare (S4802) Members' Rating of Plan: 81%				
				www.wellcarepdp.com
WellCare Classic (PDP) (069) Phone: 888-293-5151	\$28.60	\$405 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance
WellCare Extra (PDP) (104) Phone: 888-293-5151	\$67.90	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 35% - 44% Coinsurance

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