

2017 Medicare Prescription Drug Plans in Virginia

Source – U.S. Department of Health
and Human Services
Center for Medicare & Medicaid Services
CMS Publication No. 10050-33 – September 2016

Medicare PRESCRIPTION DRUG PLANS in Virginia

This chart provides basic information about what your costs will be for each plan. See page 132 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 should call 1-877-486-2048. See page 18 for a list of things to consider 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: 80%				www.aetnamedicare.com
Aetna Medicare Rx Saver (PDP) (041) Phone: 855-338-7030	\$31.90	\$360 some drugs; call plan	\$1 - \$30 Copay and/or 25% - 35% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Anthem Blue Cross and Blue Shield (\$5596)				
Members' Rating of Plan: 79%				www.anthem.com/shop
Anthem Blue MedicareRx Plus (PDP) (006) Phone: 800-261-8667	\$95.30	\$0	\$0 - \$45 Copay and/or 33% - 47% Coinsurance	\$0 - \$9 Copay and/or 40% - 51% Coinsurance
Anthem Blue MedicareRx Premier (PDP) (007) Phone: 800-261-8667	\$151.50	\$0	\$0 - \$45 Copay and/or 33% - 40% Coinsurance	\$0 - \$17 Copay and/or 40% - 60% Coinsurance
Anthem Blue MedicareRx Standard (PDP) (005) Phone: 800-261-8667	\$57.30	\$400 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Cigna-HealthSpring Rx (\$5617)				
Members' Rating of Plan: 80%				www.cignahealthspring.com
Cigna-HealthSpring Rx Secure (PDP) (216) Phone: 800-735-1459	\$27.50	\$400 for all drugs	\$2 - \$45 Copay and/or 25% - 44% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Cigna-HealthSpring Rx Secure-Extra (PDP) (252) Phone: 800-735-1459	\$37.70	\$50 for all drugs	\$5 - \$47 Copay and/or 32% - 50% Coinsurance	\$5 - \$20 Copay and/or 40% - 51% 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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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
EnvisionRx Plus (S7694)				
Members' Rating of Plan: 81%				www.envisionrxplus.com
EnvisionRxPlus (PDP) (007) Phone: 866-250-2005	\$37.40	\$400 for all drugs	10% - 46% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Express Scripts Medicare (S5660)				
Members' Rating of Plan: 87%				www.Express-ScriptsMedicare.com
Express Scripts Medicare - Choice (PDP) (217) Phone: 866-477-5704	\$80.40	\$350 some drugs; call plan	\$2 - \$20 Copay and/or 23% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Express Scripts Medicare - Value (PDP) (109) Phone: 866-477-5704	\$54.50	\$400 for all drugs	\$0 - \$44 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
First Health Part D (S5768)				
Members' Rating of Plan: 79%				www.FirstHealthPartD.com
First Health Part D Premier Plus (PDP) (166) Phone: 855-389-9688	\$86.70	\$0	\$1 - \$34 Copay and/or 33% - 50% Coinsurance	\$1 - \$20 Copay and/or 40% - 51% Coinsurance
First Health Part D Value Plus (PDP) (130) Phone: 855-389-9688	\$38.60	\$0	\$2 - \$47 Copay and/or 33% - 50% Coinsurance	\$2 - \$20 Copay and/or 40% - 51% Coinsurance
Humana Insurance Company (S5884)				
Members' Rating of Plan: 79%				www.humana-medicare.com
Humana Enhanced (PDP) (065) Phone: 800-706-0872	\$62.80	\$0	\$3 - \$47 Copay and/or 33% - 50% Coinsurance	\$42 - \$95 Copay and/or 40% - 51% Coinsurance
Humana Preferred Rx Plan (PDP) (132) Phone: 800-706-0872	\$28.10	\$400 for all drugs	\$0 - \$3 Copay and/or 20% - 45% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Humana Walmart Rx Plan (PDP) (153) Phone: 800-706-0872	\$17	\$400 some drugs; call plan	\$1 - \$20 Copay and/or 20% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance

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Magellan Rx Medicare (S4607) Plan too new for rating medicare.magellanrx.com				
Magellan Rx Medicare Basic (PDP) (009) Phone: 800-424-5759	\$32.20	\$400 for all drugs	\$1 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
SilverScript (S5601) Members' Rating of Plan: 83% www.SilverScript.com				
SilverScript Choice (PDP) (014) Phone: 866-552-6106	\$30.80	\$0	\$3 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
SilverScript Plus (PDP) (015) Phone: 866-552-6106	\$74.20	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	\$0 - \$20 Copay and/or 40% - 51% Coinsurance
UnitedHealthcare (S0522) Members' Rating of Plan: 82% www.AARPMedicareRx.com				
AARP MedicareRx Walgreens (PDP) (052) Phone: 800-753-8004	\$22.40	\$400 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 33% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
Symphonix Value Rx (PDP) (008) Phone: 855-283-2958	\$29.70	\$400 for all drugs	\$1 - \$26 Copay and/or 25% - 35% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
UnitedHealthcare (S5820) Members' Rating of Plan: 80% www.AARPMedicareRx.com				
AARP MedicareRx Preferred (PDP) (006) Phone: 888-867-5564	\$66.60	\$0	\$2 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
UnitedHealthcare (S5921) Members' Rating of Plan: 77% www.AARPMedicareRx.com				
AARP MedicareRx Saver Plus (PDP) (352) Phone: 888-867-5564	\$46	\$400 for all drugs	\$1 - \$39 Copay and/or 25% - 40% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
WellCare (S4802) Members' Rating of Plan: 78%				
				www.wellcarepdp.com
WellCare Classic (PDP) (069) Phone: 888-900-4307	\$27.20	\$400 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance
WellCare Extra (PDP) (104) Phone: 888-900-4307	\$63.20	\$0	\$0 - \$30 Copay and/or 33% - 45% Coinsurance	Standard cost-sharing applies: 40% - 51% Coinsurance

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