2013 Medicare Prescription Drug Plans in Virginia

Source – U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services CMS Publication No. 10050-33 – September 2012

This chart provides basic information about what your costs will be for each plan. See page 138 for information on how to read this chart. Contact the plan for specific details. Visit www.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 pages 54-56 to learn how to get personalized help with your choices and what to consider when choosing a plan.

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Is There Additional Coverage During the Gap?
Aetna Wedicare (55810) 83% of members rated their plan as	the best			พงพงพ.ล.อะโตลตพละใช้เสลา (อ.ส. ส. ส.) เส
Aetna CVŠ/pharmacy Prescription Drug Plan (PDP) (041) Phone: 800-832-2640	\$29.90	\$325 for all drugs	\$2 - \$45 Copay and/or 25% - 43% Coinsurance	None
Aetna Medicare Rx Premier (PDP) (177) Phone: 800-832-2640	\$100	\$0	\$5 - \$45 Copay and/or 33% - 45% Coinsurance	Many Generics, Some Brands - Call plan
Anthem Blue Cross and Blue Shield (5 80% of members rated their plan as 1	55596) the best			พงพงพ.ลเลร์โลสะเล:๔๛เกร/เละสสมัยละจั
Blue MedicareRx Plus (PDP) (006) Phone: 800-261-8667	\$71.60	\$0	\$2 - \$90 Copay and/or 33% Coinsurance	Few Generics - Call plan
Blue MedicareRx Premier (PDP) (007) Phone: 800-261-8667	\$113.10	\$0	\$2 - \$90 Copay and/or 33% Coinsurance	Many Generics, Some Brands - Call plan
Blue MedicareRx Standard (PDP) (005) Phone: 800-261-8667	\$41.60	\$325 for all drugs	\$2 - \$85 Copay and/or 25% Coinsurance	None
Cigna Wedicare Rx (55617) 82% of members rated their plan as t	the best			กลภลลาญใหยเพลลูเรยเลนารดเท
Cigna Medicare Rx Plan One (PDP) (216)	\$31.40	\$325 for all drugs	\$0 - \$81 Copay and/or	and a little production of the state of the

^{*} 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.

		,	
Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Is There Additional Coverage During the Gap?
ne hest			www.cignamedicarerx.com
\$71.40	\$0	\$0 - \$90 Copay and/or 33% Coinsurance	Few Generics - Call plan
ne best			www.envisionrxplus.com
\$54.50	\$150 for all drugs	\$2 - \$25 Copay and/or 1% - 30% Coinsurance	Some Generics - Call plan
\$30.70	\$325 for all drugs	23% - 28% Coinsurance	None
ie best		ากเกมาก	Express-ScriptsMedicare.com
\$47.60	\$325 for all drugs	\$4 - \$7 Copay and/or 25% - 50% Coinsurance	None
ie best	:		www.FirstHealthPartD.com
\$95.30	\$0	\$0 - \$20 Copay and/or 25% - 41% Coinsurance	Some Generics, Some Brands - Call plan
ie hest			www.FirstHealthPartD.com
\$31.70	\$325 for all drugs	\$1 Copay and/or 25% - 44% Coinsurance	None
\$26.80	\$0	\$0 - \$95 Copay and/or 33% Coinsurance	. None
	Premium* ne hest \$71.40 ne hest \$54.50 \$30.70 ne hest \$47.60 ne hest \$95.30	Premium* Annual Deductible	Premium*

^{*} 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.

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Is There Additional Coverage During the Gap?
HealthWarkets Medicare (50128) Plan too new for satisfaction rating				พนทนหนาใจเหล่ใน-เจาเองให้และจะแบบส
Reader's Digest Value Rx (PDP) (008) Phone: 888-625-5531	\$34.60	\$325 for all drugs	\$1 - \$35 Copay and/or 27% Coinsurance	None
HealthSpring Prescription Drug Plan (S 83% of members rated their plan as th	5932) e best			www.noylocaltlespring.com
HealthSpring Prescription Drug Plan -Reg 7 (PDP) (007) Phone: 877-357-1685	\$36	\$325 for all drugs	25% Coinsurance	None
Humana Insurance Company (55884) 81% of members rated their plan as th	e best			MANAAr passumunna-mae agecaker cons
Humana Complete (PDP) (035) Phone: 800-706-0872	\$111.10	\$0	\$0 - \$77 Copay and/or 33% Coinsurance	Some Generics, Some Brands - Call plan
Humana Enhanced (PDP) (065) Phone: 800-706-0872	\$41.80	\$0	\$0 - \$90 Copay and/or 33% Coinsurance	None
Humana Walmart-Preferred Rx Plan (PDP) (132) Phone: 800-706-0872	\$18.50	\$325 for all drugs	\$0 - \$14 Copay and/or 20% - 38% Coinsurance	None
SilverScript (S5601) 83% of members rated their plan as th	e best			. www.SilverScript.com
SilverScript Basic (PDP) (014) Phone: 866-552-6106	\$29.30	\$325 for all drugs	\$2 Copay and/or 23% - 45% Coinsurance	None .
SilverScript Choice (PDP) (116) Phone: 866-552-6106	\$29.10	\$0	\$0 - \$41 Copay and/or 33% - 45% Coinsurance	None
SilverScript Plus (PDP) (015) Phone: 866-552-6106	\$91.80	\$0	\$0 - \$41 Copay and/or 33% - 45% Coinsurance	Many Generics, Some Brands - Call plan
SmartD Rx (S0064) Plan too new for satisfaction rating				www.smesetdlex.com
SmartD Rx Plus (PDP) (042) Phone: 855-976-2781	\$72.80	\$0	\$0 - \$95 Copay and/or 25% Coinsurance	Some Generics - Call plan

^{*} 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.

·				
Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Is There Additional Coverage During the Gap?
SmartD Bx (S0064) Plan too new for satisfaction rating				www.smartdrx.com
SmartD Rx Saver (PDP) (007) Phone: 855-976-2781	\$31	\$325 for all drugs	\$0 - \$95 Copay and/or 25% Coinsurance	None
United American Insurance Company (83% of members rated their plan as th	•			. www.wamedicarepartd.com
United American - Enhanced (PDP) (010) Phone: 866-524-4169	\$53.60	\$100 some drugs; call plan	\$1 - \$95 Copay and/or 29% Coinsurance	None
United American - Select (PDP) (078) Phone: 866-524-4169	\$31.60	\$325 for all drugs	\$1 - \$95 Copay and/or 25% Coinsurance	None
UnitedHealthcare (\$5820) 84% of members rated their plan as th	e best			www.AARPMedicareRx.com
AARP MedicareRx Preferred (PDP) (006) Phone: 888-867-5564	\$36.70	\$0	\$3 - \$95 Copay and/or 33% Coinsurance	None
UnitedMealthcare (\$5921) 83% of members rated their plan as th	ie best			www.AARPMedicareRz.com
AARP MedicareRx Enhanced (PDP) (103) Phone: 888-867-5564	\$82.80	\$0	\$2 - \$95 Copay and/or 33% Coinsurance	Some Generics, Some Brands - Call plan
AARP MedicareRx Saver Plus (PDP) (352) Phone: 866-679-3282	\$15	\$325 for all drugs	\$1 - \$70 Copay and/or 25% Coinsurance	None
WellCare (S5967) 82% of members rated their plan as th	ne best			www.wellcarepdp.com
WellCare Classic (PDP) (144) Phone: 888-293-5151	\$34	\$0	\$5 - \$94 Copay and/or 33% Coinsurance	None
WellCare Extra (PDP) (179) Phone: 888-293-5151	\$39	\$0	\$0 Copay and/or 25% - 50% Coinsurance	Many Generics - Call plan

^{*} 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.

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Is There Additional Coverage During the Gap?
Windsor Rx (S2505)				
81% of members rated their plan a	is the best			พพพพ.นที่เกเรียบในอสโปโลยไลเล.co.เก

^{*} 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.