2013 Medicare Health Plans in Virginia

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

Wedterre HEALTH PLANS to Virginia

This chart provides basic information about what your costs, care, and services will be in each plan. See pages 134 and 135 for information on how to read this chart. Contact the plan for specific details, and ask if it's currently accepting new members. 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.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
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Aetna Medicare Valu	e Plan (HMO)	(005) Phone: 800-	832-2640	Commence of the commence of the state of the commence of the state of						www.aetn	amedicare.com
Fairfax County and Surrounding Area	\$29	\$3,400	\$10	\$30	20%	20%	\$0	20%	\$0	\$7 - \$95 and/or 33%	None
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Aetna Medicare Star	ıdard Plan (P	PO) (027) Phone: 80	00-832-2640							www.aetr	amedicare.com
Fairfax County and Surrounding Area	\$58	\$5,700/ \$8,800	\$15/ 30%	\$35/ 30%	20%/ 30%	20%/ 30%	\$0/ 30%	20%/ 30%	\$0	\$7 - \$95 and/or 33%	None
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Anthem Medicare Pr	Control of the second s									www.anther	n.com/medicare
Select Counties in Virginia	\$70	\$4,500/ \$4,500	\$15/ \$30	\$35/ \$50	20%	20%	\$0	20%/ 30%	\$90 some drugs; call plan	\$4 - \$85 and/or 33%	None
Anthem Medicare Pi	eferred Core	(PPO) (010) Phone	: 800-797-59	37						www.anther	n.com/medicare
Select Counties in Virginia	\$62	\$4,500/ \$4,500	\$10/ \$30	\$35/ \$50	20%	20%	\$0	20%/ 30%	\$90 some drugs; call plan	\$5 - \$90 and/or 33%	None

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	, Other Part B Drugs	Home Health Care	DIVIE	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Anthomilicallyke	अभी)हानाम	४९))/: Health Mail	กใจกรกจา	भेरतातिमाति	<u> </u>			· Ell	লা (বিজ্ঞান্ত্র	alimprofit	व्यविकालकीत्तुः
Anthem MediBlue Loc	cal (HMO) (0	01) Phone: 800-797	-6159							www.anther	n.com/medicare
Richmond Metropolitan Area	\$0	\$3,400	\$0	\$0 - \$25	20%	20%	\$0	0% - 20%	, \$ 0	\$0 - \$85 and/or 33%	Many Generics, Few Brands - Call plan
Grillon Clinic Me	disnatia		// Mealth (v	निर्मित्तकारि	e গ িটোনামি	भीका :		- गिन	n (oo ama)	Morenta	नवीं निमामस्यीति
Carilion Clinic Medica	re Health Pl	an Bronze (HMO) (0	05) Phone: 8	300-778-3032	2		***************************************				nmedicare.com
Western Virginia	. \$0	\$3,400	\$15	\$45	20%	20%	\$0	20%	\$0	\$6 - \$95 and/or 33%	None
Carilion Clinic Medica	re Health Pl	an Gold (HMO) (001) Phone: 800)-778-3032					i	www.carilio	onmedicare.com
Western Virginia	\$78	\$3,200	\$0	\$20	20%	20%	\$0	20% `	\$0	\$5 - \$95 and/or 33%	None
Carilion Clinic Medica	re Health Pl	an Platinum (HMO)	(007) Phone	: 800-778-30	32					www.carilio	onmedicare.com
Western Virginia	\$159	\$3,200	\$0	\$0	10%	10%	\$0	10%	\$0	\$5 - \$95 and/or 33%	None
Carilion Clinic Medica	re Health Pl	an Silver (HMO) (00	6) Phone: 80	0-778-3032						www.carilio	nmedicare.com
Western Virginia	\$42	\$3,200	\$15	\$40	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 33%	None
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Erickson Advantage F	reedom (HM	O-POS) (006) Phone	e: 800-989-1	389							Advantage.com
Erickson Campuses - CO, KS, MD, MA, MI, NJ, PA, TX, VA	\$48	\$6,700	\$20	\$50	\$0	20%	\$0	20%	\$0	\$5 - \$85 and/or 33%	None

^{*} 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.

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. Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs.	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
istological properties of the		Madinadestavit	તા નિયોગાન	adlou			:	9% o.linta	जिस्मार इस्ट्रेस	ddjolajte	verdicites
Erickson Advantage S	ignature wit	th Drugs (HMO-POS)	(001) Phon	e: 800-989-1	389				W	ww.Erickson	Advantage.com
Erickson Campuses - CO, KS, MD, MA, MI, NJ, PA, TX, VA	\$176	\$5,000	\$0	\$30	\$0	10%	\$0	20%	\$0	\$4 - \$80 and/or 33%	None
Erickson Advantage S	ignature wit	thout Drugs (HMO-P	OS) (002) Pl	one: 800-98	9-1389		, "		V	ww.Erickson	Advantage.com
Erickson Campuses - CO, KS, MD, MA, MI, . NJ, PA, TX, VA	\$136	\$5,000	\$0	\$30	\$0	10%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
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Humana Gold Plus H2	.012-008 (HI	/IO) (008) Phone: 80	00-833-2364			1	,			www.human	a-medicare.com
Richmond Metro Area	\$0	\$3,400	\$0	\$25	20%	20%	\$ 0	20%	\$0	\$0 - \$80 and/or 33%	Some Generics, Few Brands - Call plan
Humana Gold Plus H2	.012-013 (HP	/IO) (013) Phone: 80	00-833-2364							www.human	a-medicare.com
Roanoke Metro Area	\$0	\$4,500	\$5	\$35	20%	20%	\$0	20%	\$0	\$0 - \$90 and/or 33%	Few Generics, Few Brands - Call plan
Humana Gold Plus H2	2012-015 (HP	MO) (015) Phone: 80	00-833-2364							www.human	a-medicare;com
Select VA Counties in the Tri-Cities Area	\$89	\$4,250	\$10	\$10 - \$25	20%	20%	\$0	20%	\$0	\$0 - \$88 and/or 33%	Few Generics, Few Brands - Call plan
Humana Gold Plus H2	2012-016 (HI	MO) (016) Phone: 80	00-833-2364							www.human	a-medicare.com
Select VA Counties in the Tri-Cities Area	\$25	\$3,900	\$15	\$15 - \$30	20%	20%	\$0	20%	\$0	\$0 - \$90 and/or 33%	Few Generics, Few Brands - Call plan
Humana Gold Plus H2	2012-029 (HI	/IO) (029) Phone: 80	00-833-2364							www.human	a-medicare.com
Tidewater Area	\$0	\$3,400	\$0	\$35	20%	20%	\$0	20%	\$0	\$0 - \$80 and/or . 33%	Some Generics, Few Brands - 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.

Service Area	Wonthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DIME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Humana Gold Plus H2	A CONTRACT OF STREET AND ADDRESS OF STREET	200	Commence of the Commence of th	в у вания	11.116			(8) is . italii 2			-medicare.com
Charlottesville Metro Area	\$0	\$4,500	\$10	\$35	20%	20%	\$0	20%	\$0	\$0 - \$90 and/or 33%	Few Generics, Few Brands - Call plan
Bumanalmayyane	a Compan	y (तिमस्यम्)/कालीव	TredHirovit	ler Organi	क्राणिक		θ	6% of me	ातिकार प्रति	didhaliqila	nadhahat
Humana Reader's Dig	est Healthy	Living Plan (PPO) (0	05) Phone: 8	00-833-2364					,	www.humana	a-medicare.com
Richmond Metro Area	\$139	\$5,000/ \$7,500	\$0/ 30%	\$0/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 20%	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
Humana Reader's Dig	est Healthy	Living Plan (PPO) (0	06) Phone: 8	800-833-236	1					www.human	a-medicare.com
Tidewater Area	\$132	\$5,000/ \$7,500	\$0/ 30%	\$0/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 20%	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands Call plan
Humana Reader's Dig	est Healthy	Living Plan (PPO) (0	07) Phone: 8	300-833-236	1					www.human	a-medicare.com
Roanoke Metro Area	\$132	\$5,000/ \$7,500	\$0/ 30%	\$0/ 30%	20%	20%	\$0/ 20%	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H2542	2-001 (PPO)	(001) Phone: 800-8	33-2364			· · · · · · · · · · · · · · · · · · ·				www.human	a-medicare.com
Richmond Metro Area	\$39	\$4,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 40%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H254	2-002 (PPO)	(002) Phone: 800-8	33-2364				,			www.human	a-medicare.com
Tidewater Area	\$31	\$4,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 40%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H254	2-003 (PPO)	(003) Phone: 800-8	33-2364							www.human	a-medicare.com
Clarke and Prince William counties	\$49	\$4,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 30%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
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HumanaChoice H2542	2-004 (PPO)	(004) Phone: 800-83	33-2364						1	www.humana	a-medicare.com
Roanoke Metro Area	\$39	\$4,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 30%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
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Humana Gold Choice	H2944-078	(PFFS) (078) Phone:	800-833-236	54					,	www.humana	a-medicare.com
Select Counties in Virginia	\$61	\$6,700	\$15	\$40	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
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HumanaChoice H4408	8-008 (PPO)	(008) Phone: 800-83	33-2364							www.human	a-medicare.com
Select TN and VA Counties in the Tri- Cities Area	\$40	\$4,900/ \$7,300	\$15/ 30%	\$15 - \$35 / 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 25%	\$0	\$0 - \$90 and/or 33%	Few Generics, Few Brands - Call plan
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Humana Reader's Dig	jest Healthy	Living Plan (PPO) (0	11) Phone: 8	300-833-236	1					www.human	a-medicare.com
Northern Virginia Area	\$142	\$5,000/ \$7,500	\$0/ 30%	\$0/ 30%	20%	20%	\$0/ 20%	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
Humana Reader's Dig	est Healthy	Living Plan (PPO) (0	14) Phone: 8	300-833-236	4					www.human	a-medicare.com
Charlottesville Metro Area	\$132	\$5,000/ \$7,500	\$0/ 30%	\$0/ 30%	20%	20%	\$0/ 20%	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H504	1-002 (PPO)	(002) Phone: 800-8	33-2364				,	•	•	www.human	a-medicare.com
Martinsburg Metro Area	\$39	\$4,600/ \$6,700	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 30%	\$0	\$6 - \$95 and/or 33%	Few Generics, Few Brands - 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DIVIE	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Humang Insurance	च प्लिम्मा नम्	A((LEWN)A(Lingle)	riallihonb	નિલસૂર્ભ લાં	कारीon ः	gg delane sig George selveni	Ω	49a of me	mhachair	તોલીહ્યોદાઇક	nadhalant
HumanaChoice H504	1-006 (PPO)	(006) Phone: 800-83	33-2364							www.human	a-medicare.com
Northern Virginia East Area	\$49	\$5,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30 [°] %	20%/ 30%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H504	1-007 (PPO)	(007) Phone: 800-83	33-2364							www.human	a-medicare.com
North Central Virginia Area	\$59	\$5,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 30%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H5041	I-008 (PPO) ((008) Phone: 800-83	33-2364	<u> </u>						www.human	a-medicare.com
Chesapeake Area	\$59	\$5,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 30%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H5041	-009 (PPO) (009) Phone: 800-83	33-2364							www.human	a-medicare.com
Fredericksburg Area	\$59	\$5,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 30%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H5041	-012 (PPO) (012) Phone: 800-83	3-2364							www.humana	a-medicare.com
Charlottesville Metro Årea	\$49	\$4,900/ \$7,500	\$10/ 30%	\$40/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 40%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice H5041	-013 (PPO) (013) Phone: 800-83	3-2364						1	www.humana	a-medicare.com
Central Virginia Area	\$49	\$4,900/ \$7,500	\$10/ 30%	\$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%/ 40%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
Humana Insurance					m iii		រា	Wedman	្តា ជាស្រាយមានសែ	ในโกรแสโล	needhelbert
Humana Gold Choice I	H8145-003 (I	PFFS) (003) Phone: 8	300-833-236	4				The second section of the second			-medicare.com
Select Counties in Virginia	\$61	\$6,700	\$15	\$40	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
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Humana Gold Choice	H8145-004 (PFFS) (004) Phone:	800-833-236	54					,	www.humana	a-medicare.com
Select Counties in Virginia	\$71	\$6,700	\$15	\$40	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
Humana Gold Choice	H8145-041 (PFFS) (041) Phone:	800-833-236	54		7			,	www.humana	a-medicare.com
Select Counties in Virginia	\$61	\$6,700	\$15	\$40	20%	20%	\$0	20%	\$0	\$0 - \$95 and/or 33%	Few Generics, Few Brands - Call plan
Humana Gold Choice	H8145-042 (PFFS) (042) Phone:	800-833-236	54					,	www.humana	a-medicare.com
Select Counties in Virginia	\$0	\$6,700	· \$15	\$40	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Humana Gold Choice	H8145-044 (PFFS) (044) Phone:	800-833-230	64						www.human	a-medicare.com
Select Counties in Virginia	\$19	\$6,700	\$15	\$40	20%	` 20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Humana Gold Choice	Н8145-091 (PFFS) (091) Phone:	800-833-236	54						www.human	a-medicare.com
Select Counties in Virginia	\$46	\$5,000	\$15	\$15 - \$40	20%	20%	\$0	20%	\$0	\$0 - \$90 and/or 33%	Few Generics, Few Brands - Call plan
Humana Gold Choice	H8145-108 (PFFS) (108) Phone:	800-833-23	64						www.human	a-medicare.com
Select Counties in Virginia	\$0	\$4,900	\$15	\$15 - \$35	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Althualmathhallanid	-મુલ્લામું મામ	y (litith) Makala	ACCHACIAL	Hartopolatil	ailleir 🗀		wet i	4Wwhite	intraction	ddidingle	Mandhelbesh
HumanaChoice R5826	-003 (Regio	nal PPO) (003) Phoi	ne: 800-833-	2364						www.human	a-medicare.com
States of North Carolina and Virginia	\$75	\$6,200/ \$6,200	\$15	\$15 - \$40	20%	20%	\$0	20%	\$0	\$0 - \$90 and/or 33%	Few Generics, Few Brands - Call plan
HumanaChoice R5826	6-063 (Regio	nal PPO) (063) Phoi	ne: 800-833-	2364						www.human	a-medicare.com
States of North Carolina and Virginia	\$0	\$3,000/ \$4,500	\$5/ \$35	\$5 - \$207 \$35	20%/ 30%	20%/ 30%	\$0/ 30%	15%/ 18%	Drugs not covered	Drugs not covered	Drugs not covered

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	, DIME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Humana Insuranc					रवर्गिका 🐬		n	4% of me	inherenare	didhahunie	
HumanaChoice R5826	5-079 (Regio	nal PPO) (079) Phoi	ne: 800-833-2	2364							a-medicare.com
States of North Carolina and Virginia	\$63	\$6,700/ \$10,000	\$22/ 30%	\$22 - \$45 / 30%	20%/ 30%	20%/ 30%	\$0/ 30%	20%	\$325 for all drugs	25%	None
Kaiser Permanen				. / 1) <u>(1</u>	3% of mr	ากโรยเหลีย	ddhalada	nerghaltan)
Kaiser Permanente M	edicare Plus	Basic w/o D (AB) (C	ost) (017) Pl	none: 877-40	8-8607					•	p.org/medicare
DC, MD, VA	\$0	\$3,400	\$30	\$40	\$0 - \$50	\$0 - \$50	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Kaiser Permanente M	edicare Plus	High w/o D (AB) (Co	ost) (021) Ph	one: 877-408	8-8607						p.org/medicare
DC, MD, VA	. \$64	\$3,400	\$10	\$20	\$0 - \$45	\$0 - \$45	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Kaiser Permanente M	edicare Plus	High w/Part D (AB)	(Cost) (002)	Phone: 877-	408-8607					k	p.org/medicare
DC, MD, VA	\$103	\$3,400	\$10	\$20	\$0 - \$45	\$0 - \$45	\$0	20%	\$0	\$0 - \$95 and/or 25%	All Generics, Few Brands - Call plan
Kaiser Permanente M	edicare Plus	Std w/o D (AB) (Cos	st) (022) Pho	ne: 877-408-	8607				~-I	le	p.org/medicare
DC, MD, VA	\$0	\$3,400	\$20	\$30	\$0 - \$45	\$0 - \$45	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Kaiser Permanente M	edicare Plus	Std w/Part D (AB) (Cost) (009) P	hone: 877-4	08-8607					ŀ	p.org/medicare
DC, MD, VA	\$0	\$3,400	\$20	\$30	\$0 - \$45	\$0 - \$45	\$0	20%	\$0	\$0 - \$95 and/or 25%	None
Designat Medica	re/Adiventi	rea (Hudea)/Phe	Mania(Him	मित्रा भिष्ठ	meadon		'	Юr	สกุสออสุกษา	Novemb	าสโตกเสนิกต
Piedmont Select Med	icare Option	One (PPO) (001) Ph	none: 877-21	0-1719		4	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		generalise al Lande Bereit († 1806 – 1846 – 1846) T	i na mata ja ja ja na na ja	www.pchp.net
Cities: LYH, BE Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$62	\$3,400/ \$5,100	\$15/ 40%	\$30/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$0	\$0 - \$80 and/or 33%	None

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
<u>સિલ્લાલ્ટાલીયલીકન</u>	idedAUMahhd	end//(Geblil) our	iर्ग्स्यकृतिसंख्	اللائك المرابع	madbii.			्र सि	limeoohil	Mozsadni	કાલના ભાગમાં માં
Piedmont Select Med	licare Option	Three (PPO) (003) I	Phone: 877-2	10-1719							www.pchp.net
Cities: LYH, BE Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$0	\$3,400/ \$5,100	\$30/ 40%	\$50/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$0	\$10 - \$95 and/or 33%	None
Piedmont Select Med	licare Option	Two (PPO) (002) Pl	one: 877-21	0-1719					······································		www.pchp.net
Cities: LYH, BE Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$27	\$3,400/ \$5,100	\$25/ 40%	\$45/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$0	\$0 - \$80 and/or 33%	None
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AARP MedicareComp	lete Essentia	il (HMO) (020) Phon	e: 800-547-5	5514					. WI	ww.AARPMed	licarePlans.com
Eastern Tennessee and Southwestern Virginia	\$49	\$3,400	\$5	\$25	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
AARP MedicareComp	lete Plan 2 (HMO) (021) Phone:	800-547-551	4					w	ww.AARPMed	licarePlans.com
Eastern Tennessee and Southwestern Virginia	\$63	\$3,400	\$5	\$25	20%	20%	\$0	20%	\$0	\$3 - \$91 and/or 33%	None
AARP MedicareComp	lete Plus Pla	n 1 (HMO½POS) (013) Phone: 80	0-547-5514					VV	ww.AARPMed	licarePlans.com
Eastern Tennessee and Southwestern Virginia	\$0	\$3,400	\$5	\$25	20%	20%	\$0	20%	\$0	\$4 - \$95 and/or 33%	None
Makadhallhira	(((((((((((((((((((((((((((((((((((((((Zhoheushkenihk	tavara iyld	. ' نُلْنَا			" ! ! !	5% Office	ndfield kake	ակերբու	nardhelleri
UnitedHealthcare Me	dicareDirect	Essential (PFFS) (00	1) Phone: 8	00-555-5757					www	.UHCMedicaı	eSolutions.com
Select counties nationwide	\$0	\$6,400	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
UnitedHealthcare Me	dicareDirect	Rx (PFFS) (014) Pho	one: 800-555	5-5757				•	www	.UHCMedica	eSolutions.com
Select counties nationwide	\$28	\$6,700	\$25	\$50	20%	20%	\$0 .	20%	\$0	\$4 - \$95 and/or 33%	None

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
. United Healthcare	((:1741 <mark>677)</mark>)/11	tealth Malmana	માનક ભાષાના	lkation :			i i	9% of inte	ากใจเราการ	Aldhairmle	nasumbas
AARP MedicareComp	lete (HMO) (003) Phone: 800-54	7-5514			7					licarePlans.com
Richmond and Roanoke areas	\$0	\$3,950	\$10	\$30	20%	20%	\$0	20%	\$0.	\$3 - \$95 and/or 33%	None
AARP MedicareComp	lete (HMO) (009) Phone: 800-54	17-5514				•		w	ww.AARPMed	licarePlans.com
Portsmouth, Norfolk, Newport News counties	\$0	\$4,200	\$10	\$30	20%	20%	\$0	20%	\$0	\$3 - \$95 and/or 33%	None
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Today's Options Adva	ntage 400 (F	PPO) (094) Phone: 8	66-422-1967	•				Haline See Selection to the Control of the Control			ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$0	\$4,400/ \$6,000	\$0	\$35/ \$40	20%	20%	\$0/ 20%	20%/ 30%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Adva	ntage 500 (F	PPO) (095) Phone: 8	66-422-1967			L.,			V	vww.Todays(ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$10	\$6,700/ \$6,700	\$5 ⁻	\$50/ \$60	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Adva	ntage 600 (F	PPO) (096) Phone: 8	66-422-1967					L	V	vww.Todays(ptionsPPO.com
Select Counties in NY, PA, ME and VA	`\$20	\$6,700/ \$6,700	\$25/ - \$30	\$50/ \$60	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Adva	ntage Plus 1	50A (PPO) (082) Ph	one: 866-422	2-1967				<u> </u>	V	vww.Todays(ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$68	\$3,400/ \$3,400	\$0	\$30/ \$35	20%	20%	\$0/ 20%	20%/ 25%	. \$0	\$2 - \$80 and/or 33%	None
Today's Options Adva	ntage Plus 1	50A (PPO) (083) Ph	one: 866-422	2-1967					v	vww.TodaysC	ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$105	\$3,400/ \$3,400	\$0	\$30/ \$35	20%	20%	\$0/ 20%	20%/ 25%	\$0	\$2 - \$80 and/or 33%	None

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Millightshirt	ingolpi(fi	LEANER FOR THE COLARS	Hakiyatdar	<u> અનુકાત્તાનું</u>	on 🍴		Ü	Www.hime	inpotete	d dienzyla	skedledbelan
Today's Options Adva	ntage Plus 2	50A (PPO) (098) Ph	one: 866-422	2-1967				-	V	vww.Todays0	ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$116	\$3,400/ \$3,400	\$10/ \$15	\$30/ \$35	20%	20%	\$0/ 20%	20%/ 25%	\$0	\$2 - \$80 and/or 33%	None
Today's Options Adva	ntage Plus 4	50B (PPO) (088) Ph	one: 866-422	-1967					V	vww.Todays0	ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$26	\$4,400/ \$6,000	\$0	\$35/ \$40	20%	20%	\$0/ 20%	20%/ 30%	\$0	\$5 - \$95 and/or 29% .	None
Today's Options Adva	ntage Plus 5	50B (PPO) (089) Ph	one: 866-422	?-1967					· V	vww.Todays0	ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$28	\$6,700/ \$6,700	\$5	\$50/ \$60	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 29%	None
Today's Options Adva	ntage Plus 6	50B (PPO) (084) Ph	one: 866-422	!-1967					V	vww.Todays0	ptionsPPO.com
Select Counties in NY, PA, ME and VA	\$51	\$6,700/ \$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 29%	None
Philippidishing	in Gata (j	a ensythy Agreta	सम्माजान <u>ु</u> चा	التطاطلات			d e e	owodrine	idbatetote	લુ વાલાયું હોઇ	Manifest (
Today's Options Prem	ier 300 (PFF	S) (206) Phone: 800	-996-8867				,			www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$35	\$3,250	\$5	\$30	20%	20%	15% ⁻	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 300 (PFF	S) (207) Phone: 800	-996-8867							www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$80	\$3,250	\$5	\$30	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 300 (PFF	S) (208) Phone: 800	-996-8867							www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$70	\$3,250	\$5	\$30	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered

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Service Area	Wonthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DIME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
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Today's Options Prem	ier 300 (PFF	S) (209) Phone: 800	-996-8867					100		PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$95	\$3,250	\$5	\$30	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 300 (PFF:	S) (210) Phone: 800	-996-8867			<u> </u>		1	1	www.Tod	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$115	\$3,250	\$5	\$30	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 300 (PFF:	S) (211) Phone: 800	-996-8867				L			www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$125	\$3,250	\$5	\$30	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 600 (PFF:	S) (046) Phone: 800	-996-8867	· · · · · · · · · · · · · · · · · · ·				I		www.Tod	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$0	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 600 (PFF:	S) (047) Phone: 800	-996-8867				<u> </u>	I		www.Tod	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$45	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 600 (PFF:	S) (048) Phone: 800	-996-8867	<u> </u>				J		www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$35	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Today's Options Prem	ier 600 (PFF	S) (049) Phone: 800	-996-8867							www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$60	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?			
<u> Wilkertallerinerta</u>	نا) نوانك بيد	ilenewkerk (Artit	tetenloreter	Meerklan		and the state of t	្ន មួ	عبيانفها	inferitalidade	d dietaple	reed with their			
Today's Options Prem	nier 600 (PFF	S) (056) Phone: 800)-996-8867							www.Toda	aysOptions.com			
Select counties in Midwest, Southeast & Southwest	\$80	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered			
Today's Options Prem	oday's Options Premier 600 (PFFS) (057) Phone: 800-996-8867 www.TodaysOptions.co													
Select counties in Midwest, Southeast & Southwest	\$90	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered			
Today's Options Prem	nier Plus 350	A (PFFS) (067) Phor	ne: 800-996-8	8867						www.Toda	aysOptions.com			
Select counties in Midwest, Southeast & Southwest	\$144	\$3,250	\$5	\$30	20%	20% -	15%	20%	\$0	\$2 - \$80 and/or 33%	None∙			
Today's Options Prem	nier Plus 350	A (PFFS) (068) Phor	ne: 800-996-8	3867						www.Toda	aysOptions.com			
Select counties in Midwest, Southeast & Southwest	\$175	\$3,250	\$5	\$30	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None			
Today's Options Prem	nier Plus 350	A (PFFS),(212) Phoi	ne: 800-996-8	3867					•	www.Tod	aysOptions.com			
Select counties in Midwest, Southeast & Southwest	\$103	\$3,250	\$5	\$30	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None			
Today's Options Pren	nier Plus 350	A (PFFS) (213) Pho	ne: 800-996-8	3867						www.Tod	aysOptions.com			
Select counties in Midwest, Southeast & Southwest	\$144	\$3,250	\$5	\$30	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None			
Today's Options Pren	nier Plus 350	A (PFFS) (214) Phoi	1e: 800-996-8	3867						www.Tod	aysOptions.com			
Select counties in Midwest, Southeast & Southwest	\$119	\$3,250	\$5	\$30	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None			

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DIME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
णितिस्वा हन्। श्रेणवर्गाव		म्थिया)/मिर्मिक्सिक्	विभीता-दिवा	MeaRlan			$+$ \sim Ω	19% Olum	า	' dkilhalanda	nesse park
Today's Options Prem	ier Plus 350/	4 (PFFS) (215) Phon	ie: 800-996-8	3867							aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$164	\$3,250	\$5 	\$30	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None
Today's Options Prem	ier Plus 650E	3 (PFFS) (070) Phon	e: 800-996-8	867		<u> </u>	l	· · · · ·			aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$46	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 29%	None None
Today's Options Prem	ier Plus 650B	3 (PFFS) (072) Phon	e: 800-996-8	867	· · · · · · · · · · · · · · · · · · ·						aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$61	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 29%	None
Today's Options Prem	ier Plus 650D	(PFFS) (074) Phon	e: 800-996-8	867			I				aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$118	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$85 for all drugs	\$5 - \$95 and/or 29%	None
Today's Options Prem	ier Plus 650H	l (PFFS) (073) Phon	e: 800-996-8	867							aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$87	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$87 for all drugs	\$5 - \$90 and/or 25%	None
Today's Options Prem	ier Plus 6501	(PFFS) (065) Phone	: 800-996-88	367	•				<u>.</u>	www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$85	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$85 for all drugs	\$5 - \$92 and/or 25%	None
Today's Options Prem	ier Plus 650J	(PFFS) (075) Phone	:: 800-996-88	367							aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$107	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$130 for all drugs	\$5 - \$75 and/or 29%	None

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?		
thikinkalishinahts	արգություն	denaulikiv (Colci	લ્લામાં તાલુકા સામાના માટે કરાયા છે. માટે કરાયા માટે કરાયા માટે કરાયા માટે કરાયા માટે કરાયા માટે કરાયા માટે કર	Widelylain.			3	2% Office	interacte	id (Kelinjila)	प्रसम्पत्ति विस्तर		
Today's Options Prem	ier 300 (PFF	S) (001) Phone: 866	5-418-1923							www.Toda	aysOptions.com		
Select counties in Midwest, Southeast & Southwest	\$20	\$3,250	\$5/ \$10	\$30/ \$40	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered		
Today's Options Prem	Today's Options Premier 300 (PFFS) (050) Phone: 866-418-1923 www.TodaysOptions.com												
Select counties in Midwest, Southeast & Southwest	\$50	\$3,250	\$5/ \$10	\$30/ \$40	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered		
Today's Options Prem	Today's Options Premier 300 (PFFS) (051) Phone: 866-418-1923 www.TodaysOptions.com												
Select counties in Midwest, Southeast & Southwest	\$80	\$3,250	\$5/ \$10	\$30/ \$40	20%	20%	15%	20%	Drugs not covered	Drugs not covered	Drugs not covered		
Today's Options Prem	nier 600 (PFF	S) (011) Phone: 866	5-418-1923							www.Tod	aysOptions.com		
Select counties in Midwest, Southeast & Southwest	\$0	\$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered		
Today's Options Prem	nier 600 (PFF	S) (012) Phone: 866	5-418-1923							www.Tod	aysOptions.com		
Select counties in Midwest, Southeast & Southwest	\$20	\$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered		
Today's Options Prem	nier 600 (PFF	S) (013) Phone: 860	5-418-1923							www.Tod	aysOptions.com		
Select counties in Midwest, Southeast & Southwest	\$50	\$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered		
Today's Options Prem	nier Plus 350	A (PFFS) (021) Pho	ne: 866-418-1	1923						www.Tod	aysOptions.com		
Select counties in Midwest, Southeast & Southwest	\$77	\$3,250	\$5/ \$10	\$30/ \$40	20%	20%	15%	20%	>\$ 0	\$2 - \$80 and/or 33%	None		

^{*} 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.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
UniversallAmeric							, n	4% of m:	inibarawaca	, Alahairmk	। maadhadaas
Today's Options Prem	ier Plus 350	A (PFFS) (024) Phon	ie: 866-418-1	923			<u>land the second of the second</u>				aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$152	\$3,250	\$5/ \$10	\$30/ \$40	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None
Today's Options Prem	ier Plus 350	A (PFFS) (054) Phon	e: 866-418-1	923		<u> </u>			I .	I	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$117	\$3,250	\$5/ \$10	\$30/ \$40	20%	20%	15%	20%	\$0	\$2 - \$80 and/or 33%	None
Today's Options Prem	ier Plus 650	B (PFFS) (031) Phon	e: 866-418-1	923					L	www.Tod	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$32	\$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 29%	None
Today's Options Prem	ier Plus 650I	B (PFFS) (032) Phon	e: 866-418-1	923			1				
Select counties in Midwest, Southeast & Southwest	\$64	\$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	\$0	\$5 - \$95 and/or 29%	None
Today's Options Prem	ier Plus 650	O (PFFS) (033) Phon	e: 866-418-1	923					: -	www.Toda	aysOptions.com
Select counties in Midwest, Southeast & Southwest	\$92	\$6,700	\$25/ \$30	\$50/ \$60	20%	20%	\$0	20%	\$85 for all drugs	\$5 - \$95 and/or 29%	None
णिएंगड्यो सिक्योंकि (शिक्षमाय्यसीय)	ane Inema	nne Company, In	STATE OF THE STATE	Abresterres	भागमातिकाः			i, De	mitotosmal	Andreas and a second of the second	त्रवंगीणत्रम्यवंतात्रः।
Universal Hassle-Free	(PPO) (001)	Phone: 800-965-703	34							10/	ww.univhc.com
National	\$0	\$3,400/ \$5,100	\$20/ \$40	\$50	20%	20%	\$20/ 30%	30%	\$0	\$3 - \$95 and/or 33%	None
Universal Hassle-Free	MA Only (PP			·						W	ww.univhc.com
National	\$0	\$3,400/ \$5,100	\$10/ \$30	\$50	20%	20%	\$20/ 30%	30%	Drugs not covered	Drugs not covered	Drugs not covered

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
UNIMARGALITATI Stanta Han	MEEN AND CENTRE	thirm deami	ANNAME (I				dati i da i	#Working	mpakkete	Udheliyyla	headhalbad
Universal Any, Any, A	ny (PFFS) (00	2) Phone: 800-965-	7034							w	ww.univhc.com
National PFFS	\$48.50	\$6,700	\$15	\$40	20%	20%	\$0 .	20%	\$0	\$6 - \$95 and/or 33%	None
Universal Any, Any, A	ny MA Only (PFFS) (026) Phone:	800-965-703	4		•	<u> </u>	Lan. 12		w	ww.univhc.com
National PFFS	\$39	\$6,700	\$20	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
univerentation in the contraction of the contractio	Guadhadha	માંતર લગામું મામું	he.((Aluee)	/Halvalet	echidreci	Midelylan	1	el% orbite	mbaddale	danama	प्रकारीक्षिण सक्त
Universal Any, Any, A	ny (PFFS) (00	1) Phone: 800-965	· 7 034	,	,	,					ww.univhc.com
National Network PFFS	\$34	\$6,700	\$15	\$40	20%	20%	\$0	20%	\$0	\$6 - \$95 and/or 33%	None *
Universal Any, Any, A	_⊦ any MA Only (PFFS) (003) Phone:	800-965-703	1 34						V	ww.univhc.com
National Network PFFS	\$29	\$6,700	\$20	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
White we wilde	ં કિલોલા(ક્રિક	1599// Healthout		ભારતામિક	loù	The second		DW With		dididirph	maizylia (bety
Windsor Medicare E	xtra Diamono	l Plan (HMO) (166)	Phone: 866-4	48-8313						www.windso	healthplan.com
Southwest Virginia	\$128	\$4,500	\$0	\$15	15%	15%	\$0	10%	\$0	\$3 - \$130 and/or 33%	Some Generics - Call plan
Windsor Medicare E	xtra Emerald	Plan (HMO) (164)	Phone: 866-4	48-8313			,	•	1	www.windso	healthplan.com
Southwest Virginia	\$40	\$6,700	\$10	\$30	20%	20%	\$0	20%	\$0	\$3 - \$140 and/or 33%	Some Generics - Call plan
Windsor Medicare E	xtra Gold Pla	n (HMO) (165) Pho	ne: 866-448-	8313					1	www.windso	healthplan.com
Southwest Virginia	\$55	\$3,400	\$5	\$25	20%	20%	\$0	20%	\$0	\$3 - \$134 and/or 33%	Some Generics - Call plan

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?			
	Window Medicane Extra (H5698) / Health Malmenance Organization 86% of members received their plantar diselection													
	Windsor Medicare Extra Silver Plan (HMO) (035) Phone: 866-448-8313 www.windsorhealthplan.com													
AL, AR, MS, SC, TN and VA	\$0	\$3,400	\$20	\$30	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered			

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