

2017 Medicare Health Plans in Virginia

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and Human Services
Center for Medicare & Medicaid Services
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Medicare HEALTH PLANS in Virginia

This chart provides basic information about what your costs will be in each plan. See pages 126 and 127 for information on how to read this chart. Contact the plan for specific details, and ask if it's currently accepting new members. 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.

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*	Gap Coverage
Aetna Medicare (H3931) / Health Maintenance Organization										Members' Rating of Plan: 81%	
Aetna Medicare Innovation Prime Plan (HMO) (096) Phone: 855-338-7027										www.aetnamedicare.com	
Fairfax County and Surrounding Area	\$59	\$6,700	\$10	\$40	20%	20%	\$0	20%	\$300 some drugs; call plan	\$2 - \$100 and/or 27%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Select Plan (HMO) (098) Phone: 855-338-7027										www.aetnamedicare.com	
Richmond and Surrounding Area	\$0	\$6,700	\$10	\$40	20%	20%	\$0	20%	\$300 some drugs; call plan	\$2 - \$100 and/or 27%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Select Plan (HMO) (099) Phone: 855-338-7027										www.aetnamedicare.com	
Danville and Surrounding Area	\$28	\$6,300	\$5	\$40	20%	20%	\$0	20%	\$0	\$2 - \$100 and/or 33%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Select Plan (HMO) (100) Phone: 855-338-7027										www.aetnamedicare.com	
Newport News and Surrounding Area	\$0	\$6,700	\$10	\$45	20%	20%	\$0	20%	\$200 some drugs; call plan	\$2 - \$100 and/or 29%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Select Plan (HMO) (101) Phone: 855-338-7027										www.aetnamedicare.com	
Roanoke and Surrounding Area	\$0	\$6,700	\$10	\$35	20%	20%	\$0	20%	\$300 some drugs; call plan	\$2 - \$100 and/or 27%	\$2 - \$20 and/or 40% - 51%

* 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*	Gap Coverage
Aetna Medicare (H5521) / Preferred Provider Organization										Members' Rating of Plan: 85%	
Aetna Medicare Essential Plan (PPO) (082) Phone: 855-338-7027										www.aetnamedicare.com	
Richmond and Surrounding Area	\$55	\$6,700/ \$10,000	\$15/ 50%	\$45/ 50%	20%/ 50%	20%/ 50%	\$0/ 50%	20%/ 50%	\$0	\$2 - \$100 and/or 33%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Essential Plan (PPO) (083) Phone: 855-338-7027										www.aetnamedicare.com	
Danville City and Surrounding Area	\$49	\$6,700/ \$10,000	\$5/ 50%	\$25/ 50%	20%/ 50%	20%/ 50%	\$0/ 50%	20%/ 50%	\$0	\$2 - \$100 and/or 33%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Essential Plan (PPO) (084) Phone: 855-338-7027										www.aetnamedicare.com	
Newport News and Surrounding Area	\$45	\$6,700/ \$10,000	\$10/ 50%	\$40/ 50%	20%/ 50%	20%/ 50%	\$0/ 50%	20%/ 50%	\$0	\$2 - \$100 and/or 33%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Essential Plan (PPO) (102) Phone: 855-338-7027										www.aetnamedicare.com	
Roanoke and Surrounding Area	\$49	\$6,700/ \$10,000	\$10/ 40%	\$45/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$0	\$2 - \$100 and/or 33%	\$2 - \$20 and/or 40% - 51%
Aetna Medicare Innovation Choice Plan (PPO) (027) Phone: 855-338-7027										www.aetnamedicare.com	
Fairfax County and Surrounding Area	\$65	\$6,700/ \$10,000	\$20/ 50%	\$50/ 50%	20%/ 50%	20%/ 50%	\$0/ 50%	20%/ 25%	\$0	\$2 - \$100 and/or 33%	\$2 - \$20 and/or 40% - 51%
Anthem Blue Cross and Blue Shield (H4909) / Preferred Provider Organization										Members' Rating of Plan: 85%	
Anthem MediBlue Access (PPO) (014) Phone: 800-797-5937										www.anthem.com/shop	
Mathews County	\$66	\$4,500/ \$8,500	\$10/ \$30	\$30/ \$50	20%/ 25%	20%/ 25%	\$0/ 35%	20%/ 35%	\$119 some drugs; call plan	\$0 - \$100 and/or 30%	\$0 and/or 40% - 51%

* 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*	Gap Coverage
Anthem HealthKeepers (H3447) / Health Maintenance Organization										Members' Rating of Plan: 85%	
Anthem MediBlue Local (HMO) (001) Phone: 888-649-5968										www.anthem.com/medicare	
Richmond Metropolitan and South of Richmond Area	\$0	\$3,400	\$0	\$0 - \$30	20%	0% - 20%	\$0	0% - 20%	\$0	\$0 - \$95 and/or 33%	\$0 - \$12.50 and/or 40% - 51%
Anthem MediBlue Smart Fit (HMO) (005) Phone: 888-649-5968										www.anthem.com/medicare	
Richmond Metropolitan and South of Richmond Area	\$0	\$5,000	\$10	\$0 - \$35	20%	0% - 20%	\$0	0% - 20%	\$0	\$5 - \$95 and/or 33%	40% - 51%
Humana Health Plan, Inc. (H2012) / Health Maintenance Organization										Members' Rating of Plan: 84%	
Humana Gold Plus H2012-008 (HMO) (008) Phone: 800-833-2364										www.humana-medicare.com	
Richmond Metro Area	\$24	\$4,900	\$10	\$45	20%	20%	\$0	20%	\$175 some drugs; call plan	\$7 - \$100 and/or 29%	\$7 - \$100 and/or 29% - 51%
Humana Gold Plus H2012-015 (HMO) (015) Phone: 800-833-2364										www.humana-medicare.com	
Select VA Counties in the Tri-Cities Area	\$97	\$5,900	\$5	\$10 - \$30	20%	20%	\$0	20%	\$200 some drugs; call plan	\$5 - \$100 and/or 29%	\$5 - \$100 and/or 29% - 51%
Humana Gold Plus H2012-016 (HMO) (016) Phone: 800-833-2364										www.humana-medicare.com	
Select VA Counties in the Tri-Cities Area	\$27	\$5,900	\$5	\$10 - \$35	20%	20%	\$0	20%	\$320 some drugs; call plan	\$7 - \$100 and/or 26%	\$7 - \$100 and/or 26% - 51%
Humana Gold Plus H2012-029 (HMO) (029) Phone: 800-833-2364										www.humana-medicare.com	
Tidewater area	\$25	\$4,900	\$10	\$45	20%	20%	\$0	20%	\$175 some drugs; call plan	\$7 - \$100 and/or 29%	\$7 - \$100 and/or 29% - 51%

* 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*	Gap Coverage
Humana Health Plan, Inc. (H2012) / Health Maintenance Organization										Members' Rating of Plan: 84%	
Humana Gold Plus H2012-055 (HMO) (055) Phone: 800-833-2364										www.humana-medicare.com	
Albemarle and Charlottesville City counties	\$36	\$6,700	\$10	\$50	20%	20%	\$0	20%	\$400 some drugs; call plan	\$9 - \$100 and/or 25%	\$9 - \$100 and/or 25% - 51%
Humana Gold Plus H2012-087 (HMO) (087) Phone: 800-833-2364										www.humana-medicare.com	
Northern Virginia area	\$37	\$6,700	\$5	\$45	20%	20%	\$0	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/or 25% - 51%
Humana Gold Plus H2012-101 (HMO) (101-1) Phone: 800-833-2364										www.humana-medicare.com	
Roanoke Metro Area	\$14.90	\$6,700	\$10	\$50	20%	20%	\$0	20%	\$175 some drugs; call plan	\$7 - \$100 and/or 29%	\$7 - \$100 and/or 29% - 51%
Humana Gold Plus H2012-101 (HMO) (101-2) Phone: 800-833-2364										www.humana-medicare.com	
Roanoke Metro Area	\$25	\$6,700	\$10	\$50	20%	20%	\$0	20%	\$175 some drugs; call plan	\$7 - \$100 and/or 29%	\$7 - \$100 and/or 29% - 51%
Humana Insurance Company (H6609) / Preferred Provider Organization										Members' Rating of Plan: 84%	
HumanaChoice H6609-092 (PPO) (092) Phone: 800-833-2364										www.humana-medicare.com	
Select Counties in the Tri-Cities Area of Virginia	\$61	\$6,700/ \$10,000	\$15/ 30%	\$15 - \$35/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%	\$360 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/or 25% - 51%
HumanaChoice H6609-095 (PPO) (095) Phone: 800-833-2364										www.humana-medicare.com	
Northeast Virginia area	\$80	\$6,700/ \$10,000	\$15/ 30%	\$45/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/or 25% - 51%

* 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*	Gap Coverage
Humana Insurance Company (H6609) / Preferred Provider Organization										Members' Rating of Plan: 84%	
HumanaChoice H6609-096 (PPO) (096) Phone: 800-833-2364										www.humana-medicare.com	
Northern Virginia area	\$66	\$6,700/ \$10,000	\$15/ 40%	\$45/ 40%	20%/ 20% - 40%	20%/ 20% - 40%	\$0/ 40%	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/ or 25% - 51%
HumanaChoice H6609-100 (PPO) (100) Phone: 800-833-2364										www.humana-medicare.com	
Roanoke Metro Area	\$70	\$6,700/ \$10,000	\$15/ 30%	\$45/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%	\$245 some drugs; call plan	\$8 - \$100 and/or 28%	40% - 51%
HumanaChoice H6609-144 (PPO) (144-1) Phone: 800-833-2364										www.humana-medicare.com	
Tidewater area	\$57	\$6,700/ \$10,000	\$15/ 30%	\$45/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/ or 25% - 51%
HumanaChoice H6609-144 (PPO) (144-2) Phone: 800-833-2364										www.humana-medicare.com	
Tidewater area	\$59	\$6,700/ \$10,000	\$15/ 30%	\$45/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	15%/ 20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/ or 25% - 51%
HumanaChoice H6609-148 (PPO) (148-1) Phone: 800-833-2364										www.humana-medicare.com	
Richmond Metro Area	\$55	\$6,700/ \$10,000	\$15/ 30%	\$45/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	17%/ 20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/ or 25% - 51%
HumanaChoice H6609-148 (PPO) (148-2) Phone: 800-833-2364										www.humana-medicare.com	
Richmond Metro Area	\$64	\$6,700/ \$10,000	\$15/ 30%	\$45/ 30%	20%/ 20% - 30%	20%/ 20% - 30%	\$0/ 30%	17%/ 20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/ or 25% - 51%

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Medicare HEALTH PLANS in Virginia

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*	Gap Coverage
Humana Insurance Company (H8145) / Private Fee-for-Service Plan										Members' Rating of Plan: 83%	
Humana Gold Choice H8145-003 (PFFS) (003) Phone: 800-833-2364										www.humana-medicare.com	
Select Counties in Virginia	\$67	\$6,700	\$15/ \$15 - \$105	\$45	20%	20%	\$0	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/or 25% - 51%
Humana Gold Choice H8145-004 (PFFS) (004) Phone: 800-833-2364										www.humana-medicare.com	
Select counties in Virginia	\$83	\$6,700	\$15/ \$15 - \$105	\$45	20%	20%	\$0	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/or 25% - 51%
Humana Gold Choice H8145-042 (PFFS) (042) Phone: 800-833-2364										www.humana-medicare.com	
Select Counties in Virginia	\$33	\$6,700	\$20/ \$20 - \$40	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Humana Gold Choice H8145-091 (PFFS) (091) Phone: 800-833-2364										www.humana-medicare.com	
Select Counties in Virginia	\$86	\$6,700	\$15/ 35%	\$15 - \$40/ 35%	20%	20%	\$0/ 35%	20%	\$400 some drugs; call plan	\$7 - \$100 and/or 25%	\$7 - \$100 and/or 25% - 51%
Humana Gold Choice H8145-108 (PFFS) (108) Phone: 800-833-2364										www.humana-medicare.com	
Select Counties in Virginia	\$0	\$6,700	\$15/ 35%	\$15 - \$40/ 35%	20%	20%	\$0/ 35%	20%	Drugs not covered	Drugs not covered	Drugs not covered
Humana Insurance Company (R5826) / Preferred Provider Organization										Members' Rating of Plan: 83%	
HumanaChoice R5826-063 (Regional PPO) (063) Phone: 800-833-2364										www.humana-medicare.com	
States of North Carolina and Virginia	\$0	\$4,900/ \$4,900	\$10/ 20%	\$10 - \$35/ 20%	20%	20%	\$0/ 20%	20%	Drugs not covered	Drugs not covered	Drugs not covered
HumanaChoice R5826-079 (Regional PPO) (079) Phone: 800-833-2364										www.humana-medicare.com	
States of North Carolina and Virginia	\$81	\$6,700/ \$10,000	\$15	\$15 - \$45	20%	20%	\$0	20%	\$325 some drugs; call plan	\$9 - \$100 and/or 26%	40% - 51%

* 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.

Medicare HEALTH PLANS in Virginia

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*	Gap Coverage
Humana WI Health Organization Insurance Corp (H6622) / Health Maintenance Organization										Members' Rating of Plan: 85%	
Humana Gold Plus H6622-004 (HMO) (004) Phone: 800-833-2364										www.humana-medicare.com	
Richmond Metro Area	\$0	\$4,900	\$0	\$45	20%	20%	\$0	20%	\$360 some drugs; call plan	\$0 - \$100 and/or 25%	\$0 - \$100 and/or 25% - 51%
Humana Gold Plus H6622-005 (HMO) (005) Phone: 800-833-2364										www.humana-medicare.com	
Tidewater area	\$0	\$4,500	\$0	\$45	20%	20%	\$0	20%	\$360 some drugs; call plan	\$0 - \$100 and/or 25%	\$0 - \$100 and/or 25% - 51%
Kaiser Permanente (H2150) / Medicare Cost Plan										Members' Rating of Plan: 88%	
Kaiser Permanente Medicare Plus Basic w/D (AB) (Cost) (033) Phone: 877-408-8607										kp.org/medicare	
DC, MD, VA	\$26	\$6,700	\$35	\$50	\$0 - \$50	\$0 - \$50	\$0	20%	\$400 for all drugs	25%	40% - 51%
Kaiser Permanente Medicare Plus Basic w/o D (AB) (Cost) (017) Phone: 877-408-8607										kp.org/medicare	
DC, MD, VA	\$0	\$6,700	\$35	\$50	\$0 - \$50	\$0 - \$50	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Kaiser Permanente Medicare Plus High w/o D (AB) (Cost) (021) Phone: 877-408-8607										kp.org/medicare	
DC, MD, VA	\$85	\$3,400	\$10	\$25	\$0 - \$47	\$0 - \$47	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
Kaiser Permanente Medicare Plus High w/Part D (AB) (Cost) (002) Phone: 877-408-8607										kp.org/medicare	
DC, MD, VA	\$129	\$3,400	\$10	\$25	\$0 - \$47	\$0 - \$47	\$0	20%	\$0	\$0 - \$100 and/or 33%	\$0 - \$20 and/or 40% - 51%
Kaiser Permanente Medicare Plus Std w/o D (AB) (Cost) (022) Phone: 877-408-8607										kp.org/medicare	
DC, MD, VA	\$15	\$5,500	\$20	\$45	\$0 - \$47	\$0 - \$47	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered

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Medicare HEALTH PLANS in Virginia

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*	Gap Coverage
Kaiser Permanente (H2150) / Medicare Cost Plan										Members' Rating of Plan: 88%	
Kaiser Permanente Medicare Plus Std w/Part D (AB) (Cost) (009) Phone: 877-408-8607 kp.org/medicare											
DC, MD, VA	\$25	\$5,500	\$20	\$45	\$0 - \$47	\$0 - \$47	\$0	20%	\$0	\$0 - \$100 and/or 33%	\$0 and/or 40% - 51%
Optima Medicare (H2563) / Health Maintenance Organization										Members' Rating of Plan: 87%	
Optima Medicare Prime (HMO) (001) Phone: 800-927-6048 www.optimahealth.com/medicare											
Hampton Roads, Virginia	\$39	\$5,100	\$0	\$40	20%	20%	\$0	20%	\$250 some drugs; call plan	\$0 - \$80 and/or 28%	40% - 51%
Optima Medicare Value (HMO) (003) Phone: 800-927-6048 www.optimahealth.com/medicare											
Hampton Roads, Virginia	\$0	\$4,900	\$0	\$45	20%	20%	\$0	20%	\$300 some drugs; call plan	\$0 - \$95 and/or 27%	40% - 51%
Piedmont Medicare Advantage (H1659) / Preferred Provider Organization										Members' Rating of Plan: 83%	
Piedmont Select Medicare Option One (PPO) (001) Phone: 877-210-1719 www.pchp.net											
Cities: LYH, BE Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$112	\$5,500/ \$10,000	\$15/ 40%	\$30/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$400 some drugs; call plan	\$6 - \$90 and/or 25%	40% - 51%
Piedmont Select Medicare Option Three (PPO) (003) Phone: 877-210-1719 www.pchp.net											
Cities: LYH, BE Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$22	\$6,700/ \$10,000	\$35/ 40%	\$50/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$400 some drugs; call plan	\$10 - \$100 and/or 25%	40% - 51%
Piedmont Select Medicare Option Two (PPO) (002) Phone: 877-210-1719 www.pchp.net											
Cities: LYH, BE Counties: AM, AP, BE, CA, CLT, HA, PE, PI	\$74	\$5,750/ \$10,000	\$25/ 40%	\$45/ 40%	20%/ 40%	20%/ 40%	\$0/ 40%	20%/ 40%	\$400 some drugs; call plan	\$8 - \$95 and/or 25%	40% - 51%

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Medicare HEALTH PLANS in Virginia

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*	Gap Coverage
UnitedHealthcare (H5253) / Health Maintenance Organization										Members' Rating of Plan: 87%	
AARP MedicareComplete Plan 1 (HMO) (085) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Select counties in Virginia	\$0	\$5,900	\$10	\$40	20%	20%	\$0	20%	\$210 some drugs; call plan	\$2 - \$95 and/or 28%	40% - 51%
AARP MedicareComplete Plan 1 (HMO) (087) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Southeastern Virginia	\$0	\$5,900	\$10	\$40	20%	20%	\$0	20%	\$240 some drugs; call plan	\$2 - \$95 and/or 28%	40% - 51%
AARP MedicareComplete Plan 1 (HMO) (089) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Northern VA and Washington DC Area	\$26	\$6,700	\$10	\$40	20%	20%	\$0	20%	\$210 some drugs; call plan	\$2 - \$95 and/or 28%	40% - 51%
AARP MedicareComplete Plan 2 (HMO) (086) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Select counties in Virginia	\$46	\$4,900	\$0	\$40	20%	20%	\$0	20%	\$205 some drugs; call plan	\$2 - \$95 and/or 29%	40% - 51%
AARP MedicareComplete Plan 2 (HMO) (088) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Southeastern Virginia	\$46	\$4,900	\$0	\$40	20%	20%	\$0	20%	\$235 some drugs; call plan	\$2 - \$95 and/or 28%	40% - 51%
AARP MedicareComplete Plan 2 (HMO) (090) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Northern VA and Washington DC Area	\$86	\$3,400	\$0	\$25	20%	20%	\$0	20%	\$0	\$2 - \$95 and/or 33%	40% - 51%
AARP MedicareComplete Plus Plan 1 (HMO-POS) (047) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Select Counties in Tennessee and Virginia	\$0	\$4,500/ \$10,000	\$0	\$35	20%	20%	\$0	20%	\$60 some drugs; call plan	\$2 - \$95 and/or 31%	40% - 51%

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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*	Gap Coverage
UnitedHealthcare (H5253) / Health Maintenance Organization										Members' Rating of Plan: 87%	
AARP Medicare Complete Plus Plan 2 (HMO-POS) (048) Phone: 800-555-5757										www.AARPMedicarePlans.com	
Select Counties in Tennessee and Virginia	\$52	\$3,400/ \$10,000	\$0	\$25	20%	20%	\$0	20%	\$0	\$2 - \$95 and/or 33%	40% - 51%
UnitedHealthcare (H5435) / Private Fee-for-Service Plan										Members' Rating of Plan: 81%	
UnitedHealthcare Medicare Direct Essential (PFFS) (001) Phone: 800-555-5757										www.UHCMedicareSolutions.com	
Select counties nationwide	\$29	\$6,700	\$25	\$50	20%	20%	\$0	20%	Drugs not covered	Drugs not covered	Drugs not covered
UnitedHealthcare Medicare Direct Rx (PFFS) (024) Phone: 800-555-5757										www.UHCMedicareSolutions.com	
Select counties nationwide	\$52	\$6,700	\$25	\$50	20%	20%	\$0	20%	\$210 some drugs; call plan	\$2 - \$100 and/or 28%	40% - 51%
UnitedHealthcare (H5652) / Health Maintenance Organization										Members' Rating of Plan: 89%	
Erickson Advantage Freedom (HMO-POS) (006) Phone: 866-774-9671										www.EricksonAdvantage.com	
Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA	\$46	\$3,400	\$20	\$40	20%	20%	\$0	20%	\$0	\$5 - \$85 and/or 33%	40% - 51%
Erickson Advantage Signature with Drugs (HMO-POS) (001) Phone: 866-774-9671										www.EricksonAdvantage.com	
Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA	\$176	\$5,000	\$0	\$35	10%	10%	\$0	20%	\$0	\$5 - \$85 and/or 33%	40% - 51%
Erickson Advantage Signature without Drugs (HMO-POS) (002) Phone: 866-774-9671										www.EricksonAdvantage.com	
Erickson Campuses - CO, KS, MA, MD, MI, NJ, PA, TX, VA	\$138	\$5,000	\$0	\$35	10%	10%	\$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.