

Part D

2022 Medicare Prescription Drug Plans in Virginia

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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 128 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 9 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 (S5601)				
Members' Rating of Plan: 83%				www.aetnamedicare.com
SilverScript Choice (PDP) (014) Phone: 833-526-2445	\$29.20	\$480 some drugs; call plan	\$0 - \$15 Copay and/or 17% - 40% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
SilverScript Plus (PDP) (015) Phone: 833-526-2445	\$62.40	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	\$0 - \$10 Copay and/or 25% Coinsurance
SilverScript SmartRx (PDP) (182) Phone: 833-526-2445	\$7.10	\$480 some drugs; call plan	\$1 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Anthem MediBlue Rx (PDP) (S5596)				
Members' Rating of Plan: 81%				shop.anthem.com/medicare
Anthem MediBlue Rx Plus (PDP) (006) Phone: 855-793-1938	\$68.50	\$0	\$1 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Anthem MediBlue Rx Standard (PDP) (005) Phone: 855-793-1938	\$57.80	\$390 for all drugs	\$1 - \$47 Copay and/or 26% - 35% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Cigna (S5617)				
Members' Rating of Plan: 84%				www.cignamedicare.com
Cigna Essential Rx (PDP) (286) Phone: 800-735-1459	\$43.40	\$480 some drugs; call plan	\$0 - \$20 Copay and/or 18% - 50% Coinsurance	Standard cost-sharing applies: 25% 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
Cigna (S5617)				
Members' Rating of Plan: 84%			www.cignamedicare.com	
Cigna Extra Rx (PDP) (252) Phone: 800-735-1459	\$67.10	\$100 some drugs; call plan	\$0 - \$47 Copay and/or 31% - 50% Coinsurance	\$4 - \$20 Copay and/or 25% Coinsurance
Cigna Secure Rx (PDP) (216) Phone: 800-735-1459	\$34.80	\$480 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Clear Spring Health (S6946)				
Members' Rating of Plan: 82%			www.clearspringhealthcare.com	
Clear Spring Health Premier Rx (PDP) (033) Phone: 877-317-6082	\$23.20	\$480 some drugs; call plan	\$1 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Clear Spring Health Value Rx (PDP) (004) Phone: 877-317-6082	\$28.90	\$480 for all drugs	\$1 - \$47 Copay and/or 25% - 39% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Elixir Insurance (S7694)				
Members' Rating of Plan: 80%			www.elixirinsurance.com	
Elixir RxPlus (PDP) (127) Phone: 888-377-1439	\$58.40	\$480 some drugs; call plan	\$1 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Elixir RxSecure (PDP) (007) Phone: 888-377-1439	\$34.50	\$480 for all drugs	\$1 - \$12 Copay and/or 15% - 37% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana (S5884)				
Members' Rating of Plan: 84%			www.humana.com/medicare	
Humana Basic Rx Plan (PDP) (132) Phone: 800-706-0872	\$33	\$480 for all drugs	\$0 - \$2 Copay and/or 19% - 43% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana Premier Rx Plan (PDP) (153) Phone: 800-706-0872	\$73.20	\$480 some drugs; call plan	\$1 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana Walmart Value Rx Plan (PDP) (186) Phone: 800-706-0872	\$22.70	\$480 some drugs; call plan	\$1 - \$20 Copay and/or 18% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

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Mutual of Omaha Rx (S7126) Members' Rating of Plan: 80% www.mutualofomaharx.com				
Mutual of Omaha Rx Plus (PDP) (006) Phone: 800-961-9006	\$92.80	\$480 for all drugs	\$1 - \$10 Copay and/or 19% - 43% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Mutual of Omaha Rx Premier (PDP) (076) Phone: 800-961-9006	\$35	\$480 some drugs; call plan	\$0 - \$20 Copay and/or 23% - 46% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
UnitedHealthcare (S5820) Members' Rating of Plan: 84% www.AARPMedicareRx.com				
AARP MedicareRx Preferred (PDP) (006) Phone: 888-867-5564	\$97.30	\$0	\$5 - \$47 Copay and/or 33% - 45% Coinsurance	\$10 - \$20 Copay and/or 25% Coinsurance
UnitedHealthcare (S5921) Members' Rating of Plan: 78% www.AARPMedicareRx.com				
AARP MedicareRx Saver Plus (PDP) (352) Phone: 888-867-5564	\$30.90	\$480 for all drugs	\$1 - \$45 Copay and/or 25% - 40% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
AARP MedicareRx Walgreens (PDP) (389) Phone: 800-753-8004	\$28.90	\$310 some drugs; call plan	\$0 - \$45 Copay and/or 27% - 45% Coinsurance	\$10 - \$20 Copay and/or 25% Coinsurance
Wellcare (S4802) Members' Rating of Plan: 81% www.wellcare.com/PDP				
Wellcare Classic (PDP) (069) Phone: 888-293-5151	\$29.80	\$480 for all drugs	\$0 - \$44 Copay and/or 25% - 37% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Wellcare Medicare Rx Value Plus (PDP) (210) Phone: 888-293-5151	\$68.30	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Wellcare Value Script (PDP) (142) Phone: 888-293-5151	\$11.70	\$480 some drugs; call plan	\$0 - \$47 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

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