

Part D

2025 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. Go to page 126 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. Go to page 14 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)*
Aetna Medicare (S5601) Members' Rating of Plan: 80% www.aetnamedicare.com			
SilverScript Choice (PDP) (014) Phone: 833-526-2445	\$28.20	\$590 for all drugs	\$5 - \$10 Copay and/or 20% - 45% Coinsurance
Anthem MediBlue Rx (PDP) (S5596) Members' Rating of Plan: 83% shop.anthem.com/medicare			
Anthem MediBlue Rx Plus (PDP) (006) Phone: 833-668-2397	\$58.40	\$590 some drugs; call plan	\$0 - \$8 Copay and/or 15% - 41% Coinsurance
Anthem MediBlue Rx Standard (PDP) (005) Phone: 833-668-2397	\$76.80	\$590 for all drugs	\$1 - \$7 Copay and/or 17% - 50% Coinsurance
Cigna Healthcare (S5617) Members' Rating of Plan: 80% www.cignamedicare.com			
Cigna Healthcare Assurance Rx (PDP) (216) Phone: 800-735-1459	\$89.70	\$590 for all drugs	\$0 - \$19 Copay and/or 18% - 50% Coinsurance
Cigna Healthcare Extra Rx (PDP) (252) Phone: 800-735-1459	\$111.90	\$175 some drugs; call plan	\$1 - \$20 Copay and/or 18% - 50% Coinsurance
Cigna Healthcare Saver Rx (PDP) (357) Phone: 800-735-1459	\$17.80	\$590 some drugs; call plan	\$0 - \$16 Copay and/or 17% - 48% 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 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)*
Clear Spring Health (S6946) Members' Rating of Plan: 75% www.clearspringhealthcare.com			
Clear Spring Health Premier Rx (PDP) (070) Phone: 877-434-4290 At the time of printing, this plan is not allowed to accept new members.	Call plan for details	Call plan for details	Call plan for details
Clear Spring Health Value Rx (PDP) (004) Phone: 877-434-4290 At the time of printing, this plan is not allowed to accept new members.	Call plan for details	Call plan for details	Call plan for details
Humana (S5884) Members' Rating of Plan: 83% www.humana.com/medicare			
Humana Basic Rx Plan (PDP) (132) Phone: 800-706-0872	\$5.20	\$590 for all drugs	\$0 - \$1 Copay and/or 22% - 46% Coinsurance
Humana Premier Rx Plan (PDP) (153) Phone: 800-706-0872	\$105.40	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance
Humana Value Rx Plan (PDP) (186) Phone: 800-706-0872	\$16	\$573 some drugs; call plan	\$0 - \$3 Copay and/or 20% - 34% Coinsurance
UnitedHealthcare (S5921) Members' Rating of Plan: 76% www.AARPMedicarePlans.com			
AARP Medicare Rx Preferred from UHC (PDP) (389) Phone: 800-753-8004	\$84.30	\$0	\$5 - \$47 Copay and/or 33% - 45% Coinsurance
AARP Medicare Rx Saver from UHC (PDP) (352) Phone: 888-867-5564	\$59.50	\$590 for all drugs	\$2 - \$10 Copay and/or 17% - 46% Coinsurance
Wellcare (S4802) Members' Rating of Plan: 83% www.wellcare.com/PDP			
Wellcare Classic (PDP) (069) Phone: 800-270-5320	\$11.30	\$590 for all drugs	\$0 - \$8 Copay and/or 22% - 36% Coinsurance

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*
Wellcare (S4802) Members' Rating of Plan: 83%			
			www.wellcare.com/PDP
Wellcare Medicare Rx Value Plus (PDP) (210) Phone: 800-270-5320	\$102.30	\$590 some drugs; call plan	\$0 - \$10 Copay and/or 15% - 50% Coinsurance
Wellcare Value Script (PDP) (142) Phone: 800-270-5320	\$0	\$590 some drugs; call plan	\$0 - \$15 Copay and/or 25% - 43% Coinsurance

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