

Part D

2024 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)*	Coverage During the Gap
Aetna Medicare (S5601)				
Members' Rating of Plan: 80%				www.aetnamedicare.com
SilverScript Choice (PDP) (014) Phone: 833-526-2445	\$39.40	\$545 for all drugs	\$2 - \$15 Copay and/or 16% - 46% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
SilverScript Plus (PDP) (015) Phone: 833-526-2445	\$98.70	\$200 some drugs; call plan	\$0 - \$47 Copay and/or 30% - 50% Coinsurance	\$0 - \$10 Copay and/or 25% Coinsurance
SilverScript SmartSaver (PDP) (182) Phone: 833-526-2445	\$5.30	\$280 some drugs; call plan	\$0 - \$12 Copay and/or 24% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Anthem MediBlue Rx (PDP) (S5596)				
Members' Rating of Plan: 82%				shop.anthem.com/medicare
Anthem MediBlue Rx Plus (PDP) (006) Phone: 855-793-1938	\$70.60	\$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	\$56.60	\$545 some drugs; call plan	\$1 - \$6 Copay and/or 20% - 40% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Cigna (S5617)				
Members' Rating of Plan: 81%				www.cignamedicare.com
Cigna Extra Rx (PDP) (252) Phone: 800-735-1459	\$76.90	\$145 some drugs; call plan	\$3 - \$20 Copay and/or 20% - 50% Coinsurance	\$3 - \$20 Copay and/or 25% Coinsurance
Cigna Saver Rx (PDP) (357) Phone: 800-735-1459	\$18.80	\$545 some drugs; call plan	\$0 - \$20 Copay and/or 19% - 47% 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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Cigna (S5617)				
Members' Rating of Plan: 81%				www.cignamedicare.com
Cigna Secure Rx (PDP) (216) Phone: 800-735-1459	\$62.40	\$545 for all drugs	\$0 - \$10 Copay and/or 17% - 48% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Clear Spring Health (S6946)				
Members' Rating of Plan: 76%				www.clearspringhealthcare.com
Clear Spring Health Value Rx (PDP) (004) Phone: 877-317-6082	\$23.60	\$545 for all drugs	\$1 - \$47 Copay and/or 25% - 36% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana (S5884)				
Members' Rating of Plan: 80%				www.humana.com/medicare
Humana Basic Rx Plan (PDP) (132) Phone: 800-706-0872	\$39.40	\$545 for all drugs	\$0 - \$1 Copay and/or 23% - 41% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Humana Premier Rx Plan (PDP) (153) Phone: 800-706-0872	\$100.10	\$300 some drugs; call plan	\$0 - \$47 Copay and/or 28% - 50% Coinsurance	\$0 - \$11 Copay and/or 25% Coinsurance
Humana Walmart Value Rx Plan (PDP) (186) Phone: 800-706-0872	\$34.80	\$545 some drugs; call plan	\$0 - \$20 Copay and/or 18% - 47% Coinsurance	\$0 - \$20 Copay and/or 25% Coinsurance
Mutual of Omaha Rx (S7126)				
Members' Rating of Plan: 77%				www.mutualofomaharx.com
Mutual of Omaha Rx Essential (PDP) (109) Phone: 800-961-9006	\$25	\$545 some drugs; call plan	\$0 - \$20 Copay and/or 20% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Mutual of Omaha Rx Plus (PDP) (006) Phone: 800-961-9006	\$96.50	\$545 for all drugs	\$1 - \$12 Copay and/or 18% - 42% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Mutual of Omaha Rx Premier (PDP) (076) Phone: 800-961-9006	\$84.40	\$349 some drugs; call plan	\$1 - \$47 Copay and/or 28% - 43% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

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Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*	Coverage During the Gap
UnitedHealthcare (\$5820) Members' Rating of Plan: 83%				
AARPMedicarePlans.com				
AARP Medicare Rx Preferred from UHC (PDP) (006) Phone: 888-867-5564	\$96.50	\$0	\$7 - \$47 Copay and/or 33% - 45% Coinsurance	\$12 - \$20 Copay and/or 25% Coinsurance
UnitedHealthcare (\$5921) Members' Rating of Plan: 78%				
AARPMedicarePlans.com				
AARP Medicare Rx Basic from UHC (PDP) (352) Phone: 888-867-5564	\$32.50	\$545 for all drugs	\$2 - \$10 Copay and/or 16% - 43% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
AARP Medicare Rx Walgreens from UHC (PDP) (389) Phone: 800-753-8004	\$49.30	\$410 some drugs; call plan	\$2 - \$45 Copay and/or 27% - 50% Coinsurance	\$2 - \$20 Copay and/or 25% Coinsurance
Wellcare (\$4802) Members' Rating of Plan: 82%				
www.wellcare.com/PDP				
Wellcare Classic (PDP) (069) Phone: 866-859-9084	\$36.70	\$545 for all drugs	\$0 - \$8 Copay and/or 22% - 42% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Wellcare Medicare Rx Value Plus (PDP) (210) Phone: 866-859-9084	\$78.90	\$0	\$0 - \$47 Copay and/or 33% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance
Wellcare Value Script (PDP) (142) Phone: 866-859-9084	\$0	\$545 some drugs; call plan	\$0 - \$10 Copay and/or 25% - 50% Coinsurance	Standard cost-sharing applies: 25% Coinsurance

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