

**Key:**



Some Dental Coverage



Some Vision Coverage



Some Hearing Coverage

## Coventry Medicare Advantage Total Care (HMO)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,212  <b>Mail Order Annual:</b> N/A	\$0.00  Drug: \$0.00  Health: \$0.00  <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$0  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$2 -\$100, 33%	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$5,700 In-Network	All Your Drugs on Formulary: No  Drug Restrictions: No  MTM Program: Yes	\$4,150	4 out of 5

## Humana Gold Plus (HMO)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,308  <b>Mail Order Annual:</b> N/A	\$0.00  Drug: \$0.00  Health: \$0.00  <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$350  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$6 -\$99, 26%	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$6,700 In-Network	All Your Drugs on Formulary: No  Drug Restrictions: No  MTM Program: Yes	\$4,560	4 out of 5

## AARP MedicareComplete Plan 2 (HMO)





Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,698  <b>Mail Order Annual:</b> N/A	\$36.00  Drug: \$35.50  Health: \$0.50  <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$210  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$2 -\$95, 28%	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$4,900 In-Network	All Your Drugs on Formulary: No  Drug Restrictions: No  MTM Program: Yes	\$4,600	4 out of 5

## AARP MedicareComplete Plan 1 (HMO)






Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,380  <b>Mail Order Annual:</b> N/A	\$0.00  Drug: \$0.00  Health: \$0.00  <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$225  Health Plan Deductible: \$0  Drug Copay/Coinsurance: \$2 -\$100, 28%	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$5,900 In-Network	All Your Drugs on Formulary: No  Drug Restrictions: No  MTM Program: Yes	\$4,610	4 out of 5

## Coventry Medicare Advantage (PPO)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,212 <b>Mail Order Annual:</b> N/A	\$0.00 Drug: \$0.00 Health: \$0.00 <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 -\$100, 33%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$10,000 In and Out-of-Network \$6,400 In-Network	All Your Drugs on Formulary: No Drug Restrictions: No MTM Program: Yes	\$4,660	4.5 out of 5

## AARP MedicareComplete Plan 3 (HMO)




Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,704 <b>Mail Order Annual:</b> N/A	\$76.00 Drug: \$39.00 Health: \$37.00 <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$2 -\$95, 33%	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$3,900 In-Network	All Your Drugs on Formulary: No Drug Restrictions: No MTM Program: Yes	\$4,790	4 out of 5

## HumanChoice (PPO)

Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,720 <b>Mail Order Annual:</b> N/A	\$77.00 Drug: \$31.30 Health: \$45.70 <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$250 Health Plan Deductible: \$500 Annual Deductible Drug Copay/Coinsurance: \$2 -\$100, 28%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$10,000 In and Out-of-Network \$6,700 In-Network	All Your Drugs on Formulary: No Drug Restrictions: No MTM Program: Yes	\$5,340	3.5 out of 5

## Humana Gold Choice (PFFS)

Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,801 <b>Mail Order Annual:</b> N/A	\$93.00 Drug: \$42.20 Health: \$50.90 <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$0 Health Plan Deductible: \$500 Out-of-Network Drug Copay/Coinsurance: \$8 -\$99, 33%	Doctor Choice: Most Plan Doctors for Most Services Out of Pocket Spending Limit: \$6,700 In and Out-of-Network	All Your Drugs on Formulary: No Drug Restrictions: No MTM Program: Yes	\$5,580	3.5 out of 5

# HumanChoice (Regional PPO)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Drug Coverage, Drug Restrictions and Other Programs:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
<b>Retail:</b> \$1,661  <b>Mail Order Annual:</b> N/A	\$177.00  Drug: \$35.40  Health: \$141.60  <b>Part B Premium Reduction:</b> No	Annual Drug Deductible: \$290  Health Plan Deductible: \$500 Annual Deductible  Drug Copay/Coinsurance: \$2 -\$100, 27%	Doctor Choice: Any Doctor  Out of Pocket Spending Limit: \$10,000 In and Out-of-Network \$6,700 In-Network	All Your Drugs on Formulary: No  Drug Restrictions: No  MTM Program: Yes	\$6,670	3 out of 5

## Medicare Plans without Drug Coverage:

### HumanChoice (Regional PPO)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
Retail: \$4,200	\$0.00  <b>Part B Premium Reduction: No</b>	Health Plan Deductible: \$0	Doctor Choice: Any Doctor  Out of Pocket Spending Limit: \$10,000 In and Out-of-Network \$4,900 In-Network	\$6,770 Includes \$4,200 for drug costs	3 out of 5

### Coventry Select (no drug) (HMO)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
Retail: \$4,200	\$0.00  <b>Part B Premium Reduction: No</b>	Health Plan Deductible: \$0	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$3,600 In-Network	\$6,860 Includes \$4,200 for drug costs	4 out of 5

# Human Gold Choice (PFFS)



Estimated Annual Drug Costs:	Monthly Premium:	Deductibles and Drug Copay/Coinsurance:	Health Benefits:	Estimated Annual Health and Drug Costs:	Overall Star Rating:
Retail: \$4,200	\$34.00  <b>Part B Premium Reduction:</b> No	Health Plan Deductible: \$150 In-Network \$150 Out-of-Network	Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: \$6,700 In and Out-of-Network	\$8,030 Includes \$4,200 for drug costs	3.5 out of 5

**Terms to Know:**

HMO: Health Maintenance Organization.; type of plan.

PPO: Preferred Provider Organization., type of plan.

PFFS: Private Fee-For-Service Plan, type of plan.

MTM Program: Medication Therapy Management (MTM) Programs offer free services to eligible members of Medicare drug plans. These services help make sure that medications are working to improve their members' health. Members can talk with a pharmacist or other health professional and find out how to get the most benefit from their medications. Members can ask questions about costs, drug reactions, or other problems. Each member gets their own action plan and medication list after the discussion. These can be shared with their doctors or other health care providers. Members who take different medications for more than one health condition may contact their drug plan to see if they're eligible.