Key:



Coverage

Some Vision 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: |
|------------------------------|---------------------|---|------------------------------------|--|---|-------------------------|
| Retail: \$1,212 | \$0.00 | Annual Drug Deductible: \$0 | Doctor Choice: Plan Doctors for | All Your Drugs on Formulary: No | \$4,150 | 4 out of 5 |
| Mail Order | Drug: \$0.00 | | Most Services | | | |
| Annual: N/A | | Health Plan | | Drug Restrictions: | | |
| | Health: \$0.00 | Deductible: \$0 | Out of Pocket Spending Limit: | No | | |
| | Part B Premium | Drug | \$5,700 In- | MTM Program: | | |
| | Reduction: No | Copay/Coinsurance: \$2 -\$100, 33% | Network | Yes | | |

Humana Gold Plus (HMO)

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

AARP MedicareComplete Plan 2 (HMO)

| Estimated Annual Drug Costs: | Monthly Premium: | Deductibles and Drug Copay/Coinsurance: | Health Benefits: | Drug Coverage, Drug Restrictions and Other | Estimated Annual Health and Drug Costs: | Overall Star Rating: |
|------------------------------|---------------------|---|----------------------------------|--|---|-------------------------|
| Potoil ¢1 600 | \$26.00 | Annual Drug | Doctor Choice: | Programs: | ¢4.600 | 4 out of 5 |
| Retail: \$1,698 | \$36.00 | Annual Drug Deductible: \$210 | Plan Doctors for | All Your Drugs on Formulary: No | \$4,600 | 4 001 01 5 |
| Mail Order | Drug: \$35.50 | | Most Services | | | |
| Annual: N/A | | Health Plan | | Drug Restrictions: | | |
| | Health: \$0.50 | Deductible: \$0 | Out of Pocket Spending Limit: | No | | |
| | Part B Premium | Drug | \$4,900 In- | MTM Program: | | |
| | Reduction: No | Copay/Coinsurance: \$2 -\$95, 28% | Network | Yes | | |

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: |
|---|------------------------------|---------------------|---|----------------------------------|--|---|-------------------------|
| | Retail: \$1,380 | \$0.00 | Annual Drug | Doctor Choice: | All Your Drugs on | \$4,610 | 4 out of 5 |
| | | | Deductible: \$225 | Plan Doctors for | Formulary: No | | |
| ' | Mail Order | Drug: \$0.00 | | Most Services | | | |
| | Annual: N/A | | Health Plan | | Drug Restrictions: | | |
|) | | Health: \$0.00 | Deductible: \$0 | Out of Pocket Spending Limit: | No | | |
| | | Part B Premium | Drug | \$5,900 In- | MTM Program: | | |
| | | Reduction: No | Copay/Coinsurance: \$2 -\$100, 28% | Network | Yes | | |

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

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: |
|------------------------------|---------------------|---|----------------------------------|--|---|-------------------------|
| Retail: \$1,704 | \$76.00 | Annual Drug | Doctor Choice: | All Your Drugs on | \$4,790 | 4 out of 5 |
| | | Deductible: \$0 | Plan Doctors for | Formulary: No | | |
| Mail Order | Drug: \$39.00 | | Most Services | | | |
| Annual: N/A | | Health Plan | | Drug Restrictions: | | |
| | Health: \$37.00 | Deductible: \$0 | Out of Pocket Spending Limit: | No | | |
| | Part B Premium | Drug | \$3,900 In- | MTM Program: | | |
| | Reduction: No | Copay/Coinsurance: \$2 -\$95, 33% | Network | Yes | | |

HumanChoice (PPO)

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

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

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

Medicare Plans without Drug Coverage:

HumanChoice (Regional PPO)

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

Coventry Select (no drug) (HMO)

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

Human Gold Choice (PFFS)

| Drug Costs: |
|------------------------|
| Retail: \$4,200 |
| |

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

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.