 Some Dental Coverage

 Some Vision Coverage

 Nationwide Coverage

 Some Hearing Coverage

[**Original Medicare**](https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx#;return%20false;)

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| **Original Medicare (H0001-001-0)**Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance) - Excludes Part D Drug Coverage |
| **Estimated Annual Drug Costs:****[?]** | **Monthly Premium:****[?]** | **Deductibles:****[?]****and Drug Copay****[?]****/ Coinsurance:****[?]** | **Health Benefits:****[?]** | **Drug Coverage****[?]****, Drug Restrictions****[?]** | **Estimated Annual Health and Drug Costs:****[?]** | **Overall Star Rating:****[?]** |
| **Retail** Annual: $4,200**Mail Order** Annual: N/A | Standard Part B: $104.90 | Part B Deductible: $166 | Doctor Choice: Any Willing DoctorOut of Pocket Spending Limit: Not ApplicableNationwide Coverage | N/A | $7,620 | Not Available |

[**Medicare Health Plans with Drug Coverage**](https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx#;return%20false;)

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| **15** plans were found in **06810** based on your search criteria.* **View 10**
* View 15
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|  | Sort Results by                        |

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| **UnitedHealthcare MedicareComplete Plan 2 (HMO) (H0755-031-0)****Organization:**UnitedHealthcare |
| **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** Annual: $1,548**Mail Order** Annual: N/A | $26.00Drug: $18.00Health: $8.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $150Health Plan Deductible: $0Drug Copay/ Coinsurance: $2 - $95, 30% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,000 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|031|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|031|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0755|031|0|2017)**MTM Program** **[?]****: Yes** | $4,630 | 4.5 out of 5 stars | **Enroll** |

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| **Anthem MediBlue Select (HMO) (H5854-010-0)****Organization:**Anthem Blue Cross and Blue Shield |
| **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** Annual: $1,620**Mail Order** Annual: N/A | $0.00Drug: $0.00Health: $0.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $223Health Plan Deductible: $0Drug Copay/ Coinsurance: $0 - $95, 28% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|010|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|010|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5854|010|0|2017)**MTM Program** **[?]****: Yes** | $4,660 | 4 out of 5 stars | **Enroll** |

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| **Aetna Medicare Elite Plan (HMO) (H5793-010-0)****Organization:**Aetna Medicare |
| **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** Annual: $1,212**Mail Order** Annual: N/A | $0.00Drug: $0.00Health: $0.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $1,000 In-networkDrug Copay/ Coinsurance: $2 - $100, 33% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|010|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|010|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5793|010|0|2017)**MTM Program** **[?]****: Yes** | $4,690 | 3.5 out of 5 stars | **Enroll** |

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| **UnitedHealthcare MedicareComplete Plan 3 (HMO) (H0755-033-0)****Organization:**UnitedHealthcare |
| **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** Annual: $1,368**Mail Order** Annual: N/A | $0.00Drug: $0.00Health: $0.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $150Health Plan Deductible: $0Drug Copay/ Coinsurance: $3 - $95, 30% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|033|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|033|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0755|033|0|2017)**MTM Program** **[?]****: Yes** | $4,720 | 4.5 out of 5 stars | **Enroll** |

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| **WellCare Rx (HMO) (H0712-020-0)****Organization:**WellCare |
| **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** Annual: $1,937**Mail Order** Annual: N/A | $2.40Drug: $2.40Health: $0.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $400Health Plan Deductible: $0Drug Copay/ Coinsurance: $2 - $46, 25% - 50% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $4,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0712|020|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0712|020|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0712|020|0|2017)**MTM Program** **[?]****: Yes** | $4,790 | 3 out of 5 stars | **Enroll** |

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| **UnitedHealthcare MedicareComplete Plan 1 (HMO) (H0755-030-0)****Organization:**UnitedHealthcare |
| **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** Annual: $1,595**Mail Order** Annual: N/A | $96.00Drug: $24.90Health: $71.10**Part B Premium****[?]****: No** | Annual Drug Deductible: $100Health Plan Deductible: $0Drug Copay/ Coinsurance: $2 - $95, 31% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $3,400 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|030|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|030|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0755|030|0|2017)**MTM Program** **[?]****: Yes** | $5,170 | 4.5 out of 5 stars | **Enroll** |

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| **AARP MedicareComplete Choice (Regional PPO) (R7444-001-0)****Organization:**UnitedHealthcare |
| **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** Annual: $1,726**Mail Order** Annual: N/A | $47.00Drug: $25.80Health: $21.20**Part B Premium****[?]****: No** | Annual Drug Deductible: $280Health Plan Deductible: $0Drug Copay/ Coinsurance: $2 - $100, 27% | Doctor Choice: Any DoctorOut of Pocket Spending Limit: $10,000 In and Out-of-network$5,500 In-networkSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=R7444|001|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=R7444|001|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=R7444|001|0|2017)**MTM Program** **[?]****: Yes** | $5,230 | 4 out of 5 stars | **Enroll** |

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| **ConnectiCare Passage Plan 1 (HMO) (H3528-010-0)****Organization:**ConnectiCare, Inc. |
| **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** Annual: $1,463**Mail Order** Annual: N/A | $24.00Drug: $1.90Health: $22.10**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $0Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|010|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|010|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|010|0|2017)**MTM Program** **[?]****: Yes** | $5,380 | 3.5 out of 5 stars | **Enroll** |

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| **Anthem MediBlue Plus (HMO) (H5854-009-0)****Organization:**Anthem Blue Cross and Blue Shield |
| **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** Annual: $2,172**Mail Order** Annual: N/A | $37.00Drug: $37.00Health: $0.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $330Health Plan Deductible: $0Drug Copay/ Coinsurance: $0 - $95, 26% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,700 In-networkSome Dental CoverageSome Vision Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|009|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|009|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5854|009|0|2017)**MTM Program** **[?]****: Yes** | $5,400 | 4 out of 5 stars | **Enroll** |

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| **Aetna Medicare Standard Plan (PPO) (H5521-013-0)****Organization:**Aetna Medicare |
| **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** Annual: $1,654**Mail Order** Annual: N/A | $99.00Drug: $36.80Health: $62.20**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $1,000 annual deductibleDrug Copay/ Coinsurance: $2 - $100, 33% | Doctor Choice: Any DoctorOut of Pocket Spending Limit: $10,000 In and Out-of-network$6,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5521|013|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5521|013|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5521|013|0|2017)**MTM Program** **[?]****: Yes** | $5,640 | 4 out of 5 stars | **Enroll** |

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| **ConnectiCare Flex Plan 3 (HMO-POS) (H3528-001-0)****Organization:**ConnectiCare, Inc. |
| **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** Annual: $1,610**Mail Order** Annual: N/A | $49.00Drug: $14.20Health: $34.80**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $0Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors Only (some exceptions)Out of Pocket Spending Limit: $6,700 In-network$10,000 Out-of-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|001|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|001|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|001|0|2017)**MTM Program** **[?]****: Yes** | $5,760 | 3.5 out of 5 stars | **Enroll** |

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| **Aetna Medicare Standard Plan (HMO) (H5793-008-0)****Organization:**Aetna Medicare |
| **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** Annual: $1,576**Mail Order** Annual: N/A | $139.00Drug: $30.30Health: $108.70**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $0Drug Copay/ Coinsurance: $2 - $100, 33% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $6,700 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|008|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|008|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5793|008|0|2017)**MTM Program** **[?]****: Yes** | $5,870 | 3.5 out of 5 stars | **Enroll** |

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| **ConnectiCare Flex Plan 2 (HMO-POS) (H3528-008-0)****Organization:**ConnectiCare, Inc. |
| **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** Annual: $2,172**Mail Order** Annual: N/A | $123.00Drug: $61.00Health: $62.00**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $0Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors Only (some exceptions)Out of Pocket Spending Limit: $6,000 In-network$10,000 Out-of-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|008|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|008|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|008|0|2017)**MTM Program** **[?]****: Yes** | $6,370 | 3.5 out of 5 stars | **Enroll** |

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| **ConnectiCare Choice Plan 1 (HMO) (H3528-002-0)****Organization:**ConnectiCare, Inc. |
| **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** Annual: $2,275**Mail Order** Annual: N/A | $188.00Drug: $74.60Health: $113.40**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $0Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors for Most ServicesOut of Pocket Spending Limit: $3,400 In-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|002|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|002|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|002|0|2017)**MTM Program** **[?]****: Yes** | $6,740 | 3.5 out of 5 stars | **Enroll** |

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| **ConnectiCare Flex Plan 1 (HMO-POS) (H3528-006-0)****Organization:**ConnectiCare, Inc. |
| **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** Annual: $2,270**Mail Order** Annual: N/A | $239.00Drug: $74.20Health: $164.80**Part B Premium****[?]****: No** | Annual Drug Deductible: $0Health Plan Deductible: $0Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors Only (some exceptions)Out of Pocket Spending Limit: $5,300 In-network$10,000 Out-of-networkSome Dental CoverageSome Vision CoverageSome Hearing Coverage  | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|006|0|2017)Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|006|0|2017)[**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|006|0|2017)**MTM Program** **[?]****: Yes** | $7,490 | 3.5 out of 5 stars | **Enroll** |

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