These are plans that offer some kind of Dental Coverage. Contact Plan for more details Some Dental Coverage

These are plans that offer some kind of Vision Coverage. Contact Plan for more details Some Vision Coverage

Nationwide Coverage Nationwide Coverage

These are plans that offer some kind of HearingCoverage. Contact Plan for more details Some Hearing Coverage

[**[Collapse](https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx#;return%20false;)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)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22639682762%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H0001&plnid=001&sgmntid=0%22,%20false,%20true)))  Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance) - Excludes Part D Drug Coverage | | | | | | |
| **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget49$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget50$infoLink','')) | **Deductibles:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget51$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$CopayGlossaryWidget7$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget4OM$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget53$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget54$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$drugRestrictOM$infoLink','')) | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget55$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvOriginalMedicare$ctl00$glossaryWidget56$infoLink','')) |
| **Retail**  Annual: $4,200  **Mail Order**  Annual: N/A | Standard Part B: $104.90 | Part B Deductible: $166 | Doctor Choice: Any Willing Doctor  Out of Pocket Spending Limit: Not Applicable  Nationwide Coverage | N/A | $7,620 | Not Available |

[**[Collapse](https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx#;return%20false;)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**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$lnkMAPDView10','')) * View 15 | | |  | | |  | | |  | Sort Results by | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**UnitedHealthcare MedicareComplete Plan 2 (HMO) (H0755-031-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660899117%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H0755&plnid=031&sgmntid=0%22,%20false,%20true)))  **Organization:**UnitedHealthcare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,548  **Mail Order**  Annual: N/A | $26.00  Drug: $18.00  Health: $8.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $150  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $2 - $95, 30% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $6,000 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|031|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|031|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0755|031|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl00$lnkMADPPrograms$infoLink',''))  **: Yes** | $4,630 | 4.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**Anthem MediBlue Select (HMO) (H5854-010-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660861094%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H5854&plnid=010&sgmntid=0%22,%20false,%20true)))  **Organization:**Anthem Blue Cross and Blue Shield | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,620  **Mail Order**  Annual: N/A | $0.00  Drug: $0.00  Health: $0.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $223  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $0 - $95, 28% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $6,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|010|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|010|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5854|010|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl01$lnkMADPPrograms$infoLink',''))  **: Yes** | $4,660 | 4 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**Aetna Medicare Elite Plan (HMO) (H5793-010-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1661106055%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H5793&plnid=010&sgmntid=0%22,%20false,%20true)))  **Organization:**Aetna Medicare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,212  **Mail Order**  Annual: N/A | $0.00  Drug: $0.00  Health: $0.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $1,000 In-network  Drug Copay/ Coinsurance: $2 - $100, 33% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $6,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|010|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|010|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5793|010|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl02$lnkMADPPrograms$infoLink',''))  **: Yes** | $4,690 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**UnitedHealthcare MedicareComplete Plan 3 (HMO) (H0755-033-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1661068240%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H0755&plnid=033&sgmntid=0%22,%20false,%20true)))  **Organization:**UnitedHealthcare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,368  **Mail Order**  Annual: N/A | $0.00  Drug: $0.00  Health: $0.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $150  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $3 - $95, 30% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $6,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|033|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|033|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0755|033|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl03$lnkMADPPrograms$infoLink',''))  **: Yes** | $4,720 | 4.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**WellCare Rx (HMO) (H0712-020-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660764345%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H0712&plnid=020&sgmntid=0%22,%20false,%20true)))  **Organization:**WellCare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,937  **Mail Order**  Annual: N/A | $2.40  Drug: $2.40  Health: $0.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $400  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $2 - $46, 25% - 50% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $4,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0712|020|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0712|020|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0712|020|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl04$lnkMADPPrograms$infoLink',''))  **: Yes** | $4,790 | 3 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**UnitedHealthcare MedicareComplete Plan 1 (HMO) (H0755-030-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660726290%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H0755&plnid=030&sgmntid=0%22,%20false,%20true)))  **Organization:**UnitedHealthcare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,595  **Mail Order**  Annual: N/A | $96.00  Drug: $24.90  Health: $71.10  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $100  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $2 - $95, 31% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $3,400 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|030|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H0755|030|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H0755|030|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl05$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,170 | 4.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**AARP MedicareComplete Choice (Regional PPO) (R7444-001-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660971251%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=R7444&plnid=001&sgmntid=0%22,%20false,%20true)))  **Organization:**UnitedHealthcare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,726  **Mail Order**  Annual: N/A | $47.00  Drug: $25.80  Health: $21.20  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $280  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $2 - $100, 27% | Doctor Choice: Any Doctor  Out of Pocket Spending Limit: $10,000 In and Out-of-network $5,500 In-network  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=R7444|001|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=R7444|001|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=R7444|001|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl06$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,230 | 4 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**ConnectiCare Passage Plan 1 (HMO) (H3528-010-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660932940%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H3528&plnid=010&sgmntid=0%22,%20false,%20true)))  **Organization:**ConnectiCare, Inc. | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,463  **Mail Order**  Annual: N/A | $24.00  Drug: $1.90  Health: $22.10  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $6,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|010|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|010|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|010|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl07$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,380 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**Anthem MediBlue Plus (HMO) (H5854-009-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660629045%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H5854&plnid=009&sgmntid=0%22,%20false,%20true)))  **Organization:**Anthem Blue Cross and Blue Shield | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $2,172  **Mail Order**  Annual: N/A | $37.00  Drug: $37.00  Health: $0.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $330  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $0 - $95, 26% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $6,700 In-network  Some Dental Coverage  Some Vision Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|009|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5854|009|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5854|009|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl08$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,400 | 4 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**Aetna Medicare Standard Plan (PPO) (H5521-013-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22-1660590990%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H5521&plnid=013&sgmntid=0%22,%20false,%20true)))  **Organization:**Aetna Medicare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,654  **Mail Order**  Annual: N/A | $99.00  Drug: $36.80  Health: $62.20  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $1,000 annual deductible  Drug Copay/ Coinsurance: $2 - $100, 33% | Doctor Choice: Any Doctor  Out of Pocket Spending Limit: $10,000 In and Out-of-network $6,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5521|013|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5521|013|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5521|013|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl09$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,640 | 4 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**ConnectiCare Flex Plan 3 (HMO-POS) (H3528-001-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22223552878%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H3528&plnid=001&sgmntid=0%22,%20false,%20true)))  **Organization:**ConnectiCare, Inc. | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,610  **Mail Order**  Annual: N/A | $49.00  Drug: $14.20  Health: $34.80  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors Only (some exceptions)  Out of Pocket Spending Limit: $6,700 In-network $10,000 Out-of-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|001|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|001|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|001|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl10$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,760 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**Aetna Medicare Standard Plan (HMO) (H5793-008-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22223590901%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H5793&plnid=008&sgmntid=0%22,%20false,%20true)))  **Organization:**Aetna Medicare | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $1,576  **Mail Order**  Annual: N/A | $139.00  Drug: $30.30  Health: $108.70  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$InfoLink5$infoLink',''))  **: 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: $6,700 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|008|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H5793|008|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H5793|008|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl11$lnkMADPPrograms$infoLink',''))  **: Yes** | $5,870 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**ConnectiCare Flex Plan 2 (HMO-POS) (H3528-008-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22223345940%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H3528&plnid=008&sgmntid=0%22,%20false,%20true)))  **Organization:**ConnectiCare, Inc. | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $2,172  **Mail Order**  Annual: N/A | $123.00  Drug: $61.00  Health: $62.00  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors Only (some exceptions)  Out of Pocket Spending Limit: $6,000 In-network $10,000 Out-of-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|008|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|008|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|008|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl12$lnkMADPPrograms$infoLink',''))  **: Yes** | $6,370 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**ConnectiCare Choice Plan 1 (HMO) (H3528-002-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22223383755%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H3528&plnid=002&sgmntid=0%22,%20false,%20true)))  **Organization:**ConnectiCare, Inc. | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $2,275  **Mail Order**  Annual: N/A | $188.00  Drug: $74.60  Health: $113.40  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors for Most Services  Out of Pocket Spending Limit: $3,400 In-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|002|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|002|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|002|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl13$lnkMADPPrograms$infoLink',''))  **: Yes** | $6,740 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | [**ConnectiCare Flex Plan 1 (HMO-POS) (H3528-006-0)**](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22223687650%22,%20%22%22,%20false,%20%22%22,%20%22plan-details.aspx?cntrctid=H3528&plnid=006&sgmntid=0%22,%20false,%20true)))  **Organization:**ConnectiCare, Inc. | | | | | | | | | **Estimated Annual Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget65$infoLink','')) | **Monthly Premium:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget66$infoLink','')) | **Deductibles**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget67$infoLink',''))  **and Drug Copay**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$CopayGlossaryWidget9$infoLink',''))  **/ Coinsurance:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget4MAPD$infoLink','')) | **Health Benefits:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget69$infoLink','')) | **Drug Coverage**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget70$infoLink',''))  **, Drug Restrictions**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$drugRestrictMAPD$infoLink',''))  **and Other Programs:** | **Estimated Annual Health and Drug Costs:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget71$infoLink','')) | **Overall Star Rating:**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$glossaryWidget72$infoLink','')) |  | | **Retail**  Annual: $2,270  **Mail Order**  Annual: N/A | $239.00  Drug: $74.20  Health: $164.80  **Part B Premium**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$InfoLink5$infoLink',''))  **: No** | Annual Drug Deductible: $0  Health Plan Deductible: $0  Drug Copay/ Coinsurance: $4 - $95, 33% | Doctor Choice: Plan Doctors Only (some exceptions)  Out of Pocket Spending Limit: $5,300 In-network $10,000 Out-of-network  Some Dental Coverage  Some Vision Coverage  Some Hearing Coverage | All Your Drugs on Formulary: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|006|0|2017)  Drug Restrictions: [**No**](https://plancompare.medicare.gov/pfdn/popup/DrugRestrictionInformation?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ContractYear=2017&Plan=H3528|006|0|2017)  [**Lower Your Drug Costs**](https://plancompare.medicare.gov/pfdn/popup/Savings?PlanFinderDRxIntegrationId=3575641a4d5f4faa9f815719691781cb851345063131&ChoosenPlan=H3528|006|0|2017)  **MTM Program**  [**[?]**](javascript:__doPostBack('ctl00$ctl00$ctl00$MCGMainContentPlaceHolder$ToolContentPlaceHolder$PlanFinderContentPlaceHolder$gvMAPDPlansList$ctl14$lnkMADPPrograms$infoLink',''))  **: Yes** | $7,490 | 3.5 out of 5 stars | [**Enroll**](javascript:void(0);) | |