This chart provides basic information about what your costs will be in each plan. Go to pages 119-121 for information on how to read this chart. Contact the plan for specific details, and ask if it's currently accepting new members. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. Go to page 14 to find out how to get personalized help when choosing a plan.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	[•] Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Aetna Medicare	(H3931) /	Health Maint	enance Or	ganizatio	n				Members' Rai	ting of Pla	n: 88%
Aetna Medicare Pr	emier (HM	10) (102) Phone	e: 833-859-	6031		10	Rei	비양권물	www.ae	tna.com/m	edicare
Kent, New Castle, Sussex counties	\$31	\$5,500	\$O	\$0 - \$30	0% - 20%	0% - 20%	\$0	0% - 20%	\$590 some drugs; call plan	\$0 - \$12 and/or 24% - 25%	Yes
Aetna Medicare	(H3959)	/ Health Maint	enance O	rganizatio	n				Members' Ra	ting of Pla	n: 91%
Aetna Medicare Ad	dvantra Ea	gle (HMO) (056) Phone: 8	33-859-60	31	10	-	12 6 5	www.ae	tna.com/m	edicare
Kent, New Castle, Sussex counties	\$0	\$6,750	\$0	\$0 - \$15	0% - 20%	0% - 20%	\$0	0% - 20%	Drugs not covered	Drugs not covered	Yes
Aetna Medicare Ad	dvantra Va	lue (HMO) (055) Phone: 8	33-859-603	31	2. 1	2	- E	www.ae	tna.com/m	edicare
Kent, New Castle, Sussex counties	\$0	\$5,900	\$0	\$0 - \$30	0% - 20%	0% - 20%	\$0	0% - 20%	\$250 some drugs; call plan	\$0 - \$12 and/or 25% - 30%	Yes
Aetna Medicare	(H5521) /	Preferred Pro	vider Org	anization					Members' Rat	ing of Pla	n: 89%
Aetna Medicare Pr	emier Plus	(PPO) (095) P	hone: 833-	859-6031		1. 2. 5.	9		www.ae	tna.com/m	edicare
Kent, New Castle, Sussex counties	\$70	\$7,500/\$11,300	\$0/30%	\$0 - \$30/ 30%	0% - 20%/ 20%	0% - 20%/ 20%	\$0/20%	0% - 20%/ 20%	\$590 some drugs; call plan	\$0 - \$12 and/or 24% - 25%	Yes

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Cigna Healthcar	e (H2108)) / Health Mair	itenance (Organizati	on				Members' Ra	ting of Pla	n: 82%
Cigna Preferred M	edicare (H	MO) (042-1) Ph	one: 800-3	13-0973	1 north		_		www.	cignamedic	are.com
Delaware	\$0	\$7,150	\$0	\$40	0% - 20%	0% - 20%	\$0	20%	\$0	\$0 - \$100 and/or 33%	Yes
Cigna Healthcar	e (H7849) / Preferred P	Provider O	rganizatio	on		î.	ſ	Members' Ra	ting of Pla	n: 85%
Cigna True Choice	DE Medic	are (PPO) (123)	Phone: 80	0-313-0973	3		-		www.	cignamedic	are.com
Delaware	\$0	\$7,500/\$11,000	\$0/\$40	\$35/\$55	0% - 20%/ 30%	0% - 20%/ 30%	\$0/30%	20%/30%	\$0	\$0 - \$100 and/or 33%	Yes
Cigna True Choice	Medicare	(PPO) (124-1) P	hone: 800-	313-0973					www.	cignamedica	are.com
Delaware	\$0	\$7,500/\$11,000	\$10/ \$45 - \$50	\$45/\$65	0% - 20%/ 30%	0% - 20%/ 30%	\$0/30%	20%/30%	\$0	\$0 - \$100 and/or 33%	Yes
Cigna True Choice	Plus Medi	care (PPO) (125) Phone: 80	00-313-097	73		_		www.	cignamedica	are.com
Delaware	\$30	\$6,800/\$9,000	\$0/\$40	\$35/\$55	0% - 20%/ 40%	0% - 20%/ 40%	\$0/40%	20%/40%	\$0	\$0 - \$100 and/or 33%	Yes
Highmark Blue C	ross Blue	e Shield (H816)	6) / Prefe	rred Provi	der Orgar	ization			Members' Ra	ting of Pla	n: 88%
Freedom Blue PPC) Choice D	eluxe (PPO) (00	04) Phone:	833-611-79	926	and the second			med	icare.highma	ark.com
Delaware	\$13	\$6,000/\$9,550	\$0	\$30	0% - 20%/ 30%	0% - 20%/ 30%	\$0/30%	20%/30%	\$0	\$0 - \$15 and/or 25% - 50%	Yes
Freedom Blue PPC) Prestige	(PPO) (002) Pł	none: 833-6	511-7926	15			1	med	icare.highma	ark.com
Delaware	\$25	\$5,400/\$8,950	\$0	\$0	0% - 20%/ 30%	0% - 20%/ 30%	\$0/30%	20%/30%	\$0	\$0 - \$15 and/or 25% - 50%	Yes
Freedom Blue PPC) Signatur	e (PPO) (001) P	hone: 833-	611-7926					med	icare.highma	ark.com
Delaware	\$0	\$6,300/\$10,000	\$0	\$30	0% - 20%/ 30%	0% - 20%/ 30%	\$0/30%	20%/30%	\$0	\$0 - \$15 and/or 25% - 44%	Yes

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
Highmark Blue C	ross Blu	e Shield (H816)	6) / Prefe	rred Provi	der Orgar	ization	192191	-930	Members' Rat	ting of Pla	n: 88%
Freedom Blue PPC	Valor (Pl	PO) (003) Phon	e: 833-611-	7926					medi	care.highm	ark.com
Delaware	\$0	\$6,000/\$8,950	\$0	\$10	0% - 20%/ 30%	0% - 20%/ 30%	\$0/30%	20%/30%	Drugs not covered	Drugs not covered	Yes
Humana (H5216)	/ Prefer	red Provider O	rganizatio	on		1992 - 19 ja 19			Members' Rat	ting of Pla	n: 87%
HumanaChoice Giv	eback H5	216-308 (PPO) (308) Phor	ne: 800-833	3-2364				www.hum	ana.com/m	edicare
Virginia and Delaware	\$0	\$9,350/\$14,000	\$10/50%	\$45/50%	0% - 20%/ 50%	0% - 20%/ 20%	\$0/50%	6%/10%	\$450 some drugs; call plan	\$0 - \$47 and/or 27% - 43%	Yes
HumanaChoice H5	216-387 (1	PPO) (387-2) Ph	one: 800-8	333-2364					www.hum	ana.com/m	edicare
Delaware	\$41	\$8,950/\$10,000	\$15/50%	\$45/50%	0% - 20%/ 50%	0% - 20%/ 20%	\$0/50%	16%/50%	\$265 some drugs; call plan	\$0 - \$47 and/or 29% - 50%	Yes
HumanaChoice H5	216-390 (PPO) (390) Pho	one: 800-83	33-2364	1				www.hum	ana.com/m	edicare
Delaware	\$24.90	\$5,900/\$5,900	\$0	\$20	0% - 20%/ 20%	0% - 20%/ 20%	\$0	20%	\$0	\$0 - \$47 and/or 33% - 50%	Yes
Humana USAA Hor	nor Giveb	ack (PPO) (381)	Phone: 80	0-833-2364	4				www.hum	ana.com/m	edicare
Delaware	\$0	\$6,750/\$10,100	\$0	\$35	0% - 20%/ 20%	0% - 20%/ 20%	\$0/50%	15%	Drugs not covered	Drugs not covered	Yes
Humana USAA Hor	nor Giveb	ack (PPO) (386-	2) Phone:	800-833-2	364				www.hum	ana.com/m	edicare
Delaware	\$0	\$6,750/\$10,100	\$0	\$35/\$40	0% - 20%/ 20%	0% - 20%/ 20%	\$0	15%	Drugs not covered	Drugs not covered	Yes
UnitedHealthcare	e (H2406	5) / Preferred I	Provider C	Organizati	on				Members' Rat	ting of Pla	n: 88%
AARP Medicare Ac	lvantage f	from UHC DE-OC	001 (PPO) (075) Phon	e: 800-555	5-5757			www.AARP	MedicarePla	ans.com
State of Delaware	\$0	\$6,700/\$10,100	\$0/\$45	\$0 - \$35/ \$70	0% - 20%/ 40%	0% - 20%/ 0% - 40%	\$0/50%	20%/50%	\$420 some drugs; call plan	\$0 - \$100 and/or 28%	Yes

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	Chemo Drugs	Other Part B Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Offers Extra Benefits
UnitedHealthcar	e (H2406	5) / Preferred I	Provider C	Organizatio	on				Members' Rat	ing of Pla	n: 88%
AARP Medicare Ac	lvantage f	rom UHC DE-00	002 (PPO)	(100) Phor	ne: 800-55	5-5757	Line i	- in ke	www.AARPN	1 edicarePla	ans.com
State of Delaware	\$48	\$6,300/\$10,100	\$0/\$20	\$0 - \$20/ \$60	0% - 20%/ 40%	0% - 20%/ 0% - 40%	\$0/50%	20%/50%	\$420 some drugs; call plan	\$0 - \$100 and/or 28%	Yes
UnitedHealthcare	e (H5253) / Health Mai	ntenance	Organizati	ion				Members' Rat	ing of Pla	n: 87%
AARP Medicare Ac	lvantage f	rom UHC DE-00	003 (HMO-I	POS) (142)	Phone: 80	0-555-575	7		www.AARP	1edicarePla	ans.com
State of Delaware	\$0	\$5,900	\$0	\$0 - \$25	0% - 20%	0% - 20%	\$0	20%	\$340 some drugs; call plan	\$0 - \$100 and/or 29%	Yes
AARP Medicare Ac	lvantage F	Patriot No Rx DE	E-MAO1 (HM	10-POS) (1	43) Phone	: 800-555-	5757		www.AARPN	1edicarePla	ans.com
State of Delaware	\$0	\$6,700	\$0	\$0 - \$45	0% - 20%	0% - 20%	\$0	20%	Drugs not covered	Drugs not covered	Yes
Wellcare (H4661) / Healtl	n Maintenance	Organiza	tion					Too New fo	or Quality	Rating
Wellcare Simple (H	IMO-POS)	(001) Phone: 8	800 - 225-80	17				11	ww	w.wellcare.c	:om/DE
Statewide in DE	\$0	\$6,000	\$0	\$25	0% - 20%	0% - 20%	\$0	20%	\$420 some drugs; call plan	\$0 - \$10 and/or 25% - 36%	Yes

Medicare SPECIAL NEEDS PLANS in Delaware

This chart provides basic information about plan enrollment rules. Contact the plan for specific details, and ask if it's offered in your area and if you're eligible to join. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. Go to page 14 to find out how to get personalized help when choosing a plan.

Plan Name	Service Area	Special Rules for Enrolling		
Aetna Medicare (H3959) / Health Maintenanc Members' Rating of Plan: 91%	www.aetnamedicare.con			
Aetna Medicare Advantra Cares (HMO D-SNP) (063) Phone: 833-859-6031 At the time of printing, this plan is not allowed to accept new members.	Kent, New Castle, Sussex counties	Must have Medicare and Medicaid		
AmeriHealth Caritas VIP Care (HMO-D-SNP) (Too Small for Quality Rating	H0738) / Health Maintenance Org	anization www.amerihealthcaritasvipcare.com/de		
AmeriHealth Caritas VIP Care (HMO D-SNP) (001) Phone: 800-803-8931	Statewide	Must have Medicare and Medicaid		
Ciana Haaltheare (H2100) / Health Maintenan	co Organization			
		www.cignamedicare.com		
Cigna Healthcare (H2108) / Health Maintenan Members' Rating of Plan: 82% Cigna Achieve Medicare (HMO C-SNP) (029) Phone: 800-313-0973	Delaware	www.cignamedicare.com Must have certain chronic or disabling conditions		

Your costs in a Special Needs Plan will depend on whether you have Medicaid or get help from your state to pay Medicare costs. Call the plan for details.

Medicare SPECIAL NEEDS PLANS in Delaware

Plan Name	Service Area	Special Rules for Enrolling
Cigna Healthcare (H2108) / Health Maintenan Members' Rating of Plan: 82%	ce Organization	www.cignamedicare.com
Cigna TotalCare Plus (HMO D-SNP) (039) Phone: 800-313-0973 At the time of printing, this plan is not allowed to accept new members.	Delaware	Must have Medicare and Medicaid
Highmark Blue Cross Blue Shield (H7710) / He Too New for Quality Rating	ealth Maintenance Organization	Medicare.highmark.com
Highmark Health Options Duals (HMO D-SNP) (001) Phone: 888-567-0905	Kent, New Castle, Sussex	Must have Medicare and Medicaid
UnitedHealthcare (H0710) / Preferred Provide Too Small for Quality Rating		www.UHC.com/Medicare
UHC Nursing Home Plan EX-F002 (PPO I-SNP) (017) Phone: 888-834-3721	Select Counties in Pennsylvania, State of Delaware	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.
UnitedHealthcare (H2406) / Preferred Provid Members' Rating of Plan: 88%	er Organization	www.UHC.com/Medicare
UHC Nursing Home Plan EX-F005 (PPO I-SNP) (031) Phone: 888-834-3721	Select Counties in MD, DE, RI, GA and OH	Must live in an institution (like a nursing home) or require nursing care at home. Call plan for details.
UnitedHealthcare (H3113) / Health Maintenand Members' Rating of Plan: 88%	ce Organization	www.UHC.com/Medicare
UHC Dual Complete DE-S001 (HMO-POS D-SNP) (011) Phone: 888-834-3721 At the time of printing, this plan is not allowed to accept new members.	State of Delaware	Must have Medicare and Medicaid

Your costs in a Special Needs Plan will depend on whether you have Medicaid or get help from your state to pay Medicare costs. Call the plan for details.

Medicare SPECIAL NEEDS PLANS in Delaware

Plan Name	Service Area	Special Rules for Enrolling
UnitedHealthcare (H3113) / Health Maintenance Members' Rating of Plan: 88%	Organization	www.UHC.com/Medicare
UHC Dual Complete DE-V001 (HMO-POS D-SNP) (013) Phone: 888-834-3721 At the time of printing, this plan is not allowed to accept new members.	State of Delaware	Must have Medicare and Medicaid
UnitedHealthcare (H5253) / Health Maintenance Members' Rating of Plan: 87%	e Organization	www.UHC.com/Medicare
UHC Complete Care DE-4 (HMO-POS C-SNP) (179) Phone: 800-555-5757	State of Delaware	Must have certain chronic or disabling conditions
Wellcare (H4661) / Health Maintenance Organiz Too New for Quality Rating	ation	www.wellcare.com/DE
Wellcare Dual Access (HMO-POS D-SNP) (002) Phone: 800-225-8017	Statewide in DE	Must have Medicare and Medicaid
Wellcare Dual Liberty (HMO-POS D-SNP) (003) Phone: 800-225-8017	Statewide in DE	Must have Medicare and Medicaid

Your costs in a Special Needs Plan will depend on whether you have Medicaid or get help from your state to pay Medicare costs. Call the plan for details.

PACE PLANS in Delaware

This chart provides basic information about plan enrollment rules. For more information about how to qualify for PACE, go to page 74. Contact the plan for specific details, and ask if it's offered in your area and if you're eligible to join. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. Go to page 14 to find out how to get personalized help when choosing a plan.

Plan Name	_ & =	Service Area	Special Rules for Enrolling		
Milford Wellness Village PACE (H8614)			www.milfordwellnessvillage.com		
PACE Your LIFE - Dual Eligible (PACE) (001) Phone: 833-722-3302		Sussex	Must be certified as needing nursing home level of care		
PACE Your LIFE - Medicare Only (PACE) (002) Phone: 833-722-3302		Kent Sussex Partial	Must be certified as needing nursing home level of care		
Saint Francis LIFE (H5493)) ir f	. n	www.stfrancishealthcare.org		
LIFE at St. Francis Healthcare, Inc (PACE) (002) Phone: 302-660-3351		New Castle County, Delaware	Must be certified as needing nursing home level of care		
LIFE at St. Francis Healthcare, Inc (PACE) (001) Phone: N/A	1	New Castle County, Delaware	Must be certified as needing nursing home level of care		
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Your costs in a Program of All-Inclusive Care for the Elderly (PACE) plan will depend on whether you have Medicaid or get help from your state to pay Medicare costs.

Medicare PRESCRIPTION DRUG PLANS in Delaware

This chart provides basic information about what your costs will be for each plan. Go to page 126 for information on how to read this chart. Contact the plan for specific details. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users can call 1-877-486-2048. Go to page 14 to find out how to get personalized help when choosing a plan.

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*
Aetna Medicare (S5601) Members' Rating of Plan: 80%	4 (1) 4 (1) 11	v	vww.aetnamedicare.com
SilverScript Choice (PDP) (010) Phone: 833-526-2445	\$47.40	\$590 for all drugs	\$5 - \$10 Copay and/or 19% - 31% Coinsurance
Cigna Healthcare (S5617) Members' Rating of Plan: 80%			www.cignamedicare.com
Cigna Healthcare Assurance Rx (PDP) (214) Phone: 800-735-1459	\$54	\$590 for all drugs	\$0 - \$12 Copay and/or 17% - 50% Coinsurance
Cigna Healthcare Extra Rx (PDP) (250) Phone: 800-735-1459	\$99.30	\$175 some drugs; call plan	\$1 - \$20 Copay and/or 20% - 50% Coinsurance
Cigna Healthcare Saver Rx (PDP) (355) Phone: 800-735-1459	\$16.60	\$590 some drugs; call plan	\$0 - \$20 Copay and/or 17% - 50% Coinsurance
Clear Spring Health (S6946) Members' Rating of Plan: 75%		www.cle	earspringhealthcare.com
Clear Spring Health Premier Rx (PDP) (068) Phone: 877-434-4290 At the time of printing, this plan is not allowed to accept new members.	Call plan for details	Call plan for details	Call plan for details

* If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information. If you qualify for the Extra Help and the premium amount is BLUE, your premium for that plan will be \$0.

Medicare PRESCRIPTION DRUG PLANS in Delaware

Plan Name	Monthly Premium*	Annual Deductible	Amount You Pay for Each Prescription (1-month supply)*
Clear Spring Health (S6946) Members' Rating of Plan: 75%		www.cl	earspringhealthcare.com
Clear Spring Health Value Rx (PDP) (002) Phone: 877-434-4290 At the time of printing, this plan is not allowed to accept new members.	Call plan for details	Call plan for details	Call plan for details
Humana (S5884) Members' Rating of Plan: 83%	160	www	w.humana.com/medicare
Humana Basic Rx Plan (PDP) (103) Phone: 800-706-0872	\$67.80	\$590 for all drugs	\$0 - \$1 Copay and/or 23% - 44% Coinsurance
Humana Premier Rx Plan (PDP) (151) Phone: 800-706-0872	\$119.80	\$O	\$0 - \$47 Copay and/or 33% - 50% Coinsurance
Humana Value Rx Plan (PDP) (184) Phone: 800-706-0872	\$24.70	\$573 some drugs; call plan	\$0 - \$3 Copay and/or 20% - 35% Coinsurance
UnitedHealthcare (S5921) Members' Rating of Plan: 76%	8	www.A	ARPMedicarePlans.com
AARP Medicare Rx Preferred from UHC (PDP) (387) Phone: 800-753-8004	\$89.20	\$O	\$5 - \$47 Copay and/or 33% - 45% Coinsurance
AARP Medicare Rx Saver from UHC (PDP) (350) Phone: 888-867-5564	\$60.50	\$590 for all drugs	\$2 - \$10 Copay and/or 17% - 46% Coinsurance
Wellcare (S4802) Members' Rating of Plan: 83%	the second		www.wellcare.com/PDP
Wellcare Classic (PDP) (079) Phone: 800-270-5320	\$11.30	\$590 for all drugs	\$0 - \$8 Copay and/or 22% - 35% Coinsurance
Wellcare Medicare Rx Value Plus (PDP) (208) Phone: 800-270-5320	\$102.40	\$590 some drugs; call plan	\$0 - \$10 Copay and/or 15% - 50% Coinsurance
Wellcare Value Script (PDP) (140) Phone: 800-270-5320	\$0	\$590 some drugs; call plan	\$0 - \$15 Copay and/or 25% - 42% Coinsurance

* If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information. If you qualify for the Extra Help and the premium amount is BLUE, your premium for that plan will be \$0.