Your Plan Results

Return to previous page

Your plan results are organized by plan type and are in order of lowest estimated cost. To view more plans, click View 20 or 50. Click on any plan name for details. Compare up to 3 plans by using the checkboxes and clicking Compare Plans. The costs displayed are estimates; your actual costs may vary.

My Current Profile | Additional Tools

Zip Code: 15213
Current Coverage: Unknown
Current Subsidy: No Extra Help [?]
Drug List ID: 2908T4582
Password Date: 03/14/2012
Important Coverage Information

Print this page in PDF

Symbols

When you see this symbol near a plan name, it means that Medicare has given this plan a low summary rating for 3 years in a row. If you are considering enrolling in such plan, look closely at the plan's ratings for specific topics.

Some Dental Coverage | Some Vision Coverage | Some Hearing Coverage

Original Medicare

Original Medicare (H0001-001-0)

Organization: N/A

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs:[?]	Overall Plan Rating:[?]
Retail Annual: $7,349 Rest of 2012: $5,512 Mail Order Annual: N/A Rest of 2012: N/A	$0.00 Drug: N/A Health: $0.00	Annual Drug Deductible: N/A Health Plan Deductible: Not Available Drug Copay/ Coinsurance: N/A	Doctor Choice: Any Doctor Out of Pocket Spending Limit: Not Available	N/A	$10,408	Not Available

Medicare Health Plans with Drug Coverage

Medicare Advantage Plans with Drug Coverage offer both health and drug coverage
There are 20 plans in **15213** that match your preferences. View 10 | View 20 | View 50
View plan quality and performance ratings for all Medicare Health Plans with Drug Coverage
View Plan Medication Therapy Management (MTM) program eligibility information [?]

Compare Plans | Sort Results by: Lowest Estimated Annual Health and Drug Cost | Sort

SecurityBlue HD (HMO) (H3957-036-0)

Organization: Keystone Health Plan West, Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $2,210 Rest of 2012: $1,390 Mail Order Annual: $1,437 Rest of 2012: $713	$0.00 Drug: $0.00 Health: $0.00	Annual Drug Deductible: $0 Health Plan Deductible: $1,250 Drug Copay/ Coinsurance: $10 - $90, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: $3,000 In-Network $5,000 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	$4,500	★★★★ 4 out of 5 stars

Enroll

FreedomBlue PPO HD Rx (PPO) (H2916-019-0)

Organization: Highmark Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $2,210 Rest of 2012: $1,390 Mail Order Annual: $1,437 Rest of 2012: $713	$0.00 Drug: $0.00 Health: $0.00	Annual Drug Deductible: $0 Health Plan Deductible: $1,250 In and Out-of-Network Drug Copay/ Coinsurance: $10 - $90, 33%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: $3,000 In-Network $5,000 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	$4,500	★★★★ 3.5 out of 5 stars

Enroll

SecurityBlue ValueRx (HMO) (H3957-031-0)

Organization: Keystone Health Plan West, Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $3,586 Rest of 2012: $2,672 Mail Order Annual: $1,814 Rest of 2012: $995	$38.00 Drug: $31.40 Health: $6.60	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $3 - $95, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: $3,400 In-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	$5,200	★★★★ 4 out of 5 stars

Enroll

FreedomBlue PPO Select (PPO) (H3916-022-0)

Organization: Highmark Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $3,057 Rest of 2012: $2,715 Mail Order Annual: $1,877 Rest of 2012: $1,033	$76.00 Drug: $39.80 Health: $36.20	Annual Drug Deductible: $0 Health Plan Deductible: $900 Out-of-Network Drug Copay/ Coinsurance: $9 - $90, 33%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: $3,000 In-Network $5,100 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	$5,500	★★★★ 3.5 out of 5 stars

Enroll

HumanaChoice R5826-002 (Regional PPO) (R5826-002-0)

Organization: Humana Insurance Company

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $2,283 Rest of 2012: $1,650 Mail Order Annual: $1,513 Rest of 2012: $1,005	$79.00 Drug: $14.40 Health: $64.60	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $8 - $60, 23%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: $3,000 In-Network $3,300 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No Few Generics and Few Brands Lower Your Drug Costs	$5,750	★★★ 3 out of 5 stars

Enroll

SecurityBlue Standard (HMO) (H3957-003-0)

Organization: Keystone Health Plan West, Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $2,704 Rest of 2012: $1,793 Mail Order Annual: $1,504 Rest of 2012: $1,098	$156.00 Drug: $43.30 Health: $112.30	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $9 - $90, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: $3,400 In-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	$5,300	★★★★ 4 out of 5 stars

Enroll

HumanaChoice R5826-081 (Regional PPO) (R5826-081-0)

Organization: Humana Insurance Company

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $3,165 Rest of 2012: $2,177 Mail Order Annual: $3,068 Rest of 2012: $2,177	$58.00 Drug: $28.40 Health: $29.60	Annual Drug Deductible: $168 Health Plan Deductible: $0 Drug Copay/ Coinsurance: 23%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: $6,700 In-Network $10,000 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs	$6,500	★★★ 3 out of 5 stars

Enroll

FreedomBlue PPO Classic (PPO) (H3916-001-0)

Organization: Highmark Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $2,886 Rest of 2012: $2,000 Mail Order Annual: $2,106 Rest of 2012: $1,203	$205.00 Drug: $58.50 Health: $146.10	Annual Drug Deductible: $0 Health Plan Deductible: $0 Out-of-Network Drug Copay/ Coinsurance: $8 - $90, 33%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: $3,400 In-Network $5,100 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No Many Generics Lower Your Drug Costs	$6,750	★★★ 3 out of 5 stars

Enroll

SecurityBlue Deluxe (HMO) (H3957-020-0)

Organization: Keystone Health Plan West, Inc.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $3,012 Rest of 2012: $1,394 Mail Order Annual: $2,232 Rest of 2012: $1,300	$228.00 Drug: $69.40 Health: $158.60	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $9 - $90, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: $3,400 In-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No Many Generics Lower Your Drug Costs	$6,950	★★★★ 4 out of 5 stars

Enroll

Humana Gold Choice H8145-053 (PFFS) (H8145-053-0)

Organization: Humana Insurance Company

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay [?] / Coinsurance:[?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating:[?]
Retail Pharmacy Status: Network Annual: $2,571 Rest of 2012: $1,639 Mail Order Annual: $2,503 Rest of 2012: $1,994	$190.00 Drug: $33.50 Health: $156.10	Annual Drug Deductible: $0 Health Plan Deductible: $0 Drug Copay/ Coinsurance: $5 - $84, 33%	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: $6,700 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: No Few Generics and Few Brands Lower Your Drug Costs	$7,500	Plan too new to be measured

Enroll

Compare Plans

Notes:
Your costs may be different depending on your Part B premium, any Part D penalty that may apply, and whether you qualify for Extra Help from Medicare paying your drug costs.

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