2025 Eastern Medicare Advantage and Cost Plans

Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

Cass County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (HMO-POS)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Value Plus (HMO-POS)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Connect (PPO)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield of Nebraska MA Secure (PPO)
Humana Full Access H5216-411 (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
Humana USAA Honor Giveback (PPO)
Humana USAA Honor Giveback with Rx (PPO)
Humana Value Plus H5216-171 (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple Open (PPO)

Dodge County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (HMO-POS)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Value Plus (HMO-POS)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Connect (PPO)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield of Nebraska MA Secure (PPO)
Humana Full Access H5216-411 (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
Humana USAA Honor Giveback (PPO)
Humana USAA Honor Giveback with Rx (PPO)
Humana Value Plus H5216-171 (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple Open (PPO)

Douglas County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (HMO-POS)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Value Plus (HMO-POS)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Connect (PPO)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield of Nebraska MA Secure (PPO)
Humana Full Access H5216-411 (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
Humana USAA Honor Giveback (PPO)
Humana USAA Honor Giveback with Rx (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple Open (PPO)

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Sarpy County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)

AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)

AARP Medicare Advantage from UHC NE-0002 (PPO)

AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)

Aetna Medicare Eagle (HMO-POS)

Aetna Medicare Premier (HMO-POS)

Aetna Medicare Premier (PPO)

Aetna Medicare SmartFit (HMO-POS)

Aetna Medicare SmartFit (PPO)

Aetna Medicare Value Plus (HMO-POS)

Blue Cross Blue Shield Nebraska MA Access (PPO)

Blue Cross Blue Shield Nebraska MA Connect (PPO)

Blue Cross Blue Shield Nebraska MA Core (HMO)

Blue Cross Blue Shield of Nebraska MA Secure (PPO)

Humana Full Access H5216-411 (PPO)

Humana Gold Plus H0028-053 (HMO)

Humana USAA Honor Giveback (PPO)

Humana USAA Honor Giveback (PPO)

Humana USAA Honor Giveback with Rx (PPO)

Humana Value Plus H5216-171 (PPO)

HumanaChoice H5216-014 (PPO)

Medica Advantage Preferred (PPO)

Medica Advantage Select (PPO)

Medica Advantage Solution H8889-009 (PPO)

Medica Advantage Value (PPO)

Wellcare Assist Open (PPO)

Wellcare Giveback (HMO-POS)

Wellcare Patriot Giveback Open (PPO)

Wellcare Simple Open (PPO)

Washington County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)

AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)

AARP Medicare Advantage from UHC NE-0002 (PPO)

AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)

Aetna Medicare Eagle (HMO-POS)

Aetna Medicare Premier (HMO-POS)

Aetna Medicare Premier (PPO)

Aetna Medicare SmartFit (HMO-POS)

Aetna Medicare SmartFit (PPO)

Aetna Medicare Value Plus (HMO-POS)

Blue Cross Blue Shield Nebraska MA Access (PPO)

Blue Cross Blue Shield Nebraska MA Connect (PPO)

Blue Cross Blue Shield Nebraska MA Core (HMO)

Blue Cross Blue Shield of Nebraska MA Secure (PPO)

Humana USAA Honor Giveback (PPO)

Humana USAA Honor Giveback (PPO)

Humana USAA Honor Giveback with Rx (PPO)

Humana Value Plus H5216-171 (PPO)

HumanaChoice H5216-014 (PPO)

Medica Advantage Preferred (PPO)

Medica Advantage Select (PPO)

Medica Advantage Solution H8889-009 (PPO)

Medica Advantage Value (PPO)

Wellcare Assist Open (PPO)

Wellcare Giveback (HMO-POS)

Wellcare Patriot Giveback Open (PPO)

Wellcare Simple Open (PPO)

Understanding Medicare Advantage Plan Benefits

Plan Overview

Monthly Premium - The dollar amount you owe to have this insurance. Part B premiums are paid in addition to this monthly premium.

Medicare Deductible - The amount you pay for health care services before your insurance begins to pay. Reach out to the plan for details on what applies to the deductible. Prescription drug costs do not count towards this deductible.

Out-of-Pocket Limit - The most you could pay for covered services in the year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include monthly premiums or the cost of prescriptions.

Benefits and Copays / Coinsurance

Copays - A set amount that you pay for a specific health care service. Each service has its own unique copay. Typically you pay copays after your deductible has been met.

Coinsurance - A percentage you pay for a specific health care service. Typically you pay coinsurance after your deductible has been met.

Prescription Coverage

Most Medicare Advantage plans have prescription coverage included, therefore you cannot purchase a separate Part D plan. In some instances, such as a Cost Plan, a Part D plan may be added. Deductibles, copays and coinsurance will apply to prescriptions and do not count towards the Medical Deductible or out-of-pocket limit.

	Nebraska Sample MA Plan (PPO)
Phone Number	800-555-5757
Contract & Plan ID	*H5555-005*
Evidence of Coverage Link	Click for more details
Plan Overview	
Monthly Premium	$0
Medical Deductible	$800
Out-of-pocket Limit	$3,800 in / 8,900 out
Benefits and Copay / Coinsurance	
Primary Doctor	$0
Specialist Doctor	$0 - 35
Labs / Tests / X-rays	$0 / $50 / $15
Emergency Room	$135
Urgent Care	$0 - 40
Inpatient Hospital Care	$350 per day for days 1-6
Outpatient Hospital Care	$0 - 350 per visit
Skilled Nursing Facility Care	$0/day 1-20, $203/day 21-100
Ground Ambulance	$275
Physical Therapy	$0 - 25
Prescription Coverage	
Drug Coverage Deductible	$340
Extra Benefits	
Dental Coverage	Yes - up to $1,250
Vision Coverage	Yes - up to $250
Additional Benefits	Hearing, Fitness, OTC

Plan Name and Type

HMO - This type of plan has a network of providers (doctors, hospitals, specialist, etc.). Enrollees must use in-network providers in order for the plan to cover the service, some plans may offer exceptions to this policy.

PPO - This type of plan has a network of providers. Enrollees who use in-network providers typically pay less out-of-pocket. If an out-of-network provider is used, the service will be more expensive.

PFF - This type of plan does NOT have a network of providers. Enrollees must check with their providers before each visit to ensure they will accept the plan.

Cost - This type of plan has a network of providers. Enrollees who use in-network providers typically pay less out-of-pocket. If an out-of-network provider is used, standard Medicare Parts A and B costs apply.

Extra Benefits

Dental Coverage– Coverage for dental expenses. The amount listed is the total the plan will pay for dental care in the calendar year. Some plans require the use of network dentists, others offer reimbursement for any dentist. Contact plan for details.

Vision Coverage - Coverage for vision expenses. The amount listed is the total the plan will pay for vision care in the calendar year. Some plans require the use of network providers, others offer reimbursement for any provider. Contact plan for details.

Additional Benefits - Benefits often include assistance with hearing services including hearing aids, fitness benefits such as a gym membership, and over-the-counter (OTC) medication. Use the Evidence of Coverage Link or contact the plan for a full list of their specific additional benefits.

	AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)	AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)	AARP Medicare Advantage from UHC NE-0002 (PPO)	AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757
Contract & Plan ID	*H2802-001*	*H2802-074*	*H1278-020*	*H1278-018*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0	$0	$35	$0 (Part B giveback up to $125)
Medical Deductible	$0	$0	$0	$0
Out-of-pocket Limit	$3,800 in	$4,900 in	$4,900 in / $10,100 out	$6,700 in / $10,100 out
Benefits and Costs				
Primary Doctor	$0	$0	$0	$0
Specialist Doctor	$0 - 35	$0 - 45	$0 - 45	$0 - 50
Labs / Tests / X-rays	$0 / $50 / $25	$0 / $35 / $15	$0 / $50 / $25	$0 / $45 / $25
Emergency Room	$140	$125	$125	$125
Urgent Care	$0 - 65	$0 - 55	$0 - 55	$0 - 55
Inpatient Hospital Care	$350 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,750*	$445 per day for days 1-6 $0 days 6-90+ *Potential Total = $2,670*	$395 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,975*	$425 per day for days 1-7 $0 days 7-90+ *Potential Total = $2,975*
Outpatient Hospital Care	$0 - 350 per visit	$0 - 445 per visit	$0 - 395 per visit	$0 - 425 per visit
Skilled Nursing Facility Care	$0/day 1-20, $203/day 21-100	$0/day 1-20, $203/day 21-100	$0/day 1-20, $203/day 21-100	$0/day 1-20, $203/day 21-100
Ground Ambulance	$275	$275	$275	$290
Physical Therapy	$0 - 30	$0 - 50	$0 - 40	$0 - 45
Prescription Coverage				
Drug Coverage Deductible	$0	$0	$0	No Drug Coverage
Extra Benefits				
Dental Coverage	$0 cost for limited services, Optional Rider @ $54/mo. ($1,500 annu. max.)	Yes - up to $3,000	$0 cost for limited services, Optional Rider @ $54/mo. ($1,500 annu. max.)	Yes - up to $1,000
Vision Coverage	Yes - up to $300	Yes - up to $300	Yes - up to $300	Yes - up to $300
Additional Benefits	Hearing, Fitness, OTC—$40/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$40/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$50/qtr., & other benefits. See Plan materials

	Aetna Medicare Eagle (HMO-POS)	*Aetna Medicare Premier (HMO-POS)*	*Aetna Medicare Premier (PPO)*	*Aetna Medicare SmartFit (HMO-POS)*
Phone Number	833-859-6031	833-859-6031	833-859-6031	833-859-6031
Contract & Plan ID	*H7149-007*	*H7149-001*	*H1608-012*	*H7149-009*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0 (Part B giveback $90)	$0	$0	$0
Medical Deductible	$0	$0	$0	$0
Out-of-pocket Limit	$6,750 in	$4,100 in	$5,000 in / $8,950 out	$4,000 in
Benefits and Copay / Coinsurance				
Primary Doctor	$0	$0	$0	$0
Specialist Doctor	$40	$35	$0 - 40	$20
Labs / Tests / X-rays	$0 / $20 / $10	$0 / $20 / $10	$0 / $20 / $10	$0 / $20 / $10
Emergency Room	$125	$140	$125	$140
Urgent Care	$50	$50	$50	$50
Inpatient Hospital Care	$325 per day for days 1-6 $0 days 6-90+ *Potential Total = $1,950*	$375 per day for days 1-5 $0 days 7-90+ *Potential Total = $1,875*	$350 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,750*	$360 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,800*
Outpatient Hospital Care	$0 - 325 per visit	$0 - 400 per visit	$0 - 350 per visit	$0 - 400 per visit
Skilled Nursing Facility Care	$0/day 1-20, $214/day 21-100	$0/day 1-20, $214/day 21-100	$0/day 1-20, $214/day 21-100	$0/day 1-20, $214/day 21-100
Ground Ambulance	$320	$335	$315	$335
Physical Therapy	$40	$35	$40	$20
Prescription Coverage				
Drug Coverage Deductible	No Drug Coverage	$590	$590	$590
Extra Benefits				
Dental Coverage	Yes - up to $1,500	Yes - up to $1,200	Yes - up to $1,000	Yes - up to $1,200
Vision Coverage	Yes - up to $200	Yes - up to $295	Yes - up to $215	Yes - up to $310
Additional Benefits	Hearing, Fitness, OTC—$90/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$45/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$30/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$30/qtr., & other benefits. See Plan materials

	Aetna Medicare SmartFit (PPO)	*Aetna Medicare Value Plus (HMO-POS)*	*Blue Cross Blue Shield Nebraska MA Access (PPO)*	*Blue Cross Blue Shield Nebraska MA Connect (PPO)*
Phone Number	833-859-6031	833-859-6031	844-899-6060	844-899-6060
Contract & Plan ID	*H1608-038*	*H7149-008*	*H8181-001*	*H8181-002*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0	$49	$25	$0
Medical Deductible	$0	$0	$0	$0
Out-of-pocket Limit	$4,500 in / $8,000 out	$3,900 in	$3,900 in / $6,200 out	$4,900 in / $8,000 out
Benefits and Copay / Coinsurance				
Primary Doctor	$0	$0	$0	$0
Specialist Doctor	$35	$25	$35	$35
Labs / Tests / X-rays	$0 / $50 / $10	$0 / $20 / $10	$0 / $30-350 / $20	$0 / $30-350 / $25
Emergency Room	$120	$140	$125	$125
Urgent Care	$0 - 40	$50	$55	$55
Inpatient Hospital Care	$370 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,850*	$350 per day for days 1-5 $0 days 7-90+ *Potential Total = $1,750*	$390 per day for days 1-4 $0 days 6-90+ *Potential Total = $1,560*	$400 per day for days 1-4 $0 days 6-90+ *Potential Total = $1,600*
Outpatient Hospital Care	$0 - 370 per visit	$0 - 400 per visit	$350 per visit	$350 per visit
Skilled Nursing Facility Care	$0/day 1-20, $203/day 21-100	$0/day 1-20, $214/day 21-100	$0/day 1-20, $196/day 21-50, $0/day 51-100	$0/day 1-20, $196/day 21-50, $0/day 51-100
Ground Ambulance	$290	$335	$350	$350
Physical Therapy	$0 - 20	$25	$35	$35
Prescription Coverage				
Drug Coverage Deductible	$590	$590	$0	$0
Extra Benefits				
Dental Coverage	Yes - up to $1,300	Yes - up to $2,000	Yes - up to $2,050	Yes - up to $1,500
Vision Coverage	Yes - up to $300	Yes - up to $300	Yes - up to $300	Yes - up to $300
Additional Benefits	Hearing, Fitness, OTC—$90/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$30/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$50/qtr., & other benefits. See Plan materials

	Blue Cross Blue Shield Nebraska MA Core (HMO)	**Blue Cross Blue Shield of Nebraska MA Secure (PPO)**	***Humana Full Access H5216-411 (PPO)***	***Humana Gold Plus H0028-053 (HMO)***
Phone Number	844-899-6060	800-555-5757	800-833-2364	800-833-2364
Contract & Plan ID	*H3170-003*	*H8181-003*	*H5216-411*	*H0028-053*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0	$91	$0 (Part B giveback $3)	$0 (Part B giveback $5)
Medical Deductible	$0	$0	$500	$250
Out-of-pocket Limit	$3,900 in	$2,500 in / $4,500 out	$4,400 in / $10,100 out	$4,500 in
Benefits and Copay / Coinsurance				
Primary Doctor	$0	$0	$0	$0
Specialist Doctor	$35	$20	$40	$50
Labs / Tests / X-rays	$0 / $30-350 / $25	$0 / $30-175 / $20	$0 / $0-95 / $0-150	$0 / $0-95 / $0-150
Emergency Room	$125	$115	$125	$125
Urgent Care	$55	$50	$55	$55
Inpatient Hospital Care	$400 per day for days 1-4 $0 days 6-90+ *Potential Total = $1,600*	$250 per day for days 1-4 $0 days 7-90+ *Potential Total = $1,000*	$395 per day for days 1-7 $0 days 6-90+ *Potential Total = $2,765*	$395 per day for days 1-6 $0 days 6-90+ *Potential Total = $2,370*
Outpatient Hospital Care	$0 - 350 per visit	$175 per visit	$0 - 325 per visit	$0 - 350 per visit
Skilled Nursing Facility Care	$0/day 1-20, $186/day 21-53 , $0/day 54-100	$0/day 1-20, $196/day 21-50, $0/day 51-100	$10/day 1-20, $203/day 21-100	$10/day 1-20, $203/day 21-100
Ground Ambulance	$350	$350	$315	$315
Physical Therapy	$35	$20	$40	$30
Prescription Coverage				
Drug Coverage Deductible	$0	$0	$250	$590
Extra Benefits				
Dental Coverage	Yes - up to $1,950	Yes - up to $2,050	Yes - up to $3,000	Yes - $0 copay for select services
Vision Coverage	Yes - up to $300	Yes - up to $300	Yes - up to $150	Yes - up to $100
Additional Benefits	Hearing, Fitness, OTC—$60/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$115/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	Humana USAA Honor Giveback (PPO)	***Humana USAA Honor Giveback (PPO)***	***Humana USAA Honor Giveback with Rx (PPO)***	***Humana Value Plus H5216-171 (PPO)***
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Contract & Plan ID	*H5216-329*	*H5216-278*	*H5216-340*	*H5216-171*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0 (Part B giveback $110)	$0 (Part B giveback $70)	$0 (Part B giveback $60)	$46.40 (Part B giveback $1)
Medical Deductible	$100	$0	$500	$240
Out-of-pocket Limit	$6,700 in / $10,100 out	$4,900 in / $10,100 out	$5,500 in / $10,100 out	$9,350 in / $14,000 out
Benefits and Copay / Coinsurance				
Primary Doctor	$0	$15	$0	20%
Specialist Doctor	$40	$65	$45	20%
Labs / Tests / X-rays	$0-35 / $0-55 / $0-105	$0-40 / $0-65 / $15-150	$0-50 / $0-100 / $0-150	$0-20% / $0-20% / $45-20%
Emergency Room	$125	$125	$125	$110
Urgent Care	$55	$55	$55	20%
Inpatient Hospital Care	$425 per day for days 1-5 $0 days 6-90+ *Potential Total = $2,125*	$360 per day for days 1-6 $0 days 7-90+ *Potential Total = $2,160*	$440 per day for days 1-5 $0 days 6-90+ *Potential Total = $2,200*	$2,185 per stay
Outpatient Hospital Care	$0 - 325 per visit	$0 - 350 per visit	$0 - 400 per visit	$0 - 20% per visit
Skilled Nursing Facility Care	$10/day 1-20, $203/day 21-100	$10/day 1-20, $203/day 21-100	$10/day 1-20, $203/day 21-100	$0/day 1-20, $214/day 21-100
Ground Ambulance	$265	$315	$315	$315
Physical Therapy	$35	$40	$40	20%
Prescription Coverage				
Drug Coverage Deductible	No Drug Coverage	No Drug Coverage	$400	$590
Extra Benefits				
Dental Coverage	Yes - up to $1,000	Yes - up to $4,000	Yes - up to $4,000	Yes - $0 copay for select services
Vision Coverage	Yes - up to $150	Yes - up to $200	Yes - up to $250	Yes - up to $100
Additional Benefits	Hearing, Fitness, OTC-$15/mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-$125/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$75/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$100/qtr., & other benefits. See Plan materials

	HumanaChoice H5216-014 (PPO)	*Medica Advantage Preferred (PPO)*	*Medica Advantage Select (PPO)*	*Medica Advantage Solution H8889-009 (PPO)*
Phone Number	800-833-2364	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	*H5216-014*	*H8889-011*	*H8889-015*	*H8889-009*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$39	$137	$37	$0
Medical Deductible	$0	$0	$0	$0
Out-of-pocket Limit	$9,350 in / $12,000 out	$2,500 in / $2,500 out	$3,500 in / $3,500 out	$4,900 in / $4,900 out
Benefits and Copay / Coinsurance				
Primary Doctor	$5	$0	$0	$0
Specialist Doctor	$40	$10	$35	$35
Labs / Tests / X-rays	$0-40 / $0-95 / $5-150	$0 / $0-50 / $0	$0 / $0-95 / $20	$0 / $0-85 / $20
Emergency Room	$110	$120	$125	$125
Urgent Care	$45	$0 - 10	$0 - 35	$0 - 45
Inpatient Hospital Care	$360 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,800*	$100 per stay	$295 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,475*	$350 per day for days 1-6 $0 days 6-90+ *Potential Total = $2,100*
Outpatient Hospital Care	$0 - 350 per visit	$0 - 150 per visit	$0 - 345 per visit	$0 - 395 per visit
Skilled Nursing Facility Care	$0/day 1-20, $203/day 21-100	$0/day 1-20, $150/day 21-40, $0/day 41-100	$0/day 1-20, $214/day 21-37, $0/day 38-100	$0/day 1-20, $214/day 21-43, $0/day 44-100
Ground Ambulance	$315	$100	$275	$325
Physical Therapy	$35	$10	$50	$35
Prescription Coverage				
Drug Coverage Deductible	$400	$0	$0	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - up to $500	Yes - up to $1,500	Yes - up to $700	Yes - up to $1,000
Vision Coverage	Yes - up to $100	Yes - up to $300	Yes - up to $200	Yes - up to $200
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-$75/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-$75/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-$75/6-mo., & other benefits. See Plan materials

	Medica Advantage Value (PPO)	*Wellcare Assist Open (PPO)*	*Wellcare Giveback (HMO-POS)*	*Wellcare Patriot Giveback Open (PPO)*
Phone Number	800-906-5432	800-225-8017	800-225-8017	800-225-8017
Contract & Plan ID	*H8889-010*	*H1395-003*	*H1215-003*	*H1395-004*
Summary of Benefits Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0	$30.60	$0 (Part B giveback $83.60)	$0 (Part B giveback $125)
Medical Deductible	$0	$0	$240	$225
Out-of-pocket Limit	$3,900 in / $ 3,900out	$3,900 in / $6,200 out	$8,850 in	$5,700 in / $8,950 out
Benefits and Copay / Coinsurance				
Primary Doctor	$0	$0	$0	$0
Specialist Doctor	$50	$20	$50	$35
Labs / Tests / X-rays	$0 / $0-125 / $20	$0-50 / $0-40 / $25	$0-50 / $0-50 / $40	$0-50 / $0-100 / $25
Emergency Room	$125	$140	$110	$125
Urgent Care	$25- 55	$40	$35	$40
Inpatient Hospital Care	$425 per day for days 1-5 $0 days 6-90+ *Potential Total = $2,125*	$325 per day for days 1-7 $0 days 7-90+ *Potential Total = $2,275*	$1,450 per stay	$400 per day for days 1-5 $0 days 6-90+ *Potential Total = $2,000*
Outpatient Hospital Care	$0 - 450 per visit	$0 - 300 per visit	$0 - 350 per visit	$0 - 350 per visit
Skilled Nursing Facility Care	$10/day 1-20, $214/day 21-38, $0/day 39-100	$0/day 1-20, $214/day 21-50, $0/day 51-100	$0/day 1-20, $214/day 21-70, $0/day 71-100	$0/day 1-20, $214/day 21-50, $0/day 51-100
Ground Ambulance	$295	$300	$315	$325
Physical Therapy	$50	$20	$35	$35
Prescription Coverage				
Drug Coverage Deductible	$0	$580	$420	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - up to $600	Yes - up to $3,000	Yes - See Plan materials	Yes - up to $1,500
Vision Coverage	Yes - up to $150	Yes - up to $250	Yes - up to $100	Yes - up to $200
Additional Benefits	Hearing, Fitness, OTC-$75/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-$90/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-$70/qtr., & other benefits. See Plan materials

	Wellcare Simple Open (PPO)			
Phone Number	800-225-8017			
Contract & Plan ID	*H1395-002*			
Summary of Benefits Link	Click for more details			
Plan Overview				
Monthly Premium	$0			
Medical Deductible	$0			
Out-of-pocket Limit	$4,150 in / $6,200 out			
Benefits and Copay / Coinsurance				
Primary Doctor	$0			
Specialist Doctor	$0 - 40			
Labs / Tests / X-rays	$0/ $50/ $15			
Emergency Room	$120			
Urgent Care	$0 - 40			
Inpatient Hospital Care	$370 per day for days 1-5 $0 days 6-90+ *Potential Total = $1,850*			
Outpatient Hospital Care	$0 - 370 per visit			
Skilled Nursing Facility Care	$0/day 1-20, $203/day 21-100			
Ground Ambulance	$290			
Physical Therapy	$0 - 20			
Prescription Coverage				
Drug Coverage Deductible	$420			
Extra Benefits				
Dental Coverage	Yes - up to $1,500			
Vision Coverage	Yes - up to $200			
Additional Benefits	Hearing, Fitness, OTC-$47/qtr., & other benefits. See Plan materials			