

2026 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 Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
Humana Full Access H5216-411 (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)

Cass County continued

Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
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 Enhanced Extra (PPO)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
Humana Full Access H5216-411 (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)

Dodge County continued

Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
Wellcare Simple Open (PPO)

Douglas County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
Humana Full Access H5216-411 (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (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 (HMO-POS)
Wellcare Simple Open (PPO)

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Sarpy County

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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 Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Access (PPO)
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Medica Advantage Value (PPO)
Wellcare Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
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 Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Preferred (PPO)
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Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
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Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
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.

Costs shown are in-network values unless noted as 'out'. Out-of-network costs may be higher.

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 in / \$15 out
Specialist Doctor	\$0 - 35 in / \$50 out
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	\$30	\$0 (Part B giveback \$150)
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$5,900 in	\$6,700 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 - 55	\$0 - 60	\$0 - 55 in / \$85 out	\$0 - 50 in / \$70 out
Labs / Tests / X-rays	\$0 / \$60 / \$25	\$0 / \$5 / \$10	\$0 / \$5 / \$5	\$0 / \$45 / \$25
Emergency Room	\$130	\$130	\$130	\$130
Urgent Care	\$0 - 50	\$0 - 50	\$0 - 50	\$0 - 50
Inpatient Hospital Care	\$495 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,475</i>	\$550 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,750</i>	\$455 per day for days 1-6 \$0 days 6-90+ <i>Potential Total = \$2,730</i>	\$425 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,975</i>
Outpatient Hospital Care	\$0 - 495 per visit	\$0 - 550 per visit	\$0 - 455 per visit	\$0 - 425 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100
Ground Ambulance	\$275	\$225	\$150	\$290
Physical Therapy	\$35	\$55	\$35	\$45
Prescription Coverage				
Drug Coverage Deductible	\$520	\$600	\$520	No Drug Coverage
Extra Benefits				
Dental Coverage	\$0 cost for limited services, Optional Rider @ \$44/mo.. (\$1,500 max.)	Yes - up to \$2,000	\$0 cost for limited services, Optional Rider @ \$44/mo. (\$1,500 max.)	Yes - up to \$4,000
Vision Coverage	Yes - up to \$300	Yes - up to \$150	Yes - up to \$300	Yes - up to \$300
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—\$25/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—\$110/qtr., & other benefits. See Plan materials

	<i>Aetna Medicare Enhanced Extra (PPO)</i>	<i>Aetna Medicare Eagle (HMO-POS)</i>	<i>Aetna Medicare Signature (HMO-POS)</i>	<i>Aetna Medicare Signature (PPO)</i>
Phone Number	833-859-6031	833-859-6031	833-859-6031	833-859-6031
Contract & Plan ID	<i>H1608-118</i>	<i>H7149-007</i>	<i>H7149-001</i>	<i>H1608-012</i>
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$52	\$0 (Part B giveback \$90)	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$5,000 in / \$10,000 out	\$6,750 in	\$3,900 in	\$5,000 in / \$8,950 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$0 in / \$35 out	\$0	\$0	\$0 / 40% out
Specialist Doctor	\$35 in / \$65 out	\$40	\$35	\$0 - 40 / 40% out
Labs / Tests / X-rays	\$0 / \$0-20 / \$10	\$0 / \$0-20 / \$10	\$0 / \$0-20 / \$15	\$0 / \$0-20 / \$15
Emergency Room	\$130	\$130	\$150	\$130
Urgent Care	\$50	\$50	\$50	\$50
Inpatient Hospital Care	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>	\$325 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$1,950</i>	\$375 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,250</i>	\$405 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,430</i>
Outpatient Hospital Care	\$0 - 325 per visit	\$0 - 325 per visit	\$0 - 375 per visit	\$0 - 405 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100
Ground Ambulance	\$245	\$320	\$325	\$315
Physical Therapy	\$35	\$40	\$35	\$40
Prescription Coverage				
Drug Coverage Deductible	\$615	No Drug Coverage	\$615	\$615
Extra Benefits				
Dental Coverage	Yes - up to \$2,000	Yes - up to \$2,000	Yes - up to \$1,500	Yes - up to \$1,250
Vision Coverage	Yes - up to \$250	Yes - up to \$250	Yes - up to \$200	Yes - up to \$175
Additional Benefits	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	<i>Aetna Medicare Signature Extra (PPO)</i>	<i>Blue Cross Blue Shield of Nebraska MA Core (HMO) (Metro Area)</i>	<i>Blue Cross Blue Shield of Nebraska MA Access (PPO)</i>	<i>Blue Cross Blue Shield of Nebraska MA Connect (PPO)</i>
Phone Number	833-859-6031	844-899-6060	844-899-6060	844-899-6060
Contract & Plan ID	<i>H1608-038</i>	<i>H3170-003-1</i>	<i>H8181-001</i>	<i>H8181-002</i>
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	\$30	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$6,750 in / \$10,000 out	\$4,100 in	\$3,900 in / \$6,200 out	\$4,900 in / \$8,000 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$10 in / 50% out	\$0	\$0 in / \$15 out	\$0 in / \$15 out
Specialist Doctor	\$0 - 60 in / 50% out	\$35	\$35 in / 50% out	\$35 in / 50% out
Labs / Tests / X-rays	\$0-10 / \$0-20 / \$15	\$0 / \$0-350 / \$25	\$0 / \$0-350 / \$20	\$0 / \$0-350 / \$25
Emergency Room	\$130	\$135	\$125	\$125
Urgent Care	\$50	\$55	\$55	\$50
Inpatient Hospital Care	\$415 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,490</i>	\$400 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,600</i>	\$390 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,560</i>	\$400 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,600</i>
Outpatient Hospital Care	\$0 - 415 per visit	\$350 per visit	\$350 per visit	\$350 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$214/day 21-60, \$0/day 61-100	\$0/day 1-20, \$214/day 21-60, \$0/day 61-100	\$0/day 1-20, \$214/day 21-70, \$0/day 71-100
Ground Ambulance	\$315	\$350	\$350	\$350
Physical Therapy	\$60	\$35	\$35	\$35
Prescription Coverage				
Drug Coverage Deductible	\$615	\$400	\$400	\$400
Extra Benefits				
Dental Coverage	Yes - Preventive only	Yes - up to \$1,200	Yes - up to \$1,500	Yes - up to \$1,200
Vision Coverage	Yes - up to \$100	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—\$50/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 of Nebraska MA Secure (PPO)	Devoted Choice 001 NE (PPO)	Devoted Choice Giveback 002 NE (PPO)	Humana Full Access H5216-411 (PPO)
Phone Number	844-899-6060	844-978-2770	844-978-2770	888-873-0686
Contract & Plan ID	H8181-003	H9802-001	H9802-002	H5216-411
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$91	\$0	\$0 (Part B giveback \$159.80)	\$0 (Part B giveback up to \$1)
Medical Deductible	\$0	\$0	\$0	\$325
Out-of-pocket Limit	\$2,500 in / \$4,500 out	\$4,400 in / \$6,400 out	\$9,250 in / \$13,900 out	\$4,250 in / \$10,100 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$0 in / \$15 out	\$0 in / \$5 out	\$0 in / \$5 out	\$0
Specialist Doctor	\$20 in / \$40 out	\$40	\$55	\$40
Labs / Tests / X-rays	\$0 / \$0-175 / \$20	\$0-20 / \$0-95 / \$0-75	\$0-20 / \$0-95 / \$0-75	\$0-10 / \$0-95 / \$0-150
Emergency Room	\$115	\$130	\$115	\$130
Urgent Care	\$50	\$0-45	\$0-40	\$50
Inpatient Hospital Care	\$250 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,000</i>	\$395 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,370</i>	\$475 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,900</i>	\$395 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,765</i>
Outpatient Hospital Care	\$175 per visit	\$0 - 495 per visit	\$0 - 475 per visit	\$0 - 300 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$204/day 21-60, \$0/day 61-100	\$0/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100	\$10/day 1-20, \$218/day 21-100
Ground Ambulance	\$350	\$0-350	\$0-300	\$335
Physical Therapy	\$20	\$40-50	\$55	\$40
Prescription Coverage				
Drug Coverage Deductible	\$400	\$230	\$605	\$400
Extra Benefits				
Dental Coverage	Yes - up to \$1,700	Yes - up to \$3,000	Yes - up to \$250	Yes - up to \$2,500
Vision Coverage	Yes - up to \$300	Yes - up to \$350	Yes - up to \$200	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC-\$115/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$100/qtr., & other benefits. See Plan materials	Hearing, Fitness & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/qtr., & other benefits. See Plan materials

	Humana Gold Plus H0028-053 (HMO)	Humana USAA Honor Giveback (PPO)	HumanaChoice Giveback H5216-340 (PPO)	HumanaChoice H5216-014 (PPO)
Phone Number	888-873-0686	888-873-0686	888-873-0686	888-873-0686
Contract & Plan ID	H0028-053-3	H5216-278-1	H5216-340	H5216-014
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 up to \$2)	\$0 (Part B giveback up to \$135)	\$0 (Part B giveback up to \$64)	\$38
Medical Deductible	\$250	\$0	\$500	\$0
Out-of-pocket Limit	\$4,350 in	\$4,700 in / \$10,100 out	\$5,000 in / \$10,100 out	\$9,250 in / \$12,000 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$0	\$0 in / 50% out	\$0 in / 50% out	\$0 in / 40% out
Specialist Doctor	\$50	\$55 in / 50% out	\$45 in / 50% out	\$40 in / 40% out
Labs / Tests / X-rays	\$0 / \$0-95 / \$0-150	\$0 / \$0-65 / \$0-150	\$0-50 / \$0-100 / \$0-150	\$0-40 / \$0-95 / \$0-150
Emergency Room	\$130	\$130	\$130	\$115
Urgent Care	\$50	\$50	\$50	\$40
Inpatient Hospital Care	\$420 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,520</i>	\$375 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,625</i>	\$440 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,200</i>	\$360 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,800</i>
Outpatient Hospital Care	\$0 - 300 per visit	\$0 - 350 per visit	\$0 - 300 per visit	\$0 - 300 per visit
Skilled Nursing Facility Care	\$10/day 1-20, \$218/day 21-100	\$10/day 1-20, \$218/day 21-100	\$10/day 1-20, \$218/day 21-100	\$0/day 1-20, \$218/day 21-100
Ground Ambulance	\$335	\$335	\$335	\$335
Physical Therapy	\$30	\$30	\$40	\$35
Prescription Coverage				
Drug Coverage Deductible	\$615	No Drug Coverage	\$600	\$615
Extra Benefits				
Dental Coverage	Yes - \$0 copay for select services	Yes - up to \$1,500	Yes - up to \$4,000	Yes - up to \$500
Vision Coverage	Yes - up to \$100	Yes - up to \$200	Yes - up to \$100	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC-\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$100/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$100/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	Medica Advantage Preferred (PPO)	Medica Advantage Select (PPO)	Medica Advantage Solution H8889-009 (PPO)	Medica Advantage Value (PPO)
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	<i>H8889-011</i>	<i>H8889-015</i>	<i>H8889-009</i>	<i>H8889-010</i>
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$155	\$45	\$0 (Part B giveback \$100)	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,800 in / \$3,800 out	\$4,200 in / \$4,200 out	\$6,750 in / \$6,750 out	\$6,750 in / \$6,750 out
Benefits and Copay / Coinsurance				
Primary Doctor	\$0 in / \$10 out	\$0 in / \$25 out	\$0 in / \$30 out	\$0 in / \$25 out
Specialist Doctor	\$20 in / \$35 out	\$50 in / \$65 out	\$50 in / \$65 out	\$55 in / \$60 out
Labs / Tests / X-rays	\$0 / \$0-95 / \$0	\$0 / \$0-90 / \$25	\$0 / \$0-90 / \$25	\$0 / \$0-250 / \$50
Emergency Room	\$150	\$130	\$130	\$130
Urgent Care	\$0 - 40	\$0 - 45	\$0 - 45	\$25 - 50
Inpatient Hospital Care	\$200 per stay	\$450 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,250</i>	\$405 per day for days 1-6 \$0 days 6-90 <i>Potential Total = \$2,430</i>	\$550 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,750</i>
Outpatient Hospital Care	\$0 - 195 per visit	\$0 - 450 per visit	\$0 - 375 per visit	\$0 - 550 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-39, \$0/day 40-100	\$0/day 1-20, \$218/day 21-41, \$0/ day 42-100	\$0/day 1-20, \$218/day 21-52, \$0/day 53-100	\$0/day 1-20, \$218/day 21-52, \$0/ day 53-100
Ground Ambulance	\$250	\$370	\$395	\$375
Physical Therapy	\$20	\$50	\$50	\$55
Prescription Coverage				
Drug Coverage Deductible	\$275	\$355	No Drug Coverage	\$615
Extra Benefits				
Dental Coverage	Yes - up to \$750	Yes - up to \$500	Yes - up to \$800	Yes - up to \$450
Vision Coverage	Yes - up to \$175	Yes - up to \$125	Yes - up to \$100	Yes - up to \$75
Additional Benefits	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$40/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$40/6-mo., & other benefits. See Plan materials

	<i>MyAdvocate Medicare Advantage GOLD (HMO-POS)</i>	<i>MyAdvocate Medicare Advantage SILVER (HMO-POS)</i>	<i>Wellcare Assist Open (PPO)</i>	<i>Wellcare Giveback (HMO-POS)</i>
Phone Number	888-298-4650	888-298-4650	844-480-0680	844-480-0680
Contract & Plan ID	<i>H0816-001</i>	<i>H0816-002</i>	<i>H1395-003</i>	<i>H1215-003</i>
Summary of Benefits Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$69	\$0	\$32.80	\$0 (Part B giveback \$82)
Medical Deductible	\$0	\$0	\$0	\$175
Out-of-pocket Limit	\$3,500 in / \$6,200 out?	\$4,500 in / \$7,500 out	\$4,800 in / \$7,100 out	\$8,850 in
Benefits and Copay / Coinsurance				
Primary Doctor	\$0 in / \$25 out	\$0 in / \$25 out	\$0 in / \$25 out	\$0
Specialist Doctor	\$35 in / \$50 out	\$35 in / \$50 out	\$20 in / \$50 out	\$50
Labs / Tests / X-rays	\$0 / \$25 / \$20	\$0 / \$35 / \$25	\$0-50 / \$0-40 / \$25	\$0-50 / \$0-50 / \$50
Emergency Room	\$120	\$130	\$130	\$115
Urgent Care	\$35	\$45	\$40	\$35
Inpatient Hospital Care	\$390 per day for days 1-4 \$0 days 6-90+ <i>Potential Total = \$1,560</i>	\$375 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,875</i>	\$325 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,275</i>	\$1,450 per stay
Outpatient Hospital Care	\$350 per visit	\$375	\$0 - 300 per visit	\$0 - 350 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$196/day 21-100	\$0/day 1-20, \$203/day 21-100	\$0/day 1-20, \$218/day 21-50, \$0/ day 51-100	\$0/day 1-20, \$218/day 21-70, \$0/day 71-100
Ground Ambulance	\$275	\$300	\$300	\$315
Physical Therapy	\$25	\$35	\$20	\$35
Prescription Coverage				
Drug Coverage Deductible	\$250	\$400	\$570	\$615
Extra Benefits				
Dental Coverage	Yes - up to \$1,250	Yes - up to \$1,000	Yes - up to \$3,000	Yes - See Plan materials
Vision Coverage	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC-\$95/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$75/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$62/mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	Wellcare Patriot Giveback Open (PPO)	Wellcare Simple Open (PPO)	Wellcare Simple (HMO-POS)
Phone Number	844-480-0680	844-480-0680	844-480-0680
Contract & Plan ID	H1395-004	H1395-002	H1215-005
Summary of Benefits Link	Click for more details	Click for more details	Click for more details
Plan Overview			
Monthly Premium	\$0 (Part B giveback \$135)	\$0	\$0
Medical Deductible	\$225	\$0	\$0
Out-of-pocket Limit	\$6,600 in / \$9,500 out	\$6,600 in / \$9,000 out	\$5,000 in
Benefits and Copay / Coinsurance			
Primary Doctor	\$0 in / \$40 out	\$0 in / \$40 out	\$0
Specialist Doctor	\$35 in / \$70 out	\$40 in / \$70 out	\$35
Labs / Tests / X-rays	\$0-50 / \$0-100 / \$25	\$0-50 / \$0-40 / \$50	\$0-50 / \$0-50 / \$50
Emergency Room	\$130	\$130	\$130
Urgent Care	\$40	\$50	\$50
Inpatient Hospital Care	\$425 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,550</i>	\$400 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,800</i>	\$375 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,625</i>
Outpatient Hospital Care	\$0 - 350 per visit	\$0 - 500 per visit	\$0 - 400 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-60, \$0/day 61-100	\$0/day 1-20, \$218/day 21-60, \$0/day 61-100	\$0/day 1-20, \$218/day 21-50, \$0/day 51-100
Ground Ambulance	\$325	\$350	\$350
Physical Therapy	\$35	\$40	\$35
Prescription Coverage			
Drug Coverage Deductible	No Drug Coverage	\$615	\$615
Extra Benefits			
Dental Coverage	Yes - up to \$2,000	Yes - up to \$1,000	Yes - up to \$1,000
Vision Coverage	Yes - up to \$200	Yes - up to \$100	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC-\$20/mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-\$10/mo., & other benefits. See Plan materials