

2024 Lincoln 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.

Butler County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

Fillmore County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Prime Solution Thrift (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Core (Cost)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

Lancaster County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-014 (PPO)
Humana Value Plus H5216-171 (PPO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

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

Polk County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Prime Solution Thrift (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Core (Cost)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

Saline County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Prime Solution Thrift (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Core (Cost)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

Saunders County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-014 (PPO)
Humana Value Plus H5216-171 (PPO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Advantage Solution H8889-009 (PPO)
Medica Advantage Value (PPO)
Medica Advantage Preferred (PPO)
Medica Advantage Select (PPO)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

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

Seward County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Prime Solution Thrift (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Core (Cost)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
Wellcare Assist Open (PPO)

York County

Aetna Medicare Premier (PPO)
Aetna Medicare SmartFit (PPO)
Aetna Medicare Premier (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Value Plus (HMO-POS)
Aetna Medicare SmartFit (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)
Blue Cross Blue Shield Nebraska MA Connect PPO (PPO)
Humana Gold Plus H0028-053 (HMO)
HumanaChoice H5216-254 (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor (PPO)
Humana USAA Honor with Rx (PPO)
Medica Prime Solution Thrift (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Core (Cost)
AARP Medicare Advantage from UHC NE-0001 (PPO)
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
AARP Medicare Advantage from UHC NE-0002 (PPO)
AARP Medicare Advantage from UHC NE-0003 (HMO-POS)
Wellcare No Premium (HMO)
Wellcare Giveback (HMO)
Wellcare No Premium Open (PPO)
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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 Costs

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) A1234-567
Phone Number	555-555-555
Regional Counties Offered	Butler, Lancaster, Saline, Saunders, Seward
Plan Overview	
Monthly Premium	\$0
Medical Deductible	\$0
Out-of-pocket Limit	\$4,500
Benefits and Costs	
Primary Doctor Copay	\$5
Specialist Doctor Copay	\$45
Urgent Care Copay	\$30-\$40
Labs/ Test/ X-rays Copay	\$10/ \$30/ \$14
Physical Therapy Copay	\$40
Emergency Room Copay	\$90
Ground Ambulance Copay	\$225
Inpatient Hospital Copay	\$395 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,580</i>
Outpatient Hospital Copay	\$295 - 395
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$160/day 21-51, \$0/day 52-100 <i>Out-of-pocket limit = \$4,900</i>
Extra Benefits	
Dental Coverage	Yes - up to \$1,500
Vision Coverage	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC
Prescription Coverage	
Drug Coverage Included	Yes - <i>copays apply</i>
Your Total Drug Cost	\$ _____

Plan Name, Plan Type and Number

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. Contact the plan for a full list of their specific additional benefits.

	AARP Medicare Advantage from UHC NE-0001 (PPO) H1278-001	AARP Medicare Advantage from UHC NE-0002 (PPO) H1278-020	AARP Medicare Advantage from UHC NE-0003 (HMO-POS) H2802-001	AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO) H1278-018
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$27	\$0	\$0	\$0 <i>(Part B Premium Reduction up to \$125)</i>
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,800 in / \$5,750 out	\$4,500 in / \$9,550 out	\$3,800	\$6,700 in / \$8,000 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$0 - 35	\$0 - 45	\$0 - 35	\$0 - 40
Urgent Care Copay	\$0 - 40	\$0 - 40	\$0 - 40	\$0 - 40
Labs/ Test/ X-rays Copay	\$0/ \$50/ \$15	\$0/ \$50/ \$15	\$0/ \$30/ \$15	\$0/ \$50/ \$25
Physical Therapy Copay	\$0 - 25	\$0 - 40	\$0 - 30	\$0 - 40
Emergency Room Copay	\$135	\$120	\$135	\$100
Ground Ambulance Copay	\$275	\$275	\$200	\$290
Inpatient Hospital Copay	\$350 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$2,100</i>	\$395 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,975</i>	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$295 per day for days 1– 6 \$0 days 7-90+ <i>Potential Total = \$1,770</i>
Outpatient Hospital Copay	\$0 - 350 per visit	\$0 - 395 per visit	\$0 - 350 per visit	\$0 - 295 per visit
Skilled Nursing Facility Care Copay	\$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
Extra Benefits				
Dental Coverage	Yes - up to \$1,250	Yes - up to \$750	Yes - up to \$1,750	Yes - up to \$2,000
Vision Coverage	Yes - up to \$250	Yes - up to \$150	Yes - up to \$300	Yes - up to \$300
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	<i>Aetna Medicare Eagle (HMO-POS) H7149-007</i>	<i>Aetna Medicare Premier (HMO-POS) H7149-001</i>	<i>Aetna Medicare Premier (PPO) H1608-012</i>	<i>Aetna Medicare SmartFit (HMO-POS) H7149-009</i>
Phone Number	833-859-6031	833-859-6031	833-859-6031	833-859-6031
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$0 <i>(Part B Premium Reduction \$75)</i>	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$6,700	\$3,900	\$5,000 in / \$8,950 out	\$3,600
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$40	\$30	\$50	\$20
Urgent Care Copay	\$50	\$50	\$50	\$50
Labs/ Test/ X-rays Copay	\$0/ \$0-20/ \$10	\$0/ \$0-20/ \$10	\$0/ \$0-20/ \$10	\$0/ \$0-20/ \$10
Physical Therapy Copay	\$40	\$30	\$40	\$20
Emergency Room Copay	\$100	\$120	\$120	\$120
Ground Ambulance Copay	\$320	\$335	\$315	\$335
Inpatient Hospital Copay	\$225 per day for days 1– 7 \$0 days 8-90 <i>Potential Total = \$1,575</i>	\$350 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,750</i>	\$350 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,750</i>	\$360 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,800</i>
Outpatient Hospital Copay	\$0 - 225 per visit	\$0 - 400 per visit	\$0 - 350 per visit	\$0 - 400 per visit
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$184/day 21-100	\$0/day 1-20, \$184/day 21-100	\$0/day 1-20, \$184/day 21-100	\$0/day 1-20, \$184/day 21-100
Extra Benefits				
Dental Coverage	Yes - up to \$2,000	Yes - up to \$2,200	Yes - up to \$1,150	Yes - up to \$2,400
Vision Coverage	Yes - up to \$300	Yes - up to \$330	Yes - up to \$220	Yes - up to \$320
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	<i>No prescription coverage</i>	<i>Yes - copays apply</i>	<i>Yes - copays apply</i>	<i>Yes - copays apply</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	Aetna Medicare SmartFit (PPO) H1608-038	Aetna Medicare Value Plus (HMO- POS) H7149-008	Blue Cross Blue Shield Nebraska MA Access PPO (PPO) H8181-001	Blue Cross Blue Shield Nebraska MA Connect PPO (PPO) H8181-002
Phone Number	833-589-6031	833-859-6031	844-899-6060	844-899-6060
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$0	\$36	\$25	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$4,500 in / \$8,000 out	\$3,900	\$3,900 in / \$8,000 out	\$4,500 in / \$8,000 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$35	\$30	\$40	\$40
Urgent Care Copay	\$50	\$50	\$60	\$60
Labs/ Test/ X-rays Copay	\$0/ \$0-20/ \$10	\$0/ \$0-20/ \$10	\$0/ \$30-395/ \$20	\$0/ \$30-395/ \$25
Physical Therapy Copay	\$35	\$30	\$40	\$40
Emergency Room Copay	\$120	\$120	\$120	\$120
Ground Ambulance Copay	\$350	\$335	\$350	\$350
Inpatient Hospital Copay	\$360 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,800</i>	\$350 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,750</i>	\$375 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,500</i>	\$375 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,500</i>
Outpatient Hospital Copay	\$0-400 per visit	\$0-400 per visit	\$395 per visit	\$0-250 per visit
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$184/day 21-100	\$0/day 1-20, \$184/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
Extra Benefits				
Dental Coverage	Yes - up to \$1,600	Yes - up to \$2,000	Yes - up to \$1,750	Yes - up to \$1,350
Vision Coverage	Yes - up to \$360	Yes - up to \$320	Yes - up to \$200	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC,
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	Blue Cross Blue Shield Nebraska MA Core (HMO) H3170-003	Humana Gold Plus H0028-053 (HMO) H0028-053	Humana USAA Honor (PPO) H5216-329	Humana USAA Honor (PPO) H5216-278
Phone Number	844-899-6060	800-833-2364	800-833-2364	800-833-2364
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$0	\$0	\$0 <i>(Part B Premium Reduction up to \$100)</i>	\$0 <i>(Part B Premium Reduction up to \$70)</i>
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,900	\$3,850	\$6,700 in/\$8,950 out	\$4,900 in / \$8,950 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$10
Specialist Doctor Copay	\$40	\$35	\$40	\$45
Urgent Care Copay	\$60	\$65	\$55	\$260
Labs/ Test/ X-rays Copay	\$0/ \$30-395/ \$25	\$0/ \$0-95/ \$0-125	\$0-35/ \$0-55 or 25%/ \$0-55	\$0-40/ \$0-60/ \$10-125
Physical Therapy Copay	\$40	\$30	\$35	\$40
Emergency Room Copay	\$120	\$135	\$100	\$120
Ground Ambulance Copay	\$350	\$300	\$265	\$300
Inpatient Hospital Copay	\$400 per day for days 1-4 \$0 days 7-90+ <i>Potential Total = \$1,600</i>	\$325 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,125</i>	\$425 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,125</i>	\$295 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$1,770</i>
Outpatient Hospital Copay	\$395 per visit	\$0-300 per visit	\$0-325 per visit	\$0-300 per visit
Skilled Nursing Facility Care Copay	\$0 day 1-20, \$196/day 21-53, \$0/day 54-100	\$0 day 1-20, \$203 per day/days 21-100	\$0 day 1-20, \$203 per days 21-100	\$10 day 1-20, \$ 203 per day/days 21-100
Extra Benefits				
Dental Coverage	Yes - up to \$1,425	Yes - up to \$1,000	Yes - up to \$1,000	Yes - up to \$2,500
Vision Coverage	Yes - up to \$200	Yes - up to \$200	Yes - up to \$75	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	Humana USAA Honor with Rx (PPO) H5216-340	Humana Value Plus H5216-171 (PPO) H5216-171	HumanaChoice H5216-014 (PPO) H5216-014	HumanaChoice H5216-254 (PPO) H5216-254
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$0 <i>(Part B Premium Reduction up to \$84)</i>	\$42.20	\$41	\$0
Medical Deductible	\$450	\$0	\$0	\$0
Out-of-pocket Limit	\$5,900 in / \$9,550 out	\$6,700 in / \$13,300 out	\$6,700 in / \$10,000 out	\$3,900 in / \$9,550 out
Benefits and Costs				
Primary Doctor Copay	\$0	20%	\$5	\$0
Specialist Doctor Copay	\$50	20%	\$40	\$35
Urgent Care Copay	\$60	20%	\$55	\$60
Labs/ Test/ X-rays Copay	\$0-50/ \$0-100/ \$0-125	\$0-30/ \$0-20%/ \$50-20%	\$0 - 40/ \$0-95/ \$5 - 125	\$0/ \$0-95/ \$0-125
Physical Therapy Copay	\$40	20%	\$40	\$40
Emergency Room Copay	\$120	\$100	\$100	\$120
Ground Ambulance Copay	\$300	\$300	\$300	\$300
Inpatient Hospital Copay	\$425 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,125</i>	\$2,080 per stay	\$360 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,800</i>	\$395 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,555</i>
Outpatient Hospital Copay	\$0-400 per visit	\$0 -20%	\$0 - 300 per visit	\$395 per visit
Skilled Nursing Facility Care Copay	\$10 day 1-20, \$ 203 per day/days 21-100	\$0 day 1-20, \$ 203 per day/days 21-100	\$0 day 1-20, \$203 per day/days 21-100	\$0 day 1-20, \$196 day/days 21-100
Extra Benefits				
Dental Coverage	Yes - up to \$4,000	Yes—up to \$2000	Yes - up to \$500	Yes - up to \$2,500
Vision Coverage	Yes - up to \$250	Yes - up to \$150	Yes - up to \$150	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC,	Hearing, Fitness, OTC,	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	Medica Advantage Preferred (PPO) H8889-011	Medica Advantage Select (PPO) H8889-015	Medica Advantage Solution H8889 -009 (PPO) H8889-009	Medica Advantage Value (PPO) H8889-010
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$132	\$26	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$2,500 in /\$2,500 out	\$3,500 in /\$3,500 out	\$4,900 in /\$4,900 out	\$3,900 in /\$3,900 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$10	\$35	\$30	\$35
Urgent Care Copay	\$0-10	\$0	\$0-45	\$0 - 50
Labs/ Test/ X-rays Copay	\$0/ \$0-50/ \$0	\$0/ \$0-75/ \$15	\$0/ \$0-70 /\$15	\$0/ \$0 - 100/ \$15
Physical Therapy Copay	\$10	\$35	\$30	\$35
Emergency Room Copay	\$120	\$120	\$120	\$120
Ground Ambulance Copay	\$100	\$250	\$265	\$250
Inpatient Hospital Copay	\$100 per stay	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>	\$245 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$1,470</i>	\$350/day for days 1-5, \$0/day for days 6-90 <i>Potential Total = \$1,750</i>
Outpatient Hospital Copay	\$0 -150 per visit	\$0 - 345 per visit	\$0 -250 per visit	\$0 - 375 per visit
Skilled Nursing Facility Care Copay	\$0 day 1-20, \$150 day/days 21-40, \$0 day/days 41-100	\$0 day 1-20, \$203 day/days 21-39, \$0 day/days 40-100	\$0/day 1-20, \$203/day 21-45 \$0/day 46-100	\$0/day 1-20, \$203/day 21-39 \$0/day 40-100
Extra Benefits				
Dental Coverage	Yes - up to \$1,500	Yes - up to \$700	Yes - up to \$1,000	Yes - up to \$600
Vision Coverage	Yes - up to \$300	Yes - up to \$200	Yes - up to \$200	Yes - up to \$150
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	Yes - <i>copays apply</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	Medica Prime Solution Core (Cost) H2450-046	Medica Prime Solution Premier (Cost) H2450-043	Medica Prime Solution Standard (Cost) H2450-044	Medica Prime Solution Thrift (Cost) H2450-030
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$82	\$140	\$0	\$43
Medical Deductible	\$0	\$0	\$0	\$50
Out-of-pocket Limit	\$4,000	\$3,000	\$5,000	\$6,700
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$15	20%
Specialist Doctor Copay	\$15	\$0	\$50	20%
Urgent Care Copay	\$40	\$0	\$15 - 50	\$25
Labs/ Test/ X-rays Copay	\$0/ \$0 - 15/ \$10	\$0/ \$0/ \$0	\$0/ \$15-50/ \$15 - 50	\$0/ 20%/ 20%
Physical Therapy Copay	\$15	\$0	\$50	20%
Emergency Room Copay	\$50	\$0	\$120	\$50
Ground Ambulance Copay	\$50	\$0	\$250	20%
Inpatient Hospital Copay	\$300 per stay	\$100 per stay	\$325 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,300</i>	\$300 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,200</i>
Outpatient Hospital Copay	\$150 per visit	\$100 per visit	\$325 per visit	20% per visit
Skilled Nursing Facility Care Copay	\$0 day 1-20, \$50 day/days 21-100	\$0 day 1-20, \$25 day/days 21-100	\$0 day 1-20, \$203 day/days 21-100	\$0 day 1-20, \$203 day/days 21-100
Extra Benefits				
Dental Coverage	Yes - up to \$300	Yes - up to \$400	Yes - up to \$400	No
Vision Coverage	Yes - up to \$100	Yes - up to \$200	Yes - up to \$150	No
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	No
Prescription Coverage				
Drug Coverage Included	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____

	Wellcare Assist Open (PPO) H1395-003	Wellcare Giveback (HMO) H1215-003	Wellcare No Premium (HMO) H1215-002	Wellcare No Premium Open (PPO) H1395-002
Phone Number	844-917-0175	844-917-0175	844-917-0175	844-917-0175
Regional Counties Offered	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
Plan Overview				
Monthly Premium	\$24.70	\$0 <i>(Part B Premium Reduction up to \$86)</i>	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$4,500 in /\$8,950 out	\$8,850	\$3,600	\$3,900 in /\$8,950 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$20	\$50	\$25	\$35
Urgent Care Copay	\$40	\$35	\$35	\$0 - 40
Labs/ Test/ X-rays Copay	\$0 - 50/ \$0-40/ \$0	\$0 - 50/ \$0 - 50/ \$15	\$0 - 50/ \$0 - 30/ \$0	\$0 - 50/ \$0 - 40/ \$0
Physical Therapy Copay	\$20	\$40	\$25	\$35
Emergency Room Copay	\$120	\$100	\$135	\$120
Ground Ambulance Copay	\$300	\$315	\$300	\$325
Inpatient Hospital Copay	\$225 per day for days 1-7 \$0 days 5-90 <i>Potential Total = \$1,575</i>	\$1,450 per stay	\$375 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,875</i>	\$375 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,875</i>
Outpatient Hospital Copay	\$0 - 300 per visit	\$0 - 350 per visit	\$0 - 250 per visit	\$0 - 300 per visit
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$203/day 21-50 \$0/day 51-100	\$0/day 1-20, \$185/day 21-70 \$0/day 71-100	\$0/day 1-20, \$203/day 21-40 \$0/day 41-100	\$0/day 1-20, \$203/day 21-50 \$0/day 51-100
Extra Benefits				
Dental Coverage	Yes - up to \$2000	Yes. See Evidence of Coverage	Yes - up to \$2000	Yes - up to \$1,500
Vision Coverage	Yes - up to \$200	Yes - up to \$100	Yes - up to \$200	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____