

2027 Nebraska Medicare Advantage and Cost Plans

Adams County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Antelope County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)

Antelope County continued

Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Arthur County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Banner County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)

Banner County continued

Medica Prime Solution Thrift (Cost)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Blaine County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Boone County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

2027 Nebraska Medicare Advantage and Cost Plans

Box Butte County

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

Boyd County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

Brown County

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

Buffalo County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)

Buffalo County continued

Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Burt County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Butler County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

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)
 AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)

2027 Nebraska Medicare Advantage and Cost Plans

Cass County continued

Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
HumanaChoice H5216-014 (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Cedar County

AARP Medicare Advantage Patriot No Rx SI-MA2 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

Chase County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Cherry County

No Plans

Cheyenne County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Clay County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)

Clay County continued

DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Colfax County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Cuming County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Cuming County continued

Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Custer County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Dakota County

AARP Medicare Advantage Patriot No Rx SI-MA2 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)

Dakota County continued

Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

Dawes County

Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Dawson County

Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Deuel County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Dixon County

AARP Medicare Advantage Patriot No Rx SI-MA2 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

Dodge County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
HumanaChoice H5216-014 (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

2027 Nebraska Medicare Advantage and Cost Plans

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)
 AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 HumanaChoice H5216-014 (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Dundy County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Fillmore County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Franklin County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)

Franklin County continued

Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Frontier County

Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Furnas County

Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Furnas County continued

Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Gage County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Gage County continued

MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Garden County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Garfield County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Gosper County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)

Gosper County continued

DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Grant County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Greeley County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

2027 Nebraska Medicare Advantage and Cost Plans

Hall County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Hamilton County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Hamilton County continued

DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Harlan County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Hayes County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Hitchcock County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Holt County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

Hooker County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Howard County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Howard County continued

MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Jefferson County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)

Johnson County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)

Johnson County continued

Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Kearney County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Keith County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Keya Paha County

Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Kimball County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Knox County

AARP Medicare Advantage Patriot No Rx SI-MA2 (PPO)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Knox County continued

Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Lancaster 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)
AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)

Lancaster County continued

HumanaChoice Giveback H5216-340 (PPO)
HumanaChoice H5216-014 (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Lincoln County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Logan County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Loup County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)

Loup County continued

Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

Madison County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

2027 Nebraska Medicare Advantage and Cost Plans

McPherson County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Merrick County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Morrill County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)

Morrill County continued

Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Standard (Cost)
Medica Prime Solution Thrift (Cost)

Nance County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Nemaha County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
MyAdvocate Medicare Advantage GOLD (HMO-POS)
MyAdvocate Medicare Advantage SILVER (HMO-POS)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Nuckolls County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Nuckolls County continued

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)

Otoe County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Pawnee County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)

Perkins County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Phelps County

Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)

Phelps County continued

Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Pierce County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Platte County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Polk County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Red Willow County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Richardson County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)

Richardson County continued

Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

Rock County

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

Saline County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)

Saline County continued

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

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)
 AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)

2027 Nebraska Medicare Advantage and Cost Plans

Sarpy County continued

Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 HumanaChoice H5216-014 (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Saunders County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 HumanaChoice H5216-014 (PPO)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Scotts Bluff County

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Seward County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Sheridan County

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

Sherman County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Sioux County

Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)

2027 Nebraska Medicare Advantage and Cost Plans

Stanton County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Thayer County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Classic (PPO)
Aetna Medicare Signature Classic Extra (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)

Thayer County continued

Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

Thomas County

Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)

Thurston County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Humana Gold Plus H0028-053 (HMO)
Humana USAA Honor Giveback (PPO)
HumanaChoice Giveback H5216-340 (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)

Valley County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
Medica Advantage Essential (PPO)
Medica Advantage Salute (PPO)
Medica Advantage Select (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Simple (HMO-POS)

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)
AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Classic Extra (PPO)
Aetna Medicare Enhanced Extra (PPO)
Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
DEVOTED CHOICE 001 NE (PPO)
DEVOTED CHOICE GIVEBACK 002 NE (PPO)
DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)

2027 Nebraska Medicare Advantage and Cost Plans

Washington County continued

Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 HumanaChoice H5216-014 (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Wayne County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Webster County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Wheeler County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Aetna Medicare Signature (HMO-POS)
 Aetna Medicare Signature (PPO)
 Aetna Medicare Signature Classic (PPO)
 Aetna Medicare Signature Classic Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)

Wheeler County continued

Medica Advantage Essential (PPO)
 Medica Advantage Salute (PPO)
 Medica Advantage Select (PPO)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

York County

AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
 Aetna Medicare Eagle (HMO-POS)
 Aetna Medicare Enhanced Classic Extra (PPO)
 Aetna Medicare Enhanced Extra (PPO)
 Blue Cross and Blue Shield of Nebraska MA Assure (HMO-POS)
 Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
 Blue Cross and Blue Shield of Nebraska MA Protect (PPO)
 DEVOTED CHOICE 001 NE (PPO)
 DEVOTED CHOICE GIVEBACK 002 NE (PPO)
 DEVOTED CHOICE GIVEBACK EXTRAS 011 NE (PPO)
 Humana Gold Plus H0028-053 (HMO)
 Humana USAA Honor Giveback (PPO)
 HumanaChoice Giveback H5216-340 (PPO)
 Medica Prime Solution Core (Cost)
 Medica Prime Solution Premier (Cost)
 Medica Prime Solution Standard (Cost)
 Medica Prime Solution Thrift (Cost)
 MyAdvocate Medicare Advantage GOLD (HMO-POS)
 MyAdvocate Medicare Advantage SILVER (HMO-POS)
 Wellcare Giveback (HMO-POS)
 Wellcare Simple (HMO-POS)

Understanding Medicare Advantage Plan Benefits

Plan Overview

Monthly Premium - The dollar amount you owe monthly in addition to the Part B premium to be a plan member.

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 & Cost

Copays - A set amount that you pay for 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

Medicare Advantage plans may include drug coverage. Deductibles, copays and coinsurance will apply to prescriptions and do not count towards the Health Deductible or out-of-pocket limit.

	Nebraska Sample MA Plan (HMO)
Phone Number	800-555-5555
Contract & Plan ID	H5555-055
Evidence of Coverage Link	Click for more details
Plan Overview	
Monthly Premium	\$0
Health Deductible	\$0
Maximum Out-of-Pocket	\$7,150 in
Benefits & Costs	
Primary Doctor Visit	\$0
Specialist Visit	\$0 - 70
Labs / Tests / X-rays	\$0 / \$45 / \$30
Emergency Room	\$130
Urgent Care	\$0 - 50
Inpatient Hospital Care	\$445 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,670</i>
Outpatient Hospital Care	\$0 - 445 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$218/day 21-100
Ground Ambulance	\$290
Physical Therapy	\$50
Prescription Coverage	
Drug Deductible	No Drug Coverage
Extra Benefits	
Dental Coverage	Yes - up to \$1,000
Vision Coverage	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC—\$65/qtr., & other benefits. See Plan materials

Plan Name and Type

HMO - This type of plan has a network of providers. 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 in-network and out-of-network providers. Enrollees who use in-network providers may pay less out-of-pocket. Enrollees who use out-of-network providers may pay more out-of-pocket.

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

SNP - This type of plan has a network of providers. Enrollees must meet specific requirements to enroll into a Special Needs Plan (SNP). Costs will vary.

Extra Benefits

Dental/Vision Coverage - The amount listed is the total the plan will pay for care in the calendar year. Some plans require the use of network providers, others offer reimbursement for any provider. Contact the 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. Check the plan's Evidence of Coverage or contact the plan for a full list of their specific additional benefits.

	<i>Aetna Medicare Enhanced Classic Extra (PPO)</i>	<i>Aetna Medicare Signature Classic Extra (PPO)</i>	<i>Aetna Medicare Signature Classic (PPO)</i>	<i>Aetna Medicare Enhanced Extra (PPO)</i>
Phone Number	844-509-6254	844-509-6254	844-509-6254	844-509-6254
Contract & Plan ID	H1608-118	H1608-012	H1608-038	H5521-755
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$62	\$0	\$0	\$72
Health Deductible	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$6,500 in / \$10,750 out	\$5,000 in / \$10,750 out	\$7,150 in / \$10,750 out	\$7,150 in / \$10,750 out
Benefits & Costs				
Primary Doctor Visit	\$0 in / \$35 out	\$0 in / 40% out	\$0 in / 50% out	\$0 in / \$35 out
Specialist Visit	\$35 in / \$65 out	\$35 in / 40% out	\$50 in / 50% out	\$35 in / \$65 out
Labs / Tests / X-rays	\$0 / \$0-20 / \$10	\$0 / \$0-20 / \$10	\$0 / \$0-25 / \$15	\$0 / \$0-20 / \$10
Emergency Room	\$130	\$130	\$130	\$130
Urgent Care	\$50	\$50	\$50	\$50
Inpatient Hospital Care	\$275 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,375</i>	\$300 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,500</i>	\$335 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,675</i>	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>
Outpatient Hospital Care	\$0 - 275 per visit	\$0 - 300 per visit	\$0 - 335 per visit	\$0 - 325 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100
Ground Ambulance	\$245	\$315	\$315	\$245
Physical Therapy	\$35	\$40	\$60	\$35
Prescription Coverage				
Drug Deductible	\$500	\$500	\$700	\$700
Extra Benefits				
Dental Coverage	Yes - up to \$2,000	Yes - up to \$750	Yes - Preventive only	Yes - up to \$2,000
Vision Coverage	Yes - up to \$100	Yes - up to \$100	Yes - up to \$100	Yes - up to \$250
Additional Benefits	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	<i>Aetna Medicare Signature (PPO)</i>	<i>Aetna Medicare Eagle (HMO-POS)</i>	<i>Aetna Medicare Signature (HMO-POS)</i>	<i>Blue Cross Blue Shield of Nebraska MA Assure (HMO-POS)</i>
Phone Number	844-509-6254	844-509-6254	844-509-6254	844-899-6060
Contract & Plan ID	H5521-754	H7149-007	H7149-001	H3170-004
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 (Part B giveback \$95)	\$0	\$0
Health Deductible	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$7,150 in / \$10,750 out	\$6,750 in	\$4,450 in	\$5,900 in
Benefits & Costs				
Primary Doctor Visit	\$0 in / 40% out	\$0	\$0	\$0
Specialist Visit	\$45 in / 40% out	\$40	\$40	\$45
Labs / Tests / X-rays	\$0 / \$0-30 / \$30	\$0 / \$0-20 / \$10	\$0 / \$0-20 / \$15	\$0 / \$0-525 / \$40
Emergency Room	\$130	\$130	\$150	\$130
Urgent Care	\$50	\$50	\$50	\$40
Inpatient Hospital Care	\$405 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,025</i>	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>	\$375 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,875</i>	\$525 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,625</i>
Outpatient Hospital Care	\$0 - 405 per visit	\$0 - 325 per visit	\$0 - 375 per visit	\$525 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-10, \$10/day 11-20, \$218/day 21-100
Ground Ambulance	\$315	\$320	\$320	\$325
Physical Therapy	\$45	\$40	\$40	\$45
Prescription Coverage				
Drug Deductible	\$500	No Drug Coverage	\$700	\$400
Extra Benefits				
Dental Coverage	Yes - up to \$1,000	Yes - up to \$1,500	Yes - up to \$1,000	Yes - up to \$500
Vision Coverage	Yes - up to \$100	Yes - up to \$200	Yes - up to \$200	Yes - up to \$150
Additional Benefits	Hearing, Fitness, & 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—\$20/qtr., & other benefits. See Plan materials

	Blue Cross Blue Shield of Nebraska MA Connect (PPO)	Blue Cross Blue Shield of Nebraska MA Protect (PPO)	Devoted Choice 001 NE (PPO)	Devoted Choice Giveback 002 NE (PPO)
Phone Number	844-899-6060	844-899-6060	844-978-2770	844-978-2770
Contract & Plan ID	H8181-002	H8181-004	H9802-001	H9802-002
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	\$48	\$0	\$0 (Part B giveback \$159.80)
Health Deductible	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$6,650 in / \$9,000 out	\$5,700 in / \$8,000 out	\$4,800 in / \$6,800 out	\$9,850 in / \$14,500 out
Benefits & Costs				
Primary Doctor Visit	\$0 in / \$15 out	\$0 in / \$15 out	\$0 in / \$5 out	\$0 in / \$5 out
Specialist Visit	\$50 in / 40% out	\$45 in / 40% out	\$5-40 in/out	55 in/out
Labs / Tests / X-rays	\$0 / \$0-550 / \$50	\$0 / \$0-500 / \$30	\$0-40 / \$0-95 / \$0-75	\$0-55 / \$0-95 / \$0-75
Emergency Room	\$130	\$130	\$130	\$115
Urgent Care	\$50	\$40	\$0-45	\$0-40
Inpatient Hospital Care	\$550 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,750</i>	\$500 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,500</i>	\$395 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,370</i>	\$475 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,375</i>
Outpatient Hospital Care	\$550 per visit	\$500 per visit	\$0 - 495 per visit	\$0 - 500 per visit
Skilled Nursing Facility Care	\$0/day 1-10, \$10/day 11-20, \$218/day 21-100	\$0/day 1-10, \$10/day 11-20, \$218/day 21-100	\$10/day 1-20, \$221/day 21-100	\$0/day 1-20, \$218/day 21-100
Ground Ambulance	\$400	\$350	\$0-350	\$0-325
Physical Therapy	\$50	\$35	\$20-50	\$55
Prescription Coverage				
Drug Deductible	\$400	\$400	\$650	\$461
Extra Benefits				
Dental Coverage	Yes - up to \$250	Yes - up to \$600	Yes - up to \$3,000	Yes - up to \$250
Vision Coverage	Yes - up to \$100	Yes - up to \$200	Yes - up to \$350	Yes - up to \$200
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—\$45/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$62/qtr., & other benefits. See Plan materials	Hearing, Fitness & other benefits. See Plan materials

	Devoted Choice Giveback Extras 011 NE (PPO)	Humana Gold Plus H0028-053 (HMO)	HumanaChoice Giveback H5216-340 (PPO)	HumanaChoice H5216-014 (PPO)
Phone Number	844-978-2770	888-873-0686	888-873-0686	888-873-0686
Contract & Plan ID	H9802-011	H0028-053-3	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 \$75)	\$0	\$0 (Part B giveback up to \$63)	\$51
Health Deductible	\$150	\$150	\$500	\$0
Maximum Out-of-Pocket	\$7,250 in / \$10,600 out	\$4,400 in	\$5,000 in / \$10,100 out	\$7,500 in / \$12,000 out
Benefits & Costs				
Primary Doctor Visit	\$0 in / \$5 out	\$0	\$0 in / 50% out	0 in/out
Specialist Visit	50 in/out	\$55	\$45 in / 50% out	40 in/out
Labs / Tests / X-rays	\$0-50 / \$0-95 / \$0-75	\$0 / \$0-100 / \$0-145	\$0 / \$0-100 / \$0-145	\$0 / \$0-100 / \$0-145
Emergency Room	\$115	\$150	\$130	\$115
Urgent Care	\$0-40	\$65	\$50	\$40
Inpatient Hospital Care	\$490 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,450</i>	\$500 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$3,000</i>	\$440 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,200</i>	\$360 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,160</i>
Outpatient Hospital Care	\$0 - 550 per visit	\$0 - 400 per visit	\$0 - 400 per visit	\$0 - 400 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-100	\$10/day 1-20, \$221/day 21-100	\$10/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100
Ground Ambulance	\$0-345	\$325	\$325	\$325
Physical Therapy	\$50	\$40	\$40	\$35
Prescription Coverage				
Drug Deductible	\$700	\$700	\$700	\$700
Extra Benefits				
Dental Coverage	Yes - up to \$3,250	Yes - \$0 copay for select services	Yes - up to \$4,000	Yes - up to \$2,500
Vision Coverage	Yes - up to \$400	Yes - up to \$100	Yes - up to \$100	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC-\$71/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$25/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/qtr., & other benefits. See Plan materials

	Humana USAA Honor Giveback (PPO)	Medica Prime Solution Core (Cost)	Medica Prime Solution Premier (Cost)	Medica Prime Solution Standard (Cost)
Phone Number	888-873-0686	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	H5216-278-1	H2450-046	H2450-043	H2450-044
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 \$150)	\$114	\$216	\$0
Health Deductible	\$0	\$0	\$0	\$200
Maximum Out-of-Pocket	\$4,700 in / \$10,100 out	\$5,900 in	\$4,450 in	\$7,150 in
Benefits & Costs				
Primary Doctor Visit	\$0 in / 50% out	\$10	\$0	\$15
Specialist Visit	\$55 in / 50% out	\$25	\$0	\$60
Labs / Tests / X-rays	\$0 / \$0-100 / \$0-145	\$0 / \$10-25 / \$10	\$0 / \$0 / \$0	\$0 / \$15-60 / \$60
Emergency Room	\$130	\$130	\$130	\$130
Urgent Care	\$50	\$25	\$0	\$50
Inpatient Hospital Care	\$375 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$2,625</i>	\$300 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,500</i>	\$200 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,000</i>	\$425 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,125</i>
Outpatient Hospital Care	\$0 - 400 per visit	\$0-300 per visit	\$0-200 per visit	\$0-500 per visit
Skilled Nursing Facility Care	\$10/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100
Ground Ambulance	\$325	\$200	\$100	\$350
Physical Therapy	\$30	\$25	\$0	\$60
Prescription Coverage				
Drug Deductible	No Drug Coverage	No Drug Coverage	No Drug Coverage	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - up to \$1,500	Yes - Preventive only	Yes - Preventive only	Yes - Preventive only
Vision Coverage	Yes - up to \$200	Yes - up to \$100	Yes - up to \$100	\$45 for Medicare covered vision
Additional Benefits	Hearing, Fitness, OTC-\$100/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$35/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$25/6-mo., & other benefits. See Plan materials

	Medica Prime Solution Thrift (Cost)	Medica Advantage Essential (PPO)	Medica Advantage Salute (PPO)	Medica Advantage Select (PPO)
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	H2450-030	H8889-025	H8889-009	H8889-026
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	\$53	\$94	\$0 (Part B giveback \$160)	\$169
Health Deductible	\$50	\$500	\$0	\$0
Maximum Out-of-Pocket	\$7,150 in	\$7,150 in / \$10,750 out	\$4,450 in / \$6,700 out	\$7,150 in / \$10,750 out
Benefits & Costs				
Primary Doctor Visit	20%	\$0 in / \$30 out	\$0 in / \$30 out	\$0 in / \$15 out
Specialist Visit	20%	\$75 in / \$90 out	\$50 in / \$65 out	\$60 in / \$75 out
Labs / Tests / X-rays	\$0 / 20% / 20%	\$0 / \$0-500 / \$75	\$0 / \$0-90 / \$25	\$0 / \$0-250 / \$25
Emergency Room	\$130	\$130	\$150	\$130
Urgent Care	\$25	\$50	\$40	\$45
Inpatient Hospital Care	\$350 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,750</i>	\$459 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,754</i>	\$405 per day for days 1-6 \$0 days 6-90 <i>Potential Total = \$2,430</i>	\$395 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,370</i>
Outpatient Hospital Care	0-20%	\$0 - 650 per visit	\$0 - 300 per visit	\$0 - 500 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-54, \$0/day 55-100	\$0/day 1-20, \$221/day 21-42, \$0/day 43-100	\$0/day 1-20, \$221/day 21-61, \$0/day 62-100
Ground Ambulance	20%	\$600	\$395	\$395
Physical Therapy	20%	\$75	\$50	\$60
Prescription Coverage				
Drug Deductible	No Drug Coverage	\$700	No Drug Coverage	\$455
Extra Benefits				
Dental Coverage	Not Covered	Yes - Preventive only	Yes - up to \$1,500	Yes - up to \$500
Vision Coverage	20% for Medicare covered vision	Medicare covered vision	Yes - up to \$200	Yes - up to \$150
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-\$100/6-mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	<i>MyAdvocate Medicare Advantage GOLD (HMO-POS)</i>	<i>MyAdvocate Medicare Advantage SILVER (HMO-POS)</i>	AARP Medicare Advantage from UHC NE-0002 (PPO)	AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)
Phone Number	888-960-5788	888-960-5788	800-555-5757	800-555-5757
Contract & Plan ID	H0816-001	H0816-002	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	\$82	\$0	\$61	\$0 (Part B giveback \$160)
Health Deductible	\$0	\$0	\$1,000	\$0
Maximum Out-of-Pocket	\$5,500 in / \$8,500 out	\$6,900 in / \$9,900 out	\$7,150 in / \$10,750 out	\$7,150 in / \$10,750 out
Benefits & Costs				
Primary Doctor Visit	\$0 in / 50% out	\$0 in / 50% out	0 in/out	0 in/out
Specialist Visit	\$35 in / 50% out	\$40 in / 50% out	\$0 - 70 in / \$100 out	\$0 - 70 in / \$90 out
Labs / Tests / X-rays	\$0 / \$25 / \$20	\$0 / \$35 / \$25	\$0 / \$5 / \$5	\$0 / \$50 / \$30
Emergency Room	\$120	\$130	\$130	\$130
Urgent Care	\$0 - 35	\$0 - 40	\$0 - 50	\$0 - 50
Inpatient Hospital Care	\$400 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,000</i>	\$400 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,000</i>	\$685 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$2,740</i>	\$685 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$2,740</i>
Outpatient Hospital Care	\$0 - 350 per visit	\$0 - 375 per visit	\$0 - 685 per visit	\$0 - 685 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100
Ground Ambulance	\$275	\$325	\$215	\$350
Physical Therapy	\$40	\$50	\$30	\$70
Prescription Coverage				
Drug Deductible	\$250	\$400	\$685	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - Preventive only	Yes - up to \$500	\$0 cost for limited services, Optional Rider @ \$54/mo. (\$1,500 max.)	Yes - up to \$2,500
Vision Coverage	Yes - up to \$300	Yes - up to \$300	Yes - Routine Eye Exam Only	Yes - up to \$250
Additional Benefits	Hearing, Fitness, OTC-\$95/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$60/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials

	AARP Medicare Advantage Patriot No Rx SI-MA2 (PPO)	AARP Medicare Advantage Essentials from UHC NE-3 (HMO- POS)	AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)	AARP Medicare Advantage Patriot No Rx NE-MA2 (HMO-POS)
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757
Contract & Plan ID	H2001-139	H2802-001	H2802-074	H2802-084
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 \$115)	\$0	\$0	\$0 (Part B giveback up to \$170)
Health Deductible	\$0	\$0	\$0	\$0
Maximum Out-of-Pocket	\$7,150 in / \$10,750 out	\$6,400 in	\$7,150 in	\$7,150 in
Benefits & Costs				
Primary Doctor Visit	\$0 in / \$25 out	\$0	\$0	\$0
Specialist Visit	\$0 - 50 in / \$60 out	\$0 - 70	\$0 - 70	\$0 - 70 in
Labs / Tests / X-rays	\$0 / \$10 / \$5	\$0 / \$10 / \$5	\$0 / \$5 / \$5	\$0 / \$50 / \$30
Emergency Room	\$130	\$130	\$130	\$130
Urgent Care	\$0 - 50	\$0 - 50	\$0 - 50	\$0 - 50
Inpatient Hospital Care	\$445 per day for days 1-6 \$0 days 7-90 <i>Potential Total = \$2,670</i>	\$550 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,750</i>	\$685 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$2,740</i>	\$685 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$2,740</i>
Outpatient Hospital Care	\$0 - 445 per visit	\$0 - 550 per visit	\$0 - 685 per visit	\$0 - 685 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100	\$0/day 1-20, \$221/day 21-100
Ground Ambulance	\$150	\$300	\$150	\$350
Physical Therapy	\$50	\$60	\$70	\$70
Prescription Coverage				
Drug Deductible	No Drug Coverage	\$685	\$685	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - up to \$1,000	\$0 cost for limited services, Optional Rider @ \$54/mo.. (\$1,500 max.)	Yes - up to \$2,000	Yes - up to \$3,000
Vision Coverage	Yes - up to \$250	Yes - up to \$150	Yes - up to \$200	Yes - up to \$250
Additional Benefits	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials

	Wellcare Giveback (HMO-POS)	Wellcare Simple (HMO-POS)
Phone Number	844-480-0680	844-480-0680
Contract & Plan ID	H1215-003	H1215-005
Evidence of Coverage Link	Click for more details	Click for more details
Plan Overview		
Monthly Premium	\$0 (Part B giveback \$20)	\$0
Health Deductible	\$375	\$250
Maximum Out-of-Pocket	\$8,850 in	\$7,100 in
Benefits & Costs		
Primary Doctor Visit	\$0	\$0
Specialist Visit	\$55	\$50
Labs / Tests / X-rays	\$0-50 / \$0-50 / \$50	\$0-50 / \$0-50 / \$25
Emergency Room	\$115	\$130
Urgent Care	\$35	\$50
Inpatient Hospital Care	\$1,450 per stay	\$500 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,500</i>
Outpatient Hospital Care	\$0 - 450 per visit	\$0 - 500 per visit
Skilled Nursing Facility Care	\$0/day 1-20, \$221/day 21-70, \$0/day 71-100	\$0/day 1-20, \$221/day 21-60, \$0/day 61-100
Ground Ambulance	\$315	\$350
Physical Therapy	\$35	\$35
Prescription Coverage		
Drug Deductible	\$700	\$700
Extra Benefits		
Dental Coverage	Yes - See Plan materials	Yes - See Plan materials
Vision Coverage	Not Covered	Not Covered
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Fitness, & other benefits. See Plan materials