

# 2025 Northeast 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.

## Antelope County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)  
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)  
AARP Medicare Advantage from UHC NE-0002 (PPO)  
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Enhanced Select (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Connect (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
Medica Advantage Preferred (PPO)  
Medica Advantage Select (PPO)  
Medica Advantage Solution H8889-009 (PPO)  
Medica Advantage Value (PPO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO-POS)  
Wellcare Patriot Giveback Open (PPO)  
Wellcare Simple Open (PPO)

## Boone 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)

## Boone County Continued

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Enhanced Select (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Connect (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
Medica Advantage Preferred (PPO)  
Medica Advantage Select (PPO)  
Medica Advantage Solution H8889-009 (PPO)  
Medica Advantage Value (PPO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO-POS)  
Wellcare Patriot Giveback Open (PPO)  
Wellcare Simple Open (PPO)

## Boyd County

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)  
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)  
AARP Medicare Advantage from UHC NE-0002 (PPO)  
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Enhanced Select (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)

## Boyd County Continued

Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO-POS)  
Wellcare Patriot Giveback Open (PPO)  
Wellcare Simple Open (PPO)

## Brown County

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Enhanced Select (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

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

**Burt County**

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

**Cedar County**

AARP Medicare Advantage from UHC SI-0001 (PPO)  
AARP Medicare Advantage Patriot No Rx SI-MA01 (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Connect (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
Medica Advantage Preferred (PPO)  
Medica Advantage Select (PPO)  
Medica Advantage Solution H8889-009 (PPO)  
Medica Advantage Value (PPO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO-POS)  
Wellcare Patriot Giveback Open (PPO)  
Wellcare Simple Open (PPO)

**Cherry County**

No plans available

**Colfax County**

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

**Cuming County**

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

**Dakota County**

AARP Medicare Advantage from UHC SI-0001 (PPO)  
 AARP Medicare Advantage Patriot No Rx SI-MA01 (PPO)  
 Aetna Medicare Eagle (HMO-POS)  
 Aetna Medicare Premier (HMO-POS)  
 Aetna Medicare Premier (PPO)  
 Aetna Medicare SmartFit (HMO-POS)  
 Aetna Medicare SmartFit (PPO)  
 Aetna Medicare Value Plus (HMO-POS)  
 Humana Full Access H5216-411 (PPO)  
 Humana Gold Plus H0028-053 (HMO)  
 Humana USAA Honor Giveback (PPO)  
 Humana USAA Honor Giveback (PPO)  
 Humana USAA Honor Giveback with Rx (PPO)

**Dixon County**

AARP Medicare Advantage from UHC SI-0001 (PPO)  
 AARP Medicare Advantage Patriot No Rx SI-MA01 (PPO)  
 Aetna Medicare Eagle (HMO-POS)  
 Aetna Medicare Premier (HMO-POS)  
 Aetna Medicare Premier (PPO)  
 Aetna Medicare SmartFit (HMO-POS)  
 Aetna Medicare SmartFit (PPO)  
 Aetna Medicare Value Plus (HMO-POS)  
 Humana Full Access H5216-411 (PPO)  
 Humana Gold Plus H0028-053 (HMO)  
 Humana USAA Honor Giveback (PPO)  
 Humana USAA Honor Giveback (PPO)  
 Humana USAA Honor Giveback with Rx (PPO)  
 Medica Advantage Preferred (PPO)  
 Medica Advantage Select (PPO)

**Dixon County**

Medica Advantage Solution H8889-009 (PPO)  
 Medica Advantage Value (PPO)  
 Wellcare Assist Open (PPO)  
 Wellcare Giveback (HMO-POS)  
 Wellcare Patriot Giveback Open (PPO)  
 Wellcare Simple Open (PPO)

**Holt County**

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)  
 AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)  
 AARP Medicare Advantage from UHC NE-0002 (PPO)  
 AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)  
 Aetna Medicare Eagle (HMO-POS)  
 Aetna Medicare Enhanced Select (PPO)  
 Aetna Medicare Premier (HMO-POS)  
 Aetna Medicare Premier (PPO)  
 Aetna Medicare SmartFit (HMO-POS)  
 Aetna Medicare SmartFit (PPO)  
 Aetna Medicare Value Plus (HMO-POS)  
 Blue Cross Blue Shield Nebraska MA Access (PPO)  
 Blue Cross Blue Shield Nebraska MA Connect (PPO)  
 Blue Cross Blue Shield Nebraska MA Core (HMO)  
 Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
 Medica Advantage Preferred (PPO)  
 Medica Advantage Select (PPO)  
 Medica Advantage Solution H8889-009 (PPO)  
 Medica Advantage Value (PPO)  
 Wellcare Assist Open (PPO)  
 Wellcare Giveback (HMO-POS)  
 Wellcare Patriot Giveback Open (PPO)  
 Wellcare Simple Open (PPO)

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

**Keya Paha County**

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 from UHC SI-0001 (PPO)  
 AARP Medicare Advantage Patriot No Rx SI-MA01 (PPO)  
 Aetna Medicare Eagle (HMO-POS)  
 Aetna Medicare Enhanced Select (PPO)  
 Aetna Medicare Premier (HMO-POS)  
 Aetna Medicare Premier (PPO)  
 Aetna Medicare SmartFit (HMO-POS)  
 Aetna Medicare SmartFit (PPO)  
 Aetna Medicare Value Plus (HMO-POS)  
 Blue Cross Blue Shield Nebraska MA Access (PPO)  
 Blue Cross Blue Shield Nebraska MA Connect (PPO)  
 Blue Cross Blue Shield Nebraska MA Core (HMO)  
 Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
 Medica Advantage Preferred (PPO)  
 Medica Advantage Select (PPO)  
 Medica Advantage Solution H8889-009 (PPO)  
 Medica Advantage Value (PPO)  
 Wellcare Assist Open (PPO)  
 Wellcare Giveback (HMO-POS)  
 Wellcare Patriot Giveback Open (PPO)  
 Wellcare Simple Open (PPO)

**Madison County**

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

**Nance County**

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

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

**Pierce County**

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)  
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)  
AARP Medicare Advantage from UHC NE-0002 (PPO)  
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Enhanced Select (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Connect (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
Medica Advantage Preferred (PPO)  
Medica Advantage Select (PPO)  
Medica Advantage Solution H8889-009 (PPO)  
Medica Advantage Value (PPO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO-POS)  
Wellcare Patriot Giveback Open (PPO)  
Wellcare Simple Open (PPO)

**Platte County**

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

**Rock County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Enhanced Select (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Stanton County**

AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)  
AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)  
AARP Medicare Advantage from UHC NE-0002 (PPO)  
AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare SmartFit (HMO-POS)  
Aetna Medicare SmartFit (PPO)  
Aetna Medicare Value Plus (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Connect (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Blue Cross Blue Shield of Nebraska MA Secure (PPO)  
Medica Advantage Preferred (PPO)  
Medica Advantage Select (PPO)  
Medica Advantage Solution H8889-009 (PPO)

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

**Stanton County**

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

**Thurston County**

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

**Wayne County**

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

# Understanding Medicare Advantage Plan Benefits

## Plan Overview

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

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

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

## Benefits and Copays / Coinsurance

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

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

## Prescription Coverage

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

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

## Plan Name and Type

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

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

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

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

## Extra Benefits

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

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

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

	AARP Medicare Advantage Essentials from UHC NE-3 (HMO-POS)	AARP Medicare Advantage Extras from UHC NE-5 (HMO-POS)	AARP Medicare Advantage from UHC NE-0002 (PPO)	AARP Medicare Advantage from UHC SI-0001 (PPO)
<b>Phone Number</b>	800-555-5757	800-555-5757	800-555-5757	800-555-5757
<b>Contract &amp; Plan ID</b>	H2802-001	H2802-074	H1278-020	H1278-007
<b>Evidence of Coverage Link</b>	<a href="#">Click for more details</a>	Click for more details	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$0	\$35	\$24
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$3,800 in	\$4,900 in	\$4,900 in / \$10,100 out	\$4,900 in / \$10,100 out
<b>Benefits and Costs</b>				
<b>Primary Doctor</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor</b>	\$0 - 35	\$0 - 45	\$0 - 45	\$0 - 40
<b>Labs / Tests / X-rays</b>	\$0 / \$50 / \$25	\$0 / \$35 / \$15	\$0 / \$50 / \$25	\$0 / \$35 / \$25
<b>Emergency Room</b>	\$140	\$125	\$125	\$125
<b>Urgent Care</b>	\$0 - 65	\$0 - 55	\$0 - 55	\$0 - 55
<b>Inpatient Hospital Care</b>	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$445 per day for days 1-6 \$0 days 6-90+ <i>Potential Total = \$2,670</i>	\$395 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,975</i>	\$465 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,325</i>
<b>Outpatient Hospital Care</b>	\$0 - 350 per visit	\$0 - 445 per visit	\$0 - 395 per visit	\$0 - 465 per visit
<b>Skilled Nursing Facility Care</b>	\$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
<b>Ground Ambulance</b>	\$275	\$275	\$275	\$290
<b>Physical Therapy</b>	\$0 - 30	\$0 - 50	\$0 - 40	\$0 - 25
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	\$0	\$0	\$0	\$0
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	\$0 cost for limited services, Optional Rider @ \$54/mo. (\$1,500 annu. max.)	Yes - up to \$3,000	\$0 cost for limited services, Optional Rider @ \$54/mo. (\$1,500 annu. max.)	\$0 cost for limited services, Optional Rider @ \$54/mo. (\$1,500 annu. max.)
<b>Vision Coverage</b>	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300
<b>Additional Benefits</b>	Hearing, Fitness, OTC—\$40/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$40/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$25/qtr., & other benefits. See Plan materials



	<b>AARP Medicare Advantage Patriot No Rx NE-MA01 (PPO)</b>	<b>AARP Medicare Advantage Patriot No Rx SI-MA01 (PPO)</b>	<b>Aetna Medicare Eagle (HMO-POS)</b>	<b>Aetna Medicare Enhanced Select (PPO)</b>
<b>Phone Number</b>	800-555-5757	800-555-5757	833-859-6031	833-859-6031
<b>Contract &amp; Plan ID</b>	H1278-018	H1278-019	H7149-007	H1608-082
<b>Evidence of Coverage Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0 (Part B giveback up to \$125)	\$0 (Part B giveback up to \$100)	\$0 (Part B giveback \$90)	\$142
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$6,700 in / \$10,100 out	\$6,700 in / \$10,100 out	\$6,750 in	\$4,500 in / \$8,500 out
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor</b>	\$0 - 50	\$0 - 50	\$40	\$0
<b>Labs / Tests / X-rays</b>	\$0 / \$45 / \$25	\$0 / \$20 / \$25	\$0 / \$20 / \$10	\$0 / \$0 / \$0
<b>Emergency Room</b>	\$125	\$125	\$125	\$125
<b>Urgent Care</b>	\$0 - 55	\$0 - 55	\$50	\$25
<b>Inpatient Hospital Care</b>	\$425 per day for days 1-7 \$0 days 7-90+ <i>Potential Total = \$2,975</i>	\$445 per day for days 1-6 \$0 days 6-90+ <i>Potential Total = \$2,670</i>	\$325 per day for days 1-6 \$0 days 6-90+ <i>Potential Total = \$1,950</i>	\$600 per stay
<b>Outpatient Hospital Care</b>	\$0 - 425 per visit	\$0 - 445 per visit	\$0 - 325 per visit	\$0 - 150 per visit
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$203/day 21-100	\$0/day 1-20, \$203/day 21-100	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$214/day 21-100
<b>Ground Ambulance</b>	\$290	\$290	\$320	\$275
<b>Physical Therapy</b>	\$0 - 45	\$0 - 50	\$40	\$0
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	No Drug Coverage	No Drug Coverage	No Drug Coverage	\$590
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$1,000	Yes - up to \$1,000	Yes - up to \$1,500	Yes - up to \$1,000
<b>Vision Coverage</b>	Yes - up to \$300	Yes - up to \$200	Yes - up to \$200	Yes - up to \$140
<b>Additional Benefits</b>	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$25/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$90/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$45/qtr., & other benefits. See Plan materials

	<b>Aetna Medicare Premier (HMO-POS)</b>	<b>Aetna Medicare Premier (PPO)</b>	<b>Aetna Medicare SmartFit (HMO-POS)</b>	<b>Aetna Medicare SmartFit (PPO)</b>
<b>Phone Number</b>	833-859-6031	833-859-6031	833-859-6031	833-859-6031
<b>Contract &amp; Plan ID</b>	H7149-001	H1608-012	H7149-009	H1608-038
<b>Evidence of Coverage Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$0	\$0	\$0
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,100 in	\$5,000 in / \$8,950 out	\$4,000 in	\$4,500 in / \$8,000 out
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor</b>	\$35	\$0 - 40	\$20	\$35
<b>Labs / Tests / X-rays</b>	\$0 / \$20 / \$10	\$0 / \$20 / \$10	\$0 / \$20 / \$10	\$0 / \$50 / \$10
<b>Emergency Room</b>	\$140	\$125	\$140	\$120
<b>Urgent Care</b>	\$50	\$50	\$50	\$0 - 40
<b>Inpatient Hospital Care</b>	\$375 per day for days 1-5 \$0 days 7-90+ <i>Potential Total = \$1,875</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>	\$370 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,850</i>
<b>Outpatient Hospital Care</b>	\$0 - 400 per visit	\$0 - 350 per visit	\$0 - 400 per visit	\$0 - 370 per visit
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$203/day 21-100
<b>Ground Ambulance</b>	\$335	\$315	\$335	\$290
<b>Physical Therapy</b>	\$35	\$40	\$20	\$0 - 20
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	\$590	\$590	\$590	\$590
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$1,200	Yes - up to \$1,000	Yes - up to \$1,200	Yes - up to \$1,300
<b>Vision Coverage</b>	Yes - up to \$295	Yes - up to \$215	Yes - up to \$310	Yes - up to \$300
<b>Additional Benefits</b>	Hearing, Fitness, OTC—\$45/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$30/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$30/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$90/qtr., & other benefits. See Plan materials

	<b>Aetna Medicare Value Plus (HMO-POS)</b>	<b>Blue Cross Blue Shield Nebraska MA Access (PPO)</b>	<b>Blue Cross Blue Shield Nebraska MA Connect (PPO)</b>	<b>Blue Cross Blue Shield Nebraska MA Core (HMO)</b>
<b>Phone Number</b>	833-859-6031	844-899-6060	844-899-6060	844-899-6060
<b>Contract &amp; Plan ID</b>	H7149-008	H8181-001	H8181-002	H3170-003
<b>Evidence of Coverage Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$49	\$25	\$0	\$0
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$3,900 in	\$3,900 in / \$6,200 out	\$4,900 in / \$8,000 out	\$3,900 in
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor</b>	\$25	\$35	\$35	\$35
<b>Labs / Tests / X-rays</b>	\$0 / \$20 / \$10	\$0 / \$30-350 / \$20	\$0 / \$30-350 / \$25	\$0 / \$30-350 / \$25
<b>Emergency Room</b>	\$140	\$125	\$125	\$125
<b>Urgent Care</b>	\$50	\$55	\$55	\$55
<b>Inpatient Hospital Care</b>	\$350 per day for days 1-5 \$0 days 7-90+ <i>Potential Total = \$1,750</i>	\$390 per day for days 1-4 \$0 days 6-90+ <i>Potential Total = \$1,560</i>	\$400 per day for days 1-4 \$0 days 6-90+ <i>Potential Total = \$1,600</i>	\$400 per day for days 1-4 \$0 days 6-90+ <i>Potential Total = \$1,600</i>
<b>Outpatient Hospital Care</b>	\$0 - 400 per visit	\$350 per visit	\$350 per visit	\$0 - 350 per visit
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$196/day 21-50, \$0/day 51-100	\$0/day 1-20, \$196/day 21-50, \$0/day 51-100	\$0/day 1-20, \$186/day 21-53, \$0/day 54-100
<b>Ground Ambulance</b>	\$335	\$350	\$350	\$350
<b>Physical Therapy</b>	\$25	\$35	\$35	\$35
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	\$590	\$0	\$0	\$0
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$2,000	Yes - up to \$2,050	Yes - up to \$1,500	Yes - up to \$1,950
<b>Vision Coverage</b>	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300	Yes - up to \$300
<b>Additional Benefits</b>	Hearing, Fitness, OTC—\$30/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—\$60/qtr., & other benefits. See Plan materials

	<b>Blue Cross Blue Shield of Nebraska MA Secure (PPO)</b>	<b>Humana Full Access H5216-411 (PPO)</b>	<b>Humana Gold Plus H0028-053 (HMO)</b>	<b>Humana USAA Honor Giveback (PPO)</b>
<b>Phone Number</b>	800-555-5757	800-833-2364	800-833-2364	800-833-2364
<b>Contract &amp; Plan ID</b>	H8181-003	H5216-411	H0028-053	H5216-329
<b>Evidence of Coverage Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$91	\$0 (Part B giveback \$3)	\$0 (Part B giveback \$5)	\$0 (Part B giveback \$110)
<b>Medical Deductible</b>	\$0	\$500	\$250	\$100
<b>Out-of-pocket Limit</b>	\$2,500 in / \$4,500 out	\$4,400 in / \$10,100 out	\$4,500 in	\$6,700 in / \$10,100 out
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor</b>	\$20	\$40	\$50	\$40
<b>Labs / Tests / X-rays</b>	\$0 / \$30-175 / \$20	\$0 / \$0-95 / \$0-150	\$0 / \$0-95 / \$0-150	\$0-35 / \$0-55 / \$0-105
<b>Emergency Room</b>	\$115	\$125	\$125	\$125
<b>Urgent Care</b>	\$50	\$55	\$55	\$55
<b>Inpatient Hospital Care</b>	\$250 per day for days 1-4 \$0 days 7-90+ <i>Potential Total = \$1,000</i>	\$395 per day for days 1-7 \$0 days 6-90+ <i>Potential Total = \$2,765</i>	\$395 per day for days 1-6 \$0 days 6-90+ <i>Potential Total = \$2,370</i>	\$425 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,125</i>
<b>Outpatient Hospital Care</b>	\$175 per visit	\$0 - 325 per visit	\$0 - 350 per visit	\$0 - 325 per visit
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$196/day 21-50, \$0/day 51-100	\$10/day 1-20, \$203/day 21-100	\$10/day 1-20, \$203/day 21-100	\$10/day 1-20, \$203/day 21-100
<b>Ground Ambulance</b>	\$350	\$315	\$315	\$265
<b>Physical Therapy</b>	\$20	\$40	\$30	\$35
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	\$0	\$250	\$590	No Drug Coverage
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$2,050	Yes - up to \$3,000	Yes - \$0 copay for select services	Yes - up to \$1,000
<b>Vision Coverage</b>	Yes - up to \$300	Yes - up to \$150	Yes - up to \$100	Yes - up to \$150
<b>Additional Benefits</b>	Hearing, Fitness, OTC-\$115/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-\$15/mo., & other benefits. See Plan materials

	<b>Humana USAA Honor Giveback (PPO)</b>	<b>Humana USAA Honor Giveback with Rx (PPO)</b>	<b>Medica Advantage Preferred (PPO)</b>	<b>Medica Advantage Select (PPO)</b>
<b>Phone Number</b>	800-833-2364	800-833-2364	800-906-5432	800-906-5432
<b>Contract &amp; Plan ID</b>	H5216-278	H5216-340	H8889-011	H8889-015
<b>Evidence of Coverage Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0 (Part B giveback \$70)	\$0 (Part B giveback \$60)	\$137	\$37
<b>Medical Deductible</b>	\$0	\$500	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,900 in / \$10,100 out	\$5,500 in / \$10,100 out	\$2,500 in / \$2,500 out	\$3,500 in / \$3,500 out
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$15	\$0	\$0	\$0
<b>Specialist Doctor</b>	\$65	\$45	\$10	\$35
<b>Labs / Tests / X-rays</b>	\$0-40 / \$0-65 / \$15-150	\$0-50 / \$0-100 / \$0-150	\$0 / \$0-50 / \$0	\$0 / \$0-95 / \$20
<b>Emergency Room</b>	\$125	\$125	\$120	\$125
<b>Urgent Care</b>	\$55	\$55	\$0 - 10	\$0 - 35
<b>Inpatient Hospital Care</b>	\$360 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$2,160</i>	\$440 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,200</i>	\$100 per stay	\$295 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,475</i>
<b>Outpatient Hospital Care</b>	\$0 - 350 per visit	\$0 - 400 per visit	\$0 - 150 per visit	\$0 - 345 per visit
<b>Skilled Nursing Facility Care</b>	\$10/day 1-20, \$203/day 21-100	\$10/day 1-20, \$203/day 21-100	\$0/day 1-20, \$150/day 21-40, \$0/day 41-100	\$0/day 1-20, \$214/day 21-37, \$0/day 38-100
<b>Ground Ambulance</b>	\$315	\$315	\$100	\$275
<b>Physical Therapy</b>	\$40	\$40	\$10	\$50
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	No Drug Coverage	\$400	\$0	\$0
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$4,000	Yes - up to \$4,000	Yes - up to \$1,500	Yes - up to \$700
<b>Vision Coverage</b>	Yes - up to \$200	Yes - up to \$250	Yes - up to \$300	Yes - up to \$200
<b>Additional Benefits</b>	Hearing, Fitness, OTC-\$125/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$75/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$75/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$75/6-mo., & other benefits. See Plan materials

	<b>Medica Advantage Solution H8889-009 (PPO)</b>	<b>Medica Advantage Value (PPO)</b>	<b>Medica Prime Solution Core (Cost)</b>	<b>Medica Prime Solution Premier (Cost)</b>
<b>Phone Number</b>	800-906-5432	800-906-5432	800-906-5432	800-906-5432
<b>Contract &amp; Plan ID</b>	H8889-009	H8889-010	H2450-046	H2450-043
<b>Summary of Benefits Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$0	\$99	\$152
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,900 in / \$4,900 out	\$3,900 in / \$ 3,900out	\$4,000 in	\$3,000 in
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$0	\$0	\$10	\$0
<b>Specialist Doctor</b>	\$35	\$50	\$25	\$0
<b>Labs / Tests / X-rays</b>	\$0 / \$0-85 / \$20	\$0 / \$0-125 / \$20	\$0 / \$10-25 / \$10	\$0 / \$0 / \$0
<b>Emergency Room</b>	\$125	\$125	\$125	\$100
<b>Urgent Care</b>	\$0 - 45	\$25- 55	\$10 - 25	\$0
<b>Inpatient Hospital Care</b>	\$350 per day for days 1-6 \$0 days 6-90+ <i>Potential Total = \$2,100</i>	\$425 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,125</i>	\$400 per stay	\$200 per stay
<b>Outpatient Hospital Care</b>	\$0 - 395 per visit	\$0 - 450 per visit	\$150 per visit	\$100 per visit
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$214/day 21-43, \$0/day 44-100	\$10/day 1-20, \$214/day 21-38, \$0/day 39-100	\$0/day 1-20, \$50/day 21-100	\$0/day 1-20, \$100/day 21-100
<b>Ground Ambulance</b>	\$325	\$295	\$50	\$0
<b>Physical Therapy</b>	\$35	\$50	\$25	\$0
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	No Drug Coverage	\$0	No Drug Coverage	No Drug Coverage
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$1,000	Yes - up to \$600	Yes - up to \$300	Yes - up to \$400
<b>Vision Coverage</b>	Yes - up to \$200	Yes - up to \$150	Yes - up to \$100	Yes - up to \$200
<b>Additional Benefits</b>	Hearing, Fitness, OTC-\$75/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$75/6-mo., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan mate- rials	Hearing, Fitness, OTC-\$50/6-mo., & other benefits. See Plan materi- als

	<b>Medica Prime Solution Standard (Cost)</b>	<b>Medica Prime Solution Thrift (Cost)</b>	<b>Wellcare Assist Open (PPO)</b>	<b>Wellcare Giveback (HMO-POS)</b>
<b>Phone Number</b>	800-906-5432	800-906-5432	800-225-8017	800-225-8017
<b>Contract &amp; Plan ID</b>	H2450-044	H2450-030	H1395-003	H1215-003
<b>Summary of Benefits Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$47	\$30.60	\$0 (Part B giveback \$83.60)
<b>Medical Deductible</b>	\$0	\$50	\$0	\$240
<b>Out-of-pocket Limit</b>	\$5,000 in	\$6,700 in	\$3,900 in / \$6,200 out	\$8,850 in
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$15	20%	\$0	\$0
<b>Specialist Doctor</b>	\$60	20%	\$20	\$50
<b>Labs / Tests / X-rays</b>	\$0 / \$15-60 / \$15-60	\$0 / 20% / 20%	\$0-50 / \$0-40 / \$25	\$0-50 / \$0-50 / \$40
<b>Emergency Room</b>	\$125	\$50	\$140	\$110
<b>Urgent Care</b>	\$25-55	\$25	\$40	\$35
<b>Inpatient Hospital Care</b>	\$325 per day for days 1-4 \$0 days 6-90+ <i>Potential Total = \$1,300</i>	\$300 per day for days 1-4 \$0 days 6-90+ <i>Potential Total = \$1,200</i>	\$325 per day for days 1-7 \$0 days 7-90+ <i>Potential Total = \$2,275</i>	\$1,450 per stay
<b>Outpatient Hospital Care</b>	\$500 per visit	20%	\$0 - 300 per visit	\$0 - 350 per visit
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$214/day 21-100	\$0/day 1-20, \$214/day 21-50, \$0/day 51-100	\$0/day 1-20, \$214/day 21-70, \$0/day 71-100
<b>Ground Ambulance</b>	\$350	20%	\$300	\$315
<b>Physical Therapy</b>	\$60	20%	\$20	\$35
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	No Drug Coverage	No Drug Coverage	\$580	\$420
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$400	20% for Medicare covered dental	Yes - up to \$3,000	Yes - See Plan materials
<b>Vision Coverage</b>	Yes - up to \$150	20% for Medicare covered vision	Yes - up to \$250	Yes - up to \$100
<b>Additional Benefits</b>	Hearing, Fitness, OTC-\$25/6-mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-\$90/qtr., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials

	<b>Wellcare Patriot Giveback Open (PPO)</b>	<b>Wellcare Simple Open (PPO)</b>		
<b>Phone Number</b>	800-225-8017	800-225-8017		
<b>Contract &amp; Plan ID</b>	H1395-004	H1395-002		
<b>Summary of Benefits Link</b>	<a href="#">Click for more details</a>	<a href="#">Click for more details</a>		
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0 (Part B giveback \$125)	\$0		
<b>Medical Deductible</b>	\$225	\$0		
<b>Out-of-pocket Limit</b>	\$5,700 in / \$8,950 out	\$4,150 in / \$6,200 out		
<b>Benefits and Copay / Coinsurance</b>				
<b>Primary Doctor</b>	\$0	\$0		
<b>Specialist Doctor</b>	\$35	\$0 - 40		
<b>Labs / Tests / X-rays</b>	\$0-50 / \$0-100 / \$25	\$0/ \$50/ \$15		
<b>Emergency Room</b>	\$125	\$120		
<b>Urgent Care</b>	\$40	\$0 - 40		
<b>Inpatient Hospital Care</b>	\$400 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$2,000</i>	\$370 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,850</i>		
<b>Outpatient Hospital Care</b>	\$0 - 350 per visit	\$0 - 370 per visit		
<b>Skilled Nursing Facility Care</b>	\$0/day 1-20, \$214/day 21-50, \$0/day 51-100	\$0/day 1-20, \$203/day 21-100		
<b>Ground Ambulance</b>	\$325	\$290		
<b>Physical Therapy</b>	\$35	\$0 - 20		
<b>Prescription Coverage</b>				
<b>Drug Coverage Deductible</b>	No Drug Coverage	\$420		
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$1,500	Yes - up to \$1,500		
<b>Vision Coverage</b>	Yes - up to \$200	Yes - up to \$200		
<b>Additional Benefits</b>	Hearing, Fitness, OTC-\$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-\$47/qtr., & other benefits. See Plan materials		