2026 Western 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.

Banner County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Humana Full Access H5216-411 (PPO)
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 Assist Open (PPO)
Wellcare Giveback (HMO-POS)
Wellcare Patriot Giveback Open (PPO)
Wellcare Simple (HMO-POS)
Wellcare Simple Open (PPO)

Box Butte County

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

Cheyenne County

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

Cheyenne County continued

Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Humana Full Access H5216-411 (PPO)
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)

Dawes County

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

Deuel County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Garden County

Blue Cross and Blue Shield of Nebraska MA Access (PPO)
Blue Cross and Blue Shield of Nebraska MA Connect (PPO)
Blue Cross and Blue Shield of Nebraska MA Core (HMO)
Blue Cross and Blue Shield of Nebraska MA Secure (PPO)

Kimball County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Humana Full Access H5216-411 (PPO)
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)

Morrill County

Aetna Medicare Eagle (HMO-POS)
Aetna Medicare Enhanced Extra (PPO)
Aetna Medicare Signature (HMO-POS)
Aetna Medicare Signature (PPO)
Aetna Medicare Signature Extra (PPO)
Humana Full Access H5216-411 (PPO)
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)

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

Scotts Bluff County

Humana Full Access H5216-411 (PPO)

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 Assist Open (PPO)

Wellcare Giveback (HMO-POS)

Wellcare Patriot Giveback Open (PPO)

Wellcare Simple (HMO-POS)

Wellcare Simple Open (PPO)

Sheridan County

Medica Prime Solution Core (Cost)

Medica Prime Solution Premier (Cost)

Medica Prime Solution Standard (Cost)

Medica Prime Solution Thrift (Cost)

Sioux County

Humana Full Access H5216-411 (PPO)

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)

Understanding Medicare Advantage Plan Benefits

Plan Overview

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

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

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

Benefits and Copays / Coinsurance

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

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

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

Prescription Coverage

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

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

Plan Name and Type

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

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

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

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

Extra Benefits

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

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

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

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

	Aetna Medicare Signature Extra (PPO)	*Blue Cross Blue Shield of Nebraska MA Core (HMO) (Central NE)*	*Blue Cross Blue Shield of Nebraska MA Access (PPO)*	*Blue Cross Blue Shield of Nebraska MA Connect (PPO)*
Phone Number	833-859-6031	844-899-6060	844-899-6060	844-899-6060
Contract & Plan ID	*H1608-038*	*H3170-003-2*	*H8181-001*	*H8181-002*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$0	$0	$30	$0
Medical Deductible	$0	$0	$0	$0
Out-of-pocket Limit	$6,750 in / $10,000 out	$4,100 in	$3,900 in / $6,200 out	$4,900 in / $8,000 out
Benefits and Copay / Coinsurance				
Primary Doctor	$10 in / 50% out	$0	$0 in / $15 out	$0 in / $15 out
Specialist Doctor	$0 - 60 in / 50% out	$35	$35 in / 50% out	$35 in / 50% out
Labs / Tests / X-rays	$0-10 / $0-20 / $15	$0 / $0-350 / $25	$0 / $0-350 / $20	$0 / $0-350 / $25
Emergency Room	$130	$135	$125	$125
Urgent Care	$50	$55	$55	$50
Inpatient Hospital Care	$415 per day for days 1-6 $0 days 7-90 *Potential Total = $2,490*	$400 per day for days 1-4 $0 days 5-90 *Potential Total = $1,600*	$390 per day for days 1-4 $0 days 5-90 *Potential Total = $1,560*	$400 per day for days 1-4 $0 days 5-90 *Potential Total = $1,600*
Outpatient Hospital Care	$0 - 415 per visit	$350 per visit	$350 per visit	$350 per visit
Skilled Nursing Facility Care	$0/day 1-20, $218/day 21-100	$0/day 1-20, $214/day 21-60, $0/day 61-100	$0/day 1-20, $214/day 21-60, $0/day 61-100	$0/day 1-20, $214/day 21-70, $0/day 71-100
Ground Ambulance	$315	$350	$350	$350
Physical Therapy	$60	$35	$35	$35
Prescription Coverage				
Drug Coverage Deductible	$615	$400	$400	$400
Extra Benefits				
Dental Coverage	Yes - Preventive only	Yes - up to $1,200	Yes - up to $1,500	Yes - up to $1,200
Vision Coverage	Yes - up to $100	Yes - up to $300	Yes - up to $300	Yes - up to $300
Additional Benefits	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC—$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$70/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC—$50/qtr., & other benefits. See Plan materials

	Blue Cross Blue Shield of Nebraska MA Secure (PPO)	*Humana Full Access H5216-411 (PPO)*	*Humana USAA Honor Giveback (PPO)*	*HumanaChoice Giveback H5216-340 (PPO)*
Phone Number	844-899-6060	888-873-0686	888-873-0686	888-873-0686
Contract & Plan ID	*H8181-003*	*H5216-411*	*H5216-278-1*	*H5216-340*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$91	$0 (Part B giveback up to $1)	$0 (Part B giveback up to $135)	$0 (Part B giveback up to $64)
Medical Deductible	$0	$325	$0	$500
Out-of-pocket Limit	$2,500 in / $4,500 out	$4,250 in / $10,100 out	$4,700 in / $10,100 out	$5,000 in / $10,100 out
Benefits and Copay / Coinsurance				
Primary Doctor	$0 in / $15 out	$0	$0 in / 50% out	$0 in / 50% out
Specialist Doctor	$20 in / $40 out	$40	$55 in / 50% out	$45 in / 50% out
Labs / Tests / X-rays	$0 / $0-175 / $20	$0-10 / $0-95 / $0-150	$0 / $0-65 / $0-150	$0-50 / $0-100 / $0-150
Emergency Room	$115	$130	$130	$130
Urgent Care	$50	$50	$50	$50
Inpatient Hospital Care	$250 per day for days 1-4 $0 days 5-90 *Potential Total = $1,000*	$395 per day for days 1-7 $0 days 8-90 *Potential Total = $2,765*	$375 per day for days 1-7 $0 days 8-90 *Potential Total = $2,625*	$440 per day for days 1-5 $0 days 6-90 *Potential Total = $2,200*
Outpatient Hospital Care	$175 per visit	$0 - 300 per visit	$0 - 350 per visit	$0 - 300 per visit
Skilled Nursing Facility Care	$0/day 1-20, $204/day 21-60, $0/day 61-100	$10/day 1-20, $218/day 21-100	$10/day 1-20, $218/day 21-100	$10/day 1-20, $218/day 21-100
Ground Ambulance	$350	$335	$335	$335
Physical Therapy	$20	$40	$30	$40
Prescription Coverage				
Drug Coverage Deductible	$400	$400	No Drug Coverage	$600
Extra Benefits				
Dental Coverage	Yes - up to $1,700	Yes - up to $2,500	Yes - up to $1,500	Yes - up to $4,000
Vision Coverage	Yes - up to $300	Yes - up to $100	Yes - up to $200	Yes - up to $100
Additional Benefits	Hearing, Fitness, OTC-$115/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$50/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$100/qtr., & other benefits. See Plan materials	Hearing, Fitness, OTC-$100/qtr., & other benefits. See Plan materials

	Medica Prime Solution Core (Cost)	*Medica Prime Solution Premier (Cost)*	*Medica Prime Solution Standard (Cost)*	*Medica Prime Solution Thrift (Cost)*
Phone Number	800-906-5432	800-906-5432	800-906-5432	800-906-5432
Contract & Plan ID	*H2450-046*	*H2450-043*	*H2450-044*	*H2450-030*
Evidence of Coverage Link	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview				
Monthly Premium	$99	$189	$0	$49
Medical Deductible	$0	$0	$0	$50
Out-of-pocket Limit	$4,900 in	$4,200 in	$5,900 in	$6,750 in
Benefits and Copay / Coinsurance				
Primary Doctor	$10	$0	$15	20%
Specialist Doctor	$25	$0	$60	20%
Labs / Tests / X-rays	$0 / $10-25 / $10	$0 / $0 / $0	$0 / $15-60 / $60	$0 / 20% / 20%
Emergency Room	$125	$100	$125	$125
Urgent Care	$25	$0	$50	$25
Inpatient Hospital Care	$400 per stay	$300 per stay	$400 per day for days 1-5 $0 days 6-90 *Potential Total = $2,000*	$300 per day for days 1-5 $0 days 6-90 *Potential Total = $1,500*
Outpatient Hospital Care	$0-150 per visit	$0-150 per visit	$0-500 per visit	0-20%
Skilled Nursing Facility Care	$0/day 1-20, $150/day 21-100	$0/day 1-20, $125/day 21-100	$0/day 1-20, $218/day 21-100	$0/day 1-20, $218/day 21-100
Ground Ambulance	$50	$50	$350	20%
Physical Therapy	$25	$0	$60	20%
Prescription Coverage				
Drug Coverage Deductible	No Drug Coverage	No Drug Coverage	No Drug Coverage	No Drug Coverage
Extra Benefits				
Dental Coverage	Yes - up to $400	Yes - up to $400	Yes - up to $400	20% for Medicare covered dental
Vision Coverage	Yes - up to $150	Yes - up to $200	Yes - up to $100	20% for Medicare covered vision
Additional Benefits	Hearing, Fitness, OTC-$50/6-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	Hearing, Fitness, & other benefits. See Plan materials

	Wellcare Assist Open (PPO)	***Wellcare Giveback (HMO-POS)***	***Wellcare Patriot Giveback Open (PPO)***	***Wellcare Simple Open (PPO)***	***Wellcare Simple (HMO-POS)***
Phone Number	844-480-0680	844-480-0680	844-480-0680	844-480-0680	844-480-0680
Contract & Plan ID	*H1395-003*	*H1215-003*	*H1395-004*	*H1395-002*	*H1215-005*
Summary of Benefits Link	Click for more details	Click for more details	Click for more details	Click for more details	Click for more details
Plan Overview					
Monthly Premium	$32.80	$0 (Part B giveback $82)	$0 (Part B giveback $135)	$0	$0
Medical Deductible	$0	$175	$225	$0	$0
Out-of-pocket Limit	$4,800 in / $7,100 out	$8,850 in	$6,600 in / $9,500 out	$6,600 in / $9,000 out	$5,000 in
Benefits and Copay / Coinsurance					
Primary Doctor	$0 in / $25 out	$0	$0 in / $40 out	$0 in / $40 out	$0
Specialist Doctor	$20 in / $50 out	$50	$35 in / $70 out	$40 in / $70 out	$35
Labs / Tests / X-rays	$0-50 / $0-40 / $25	$0-50 / $0-50 / $50	$0-50 / $0-100 / $25	$0-50 / $0-40 / $50	$0-50 / $0-50 / $50
Emergency Room	$130	$115	$130	$130	$130
Urgent Care	$40	$35	$40	$50	$50
Inpatient Hospital Care	$325 per day for days 1-7 $0 days 8-90 *Potential Total = $2,275*	$1,450 per stay	$425 per day for days 1-6 $0 days 7-90 *Potential Total = $2,550*	$400 per day for days 1-7 $0 days 8-90 *Potential Total = $2,800*	$375 per day for days 1-7 $0 days 8-90 *Potential Total = $2,625*
Outpatient Hospital Care	$0 - 300 per visit	$0 - 350 per visit	$0 - 350 per visit	$0 - 500 per visit	$0 - 400 per visit
Skilled Nursing Facility Care	$0/day 1-20, $218/day 21-50, $0/day 51-100	$0/day 1-20, $218/day 21-70, $0/day 71-100	$0/day 1-20, $218/day 21-60, $0/day 61-100	$0/day 1-20, $218/day 21-60, $0/day 61-100	$0/day 1-20, $218/day 21-50, $0/day 51-100
Ground Ambulance	$300	$315	$325	$350	$350
Physical Therapy	$20	$35	$35	$40	$35
Prescription Coverage					
Drug Coverage Deductible	$570	$615	No Drug Coverage	$615	$615
Extra Benefits					
Dental Coverage	Yes - up to $3,000	Yes - See Plan materials	Yes - up to $2,000	Yes - up to $1,000	Yes - up to $1,000
Vision Coverage	Yes - up to $300	Yes - up to $100	Yes - up to $200	Yes - up to $100	Yes - up to $200
Additional Benefits	Hearing, Fitness, OTC-$62/ mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-$20/ mo., & other benefits. See Plan materials	Hearing, Fitness, & other benefits. See Plan materials	Hearing, Fitness, OTC-$10/ mo., & other benefits. See Plan materials