Medicare Advantage Fact Sheet

What is a Medicare Advantage Plan?
Medicare Advantage is an alternative to Original Medicare and supplement coverage. Medicare Advantage Plans are also referred to as Medicare Health Plans or Part C. Medicare Part C/Medicare Advantage Plans are offered by private insurance companies.

What do Medicare Advantage Plans cover?
With a Medicare Advantage plan, you receive all of your needed coverage in one plan. Medicare Advantage Plans cover the same services Part A (inpatient) and Part B (outpatient) cover. Most plans also include drug coverage (Part D). Some plans offer extra benefits, like dental and vision.

How much do Medicare Advantage Plans cost?

**Monthly Premiums:** All Medicare Advantage Plan enrollees must continue to pay the Medicare Part B premium, $144.60. Medicare Advantage Plans may also charge an additional premium which will vary based on the plan. **Additional Premiums range from $0 - $145.**

**Deductibles/Copays:** Medicare Advantage Plans can have a deductible up to $1,000 per year, depending on the plan. With a Medicare Advantage plan you will owe a copay for each service each time you receive it. For Example: **Doctor’s Visit** - $10*, **Specialist** - $40*, **Outpatient Surgery** - $300*, **Inpatient Hospital Stay** - up to $1,750 per stay*. Other copays will apply.

**Out-of-Pocket Maximum:** All Medicare Advantage plans have an out-of-pocket limit. This is the maximum a person can spend on medical expenses for the year. Once the out-of-pocket amount is reached, the plan covers 100% of cost. Each plan determines their specific out-of-pocket limit. Prescription drug costs never count towards this dollar amount.

<table>
<thead>
<tr>
<th>Premium Cost:</th>
<th>Out-of-Pocket Costs*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A - $0</td>
<td>Inpatient Care - Up to $1,750* per hospital stay</td>
</tr>
<tr>
<td>Medicare Part B - $144.60</td>
<td>Outpatient Care - $10* Doctor, $40* Specialist, $300* Outpatient Surgery</td>
</tr>
<tr>
<td>Medicare Advantage - $29*</td>
<td>Out-of-Pocket - $6,700* out-of-pocket maximum limit</td>
</tr>
<tr>
<td><strong>Monthly Premiums</strong></td>
<td><strong>Drug Coverage</strong> - $0-$435 deductible plus copays for medications</td>
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</table>

*These prices are an average. Price will depend on the plan and company selected.
Medicare Advantage Fact Sheet

Who is eligible for a Medicare Advantage Plan?

Medicare Advantage Plans accept all Medicare beneficiaries, including those on Medicare due to disability. The exception to this rule are those with End-Stage Renal Disease (kidney failure). You must first have Medicare Part A and Part B in order to join a Medicare Advantage Plan. Your options will vary depending on where you live. Many counties in Nebraska do NOT have these plans as an option.

When can I get a Medicare Advantage Plan?

You can join a Medicare Advantage Plan when you first begin Medicare, whether by age or disability. If you work past age 65 and delay Medicare, you can choose a Medicare Advantage Plan when you retire.

Medicare Advantage plans are a one year commitment. Each year the plan can change costs and coverage. Since the plan can change its benefits you also get the chance to make changes. Every year, between October 15 and December 7, you get the opportunity to review Medicare Advantage Plan options. If you enroll in a new plan during this period, it will take effect January 1 of the following year.

How do I sign up for a Medicare Advantage Plan?

Contact the Nebraska SHIP for a comparison of Medicare Advantage Plan options in your area. Once you have selected a plan, SHIP can assist you in enrolling.

Is there anything else to consider when choosing a Medicare Advantage Plan?

Provider Choice: Medicare Advantage plans are sold by private insurance companies. This means that you must see doctors and other healthcare providers that accept that particular insurance plan. Prior to enrolling, be sure to check with the Advantage Plan to ensure that your providers are in the plan’s network.

Supplements: Medicare Supplements are an alternative option to a Medicare Advantage Plan. You should never have both a Medicare Supplement and a Medicare Advantage Plan. The two options will not work together. Choose the option that best meets your needs.

Nebraska SHIP
1033 O Street, Suite 307 - Lincoln, NE 68508
1-800-234-7119 - www.doi.nebraska.gov/SHIP

This publication has been produced by the Nebraska Department of Insurance SHIP with financial assistance through a grant from the Administration for Community Living. SHIP does not endorse any specific agent, company, product or plan of insurance.
Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.
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No plans available is Kimball County

Kimball County

United Healthcare Medicare Direct (PFFS) H5455-024

United Healthcare Medicare Direct Essentials (PFFS) H5455-001

Kearney County

Medica Prime Solution Thrift (Cost) H2450-030

Medica Prime Solution Premier (Cost) H2450-046

Kearney Community Senior Plan (Cost) H5551-018

Grand Island Community Senior Plan (Cost) H5551-019

Aetna Medicare Premier Advantra (HMO) H7149-001

Aetna Medicare Premier Advantra (PPO) H1608-012

Aetna Medicare Premier Advantra (PPO) H1608-038

Howard County

Medica Prime Solution Thrift (Cost) H2450-030

Medica Prime Solution Premier (Cost) H2450-046

Medicare Community Senior Plan (Cost) H5551-018

Aetna Medicare Premier Advantra (HMO) H7149-001

Aetna Medicare Premier Advantra (PPO) H1608-012

Aetna Medicare Premier Advantra (PPO) H1608-038

Johnson County Continued

United Healthcare Medicare Direct (PFFS) H5455-024

United Healthcare Medicare Direct Essentials (PFFS) H5455-001

Hooker County

Medica Prime Solution Thrift (Cost) H2450-030

Medica Prime Solution Premier (Cost) H2450-046

Lincoln Community Senior Plan (Cost) H5551-019

Grand Island Community Senior Plan (Cost) H5551-019

Blue Cross Blue Shield MA Core (HMO) H3700-001

Blue Cross Blue Shield MA Access (PDP) H8381-001

Hamilton County

Medica Prime Solution Thrift (Cost) H2450-030

Medica Prime Solution Premier (Cost) H2450-046

Lincoln Community Senior Plan (Cost) H5551-019

Grand Island Community Senior Plan (Cost) H5551-019

Blue Cross Blue Shield MA Core (HMO) H3700-001

Blue Cross Blue Shield MA Access (PDP) H8381-001

Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.
No plans available in Lincoln County

Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.
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<table>
<thead>
<tr>
<th></th>
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<tbody>
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<tr>
<td>Regional Counties Offered</td>
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| Total Drug Cost | This guide is not a comprehensive list of plan benefits. Contact the plan for their full list of benefits.
## Nebraska Medicare Advantage and Cost Plan Options

### Benefits

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### Coverage

- **Regional Counties Offered**: See County List
- **Phone Number**: 855-275-6627
- **Monthly Premium**: $26
- **Medical Deductible**: $0
- **Out-of-Pocket Limit**: $4,900 in / $7,500 out
- **Out-of-Network Coverage**: $4,000
- **Monthly Premium**: $26
- **Phone Number**: 844-899-6009

This guide is not a comprehensive list of plan benefits. Contact the plan for their full list of benefits.
This guide is not a comprehensive list of plan benefits. Contact the plan for their full list of benefits.
### Humana Gold Plus (HMO) H0028-011
- **Monthly Premium**: $0
- **Medical Deductible**: $0
- **Out-of-pocket Limit**: $2,000
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: $1,000
- **Hearing Benefits**: Yes
- **Skilled Nursing Facility**: Yes
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $0
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### Humana Value Plus (PPO) H5216-085
- **Monthly Premium**: $30
- **Medical Deductible**: $25
- **Out-of-pocket Limit**: $1,969
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $30
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### HumanaChoice (PPO) H5216-086
- **Monthly Premium**: $0
- **Medical Deductible**: $107
- **Out-of-pocket Limit**: $6,700
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $0
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### Kearney Community Senior Plan (Cost) H1651-018
- **Monthly Premium**: $30
- **Medical Deductible**: $107
- **Out-of-pocket Limit**: $6,700
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $30
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### Humana Choice (PPO) H5216-085
- **Monthly Premium**: $107
- **Medical Deductible**: $107
- **Out-of-pocket Limit**: $6,700
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $107
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### Humana Choice (PPO) H5216-086
- **Monthly Premium**: $0
- **Medical Deductible**: $0
- **Out-of-pocket Limit**: $6,700
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
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- **Ground Ambulance Copy**: Yes
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- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $0
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### Humana Choice (PPO) H5216-085
- **Monthly Premium**: $0
- **Medical Deductible**: $0
- **Out-of-pocket Limit**: $6,700
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $0
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None

### Humana Choice (PPO) H5216-086
- **Monthly Premium**: $0
- **Medical Deductible**: $0
- **Out-of-pocket Limit**: $6,700
- **Extra Benefits**: None
- **Fitness Membership**: Yes
- **Hearing Benefits**: Yes
- **Vision Benefits Allowance**: None
- **Dental Benefit Allowance**: None
- **Care Copy**: Yes
- **Outpatient Hospital Copy**: Yes
- **Inpatient Hospital Copy**: Yes
- **Ground Ambulance Copy**: Yes
- **Emergency Room Copy**: Yes
- **Physical Therapy Copy**: Yes
- **Obstetric Care Copy**: Yes
- **Urgent Care Copy**: Yes
- **Primary Doctor Copay**: Yes
- **Emergency Only**: Yes
- **Out-of-Network Coverage**: Yes
- **Out-of-pocket Limit**: $4,200
- **Monthly Premium**: $0
- **Phone Number**: 800-833-2364
- **Regional Coverage**: None
This guide is not a comprehensive list of plan benefits. Contact the plan for their full list of benefits.

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<td>Regional Counties Offered</td>
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Monthly Premium

<p>| Phone Number | 800-745-9900                        | 800-745-9900                    | 800-745-9900                    | 1-800-906-5432                    | 1-800-906-5432                        |
| Regional Counties Offered | See County List | See County List | See County List | See County List | See County List |
| Benefits |                                      |                                 |                                 |                                   |                                      |</p>
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Medica Prime Solution (Cost)</th>
<th>Thrift (Cost)</th>
<th>MercyOne Siouxland Senior Plan (Cost)</th>
<th>Omaha Community Senior Plan (Cost)</th>
<th>UnitedHealthcare Medicare Direct Essential (PFFS)</th>
<th>UnitedHealthcare MedicareDirect Rx (PFFS)</th>
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<td>Lab/Test/X-ray Copay</td>
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This guide is not a comprehensive list of plan benefits. Contact the plan for their full list of benefits.