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 or vision.

How much do Medicare Advantage Plans cost?

**Monthly Premiums:** All Medicare Advantage Plan enrollees must continue to pay the Medicare Part B premium, $148.50. 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 -</td>
<td>Inpatient Care - Up to $1,750* per hospital stay</td>
</tr>
<tr>
<td>Medicare Part B -</td>
<td>Outpatient Care - $10* Doctor, $40* Specialist, $300* Outpatient Surgery</td>
</tr>
<tr>
<td>Medicare Advantage -</td>
<td>Out-of-Pocket - $3,000-10,000* out-of-pocket maximum</td>
</tr>
<tr>
<td>Monthly Premiums</td>
<td>Drug Coverage - $0-$435 deductible plus copays for medications</td>
</tr>
</tbody>
</table>

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

6/20
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 and 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 project was supported, in part by grant number 90SAPG0078, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.
# 2021 Nebraska 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.

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<th>Adams County</th>
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**Cass County**
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- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Humana Gold Plus H0028-011 (HMO)
- Humana Honor (PPO)
- Humana Value Plus H5216-171 (PPO)
- HumanaChoice H5216-014 (PPO)
- Medica Advantage Solution H3632-001 (PPO)
- Medica Advantage Solution with CHI Health (HMO)

**Chase County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- No plans available in Cherry County

**Cherry County**
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Cheyenne County**
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- Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
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**Clay County**
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- Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Advantage Solution H3632-001 (PPO)
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**Cedar County**
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**Custer County continued**
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**Dakota County**
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- Aetna Medicare Premier (HMO)
- Humana Gold Plus H0028-011 (HMO)

**Dawes County**
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Dawson County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
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- Bright Advantage (HMO)
- Bright Advantage Choice (PPO)
- Bright Advantage Choice Plus (PPO)
- Bright Advantage Plus (HMO)
- Humana Gold Plus H0028-011 (HMO)
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- Medica Advantage Solution H3632-001 (PPO)
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**Deuel County**
*No plans available in Deuel county*

**Dixon County**
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**Dodge County**
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- HumanaChoice H5216-254 (PPO)
- Medica Advantage Solution H3632-001 (PPO)
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**Fillmore County**
- AARP Medicare Advantage (HMO-POS)
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- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medical Associates Nebraska Senior Plan (Cost)
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**Frontier County continued**
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Furnas County**
- Aetna Medicare Elite (PPO)
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**Franklin County**
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**Dundy County**
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<td>Aetna Medicare Elite (PPO)</td>
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<td>Aetna Medicare Premier (HMO)</td>
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<tr>
<td>Aetna Medicare Premier (PPO)</td>
</tr>
<tr>
<td>Blue Cross Blue Shield Nebraska MA Access (PPO)</td>
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<td>Blue Cross Blue Shield Nebraska MA Core (HMO)</td>
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<tr>
<td>Medica Prime Solution Core (Cost)</td>
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<tr>
<td>Medica Prime Solution Premier (Cost)</td>
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<td>Medica Prime Solution Thrift (Cost)</td>
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<tr>
<td>UnitedHealthcare MedicareDirect Patriot (PFFS)</td>
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<td>UnitedHealthcare MedicareDirect Rx (PFFS)</td>
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<td>Blue Cross Blue Shield Nebraska MA Core (HMO)</td>
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<td>Medica Prime Solution Thrift (Cost)</td>
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<td>UnitedHealthcare MedicareDirect Rx (PFFS)</td>
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<td>Blue Cross Blue Shield Nebraska MA Core (HMO)</td>
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</table>
Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

**Hitchcock County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)

**Jefferson County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

**Kearney County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Holt County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Keith County**
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Hooker County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Johnson County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

**Howard County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Keya Paha**
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

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

**Knox County**
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Lincoln County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Logan County
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Logan County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Loup County**
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Madison County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**McPherson County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Merrick County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Lancaster County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO-POS)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Humana Gold Plus H0028-011 (HMO)
- Humana Honor (PPO)
- Humana Value Plus H5216-171 (PPO)
- HumanaChoice H5216-014 (PPO)
- HumanaChoice H5216-254 (PPO)
- Medica Advantage Solution H3632-001 (PPO)
- Medica Advantage Solution with CHI Health (HMO)
- Medical Associates Nebraska Senior Plan (Cost)

**Medica Prime Solution Core (Cost)**
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Medica Prime Solution Premier (Cost)**
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Medica Prime Solution Thrift (Cost)**
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Morrill County**
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Nebraska Medicare Advantage and Cost Plan Options**

2021 Nebraska Medicare Advantage and Cost Plan Options

Page 7
Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

**Nance County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

**Nuckolls County Continued**
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

**Pawnee County Continued**
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

**Otoe County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

**Perkins County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)

**Phelps County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Nemaha County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Pawnee County Continued**
- Blue Cross Blue Shield Nebraska MA Access (PPO)

**Nuckolls County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)

**Pawnee County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)

More in next Column

2021 Nebraska Medicare Advantage and Cost Plan Options
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 (HMO-POS)  
AARP Medicare Advantage Choice (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Thrift (Cost)

**Polk County Continued**  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Saline County Continued**  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Thrift (Cost)  
Medical Associates Nebraska Senior Plan (Cost)

**Sarpy County**  
AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO)  
Aetna Medicare Premier (PPO)  
Aetna Medicare Prime (HMO)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Bright Advantage (HMO)  
Bright Advantage Choice (PPO)  
Bright Advantage Choice Plus (PPO)  
Bright Advantage Plus (HMO)  
Humana Gold Plus H0028-011 (HMO)  
Humana Honor (PPO)  
Humana Value Plus H5216-171 (PPO)  
HumanaChoice H5216-014 (PPO)  
HumanaChoice H5216-254 (PPO)  
Medica Advantage Solution H3632-001 (PPO)  
Medica Advantage Solution with CHI Health (HMO)

**Red Willow County**  
No plans available in Red Willow County

**Richardson County**  
No plans available in Richardson County

**Rock County**  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Thrift (Cost)

**Saline County**  
AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Polk County**  
AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice (PPO)  
More plans in next column

**Rock County**  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Thrift (Cost)

**Saline County**  
AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
More plans in next column
Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

Saunders
AARP Medicare Advantage (HMO-POS)
AARP Medicare Advantage Choice (PPO)
AARP Medicare Advantage Patriot (PPO)
Aetna Medicare Elite (PPO)
Aetna Medicare Premier (HMO)
Aetna Medicare Premier (PPO)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Humana Honor (PPO)
Humana Value Plus H5216-171 (PPO)
HumanaChoice H5216-014 (PPO)
Medica Advantage Solution H3632-001 (PPO)
Medica Advantage Solution with CHI Health (HMO)

Seward County Continued
Blue Cross Blue Shield Nebraska MA Core (HMO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Thrift (Cost)
Medical Associates Nebraska Senior Plan (Cost)

Sheridan County
UnitedHealthcare MedicareDirect Patriot (PFFS)
UnitedHealthcare MedicareDirect Rx (PFFS)

Sherman County
AARP Medicare Advantage (HMO-POS)
AARP Medicare Advantage Choice (PPO)
AARP Medicare Advantage Patriot (PPO)
Aetna Medicare Elite (PPO)
Aetna Medicare Premier (HMO)
Aetna Medicare Premier (PPO)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Thrift (Cost)
UnitedHealthcare MedicareDirect Patriot (PFFS)
UnitedHealthcare MedicareDirect Rx (PFFS)

Stanton County
AARP Medicare Advantage (HMO-POS)
AARP Medicare Advantage Choice (PPO)
AARP Medicare Advantage Patriot (PPO)
Aetna Medicare Elite (PPO)
Aetna Medicare Premier (HMO)
Aetna Medicare Premier (PPO)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medica Prime Solution Thrift (Cost)

Thayer County
AARP Medicare Advantage (HMO-POS)
AARP Medicare Advantage Choice (PPO)
AARP Medicare Advantage Patriot (PPO)
Aetna Medicare Elite (PPO)
Aetna Medicare Premier (HMO)
Aetna Medicare Premier (PPO)
Blue Cross Blue Shield Nebraska MA Access (PPO)
Blue Cross Blue Shield Nebraska MA Core (HMO)
Medica Prime Solution Core (Cost)
Medica Prime Solution Premier (Cost)
Medical Associates Nebraska Senior Plan (Cost)

Sioux County
No plans Available in Sioux County

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

**Thomas County**
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**Washington County continued**
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Humana Gold Plus H0028-011 (HMO)
- Humana Honor (PPO)
- Humana Value Plus H5216-171 (PPO)
- HumanaChoice H5216-014 (PPO)
- Medica Advantage Solution H3632-001 (PPO)
- Medica Advantage Solution with CHI Health (HMO)

**Thurston County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Valley County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Wayne County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Webster County Continued**
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)

**Wheeler County**
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- UnitedHealthcare MedicareDirect Patriot (PFFS)
- UnitedHealthcare MedicareDirect Rx (PFFS)

**York County**
- AARP Medicare Advantage (HMO-POS)
- AARP Medicare Advantage Choice (PPO)
- AARP Medicare Advantage Patriot (PPO)
- Aetna Medicare Elite (PPO)
- Aetna Medicare Premier (HMO)
- Aetna Medicare Premier (PPO)
- Blue Cross Blue Shield Nebraska MA Access (PPO)
- Blue Cross Blue Shield Nebraska MA Core (HMO)
- Medica Prime Solution Core (Cost)
- Medica Prime Solution Premier (Cost)
- Medica Prime Solution Thrift (Cost)
- Medical Associates Nebraska Senior Plan (Cost)

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*2021 Nebraska Medicare Advantage and Cost Plan Options*
### Understanding Medicare Advantage Plan Benefits

#### Plan Overview

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

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

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

#### Benefits and Costs

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

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

#### Prescription Coverage

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

<table>
<thead>
<tr>
<th>Nebraska Sample MA Plan (PPO) A1234-567</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phone Number</strong></td>
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<tr>
<td><strong>Regional Counties Offered</strong></td>
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</tbody>
</table>

<table>
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<tr>
<th><strong>Plan Overview</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Premium</strong></td>
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<tr>
<td><strong>Medical Deductible</strong></td>
</tr>
<tr>
<td><strong>Out-of-pocket Limit</strong></td>
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<table>
<thead>
<tr>
<th><strong>Benefits and Costs</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Primary Doctor Copay</strong></td>
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<tr>
<td><strong>Specialist Doctor Copay</strong></td>
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<td><strong>Urgent Care Copay</strong></td>
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<td><strong>Labs/Test/X-rays Copay</strong></td>
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<td><strong>Physical Therapy Copay</strong></td>
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<td><strong>Emergency Room Copay</strong></td>
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<td><strong>Ground Ambulance Copay</strong></td>
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<td><strong>Inpatient Hospital Copay</strong></td>
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<td><strong>Outpatient Hospital Copay</strong></td>
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<td><strong>Skilled Nursing Facility Care Copay</strong></td>
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<table>
<thead>
<tr>
<th><strong>Extra Benefits</strong></th>
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<tbody>
<tr>
<td><strong>Dental Coverage</strong></td>
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<tr>
<td><strong>Vision Coverage</strong></td>
</tr>
<tr>
<td><strong>Additional Benefits</strong></td>
</tr>
<tr>
<td><strong>Prescription Coverage</strong></td>
</tr>
<tr>
<td><strong>Drug Coverage Included</strong></td>
</tr>
<tr>
<td><strong>Your Total Drug Cost</strong></td>
</tr>
</tbody>
</table>

#### Extra Benefits

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

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

**Additional Benefits** - Benefits often include assistance with **hearing services** including hearing aids, **fitness benefits** such as a gym membership, and **over-the-counter (OTC)** medication. Contact the plan for a full list of their specific additional benefits.
<table>
<thead>
<tr>
<th>Phone Number</th>
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<tbody>
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<td>Regional Counties Offered</td>
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<td><strong>Out-of-pocket Limit</strong></td>
<td>$4,900</td>
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<td>$6,700 in / $10,000 out</td>
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<td><strong>Benefits and Costs</strong></td>
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<td>$5</td>
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<td>$0/ $30/$15</td>
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<td>Yes - up to $1,500</td>
<td>Yes - up to $1,500</td>
<td>Yes - up to $1,500</td>
<td>Yes - up to $1,500</td>
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<td>Yes - up to $300</td>
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<td><strong>Prescription Coverage</strong></td>
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<td><strong>Drug Coverage Included</strong></td>
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<td>Dental Coverage</td>
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<td>Yes - up to $1,000</td>
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<td>Drug Coverage Included</td>
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<td>Yes - copays apply</td>
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<tr>
<td>Prescription Coverage</td>
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<tr>
<td>Your Total Drug Cost</td>
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<td>Bright Advantage (HMO) H7853-007</td>
<td>Bright Advantage Choice Plus (PPO) H5841-010</td>
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<td>Physical Therapy Copay</td>
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<td>Ground Ambulance Copay</td>
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<td>$200</td>
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<td>Skilled Nursing Facility Care Copay</td>
<td>$0 day 1-20, $184 /day 21-57, $0/day 58-100 Out-of-pocket limit = $5,700</td>
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<td>$0 day 1-20, $184 /day 21-54, $0/day 55-100 Out-of-pocket limit = $6,250</td>
<td>$0 day 1-20, $178 per day/days 21-100 Out-of-pocket limit = $4,700</td>
<td>$0 day 1-20, $178 per day/days 21-100 Out-of-pocket limit = $4,500</td>
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<td>Yes - up to $100</td>
<td>Yes - up to $100</td>
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<td>Hearing, Fitness</td>
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<td>Prescription Coverage</td>
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<tr>
<td>Drug Coverage Included</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
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<td>Your Total Drug Cost</td>
<td>$___________________</td>
<td>$___________________</td>
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2021 Nebraska Medicare Advantage and Cost Plan Options
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<th>Plan Name</th>
<th>Phone Number</th>
<th>Regional Counties Offered</th>
<th>Plan Overview</th>
<th>Benefits and Costs</th>
<th>Extra Benefits</th>
<th>Prescription Coverage</th>
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<td>Bright Advantage Choice (PPO) H5841-005</td>
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<td>Humana Gold Plus (HMO) H0028-011</td>
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<td>Humana Honor (PPO) H5216-086</td>
<td>800-833-2364</td>
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<td>$4,500 in / $10,000 out</td>
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<td>$3,850</td>
<td>$6,700 in / $10,000 out</td>
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<td><strong>Labs/Test/X-rays Copay</strong></td>
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<td>20% Coinsurance</td>
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<td>$250 per day for days 1-5</td>
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<td><strong>Out-of-pocket limit = $4,500</strong></td>
<td>$184 per day/days 21-100</td>
<td>$178 per day/days 21-100</td>
<td>$184 per day/days 21-100</td>
<td>$184 per day/days 21-100</td>
<td>$184 per days 21-100</td>
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</tr>
<tr>
<td><strong>Out-of-pocket limit = $3,900</strong></td>
<td>$4,500</td>
<td>$3,900</td>
<td>$6,700</td>
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<tr>
<td><strong>Outpatient Hospital Copay</strong></td>
<td>$300</td>
<td>$275</td>
<td>$45-$250 per visit</td>
<td>$45-$250 per visit</td>
<td>$50 or 20% per visit</td>
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<tr>
<td><strong>Drug Coverage Included</strong></td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>No prescription coverage</td>
</tr>
<tr>
<td><strong>Your Total Drug Cost</strong></td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
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<td>$___________________</td>
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<tr>
<td><strong>Phone Number</strong></td>
<td>800-833-2364</td>
<td>800-833-2364</td>
<td>800-906-5432</td>
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<tr>
<td><strong>Regional Counties Offered</strong></td>
<td>See County List</td>
<td>See County List</td>
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<td>See County List</td>
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<tr>
<td><strong>Plan Overview</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Monthly Premium</strong></td>
<td>$0</td>
<td>$59</td>
<td>$0</td>
<td>$39</td>
<td>$69</td>
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<tr>
<td><strong>Medical Deductible</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Out-of-pocket Limit</strong></td>
<td>$4,050 in / $6,700 out</td>
<td>$6,700 in / $10,000 out</td>
<td>$5,500</td>
<td>$5,500 in / $70,000 out</td>
<td>$4,000</td>
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<tr>
<td><strong>Benefits and Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Primary Doctor Copay</strong></td>
<td>$0</td>
<td>$15</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist Doctor Copay</strong></td>
<td>$45</td>
<td>$45</td>
<td>$50</td>
<td>$35</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Copay</strong></td>
<td>$0-$45</td>
<td>$15-$45</td>
<td>$0-$45</td>
<td>$0-$35</td>
<td>$0-$20</td>
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<tr>
<td><strong>Labs/Test/X-rays Copay</strong></td>
<td>$0-$45 / $0-$95 / $0-$95</td>
<td>$0-$40 / $0-$95 / $15-$95</td>
<td>$0 / 20% / 20%</td>
<td>$0 / 15% / 15%</td>
<td>$0 / $10 / $10</td>
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<tr>
<td><strong>Physical Therapy Copay</strong></td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$35</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room Copay</strong></td>
<td>$90</td>
<td>$90</td>
<td>$90</td>
<td>$90</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td><strong>Ground Ambulance Copay</strong></td>
<td>$290</td>
<td>$290</td>
<td>$200</td>
<td>$200</td>
<td>$50</td>
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<tr>
<td><strong>Inpatient Hospital Copay</strong></td>
<td>$350 per day for days 1-5</td>
<td>$360 per day for days 1-5</td>
<td>$350 per day for days 1-5</td>
<td>$325 per day for days 1-5</td>
<td>$350 per stay</td>
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<tr>
<td></td>
<td>$0 days 6-90+</td>
<td>$0 days 6-90+</td>
<td>$0 days 6-90+</td>
<td>$0 days 6-90</td>
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<tr>
<td></td>
<td>*Potential Total = $1,750</td>
<td>*Potential Total = $1,800</td>
<td>*Potential Total = $1,750</td>
<td>*Potential Total = $1,625</td>
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<tr>
<td><strong>Outpatient Hospital Copay</strong></td>
<td>$45-$350 per visit</td>
<td>$45-$250 per visit</td>
<td>$295 per visit</td>
<td>$250 per visit</td>
<td>$100 per visit</td>
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<tr>
<td><strong>Skilled Nursing Facility Care Copay</strong></td>
<td>$0 day 1-20, $184 per day/days 21-100</td>
<td>$0 day 1-20, $184 per day/days 21-100</td>
<td>$0 day 1-20, $184 per day/days 21-100</td>
<td>$0 day 1-20, $184 per day/days 21-100</td>
<td>$0 day 1-20, $50/day/days 21-100</td>
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<tr>
<td></td>
<td>*Out-of-pocket limit = $4,050</td>
<td>*Out-of-pocket limit = $6,700</td>
<td>*Out-of-pocket limit = $5,500</td>
<td>*Out-of-pocket limit = $5,500</td>
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<tr>
<td><strong>Extra Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Dental Coverage</strong></td>
<td>Yes - up to $1,000</td>
<td>Additional premium</td>
<td>Yes - up to $400</td>
<td>Yes - up to $750</td>
<td>Yes - up to $300</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Coverage</strong></td>
<td>Yes - up to $100</td>
<td>Additional premium</td>
<td>Yes - up to $100</td>
<td>Yes - up to $150</td>
<td>Yes - up to $100</td>
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<tr>
<td><strong>Additional Benefits</strong></td>
<td>Hearing, Fitness, OTC</td>
<td>Fitness, OTC</td>
<td>Hearing, Fitness, OTC</td>
<td>Hearing, Fitness, OTC</td>
<td>Hearing, Fitness</td>
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<tr>
<td><strong>Prescription Coverage</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Drug Coverage Included</strong></td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>Yes - copays apply</td>
<td>No prescription coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Your Total Drug Cost</strong></td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
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<td>800-555-5757</td>
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<tr>
<td>Regional Counties Offered</td>
<td>See County List</td>
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<tr>
<td>Plan Overview</td>
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<tr>
<td>Monthly Premium</td>
<td>$125</td>
<td>$34</td>
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<td>Medical Deductible</td>
<td>$0</td>
<td>$50</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Out-of-pocket Limit</td>
<td>$3,000</td>
<td>$6,700</td>
<td>Not Applicable</td>
<td>$6,700</td>
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<td>Benefits and Costs</td>
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</tr>
<tr>
<td>Primary Doctor Copay</td>
<td>$0</td>
<td>20%</td>
<td>$0</td>
<td>$25</td>
<td>$25</td>
<td></td>
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<tr>
<td>Specialist Doctor Copay</td>
<td>$0</td>
<td>20%</td>
<td>$0</td>
<td>$50</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Copay</td>
<td>$0</td>
<td>$25</td>
<td>$0</td>
<td>$40</td>
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<tr>
<td>Labs/Test/X-rays Copay</td>
<td>$0</td>
<td>0/20% /20%</td>
<td>$0</td>
<td>$0/$25/$15</td>
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<tr>
<td>Physical Therapy Copay</td>
<td>$0</td>
<td>20%</td>
<td>$0</td>
<td>$40</td>
<td>$40</td>
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<tr>
<td>Emergency Room Copay</td>
<td>$0</td>
<td>$50</td>
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<td>$90</td>
<td>$90</td>
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<tr>
<td>Ground Ambulance Copay</td>
<td>$0</td>
<td>20%</td>
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<td>$250</td>
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<td>Inpatient Hospital Copay</td>
<td>$100 per stay</td>
<td>$300/day for days 1-4; $0/day for days 5-90</td>
<td>$0</td>
<td>$395 per day for days 1-4 $0 days 5-90</td>
<td>$395 per day for days 1-4 $0 days 5-90</td>
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<tr>
<td>Outpatient Hospital Copay</td>
<td>$0 per visit</td>
<td>20% per visit</td>
<td>$0 per visit</td>
<td>$0-395 per visit</td>
<td>$0-$395 per visit</td>
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<tr>
<td>Skilled Nursing Facility Care Copay</td>
<td>$0 day 1-20, $25 day/days 21-100</td>
<td>$0 day 1-20, $176.50 day/days 21-100</td>
<td>$0</td>
<td>$0/day 1-20, $184/day 21-57, $0/day 58-100</td>
<td>$0/day 1-20, $184/day 21-57, $0/day 58-100</td>
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<tr>
<td>Extra Benefits</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>Yes - up to $400</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Vision Coverage</td>
<td>Yes - up to $20</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Additional Benefits</td>
<td>Hearing, Fitness</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Prescription Coverage</td>
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</tr>
<tr>
<td>Drug Coverage Included</td>
<td>No prescription coverage</td>
<td>No prescription coverage</td>
<td>No prescription coverage</td>
<td>No prescription coverage</td>
<td>Yes - copays apply</td>
<td></td>
</tr>
<tr>
<td>Your Total Drug Cost</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
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</tr>
</tbody>
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