

# 2022 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.

## Adams County

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

## Antelope County

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)

## Antelope County continued

Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

## Arthur County

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

## Banner County

UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

## Blaine County

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

## Boone County

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)

## Boone County Continued

AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

## Box Butte County

UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

## Boyd County

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

## Brown County

No plans available in Brown County

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

**Buffalo County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Burt County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)

**Burt County Continued**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Butler County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Advantage Solution H3632-001 (PPO)  
Medica Advantage Solution with CHI Health (HMO)

**Cass County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)

**Cass County continued**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (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)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Cedar County**

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

**Chase County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Cherry County**

No plans available in Cherry County

**Cheyenne County**

Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

**Clay County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)  
Wellcare Assist Open (PPO)

**Clay County continued**

Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Colfax County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Cummings County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)

**Cumming County continued**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Custer County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium 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.*

**Dakota County**

AARP Medicare Advantage Choice (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-254 (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)

**Dawson County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Deuel County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Dixon County**

AARP Medicare Advantage Choice (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Dodge County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
Humana Value Plus H5216-171 (PPO)  
HumanaChoice H5216-014 (PPO)

**Dodge County continued**

HumanaChoice H5216-254 (PPO)  
Medica Advantage Solution H3632-001 (PPO)  
Medica Advantage Solution with CHI Health (HMO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Douglas County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare Prime (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-014 (PPO)  
HumanaChoice H5216-254 (PPO)  
Medica Advantage Solution H3632-001 (PPO)  
Medica Advantage Solution with CHI Health (HMO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium 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.*

**Dundy County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Fillmore County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Franklin County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Franklin County continued**

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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Frontier County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Furnas County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)

**Furnas County continued**

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

**Gage County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-254 (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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Garden County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

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

**Garfield County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Gosper County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Grant County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Greeley County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Hall County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Hamilton County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Harlan County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

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

**Harlan County continued**

Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)  
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)

**Hayes County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Hitchcock County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Holt County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Hooker County**

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

**Howard County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Jefferson County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)

**Jefferson County continued**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-254 (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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

**Johnson County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)

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

**Johnson County continued**

Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Kearney County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Keith County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Keya Paha County**

Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

**Kimball County**

No plans in Kimball County

**Knox County**

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

**Knox County continued**

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

**Lancaster County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (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)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium 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.*

**Lincoln County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Logan County**

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

**Loup County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Madison County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)

**Madison County continued**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**McPherson County**

Blue Cross Blue Shield Nebraska MA Access PPO (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 Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Morrill County**

UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

**Nance County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Nemaha County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium 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.*

**Nuckolls County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Otoe County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-254 (PPO)

**Otoe County Continued**

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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Pawnee County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Perkins County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Phelps County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Pierce County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)

*More on next page*

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 continued**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Platte County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Polk County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)

**Polk County Continued**

AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Red Willow County**

Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

**Richardson County**

No plans available in Richardson County

**Rock County**

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

**Saline County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)

**Saline County Continued**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-254 (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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Sarpy County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Aetna Medicare Prime (HMO-POS)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)

*More on next page*

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

**Sarpy County continued**

Humana Gold Plus H0028-053 (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)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Saunders County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (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)

**Saunders County continued**

Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)  
  
**Scotts Bluff County**  
UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)  
Wellcare Assist Open (PPO)  
Wellcare Giveback (HMO)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Seward County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (HMO)  
Humana Honor (PPO)  
HumanaChoice H5216-254 (PPO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Sheridan County**

UnitedHealthcare MedicareDirect Patriot (PFFS)  
UnitedHealthcare MedicareDirect Rx (PFFS)

**Sherman County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Sioux County**

No plans Available in Sioux County

*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**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Thayer County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Thomas County**

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

**Thurston County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Valley County**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**Washington County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Humana Gold Plus H0028-053 (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)

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

**Wayne County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Webster County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium Open (PPO)

**Wheeler County continued**

Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
Medica Prime Solution Core (Cost)  
Medica Prime Solution Premier (Cost)  
Medica Prime Solution Standard (Cost)  
Medica Prime Solution Thrift (Cost)

**York County**

AARP Medicare Advantage (HMO-POS)  
AARP Medicare Advantage Choice Plan 1 (PPO)  
AARP Medicare Advantage Choice Plan 2 (PPO)  
AARP Medicare Advantage Patriot (PPO)  
Aetna Medicare Eagle (HMO-POS)  
Aetna Medicare Elite (PPO)  
Aetna Medicare Premier (HMO-POS)  
Aetna Medicare Premier (PPO)  
Blue Cross Blue Shield Nebraska MA Access PPO (PPO)  
Blue Cross Blue Shield Nebraska MA Core (HMO)  
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)  
Wellcare No Premium (HMO)  
Wellcare No Premium 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 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.

Nebraska Sample MA Plan (PPO) A1234-567	
Phone Number	555-555-555
Regional Counties Offered	Butler, Lancaster, Saline, Saunders, Seward
Plan Overview	
Monthly Premium	\$0
Medical Deductible	\$0
Out-of-pocket Limit	\$4,500
Benefits and Costs	
Primary Doctor Copay	\$5
Specialist Doctor Copay	\$45
Urgent Care Copay	\$30-\$40
Labs/Test/X-rays Copay	\$10 / \$30 /\$14
Physical Therapy Copay	\$40
Emergency Room Copay	\$90
Ground Ambulance Copay	\$225
Inpatient Hospital Copay	\$395 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,580</i>
Outpatient Hospital Copay	\$295 - \$395
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$160/day 21-51, \$0/day 52-100 <i>Out-of-pocket limit = \$4,900</i>
Extra Benefits	
Dental Coverage	Yes - up to \$1,500
Vision Coverage	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC
Prescription Coverage	
Drug Coverage Included	Yes - <i>copays apply</i>
Your Total Drug Cost	\$ _____

## Plan Name, Plan Type and Number

**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. Contact the plan for a full list of their specific additional benefits.

	<b>AARP Medicare Advantage (HMO-POS) H2802-001</b>	<b>AARP Medicare Advantage Choice (PPO) H1278-007</b>	<b>AARP Medicare Advantage Choice Plan 1 (PPO) H1278-001</b>	<b>AARP Medicare Advantage Choice Plan 2 (PPO) H1278-020</b>	<b>AARP Medicare Advantage Patriot (PPO) H1278-018</b>
<b>Phone Number</b>	800-555-5757	800-555-5757	800-555-5757	800-555-5757	800-555-5757
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>					
<b>Monthly Premium</b>	\$0	\$0	\$19	\$0	\$0 <i>(Part B Premium Reduction \$30)</i>
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,500	\$3,900 in / \$10,000 out	\$3,900 in / \$8,000 out	\$4,500	\$6,700 in / \$8,000 out
<b>Benefits and Costs</b>					
<b>Primary Doctor Copay</b>	\$5	\$0	\$0	\$5	\$10
<b>Specialist Doctor Copay</b>	\$45	\$30	\$35	\$45	\$45
<b>Urgent Care Copay</b>	\$40	\$40	\$40	\$40	\$40
<b>Labs/Test/X-rays Copay</b>	\$0 / \$30 /\$15	\$0/ \$30/\$15	\$0/ \$30/\$15	\$0/ \$30/\$15	\$0 / \$30 /\$15
<b>Physical Therapy Copay</b>	\$40	\$30	\$35	\$40	\$40
<b>Emergency Room Copay</b>	\$90	\$90	\$90	\$90	\$90
<b>Ground Ambulance Copay</b>	\$250	\$280	\$285	\$280	\$250
<b>Inpatient Hospital Copay</b>	\$395 per day for days 1-4 \$0 days 5-90+ <i>Potential Total = \$1,580</i>	\$370 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,850</i>	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$395 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,975</i>	\$295 per day for days 1– 6 \$0 days 7-90+ <i>Potential Total = \$1,770</i>
<b>Outpatient Hospital Copay</b>	\$0 - \$395 per visit	\$0 - \$400 per visit	\$0 - \$350 per visit	\$0 - \$395 per visit	\$0-\$295 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0/day 1-20, \$188/day 21-44, \$0/day 45-100 <i>Out-of-pocket limit = \$4,500</i>	\$0/day 1-20, \$188/day 21-41, \$0/day 42-100 <i>Out-of-pocket limit = \$3,900</i>	\$0/day 1-20, \$188/day 21-41, \$0/day 42-100 <i>Out-of-pocket limit = \$3,900</i>	\$0/day 1-20, \$188/day 21-44, \$0/day 45-100 <i>Out-of-pocket limit = \$4,500</i>	\$0/day 1-20, \$188/day 21-56, \$0/day 57-100 <i>Out-of-pocket limit = \$6,700</i>
<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	Yes - up to \$1,500
<b>Vision Coverage</b>	Yes - up to \$200	Yes - up to \$150	Yes - up to \$200	Yes - up to \$100	Yes - up to \$300
<b>Additional Benefits</b>	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
<b>Drug Coverage Included</b>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>
<b>Your Total Drug Cost</b>	\$_____	\$_____	\$_____	\$_____	\$_____



	<b>AARP Medicare Advantage Patriot (PPO) H1278-019</b>	<b>Aetna Medicare Eagle (HMO -POS) H7149-007</b>	<b>Aetna Medicare Elite (PPO) H1608-038</b>	<b>Aetna Medicare Premier (HMO) H7149-001</b>	<b>Aetna Medicare Premier (PPO) H1608-012</b>
<b>Phone Number</b>	800-555-5757	855-335-1407	855-335-1407	855-335-1407	855-335-1407
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>					
<b>Monthly Premium</b>	\$0 <i>(Part B Premium Reduction \$30)</i>	\$0 <i>(Part B Premium Reduction \$25)</i>	\$0	\$0	\$34
<b>Medical Deductible</b>	\$0	\$0	\$1,000* <i>(specific services)</i>	\$0	\$0
<b>Out-of-pocket Limit</b>	\$6,700 in / \$10,000 out	\$6,700	\$5,500 in / \$8,000 out	\$4,100	\$5,000 in / \$11,300 out
<b>Benefits and Costs</b>					
<b>Primary Doctor Copay</b>	\$10	\$0	\$0	\$0	\$10
<b>Specialist Doctor Copay</b>	\$45	\$40	\$35	\$40	\$40
<b>Urgent Care Copay</b>	\$40	\$65	\$65	\$65	\$65
<b>Labs/Test/X-rays Copay</b>	\$0 / \$30 /\$15	\$0 / \$20 / \$20	\$0 / \$35 / \$20	\$0/ \$40 / \$15	\$0/ \$40 / \$20
<b>Physical Therapy Copay</b>	\$40	\$40	\$40	\$40	\$40
<b>Emergency Room Copay</b>	\$90	\$90	\$90	\$90	\$90
<b>Ground Ambulance Copay</b>	\$250	\$320	\$350	\$335	\$315
<b>Inpatient Hospital Copay</b>	\$295 per day for days 1– 6 \$0 days 7-90+ <i>Potential Total = \$1,770</i>	\$225 per day for days 1-7 \$0 days 8-90+ <i>Potential Total = \$1,575</i>	\$390 per day for days 1-5 \$0 days 6-90 <i>(plus deductible)</i> <i>Potential Total = \$2,950*</i>	\$390 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,950</i>	\$390 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,950</i>
<b>Outpatient Hospital Copay</b>	\$0-\$295 per visit	\$200 - \$225 per visit	\$300 - \$400 per visit*	\$300 - \$400 per visit	\$250 - \$350 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0/day 1-20, \$188/day 21-56, \$0/day 57 -100 <i>Out-of-pocket limit = \$6,700</i>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$6,700</i>	\$0 day 1-20, \$184 per day/days 21-100* <i>Out-of-pocket limit = \$5,500</i>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$4,100</i>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$5,000</i>
<b>Extra Benefits</b>					
<b>Dental Coverage</b>	Yes - up to \$1,500	Yes - up to \$2,000	Yes - up to \$1,000	Yes - up to \$1,300	Yes - up to \$500
<b>Vision Coverage</b>	Yes - up to \$200	Yes - up to \$300	Yes - up to \$280	Yes - up to \$240	Yes - up to \$100
<b>Additional Benefits</b>	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
<b>Drug Coverage Included</b>	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>Yes - copays apply</i>	<i>Yes - copays apply</i>	<i>Yes - copays apply</i>
<b>Your Total Drug Cost</b>	\$_____	\$_____	\$_____	\$_____	\$_____

	<b>Aetna Medicare Prime (HMO) H7149-004</b>	<b>BlueCross Blue Shield MA Access (PPO) H8181-001</b>	<b>BlueCross Blue Shield MA Core (HMO) H3170-003-1</b>	<b>BlueCross Blue Shield MA Core (HMO) H3170-003-2</b>
<b>Phone Number</b>	855-335-1407	844-899-6060	844-899-6060	844-899-6060
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$26	\$0	\$0
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$5,000	\$4,500 in / \$10,000 out	\$6,250	\$6,250
<b>Benefits and Costs</b>				
<b>Primary Doctor Copay</b>	\$0	\$5	\$10	\$5
<b>Specialist Doctor Copay</b>	\$35	\$35	\$45	\$45
<b>Urgent Care Copay</b>	\$65	\$65	\$65	\$65
<b>Labs/Test/X-rays Copay</b>	\$0/ \$35 / \$10	\$0/ \$30/ \$20	\$10/\$30-395 / \$25-395	\$10/ \$30/\$25
<b>Physical Therapy Copay</b>	\$40	\$40	\$40	\$40
<b>Emergency Room Copay</b>	\$90	\$90	\$90	\$90
<b>Ground Ambulance Copay</b>	\$270	\$325	\$350	\$350
<b>Inpatient Hospital Copay</b>	\$390 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,950</i>	\$420 per day for days 1-4 \$0 days 5-90+ <i>Potential Total = \$1,680</i>	\$420 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,680</i>	\$420 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,680</i>
<b>Outpatient Hospital Copay</b>	\$250 - \$350 per visit	\$350 per visit	\$395 per visit	\$395 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$5,000</i>	\$0 day 1-20, \$188 /day 21-44, \$0/ day 45-100 <i>Out-of-pocket limit = \$4,500</i>	\$0 day 1-20, \$188 /day 21-53, \$0/ day 54-100 <i>Out-of-pocket limit = \$6,250</i>	\$0 day 1-20, \$188 /day 21-53, \$0/ day 54-100 <i>Out-of-pocket limit = \$6,250</i>
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$1,000	Yes - up to \$1,350	Yes - up to \$650	Yes - up to \$900
<b>Vision Coverage</b>	Yes - up to \$75	Yes - up to \$200	Yes - up to \$100	Yes - up to \$100
<b>Additional Benefits</b>	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>				
<b>Drug Coverage Included</b>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
<b>Your Total Drug Cost</b>	\$ _____	\$ _____	\$ _____	\$ _____

	<b>Humana Gold Plus (HMO) H0028—053-003</b>	<b>Humana Honor (PPO) H5216-278</b>	<b>Humana Value Plus (PPO) H5216-171</b>	<b>Humana Choice (PPO) H5216-254</b>	<b>Humana Choice (PPO) H5216-014</b>
<b>Phone Number</b>	800-833-2364	800-833-2364	800-833-2364	800-833-2364	800-833-2364
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>					
<b>Monthly Premium</b>	\$0	\$0 ( <i>\$50 Part B Premium Rebate</i> )	\$25.90	\$0	\$60
<b>Medical Deductible</b>	\$0	\$0	\$203	\$0	\$0
<b>Out-of-pocket Limit</b>	\$3,850	\$6,700 in / \$10,000 out	\$6,700 in/\$10,000 out	\$4,050 in / \$6,700 out	\$6,700 in / \$10,000 out
<b>Benefits and Costs</b>					
<b>Primary Doctor Copay</b>	\$0	\$0	\$20	\$0	\$5
<b>Specialist Doctor Copay</b>	\$45	\$40	\$50	\$40	\$40
<b>Urgent Care Copay</b>	\$25	\$25	20% of cost	\$25	\$25
<b>Labs/Test/X-rays Copay</b>	\$0-\$25 / \$0-\$95 / \$0-\$95	\$0-\$40/ \$0-\$50 /\$0-\$50	\$0 - 20% of cost	\$0-\$40 / \$0-\$95 /\$0-\$95	\$0-\$40 / \$0-\$95 /\$5-\$95
<b>Physical Therapy Copay</b>	\$40	\$40	20% Coinsurance	\$40	\$40
<b>Emergency Room Copay</b>	\$90	\$90	\$90	\$90	\$90
<b>Ground Ambulance Copay</b>	\$290	\$290	20% Coinsurance	\$290	\$290
<b>Inpatient Hospital Copay</b>	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$295 per day for days 1-6 \$0 days 7-90 + <i>Potential Total = \$1,770</i>	<i>\$2,019 per stay</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>
<b>Outpatient Hospital Copay</b>	\$225-\$250 per visit	\$200-\$250 per visit	20% per visit	\$3000-\$350 per visit	\$200-\$250 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$3,850</i>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$6,700</i>	\$0 day 1-20, \$188 per days 21-100 <i>Out-of-pocket limit = \$6,700</i>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$4,050</i>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$6,700</i>
<b>Extra Benefits</b>					
<b>Dental Coverage</b>	Yes - up to \$1,000	Yes - up to \$2,000	Yes - up to \$2,000	Yes - up to \$1,000	Additional premium
<b>Vision Coverage</b>	Yes - up to \$100	Yes - up to \$300	Yes - up to \$100	Yes - up to \$100	Additional premium
<b>Additional Benefits</b>	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC, Insulin Savings	Fitness, OTC
<b>Prescription Coverage</b>					
<b>Drug Coverage Included</b>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
<b>Your Total Drug Cost</b>	\$_____	\$_____	\$_____	\$_____	\$_____

	<b>Medica Advantage Solution with CHI Health (HMO) HO798-001</b>	<b>Medica Advantage Solution (PPO) H3632-001</b>	<b>Medica Prime Solution Core (Cost) H2450-046</b>	<b>Medica Prime Solution Premier (Cost) H2450-043</b>
<b>Phone Number</b>	800-906-5432	800-906-5432	800-906-5432	800-906-5432
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$16	\$69	\$125
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,000	\$3,800 in /\$8,000 out	\$4,000	\$3,000
<b>Benefits and Costs</b>				
<b>Primary Doctor Copay</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor Copay</b>	\$45	\$35	\$15	\$0
<b>Urgent Care Copay</b>	\$45	\$0-35	\$0-\$20	\$0
<b>Labs/Test/X-rays Copay</b>	\$0 / 20% / 20%	\$0 / 15% / 15%	\$0 / \$10 / \$10	\$0
<b>Physical Therapy Copay</b>	\$40	\$35	\$15	\$0
<b>Emergency Room Copay</b>	\$90	\$90	\$50	\$0
<b>Ground Ambulance Copay</b>	\$250	\$250	\$50	\$0
<b>Inpatient Hospital Copay</b>	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>	\$300 per stay	\$100 per stay
<b>Outpatient Hospital Copay</b>	\$295-\$395 per visit	\$295-\$345 per visit	\$100 per visit	\$0 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$4,000</i>	\$0 day 1-20, \$184 per day/days 21-100 <i>Out-of-pocket limit = \$3,800</i>	\$0 day 1-20, \$50 day/days 21-100 <i>Out-of-pocket limit = \$4,000</i>	\$0 day 1-20, \$25 day/days 21-100 <i>Potential Total = \$3,000</i>
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$500	Yes - up to \$1,000	Yes - up to \$300	Yes - up to \$400
<b>Vision Coverage</b>	Yes - up to \$100	Yes - up to \$150	Yes - up to \$100	Yes - up to \$200
<b>Additional Benefits</b>	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>				
<b>Drug Coverage Included</b>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>
<b>Your Total Drug Cost</b>	\$ _____	\$ _____	\$ _____	\$ _____

	<b>Medica Prime Solution Standard (Cost) H2450-044</b>	<b>Medica Prime Solution Thrift (Cost) H2450-030</b>	<b>UnitedHealthcare Medicare Direct Patriot (PFFS) H5435-001</b>	<b>UnitedHealthcare Medicare Direct Rx (PFFS)H5435-024</b>
<b>Phone Number</b>	800-747-8900	800-906-5432	800-555-5757	800-555-5757
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$34	\$40	\$74
<b>Medical Deductible</b>	\$0	\$50	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,500	\$6,700	\$6,700	\$6,700
<b>Benefits and Costs</b>				
<b>Primary Doctor Copay</b>	\$0	20%	\$25	\$25
<b>Specialist Doctor Copay</b>	\$35	20%	\$50	\$50
<b>Urgent Care Copay</b>	\$0 - \$35	\$25	\$40	\$40
<b>Labs/Test/X-rays Copay</b>	\$0/\$0 - \$35/\$0 - \$35	0 /20% /20%	\$0/\$25/\$15	\$0/ \$25 / \$15
<b>Physical Therapy Copay</b>	\$35	20%	\$40	\$40
<b>Emergency Room Copay</b>	\$90	\$50	\$90	\$90
<b>Ground Ambulance Copay</b>	\$200	20%	\$250	\$275
<b>Inpatient Hospital Copay</b>	\$280 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,400</i>	\$300/day for days 1-4; \$0/day for days 5-90 <i>Potential Total = \$1,200</i>	\$395 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,580</i>	\$395 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,580</i>
<b>Outpatient Hospital Copay</b>	\$150-\$200 per visit	20% per visit	\$0-395 per visit	\$0-\$395 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0/day 1-20, \$185.50/day 21-100 <i>Out-of-pocket limit = \$4,500</i>	\$0 day 1-20, \$185.50 day/days 21-100 <i>Out-of-pocket limit = \$6,700</i>	\$0/day 1-20, \$188/day 21-56, \$0/day 57-100 <i>Out-of-pocket limit = \$6,700</i>	\$0/day 1-20, \$188/day 21-56, \$0/day 57-100 <i>Out-of-pocket limit = \$6,700</i>
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$500	No	No	No
<b>Vision Coverage</b>	Yes - up to \$150	No	No	No
<b>Additional Benefits</b>	Hearing, Fitness, OTC	No	No	No
<b>Prescription Coverage</b>				
<b>Drug Coverage Included</b>	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>Yes - copays apply</i>
<b>Your Total Drug Cost</b>	\$ _____	\$ _____	\$ _____	\$ _____

	<b>Wellcare Assist Open (PPO) H1395-003</b>	<b>Wellcare Giveback (HMO) H1215-003</b>	<b>Wellcare No Premium (HMO) H1215-002</b>	<b>Wellcare No Premium Open (PPO) H1395-002</b>
<b>Phone Number</b>	844-917-0175	844-917-0175	844-917-0175	844-917-0175
<b>Regional Counties Offered</b>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>	<i>See County List</i>
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$23.20	\$0 <i>(Part B Premium Reduction \$30)</i>	\$0	\$0
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,500 in / \$10,000 out	\$4,500	\$3,900	\$4,900 in / \$10,000 out
<b>Benefits and Costs</b>				
<b>Primary Doctor Copay</b>	\$0	\$0	\$0	\$0
<b>Specialist Doctor Copay</b>	\$20	\$40	\$25	\$35
<b>Urgent Care Copay</b>	\$40	\$40	\$35	\$50
<b>Labs/Test/X-rays Copay</b>	\$0 / \$0-\$40 / \$0	\$0 / \$0-\$50 / \$0	\$0 / \$0-\$30 / \$0	\$0 / \$0-\$40 / \$0
<b>Physical Therapy Copay</b>	\$20	\$35	\$25	\$40
<b>Emergency Room Copay</b>	\$90	\$90	\$90	\$90
<b>Ground Ambulance Copay</b>	\$300	\$315	\$300	\$325
<b>Inpatient Hospital Copay</b>	\$225 per day for days 1-7 \$0 days 8-90 <i>Potential Total = \$1,575</i>	\$400 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$2,000</i>	\$375 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,875</i>	\$375 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,875</i>
<b>Outpatient Hospital Copay</b>	\$300 per visit	\$350 per visit	\$250 per visit	\$300 per visit
<b>Skilled Nursing Facility Care Copay</b>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$4,500</i>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$4,500</i>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$3,900</i>	\$0 day 1-20, \$188 per day/days 21-100 <i>Out-of-pocket limit = \$4,900</i>
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to	Yes - up to	Yes - up to	Yes - up to
<b>Vision Coverage</b>	Yes - up to	Yes - up to	Yes - up to	Yes - up to
<b>Additional Benefits</b>	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>				
<b>Drug Coverage Included</b>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
<b>Your Total Drug Cost</b>	\$ _____	\$ _____	\$ _____	\$ _____