

Northeast Region - 2022 Medicare Advantage and Cost Plans

The following plans counties make up the Nebraska SHIP's Northeast region. Below is a list of counties and the plans available in each county. The following pages contain the plan details for each plan.

Antelope County

AARP Medicare Advantage (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)

Boone 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)

Boone County continued

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)

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 MA Plans Available

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)

Burt 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)

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)

Cherry County

No Ma options available

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)

Cuming 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)

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)

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)

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)

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)

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)
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)
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)

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)

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)
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)

Rock County

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

Stanton County

AARP Medicare Advantage (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)

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)

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)

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.

	AARP Medicare Advantage (HMO-POS) H2802-001	AARP Medicare Advantage Choice Plan 1(PPO) H1278-001	AARP Medicare Advantage Choice Plan 2 (PPO) H1278-020	AARP Medicare Advantage Patriot (PPO) H1278-018
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757
Regional Counties Offered	<i>Antelope, Boone, Burt, Colfax, Cuming, Madison, Pierce, Platte, Stanton, Thurston and Wayne</i>			
Plan Overview				
Monthly Premium	\$0	\$19	\$0	\$0 <i>(Part B Premium Reduction \$30)</i>
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$4,500	\$3,900 in / \$8,000 out	\$4,500	\$6,700 in / \$8,000 out
Benefits and Costs				
Primary Doctor Copay	\$5	\$0	\$5	\$10
Specialist Doctor Copay	\$45	\$35	\$45	\$45
Urgent Care Copay	\$40	\$40	\$40	\$40
Labs/Test/X-rays Copay	\$0 / \$30 /\$15	\$0/ \$30/\$15	\$0/ \$30/\$15	\$0 / \$30 /\$15
Physical Therapy Copay	\$40	\$35	\$40	\$40
Emergency Room Copay	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$250	\$285	\$280	\$250
Inpatient Hospital Copay	\$395 per day for days 1-4 \$0 days 5-90+ <i>Potential Total = \$1,580</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>
Outpatient Hospital Copay	\$0 - \$395 per visit	\$0 - \$350 per visit	\$0 - \$395 per visit	\$0-\$295 per visit
Skilled Nursing Facility Care Copay	\$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 21-44, \$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>
Extra Benefits				
Dental Coverage	Yes - up to \$1,000	Yes - up to \$1,500	Yes - up to \$1,000	Yes - up to \$1,500
Vision Coverage	Yes - up to \$200	Yes - up to \$200	Yes - up to \$100	Yes - up to \$300
Additional Benefits	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>
Your Total Drug Cost	\$ _____	\$ _____	\$ _____	\$ _____

	AARP Medicare Advantage Choice (PPO) H1278-007	AARP Medicare Advantage Patriot (PPO) H1278-019	Aetna Medicare Eagle (HMO-POS) H7149-007	Aetna Medicare Elite (PPO) H1608-038
Phone Number	800-555-5757	800-555-5757	855-335-1407	855-335-1407
Regional Counties Offered	<i>Cedar, Dakota, Dixon and Knox</i>		<i>Antelope, Boone, Burt, Cedar, Colfax, Cumming, Dakota, Dixon, Holt, Knox, Madison, Nance, Pierce, Platte, Stanton and Wayne</i>	
Plan Overview				
Monthly Premium	\$0	\$0 <i>(Part B Premium Reduction \$30)</i>	\$0 <i>(Part B Premium Reduction \$25)</i>	\$0
Medical Deductible	\$0	\$0	\$0	\$1,000* <i>(specific services)</i>
Out-of-pocket Limit	\$3,900 in / \$10,000 out	\$6,700 in / \$10,000 out	\$6,700	\$5,500 in / \$8,000 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$10	\$0	\$0
Specialist Doctor Copay	\$30	\$45	\$40	\$35
Urgent Care Copay	\$40	\$40	\$65	\$65
Labs/Test/X-rays Copay	\$0/ \$30/\$15	\$0 / \$30 /\$15	\$0 / \$20 / \$20	\$0 / \$35 / \$20
Physical Therapy Copay	\$30	\$40	\$40	\$40
Emergency Room Copay	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$280	\$250	\$320	\$350
Inpatient Hospital Copay	\$370 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,850</i>	\$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>
Outpatient Hospital Copay	\$0 - \$400 per visit	\$0-\$295 per visit	\$200 - \$225 per visit	\$300 - \$400 per visit*
Skilled Nursing Facility Care Copay	\$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 21-56, \$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>
Extra Benefits				
Dental Coverage	Yes - up to \$1,000	Yes - up to \$1,500	Yes - up to \$2,000	Yes - up to \$1,000
Vision Coverage	Yes - up to \$150	Yes - up to \$200	Yes - up to \$300	Yes - up to \$280
Additional Benefits	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>	Yes - <i>copays apply</i>
Your Total Drug Cost	\$ _____	\$ _____	\$ _____	\$ _____

	Aetna Medicare Premier (HMO) H7149-001	Aetna Medicare Premier (PPO) H1608-012	BlueCross Blue Shield MA Access (PPO) H8181-001	BlueCross Blue Shield MA Core (HMO) H3170-003-2
Phone Number	855-335-1407	855-335-1407	844-899-6060	844-899-6060
Regional Counties Offered	<i>Antelope, Boone, Burt, Cedar, Colfax, Cuming, Dakota, Dixon, Holt, Knox, Madison, Nance, Pierce, Platte, Stanton and Wayne</i>		<i>Antelope, Boone, Burt, Cedar, Chase, Colfax, Cuming, Holt, Knox, Madison, Nance, Pierce, Platte, Stanton, Thurston and Wayne</i>	
Plan Overview				
Monthly Premium	\$0	\$34	\$26	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$4,100	\$5,000 in / \$11,300 out	\$4,500 in / \$10,000 out	\$6,250
Benefits and Costs				
Primary Doctor Copay	\$0	\$10	\$5	\$5
Specialist Doctor Copay	\$40	\$40	\$35	\$45
Urgent Care Copay	\$65	\$65	\$65	\$65
Labs/Test/X-rays Copay	\$0/ \$40 / \$15	\$0/ \$40 / \$20	\$0/ \$30/ \$20	\$10/ \$30/\$25
Physical Therapy Copay	\$40	\$40	\$40	\$40
Emergency Room Copay	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$335	\$315	\$325	\$350
Inpatient Hospital Copay	\$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>	\$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>
Outpatient Hospital Copay	\$300 - \$400 per visit	\$250 - \$350 per visit	\$350 per visit	\$395 per visit
Skilled Nursing Facility Care Copay	\$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>	\$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>
Extra Benefits				
Dental Coverage	Yes - up to \$1,300	Yes - up to \$500	Yes - up to \$1,350	Yes - up to \$900
Vision Coverage	Yes - up to \$240	Yes - up to \$100	Yes - up to \$200	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Your Total Drug Cost	\$ _____	\$ _____	\$ _____	\$ _____

	Humana Gold Plus (HMO) H0028—053-003	Humana Honor (PPO) H5216-278	Humana Choice (PPO) H5216-254	Medica Prime Solution Core (Cost) H2450-046	Medica Prime Solution Premier (Cost) H2450-043
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-906-5432	800-906-5432
Regional Counties Offered	<i>Dakota</i>	<i>Dakota</i>	<i>Dakota</i>	<i>Antelope, Boone, Boyd, Burt, Cedar, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston and Wayne</i>	
Plan Overview					
Monthly Premium	\$0	\$0 (<i>\$50 Part B Premium Rebate</i>)	\$0	\$69	\$125
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,850	\$6,700 in / \$10,000 out	\$4,050 in / \$6,700 out	\$4,000	\$3,000
Benefits and Costs					
Primary Doctor Copay	\$0	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$45	\$40	\$40	\$15	\$0
Urgent Care Copay	\$25	\$25	\$25	\$0-\$20	\$0
Labs/Test/X-rays Copay	\$0-\$25 / \$0-\$95 / \$0-\$95	\$0-\$40/ \$0-\$50 /\$0-\$50	\$0-\$40 / \$0-\$95 /\$0-\$95	\$0 / \$10 / \$10	\$0
Physical Therapy Copay	\$40	\$40	\$40	\$15	\$0
Emergency Room Copay	\$90	\$90	\$90	\$50	\$0
Ground Ambulance Copay	\$290	\$290	\$290	\$50	\$0
Inpatient Hospital Copay	\$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>	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$300 per stay	\$100 per stay
Outpatient Hospital Copay	\$225-\$250 per visit	\$200-\$250 per visit	\$300-\$350 per visit	\$100 per visit	\$0 per visit
Skilled Nursing Facility Care Copay	\$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 day/days 21-100 <i>Out-of-pocket limit = \$4,050</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>
Extra Benefits					
Dental Coverage	Yes - up to \$1,000	Yes - up to \$2,000	Yes - up to \$1,000	Yes - up to \$300	Yes - up to \$400
Vision Coverage	Yes - up to \$100	Yes - up to \$300	Yes - up to \$100	Yes - up to \$100	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC	Hearing, Fitness, OTC, Insulin Savings	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	Yes - <i>copays apply</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>
Your Total Drug Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

	Medica Prime Solution Standard (Cost) H2450-044	Medica Prime Solution Thrift (Cost) H2450-030	UnitedHealthcare Medicare Direct Patriot (PFFS) H5435-001	UnitedHealthcare Medicare Direct Rx (PFFS)H5435-024
Phone Number	800-747-8900	800-906-5432	800-555-5757	800-555-5757
Regional Counties Offered	<i>Antelope, Boone, Boyd, Burt, Cedar, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston and Wayne</i>		<i>Keya Paha</i>	<i>Keya Paha</i>
Plan Overview				
Monthly Premium	\$0	\$34	\$40	\$74
Medical Deductible	\$0	\$50	\$0	\$0
Out-of-pocket Limit	\$4,500	\$6,700	\$6,700	\$6,700
Benefits and Costs				
Primary Doctor Copay	\$0	20%	\$25	\$25
Specialist Doctor Copay	\$35	20%	\$50	\$50
Urgent Care Copay	\$0 - \$35	\$25	\$40	\$40
Labs/Test/X-rays Copay	\$0/\$0 - \$35/\$0 - \$35	0 /20% /20%	\$0/\$25/\$15	\$0/ \$25 / \$15
Physical Therapy Copay	\$35	20%	\$40	\$40
Emergency Room Copay	\$90	\$50	\$90	\$90
Ground Ambulance Copay	\$200	20%	\$250	\$275
Inpatient Hospital Copay	\$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>
Outpatient Hospital Copay	\$150-\$200 per visit	20% per visit	\$0-395 per visit	\$0-\$395 per visit
Skilled Nursing Facility Care Copay	\$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>
Extra Benefits				
Dental Coverage	Yes - up to \$500	No	No	No
Vision Coverage	Yes - up to \$150	No	No	No
Additional Benefits	Hearing, Fitness, OTC	No	No	No
Prescription Coverage				
Drug Coverage Included	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>No prescription coverage</i>	<i>Yes - copays apply</i>
Your Total Drug Cost	\$ _____	\$ _____	\$ _____	\$ _____

	Wellcare Assist Open (PPO) H1395-003	Wellcare Giveback (HMO) H1215-003	Wellcare No Premium (HMO) H1215-002	Wellcare No Premium Open (PPO) H1395-002
Phone Number	844-917-0175	844-917-0175	844-917-0175	844-917-0175
Regional Counties Offered	<i>Antelope, Boone, Madison, Pierce and Wayne</i>			
Plan Overview				
Monthly Premium	\$23.20	\$0 <i>(Part B Premium Reduction \$30)</i>	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$4,500 in / \$10,000 out	\$4,500	\$3,900	\$4,900 in / \$10,000 out
Benefits and Costs				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$20	\$40	\$25	\$35
Urgent Care Copay	\$40	\$40	\$35	\$50
Labs/Test/X-rays Copay	\$0 / \$0-\$40 / \$0	\$0 / \$0-\$50 / \$0	\$0 / \$0-\$30 / \$0	\$0 / \$0-\$40 / \$0
Physical Therapy Copay	\$20	\$35	\$25	\$40
Emergency Room Copay	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$300	\$315	\$300	\$325
Inpatient Hospital Copay	\$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>
Outpatient Hospital Copay	\$300 per visit	\$350 per visit	\$250 per visit	\$300 per visit
Skilled Nursing Facility Care Copay	\$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>
Extra Benefits				
Dental Coverage	Yes - up to	Yes - up to	Yes - up to	Yes - up to
Vision Coverage	Yes - up to	Yes - up to	Yes - up to	Yes - up to
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
Your Total Drug Cost	\$_____	\$_____	\$_____	\$_____