

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2018

INCLUDES DRUGS

COMPANY Plan Name/Type	Plan #	Rating 5 is max	Phone #	Pre m.- mo.	Drug Deduc t.	*Annual CoPay Max.	HOSPITAL +=unlimited days		Nursing Home		Doctor Visits		Out- patient surgery		MRI and CT scans	Radiol ogy (Radn. Trmt.)	X-Ray	D=Dental H=Hearing V=Vision	
							Day# s	Copay/day	Day #s	Copay/day	Prim.	Spec	Surg Ctr.	Hosp.				Incl	Extra \$
MEDICARE Parts A & B			800/633-4227			no limit	1- 60	\$1,316 deductible	1-20 21-100	0 \$164.50	20%	20%	20%	20%	20%	20%		no coverage	
AARP MEDICARE COMPLETE																			
1	AARP Medicare Choice PPO (PV & Luth)	2228-019-0	3.5		\$27	\$100	\$4,800	1- 5 \$335/day 6+ 0	1-20 \$0 21-50 \$160/day 51-100 \$0	\$ 5	\$ 45	\$ 295	\$ 295	20%	20%	\$14	DVH	D	
2	AARP Medicare Focus PPO (Lutheran)	2228-020-0	3.5	800/ 555-5757	\$0	\$210	\$4,800	1- 5 \$345/day 6+ 0	1-20 \$0 21-50 \$160/day 51-100 \$0	\$ 5	\$ 40	\$ 275	\$ 275	20%	20%	\$11	DVH		
3	AARP Medicare Profile HMO (PV)	2802-007	4		\$0	\$225	\$5,200	1-5 \$345/day 6+ 0	1-20 \$0 21-53 \$160/day 54-100 \$0	\$ 5	\$ 45	\$ 275	\$ 275	20%	20%	\$12	DVH	D	
4	AARP Medicare Plan 2 HMO (PV& Luth.)	2802-015	4		\$77	\$0	\$4,200	1-5 \$275/day 6+ 0	1-20 \$0 21-47 \$160/day 48-100 \$0	\$ -	\$ 25	\$ 225	\$ 225	20%	20%	\$14	DVH		
AETNA																			
5	Aetna Medicare Value Plan PP	5521-099	4	855/338-7027	\$0	\$0	\$4,800	1-6 \$300/day 7-90 0	1-20 \$0 21-100 \$160/day	\$5	\$40	\$260	\$ 260	\$275	90-110	\$10	DVH		
6	Aetna Medicare Premium	5521-190	4		\$51	\$0	\$4,200	1-6 \$300/day 7-90 0	1-20 \$0 21-100 \$160/day	\$0	\$35	\$260	\$ 260	\$225	90-110	\$10	DVH		
ALLWELL																			
7	Allwell Medicare PPO	6348-002	new	877/891-6093	\$0	\$0	\$5,000	1-6 \$285/day 7-90 0	1-20 \$0 21-100 160/day	\$5	\$35	\$ 250	\$ 275	20%	20%	\$50	DHV		
8	Allwell Medicare HMO	3499-002	new		\$0	\$0	\$4,100	1-8 \$245/day 9-90 0	1-20 \$0 21-100 160/day	\$0	\$25	\$ 225	\$240	20%	20%	\$50	DHV		
ANTHEM MEDI BLUE																			
9	Anthem MediBlue Plus HMO	9954-002	3.5	844/373-7113	\$0	\$0	\$4,900	1-7 \$260/day 8-90 0	1-20 \$0 21-100 \$167.50/day	\$10	\$40	\$225	\$ 255	\$160	20%	100 - 120	DHV	DV	
10	Anthem MediBlue Access PPO	1607-012	3.5	800/797-6421	\$52	\$0	\$6,000	1-7 \$275/day 8-90 0	1-20 \$0 21-100 \$167.50/day	\$10	\$40	\$225	20%	\$160	20%	90-110	DHV	DV	
11	Anthem MediBlue Access Basic PPO	5941-015	3.5	800/797-0560	\$73	\$100	\$6,400	1-6 \$290/day 7-90 0	1-20 \$0 21-100 \$167.50/day	\$15	\$40	\$265	20%	\$145	20%	90-110	DHV	DV	
HUMANA																			
12	Humana Choice Regional PPO	0865-003	3.5	800/ 833-2364	\$63	\$195	\$6,700	1-5 \$350/day 6+ 0	1-20 \$0 21-100 167.50/day	\$ 15	\$ 45	\$ 300	\$ 350	\$350	\$45 OR 20%	\$15-\$100	HV	D	
13	Humana Choice PPO	5216-112	4		\$25	\$220	\$6,700	1-5 \$360/day 6+ 0	1-20 \$0 21-100 167.50/day	\$ 10	\$ 45	\$ 330	\$ 360	\$360	\$45 OR 20%	\$10-\$95	H	DV	
14	Humana Choice PPO	5216-055	4		\$40	\$160	\$4,900	1-5 \$325/day 6+ 0	1-20 \$0 21-100 167.50/day	\$ 10	\$ 45	\$ 295	\$ 325	\$325	\$45 OR 20%	\$10-\$95	DHV		
15	Humana Gold Choice PFFS	8145-011	3.5		\$93	\$220	\$6,700	1-4 \$395/day 5+ 0	1-20 \$0 21-100 167.50/day	\$ 20	\$ 45	\$ 365	\$ 395	\$395	\$45 OR 20%	\$20-\$95	H	DV	
16	Humana Gold Plus HMO	5619-051	4		\$0	\$0	\$4,500	1-7 \$275/day 8+ 0	1-20 \$0 21-100 167.50/day	\$ -	\$ 40	\$ 245	\$ 275	\$275	\$40 OR 20%	\$0-\$95	DHV	D	
IU HEALTH																			
17	IU Health Medicare Select Plus HMO	7220-009-3	3	866/327-7497	\$0	\$200	\$4,950	1-6 \$275/day 7-90 0	1-20 \$0 21-100 \$165/day	\$10	\$45	\$295	\$ 295	20%	20%	\$25	DHV	D	

*If you get service out side the network your maximum could be higher, but no more than \$10,000. If you choose an HMO plan, you will pay the entire amount which will not count toward your Co-Pay max.
