

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2020

INCLUDES DRUGS

COPAYS

COMPANY Plan Name/Type	Plan #	Rating 5 is max	Prem- mo.	Drug Deduct.	Annual CoPay Max. - In or Out of Network		HOSPITAL +=unlimited days		Nursing Home		Doctor Visits		Out- patient surgery		MRI and CT scans	Radiol. (Radn. Trmt.)
					In	Out	Day #	Copoly/day	Day #s	Copoly/day	Prim.	Spec	Surg Ctr.	Hosp.		
AARP 800/555-5757																
1	AARP Medicare Advantage Choice-Plan1 (PPO)	2228-019-0	4.0	\$18	\$0	\$ 3,900	\$10,000	1- 5 \$370/day 6+ 0	1-20 \$0 21-45 \$160/day 46-100 \$0	\$ -	\$ 40	\$ 195	\$ 350	\$160	\$60	
2	AARP Medicare Advantage Focus PPO	2228-020-0	4.0	\$0	\$0	\$ 3,900	\$10,000	1- 5 \$370/day 6+ 0	1-20 \$0 21-45 \$160/day 46-100 \$0	\$ -	\$ 30	\$ 370	\$ 370	\$160	\$60	
3	AARP Medicare Advantage Choice-Plan 2 PPO	2228-080	4.0	\$0	\$100	\$ 4,900	\$10,000	1- 6 \$295/day 7+ 0	1-20 \$0 21-51 \$160/day 52-100 \$0	\$ -	\$ 40	\$ 195	\$ 295	\$160	\$60	
4	AARP Medicare Advantage Profile (HMO-POS)	2802-007	4.0	\$0	\$210	\$ 4,500	NONE	1-5 \$370/day 6+ 0	1-20 \$0 21-49 \$160/day 50-100 \$0	\$ 5	\$ 40	\$ 370	\$ 370	\$160	\$60	
5	AARP Medicare Advantage Plan 2 HMO POS	2802-015	4.0	\$79	\$0	\$ 4,200	NONE	1-5 \$350/day 6+ 0	1-20 \$0 21-47 \$160/day 48-100 \$0	\$ -	\$ 25	\$ 195	\$ 350	\$160	\$60	
AETNA 855/275-6627																
6	Aetna Medicare Value Plan PPO	5521-099	4.5	\$0	\$0	\$4,750	\$8,500	1-7 \$290/day 8-90 0	1-20 \$0 21-100 \$160/day	\$0	\$40	\$260	\$ 260	\$ 275	?	
7	Aetna Medicare Premiere PPO	5521-190	4.5	\$29	\$0	\$3,900	\$7,500	1-6 \$250/day 7-90 0	1-20 \$0 21-100 \$160/day	\$0	\$30	\$260	\$ 260	\$ 195	?	
ALLWELL 877/891-6093																
8	Allwell Medicare PPO	6348-002	New	\$0	\$0	\$5,500	\$9,000	1-6 \$300/day 7+ 0	1-20 \$0 21-100 170/day	\$5	\$40	\$ 275	\$ 325	20%	20%	
9	Allwell Medicare HMO	3499-002	New	\$0	\$0	\$4,100	NONE	1-6 \$295/day 7+ 0	1-20 \$0 21-100 170/day	\$0	\$40	\$ 250	\$ 265	20%	20%	
ANTHEM E 844/373-7113 for HMO's and 800/797-6421 for PPO's																
10	Anthem MediBlue Extra HMO	3447-024	4.0	27.10	\$435	\$6,700	NONE	1-7 \$310/day 8-90 0	1-20 \$0 21-100 \$178/day	\$0	\$40	\$200	20%	\$90-150	20%	
11	Anthem MediBlue Plus HMO	3447-021	4.0	\$0	\$0	\$4,900	NONE	1-7 \$295/day 8-90 0	1-20 \$0 21-100 \$178/day	\$5	\$40	\$225	15%	\$140-225	20%	
12	Anthem MediBlue Access Plus PPO	1607-012	3.5	\$53	\$60	\$6,400	\$10,000	1-7 310/day 8-90 0	1-20 \$0 21-100 \$178/day	\$10	\$40	\$225	20%	\$140-215	20%	
13	Anthem MediBlue Access PPO	1607-014	3.5	\$29	\$150	\$6,700	\$10,000	1-7 310/day 8-90 0	1-20 \$0 21-100 \$178/day	\$10	\$40	\$245	20%	\$150-215	20%	
14	Anthem MediBlue Access Basic PPO	4487-001	3.5	\$69	\$100	\$6,400	\$10,000	1-6 \$290/day 7-90 0	1-20 \$0 21-100 \$178/day	\$15	\$40	\$265	20%	\$105-175	20%	
HUMANA 800/833-2364																
15	Humana Choice Regional PPO	0865-003	4.0	\$63	\$195	\$6,700	\$10,000	1-5 \$350/day 6+ 0	1-20 \$0 21-100 178/day	\$ 15	\$ 45	\$ 340	\$ 390	\$180-390	\$45 OR 20%	
16	Humana Choice PPO	5216-112	4.0	\$15	\$75	\$4,900	\$10,000	1-5 \$370/day 6+ 0	1-20 \$0 21-100 178/day	\$ 5	\$ 45	\$ 295	\$ 345	\$180-350	\$45 OR 20%	
17	Humana Choice PPO	5216-192	4.0	\$0	\$250	\$6,700	\$6,700	1-3 \$495/day 4+ 0	1-20 \$0 21-100 178/day	\$ 30	\$ 50	\$ 415	\$ 465	\$50 OR 20%	20%	
18	Humana Choice PPO	5216-055	4.0	\$39	\$160	\$5,200	\$10,000	1-5 \$325/day 6+ 0	1-20 \$0 21-100 178/day	\$ 10	\$ 45	\$ 285	\$ 335	\$180-350	\$45 OR 20%	
19	Humana Gold Choice PFFS	8145-011	3.5	\$102	\$220	\$6,700	\$6,700	1-4 \$390/day 5+ 0	1-20 \$0 21-100 178/day	\$ 20	\$ 50	\$ 315	\$ 365	\$180-350	\$50 OR 20%	
20	Humana Gold Plus HMO	5619-125	4.0	\$15	\$0	\$3,000	NONE	1-7 \$275/day 8-90 0	1-20 \$0 21-100 178/day	\$ -	\$ 25	\$ 200	\$ 250	\$180-350	\$25 or 20%	
21	Humana Gold Plus HMO	5619-051	4.0	\$0	\$0	\$3,400	NONE	1-7 \$275/day 8+ 0	1-20 \$0 21-100 178/day	\$ -	\$ 40	\$ 200	\$ 250	\$180-350	\$40 OR 20%	
IU HEALTH 866/327-7497																
22	IU Health Medicare Select Plus HMO	7220-009-3	4.0	\$0	\$200	\$4,900	NONE	1-6 \$300/day 7-90 0	1-20 \$0 21-100 \$178/day	\$10	\$40	\$295	\$ 300	20%	20%	
EXCLUDES DRUGS																
1	Humana Choice PPO	0865-001	4	\$15		\$ 6,700	\$10,000	1- 4 \$350/day 5+ 0	1-20 \$0 21-100 \$178/day	\$10	\$45	\$ 300	\$ 350	\$180-350	20%	
2	Humana Honor PPO	5216-218	4	\$ -		\$ 6,700	\$10,000	1- 5 \$350/day 6-90 0	1-20 \$0 21-100 \$172/day	\$15	\$45	\$ 300	\$ 350	\$350	20%	
3	IU Health Medicare Select HMO	7220-002	4	* (\$21)		\$ 5,000	NONE	1- 5 \$350/day 6-90 0	1-20 \$0 21-100 \$172/day	\$0	\$40	\$ 300	\$ 300	20%	20%	
4	Lasso Healthcare 866/766-2583	1924-001	New	\$ -											\$7,400 Deductible. Deposit \$3,240 BY LASSO. NO CO-PAYS	