

**ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2021**

**INCLUDES DRUGS**

**COPAYS**

COMPANY Plan Name/Type	Plan #	Plan Type	Rating 5 is max	Prem.- mo.	Drug Deduct.	Annual CoPay Max. - In or Out of Network		HOSPITAL +=unlimited days		Doctor Visits		Out- patient surgery		MRI and CT scans
						In	Out	Day #	Copay/day	Prim.	Spec	Surg Ctr.	Hosp.	

**AARP 800/555-5757**

1	<b>AARP Medicare Advantage Choice-Plan1</b>	2228-019-0	PPO	4.0	<b>\$18</b>	\$0	\$ 3,900	\$10,000	1- 5 \$370/day 6+ 0	\$ - \$ 40	\$ 195	\$ 350	\$160
2	<b>AARP Medicare Advantage Focus</b>	2228-020-0	PPO	4.0	<b>\$0</b>	\$0	\$ 3,900	\$10,000	1- 5 \$370/day 6+ 0	\$ - \$ 30	\$ 195	\$ 370	\$160
3	<b>AARP Medicare Advantage Choice-Plan 2</b>	2228-080	PPO	4.0	<b>\$0</b>	\$100	\$ 4,900	\$10,000	1- 6 \$295/day 7+ 0	\$ - \$ 40	\$ 195	\$ 295	\$160
4	<b>AARP Medicare Advantage Choice Premier</b>	2228-092	PPO	4.0	<b>\$29.60</b>	\$445	\$ 7,550	\$11,300	1-5 \$350/day 6+ 0	\$ - \$ 40	\$ 195	\$ 350	\$160
5	<b>AARP Medicare Advantage Profile</b>	2802-007	HMO-POS	4.5	<b>\$0</b>	\$210	\$ 4,500	NONE	1-5 \$370/day 6+ 0	\$ 5 \$ 40	\$ 195	\$ 370	\$160
6	<b>AARP Medicare Advantage Plan 2</b>	2802-015	HMO-POS	4.5	<b>\$79</b>	\$0	\$ 4,200	NONE	1-5 \$350/day 6+ 0	\$ - \$ 25	\$ 195	\$ 350	\$160

**AETNA 855/275-6627**

7	<b>Aetna Medicare Prime</b>	3192-004	HMO	NEW	<b>\$0</b>	\$0	\$4,300	NONE	1-7 \$265/day 8-90 0	\$0 \$35	\$225	\$ 225	\$ 150
8	<b>Aetna Medicare Value Plan</b>	5521-099	PPO	4.0	<b>\$0</b>	\$0	\$4,750	\$9,500	1-7 \$275/day 8-90 0	\$0 \$40	\$325	\$ 325	\$ 250
9	<b>Aetna Medicare Premiere</b>	5521-190	PPO	4.0	<b>\$29</b>	\$0	\$3,900	\$8,500	1-6 \$250/day 7-90 0	\$0 \$35	\$260	\$ 260	\$ 195

**ALLWELL 877/891-6093**

10	<b>Allwell Medicare</b>	6348-002	PPO	New	<b>\$0</b>	\$0	\$5,500	\$9,000	1-6 \$330/day 7-90 0	\$5 \$40	\$ 275	\$ 325	20%
11	<b>Allwell Medicare</b>	3499-002	HMO	New	<b>\$0</b>	\$0	\$4,100	NONE	1-6 \$295/day 7-90 0	\$0 \$40	\$ 250	\$ 265	20%
12	<b>Allwell Medicare Boost</b>	3499-007	HMO	New	<b>\$0</b>	\$200	\$7,550	NONE	1-5 \$350/day 6-90. 0	\$10 \$40	\$ 275	\$ 350	\$200
13	<b>Allwell Medicare Complement</b>	3499-008	HMO	New	<b>\$29.60</b>	\$445	\$5,500	NONE	1-6 \$325/day 7+ 0	\$0 \$40	\$ 250	\$ 325	20% Up to \$200

**ANTHEM**

14	<b>Anthem MediBlue Extra 844/373-7113</b>	3447-024	HMO	3.5	<b>29.60</b>	\$445	\$6,700	NONE	1-7 \$290/day 8-90 0	\$0 \$30	\$200	\$245	\$ 150
15	<b>Anthem MediBlue Plus 844/373-7113</b>	3447-021	HMO	3.5	<b>\$0</b>	\$0	\$4,400	NONE	1-7 \$295/day 8-90 0	\$5 \$40	\$225	\$275	\$ 225
16	<b>Anthem MediBlue Access Plus 800/797-6421</b>	1607-012	PPO	3.5	<b>\$54</b>	\$60	\$6,400	\$10,000	1-7 310/day 8-90 0	\$10 \$40	\$225	20%	\$ 215
17	<b>Anthem MediBlue Access 800/797-6421</b>	1607-014	PPO	3.5	<b>\$29</b>	\$150	\$6,700	\$10,000	1-7 310/day 8-90 0	\$10 \$40	\$245	20%	\$ 215
18	<b>Anthem MediBlue Access Preferred 800/797-6421</b>	1607-015	PPO	3.5	<b>\$16</b>	\$125	\$4,900	\$10,000	1-5 370/day 6-90 0	\$5 \$40	\$295	\$350	\$ 215
19	<b>Anthem MediBlue Access Basic 800/797-5957</b>	4487-001	PPO	3.5	<b>\$84</b>	\$100	\$6,400	\$10,000	1-7 \$290/day 8-90 0	\$10 \$40	\$265	20%	\$ 175

**CARESOURCE 844/607-2830**

**ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2021**

<b>INCLUDES DRUGS</b>											<b>COPAYS</b>				
COMPANY Plan Name/Type	Plan #	Plan Type	Rating 5 is max	Prem.- mo.	Drug Deduct.	Annual CoPay Max. - In or Out of Network		HOSPITAL +=unlimited days		Doctor Visits		Out- patient surgery		MRI and CT scans	
INCLUDES DRUGS						In	Out	Day #	Copay/day	Prim.	Spec	Surg Ctr.	Hosp.		
20	Care Source Advantage	7076-011	HMO	new	\$24.50	\$30	\$4,600	NONE	1-7 \$285/day 8-90 0	\$ -	\$ 35	\$ 250	\$ 295	\$ 150	
21	Care Source Adv. Zero Premium	7076-013	HMO	new	\$0.00	\$100	\$6,700	NONE	1-5 \$365/day 6-90 0	\$ 10	\$ 50	\$ 250	\$ 295	\$ 175	

**HUMANA 800/833-2364**

22	Humana Choice Regional	0865-003	PPO	3.5	\$46	\$195	\$6,700	\$10,000	1-5 \$325/day 6+ 0	\$ 10	\$ 40	\$ 275	\$ 325	\$ 325
23	Humana Choice	5216-112	PPO	4.0	\$0	\$0	\$4,900	\$10,000	1-5 \$370/day 6+ 0	\$ -	\$ 40	\$ 295	\$ 345	\$ 350
24	Humana Choice	5216-192	PPO	4.0	\$0	\$250	\$7,550	\$7,550	1-4 \$490/day 5+ 0	\$ 30	\$ 50	\$ 415	\$ 465	\$ 400
25	Humana Choice	5216-055	PPO	4.0	\$40	\$0	\$5,200	\$10,000	1-5 \$360/day 6+ 0	\$ 10	\$ 45	\$ 285	\$ 335	\$ 350
26	Humana Gold Choice	8145-032	PFFS	3.5	\$82	\$225	\$6,700	\$6,700	1-5 \$390/day 6+ 0	\$ 20	\$ 50	\$ 315	\$ 365	\$ 350
27	Humana Gold Plus	5619-051	HMO	4.0	\$0	\$0	\$3,900	NONE	1-7 \$275/day 8+ 0	\$ -	\$ 35	\$ 200	\$ 250	\$ 400

**IU HEALTH 866/327-7497**

28	IU Health Medicare Select Plus	7220-009-3	HMO	4.5	\$0	\$200	\$3,250	NONE	1-6 \$335/day 7+ 0	\$10	\$40	\$295	\$ 300	20%
29	Pro Medica Medicare Plan Essential	5373-001	HMO	new	\$0	\$0	\$3,400	NONE	1-5 \$225/day 6+ 0	\$ -	\$ 35	\$ 200	\$ 200	\$ 150
30	Zing Choice	4624-003	HMO	new	\$0	\$0	\$3,950	NONE	1-5 300/day 6-90 0	\$ -	\$ 30	\$ 150	\$ 225	\$ 150

**EXCLUDES DRUGS**

1	AARP Medicare Advantage Patriot	2228-091	PPO	4.0	0 (1)		\$ 5,500	\$10,000	1-5 \$350/day 6+ 0	\$ 10	\$ 40	\$ 270	\$ 370	\$160
2	Aetna Medicare Eagle	5521-286	PPO	4.0	\$0		\$5,900	\$9,000	1-7 \$290/day 8+ 0	\$0	\$35	\$400	\$ 400	\$250
3	Humana Choice	0865-001	PPO	3.5	\$0		\$ 6,200	\$10,000	1- 6 \$295/day 7+ 0	\$10	\$35	\$ 245	\$ 295	\$295
4	Humana Honor	5216-218	PPO	4	\$ -		\$ 6,700	\$10,000	1- 5 \$350/day 6+ 0	\$15	\$45	\$ 275	\$ 325	\$350
5	IU Health Medicare Select	7220-002	HMO	4			\$ 5,000	NONE	1- 6 \$335/day 7-90 0	\$0	\$40	\$ 300	\$ 300	20%
6	Lasso Healthcare 866/766-2583	1924-001	MSA	New	\$ -		\$5,000 Deductible. Deposit \$2,000 BY LASSO. NO CO-PAYS after deductible							
7	Lasso Healthcare Growth Plus	1924-004	MSA	New	\$ -		\$8,000 Deductible. Deposit \$3000 BY LASSO. NO CO-PAYS after deductible							

1) Will receive \$40 Medicare Part B premium reduction