

2021 EXTRA BENEFITS INCLUDED WITH PLAN-ALLEN COUNTY

COMPANY Plan Name/Type	Plan #	Hearing Aids (per aid)	Preventive Dental coverage- cleaning,x-rays	Comprehensive Dental		(1) Eyewear Allow.	Fitness program ?	Physical Exam	OTC Drug Allowance	Transpor tation
				Coverage	Limit					

**INCLUDES DRUGS
AARP**

1	AARP Medicare Complete Choice PPO	2228-019-0	\$375-2075 co-pay	Yes	\$0 copay or 50% co-insurance	\$ 1,000	300 every 2 years	Yes	Yes	\$50/Qtr.	No
2	AARP Medicare Complete Focus PPO	2228-020-0	\$375-2075 co-pay	Yes	Yes	\$ 1,000	\$250 every 2 years	Yes	Yes	\$80/Qtr	No
3	AARP Medicare Advantage Choice-Plan 2 PPO	2228-080	no	Yes	\$0 copay or 50% co-insurance	\$ 1,000	\$200 every 2 years	Yes	Yes	No	No
4	AARP Medicare Advantage Choice Premier	2228-092	\$375-2075 co-pay	Yes	Limited, but extra benefits may be purchased.	\$ 500	\$250 every 2 years	Yes	Yes	\$130/Qtr	No
5	AARP Medicare Advantage Profile (HMO-POS)	2802-007	\$375-2075 co-pay	Yes		\$ 1,000	\$250 every 2 years	Yes	Yes	\$40/Qtr.	Yes
6	AARP Medicare Advantage Plan 2 HMO-POS	2802-015	\$375-2075 co-pay	Yes	50% co-insurance	\$ 1,000	None	Yes	Yes	\$80/Qtr	No

AETNA

7	Aetna Medicare Prime	3192-004	\$500 allow.		\$1,500 reimbursement for covered services		\$100	Yes	No	\$90/qtr	Yes
8	Aetna Medicare Value Plan PPO	5521-099	500/ear allowance		\$775 reimbursement for covered services		\$100	Yes	Yes	\$60/qtr	No
9	Aetna Medicare Premiere PPO	5521-190	\$1000 /ear allowance		\$1,250 reimbursement for covered services		\$250	Yes	Yes	\$90/qtr	No

ALLWELL

10	Allwell Medicare PPO	6348-002	\$0-1580 allowance	Yes	No, but extra benefits may be purchased		\$150	Yes	Yes	\$60/Qtr.	No
11	Allwell Medicare HMO	3499-002	\$0-1580 allowance	Yes	No, but extra benefits may be purchased		\$150	Yes	No	\$50/Qtr.	Yes
12	Allwell Medicare Boost	3499-007	\$0-1580 allowance	Limited	No, but extra benefits may be purchased		\$150	Yes	Yes	\$20/Qtr	No
13	Allwell Medicare Complement	3499-008	\$0-1350 allowance	Yes	50% co-insurance	1,000	\$150	Yes	Yes	\$70/Qtr	No

ANTHEM

14	Anthem MediBlue Extra HMO	3447-024	\$3,000 allowance	Yes	\$250 allow./qtr. plus extra benefits may be purchased		\$200	Yes	Yes	\$170/Qtr.	Yes
15	Anthem MediBlue Plus HMO	3447-021	\$3,000 allowance	Yes	No, but extra benefits may be purchased		\$150	Yes	Yes	\$70/Qtr.	Yes
16	Anthem MediBlue Access Plus PPO	1607-012	\$3,000 allowance	Exam & cleaning only	No, but extra benefits may be purchased		No	Yes	Yes	\$45/Qtr.	No
17	Anthem MediBlue Access PPO	1607-014	\$3,000 allowance	Yes	No, but extra benefits may be purchased		No	Yes	Yes	\$65/Qtr.	No
18	Anthem MediBlue Access Preferred	1607-015	\$3,000 allowance	Yes	No, but extra benefits may be purchased		\$150	Yes	Yes	\$50/qtr.	No
19	Anthem MediBlue Access Basic PPO	4487-001	\$2,000 allowance	Yes	No, but extra benefits may be purchased		No	Yes	Yes	\$35/Qtr	No

CARE SOURCE

20	Care Source Advantage	7076-011	\$499-799 copay	Yes	30-50% copay	1,000	\$130	Yes	No	\$25/Qtr	Yes-diabetes
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					Coverage	Limit					
	INCLUDES DRUGS										
21	Care Source Adv. Zero Premium	7076-013	\$699-999 copay	Yes	No	1,000	\$100	Yes	No	No	No

HUMANA

22	Humana Choice Regional PPO	0865-003	\$499-799 copay	Yes	No, but extra benefits may be purchased		No	Yes	Yes	\$15/mo.	No
23	Humana Choice PPO	5216-112	\$699-999 copay	Yes	Limited, but extra benefits may be purchased		\$200	Yes	Yes	\$45/Qtr.	No
24	Humana Choice PPO	5216-192	\$699-999 copay	No	No, but extra benefits may be purchased		\$100	No	Yes	No	No
25	Humana Choice PPO	5216-055	\$699-999 copay	50% fillings & extractions copay	No, but extra benefits may be purchased	1,000	\$200	Yes	Yes	\$30/Qtr.	No
26	Humana Gold Choice PFFS	8145-032	No	50% fillings & extractions copay	No, but extra benefits may be purchased	1,000	No	Yes	Yes	No	No
27	Humana Gold Plus HMO	5619-051	\$699-999 copay	Yes	50% extractions & fillings	\$ 1,000	\$200	Yes	Yes	\$50/Qtr.	Yes

OTHERS

28	IU Health Medicare Select Plus HMO	7220-009-3	\$699-999 copay	Yes	Extra benefits may be purchased		\$200 allow. every 2 years	Yes	Yes	\$100/Qtr.	No
29	Pro Medica Medicare Plan Essential	5373-001	\$699-999 copay	Yes	No, but extra benefits may be purchased	1,000	\$75-100 allow. every 2 yrs.	Yes	Yes	\$50/Qtr.	No
30	Zing Choice	4624-003	\$750 allow. Every 3 yrs.	Yes	\$0 copay	2,500	\$175 allow,	Yes	No	\$75/qtr.	Yes

EXCLUDES DRUGS

1	AARP Medicare Advantage Patriot	2228-091	No	Yes	Yes	\$ 500	\$300	Yes	Yes	No	No
2	Aetna Medicare Eagle	5521-286	\$750 allow.	Yes	20-50% copay	\$ 2,000	\$200	Yes	No	\$75/Qtr.	No
3	Humana Choice PPO	0865-001	\$199-499 copay	Yes	Yes	\$ 1,000	\$200	Yes	Yes	\$100/Qtr	No
4	Humana Honor PPO	5216-218	\$399-699 copay	Yes	Limited, but extra benefits may be purchased	\$ 1,000	\$200	Yes	Yes	\$50/Qtr	No
5	IU Health Medicare Select HMO	7220-002	\$699-999 copay	Yes	No, but extra benefits may be purchased		\$250 copay every 2 years	Yes	Yes	\$100/Qtr.	No
6	Lasso Healthcare 866/766-2583	1924-001	NO EXTRA BENEFIT COVERAGE								
7	Lasso Healthcare Growth Plus	1924-004	NO EXTRA BENEFIT COVERAGE								