

**2022 EXTRA BENEFITS INCLUDED WITH PLAN-ALLEN COUNTY**

COMPANY Plan Name/Type	Plan #	Hearing Aids (per aid)	Routine Dental coverage- cleaning,x-rays	Comprehensive Dental	Eyewear Allow.	Fitness program	Physical Exam	OTC Drug Allowance	Transpor tation
<b>INCLUDES DRUGS</b>									

**AARP**

1	<b>AARP Medicare Advantage Choice-Plan1</b>	2228-019-0	\$375-1425 co-pay	\$0 copay for routine and fillings. 50% copay for extractions, root canal & crowns \$1,000 limit for both	\$300	Yes	Yes	\$50/Qtr.	No
2	<b>AARP Medicare Advantage Focus</b>	2228-020-0	\$375-1425 co-pay	\$0 copay for routine and fillings. 50% copay for extractions, root canal & crowns \$1,000 limit for both	\$250	Yes	Yes	\$120/Qtr	No
3	<b>AARP Medicare Advantage Choice-Plan 2</b>	2228-080	\$375-1425 co-pay	\$0 copay for routine and fillings. 50% copay for extractions, root canal & crowns \$1,000 limit for both	\$200	Yes	Yes	\$40/Qtr.	No
4	<b>AARP Medicare Advantage Profile</b>	2802-007	\$375-1425 co-pay	\$0 copay for routine. \$0 copay for extractions, fillings, root canal & crowns \$1,500 limit for both	\$250	Yes	Yes	\$80/Qtr	Yes

**AETNA**

5	<b>Aetna Medicare Prime</b>	3192-004	\$500 allow.	\$1,500 limit	\$100	Yes	No	\$90/qtr	Yes
6	<b>Aetna Medicare Value</b>	5521-099	500/ear allowance	\$975 limit	\$100	Yes	Yes	\$60/qtr	No
7	<b>Aetna Medicare Premiere</b>	5521-190	500/ear allowance	\$1,250 limit	\$225	Yes	Yes	\$90/qtr	No

**ANTHEM**

8	<b>Anthem MediBlue Extra</b>	3447-024	\$3,000 allowance	Yes	\$250 allow./qtr.	\$200	Yes	Yes	\$170/Qtr.	Yes
9	<b>Anthem MediBlue Plus</b>	3447-035	\$3,000 allowance	Yes	50-70% copay -\$1,000 allowance	\$150	Yes	Yes	\$64/Qtr.	Yes
10	<b>Anthem MediBlue Access Plus</b>	1607-012	\$3,000 allowance	Exam & cleaning only	None	No	Yes	Yes	\$38/Qtr.	No
11	<b>Anthem MediBlue Access Preferred</b>	1607-015	\$3,000 allowance	Yes	50-70% copay - \$1,500 allowance	\$250	Yes	Yes	\$50/Qtr.	No
12	<b>Anthem MediBlue Access</b>	7093-002	\$3,000 allowance	Yes	50-70% copay - \$1,000 allowance	\$150	Yes	Yes	\$35/qtr.	No
13	<b>Anthem MediBlue Access Basic</b>	4487-001	\$2,000 allowance	Exam & cleaning only	None	No	Yes	Yes	\$35/Qtr	No

**HUMANA**

14	<b>Humana Choice Regional</b>	0865-003	\$499-799 copay	\$0 Copay for routine. 50% copay for extractions & fillings. \$1,000 limit for both.	No	Yes	Yes	\$15/mo.	No
15	<b>Humana Choice</b>	5216-112	\$699-999 copay	\$0 Copay for routine. 50% copay for extractions & fillings. \$1,500 limit for both.	\$200	Yes	Yes	\$45/Qtr.	No
16	<b>Humana Choice</b>	5216-192	\$699-999 copay	\$0 Copay for routine. \$25 copay for fillings. \$1,500 limit for both.	\$200	Yes	Yes	\$30/Qtr.	No
17	<b>Humana Choice</b>	5216-055	\$699-999 copay	\$0 Copay for routine. 50% copay for extractions & fillings. \$1,000 limit for both.	\$200	Yes	Yes	\$30/Qtr.	No
18	<b>Humana Gold Choice</b>	8145-032	No	\$0 Copay for routine. 50% copay for fillings. \$1,000 limit for both.	No	Yes	Yes	None	No
19	<b>Humana Gold Plus</b>	5619-051	\$699-999 copay	\$0 Copay for routine. 50% copay for extractions & fillings. \$1,000 limit for both.	\$200	Yes	Yes	\$50/Qtr.	Yes

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**WELLCARE**

20	Wellcare No Premium Open	6348-002	\$1,500 allowance	\$0 copay for routine. 40% for comprehensive. \$1,500 limit for both.		\$200	Yes	Yes	\$60/Qtr.	No
21	Wellcare No Premium	3499-002	\$2000 allowance	\$0 copay for routine. 40% for comprehensive. \$1,500 limit for both.		\$200	Yes	Yes	\$65/Qtr.	Yes
22	Wellcare GiveBack	3499-007	\$700 allowance	None	None	None	Yes	Yes	\$20/Qtr.	No
23	Wellcare Assist	3499-008	\$1,000 allowance	\$0 copay for routine. \$0 for comprehensive. \$2,000 limit for both.		\$200	Yes	Yes	\$150/qtr.	No

**OTHERS**

24	IU Health Medicare Select Plus	7220-009-3	\$699-999 copay	\$0 Copay for routine. 50% copay for extractions. \$1,000 limit for both.		\$250 allow. every 2 years	Yes	Yes	\$100/Qtr.	No
25	IU Health Medicare Flex Network	7220-011	\$699-999 copay	\$0 Copay for routine. 50% copay for extractions. \$1,000 limit for both.		\$250 allow. every 2 years	Yes	Yes	\$100/Qtr.	Yes
26	Pro Medica Medicare Plan Essential	5373-001	\$699-999 copay	Yes	None	None	Yes	Yes	\$70/Qtr.	No
27	Zing Choice	4624-003	\$0 copay	Yes	\$0 copay. Limit \$2,000 for both	\$290 allowance	Yes	Yes	\$75/Qtr.	Yes
28	Zing Open Access	4624-015	\$0 copay	Yes	\$0 copay. Limit \$2,000 for both	\$290 allowance	Yes	Yes	\$75/qtr.	Yes

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**EXCLUDES DRUGS**

1	AARP Medicare Advantage Patriot	2228-091	\$375-1425 co-pay	\$0 copay for routine and fillings. 50% copay for extractions, root canal & crowns \$1,000 limit for both		\$300	Yes	Yes	\$50/Qtr.	No
2	Aetna Medicare Eagle	5521-286	\$1250/ear allow.	Yes	\$0 co-pay up to \$3,000 limit	\$200	Yes	No	\$120/Qtr.	No
3	Anthem MediBlue Service	7093-001	\$3,000 allowance	Yes	\$2,000 allowance	\$200	Yes	Yes	\$150/Qtr	Yes
4	Humana Choice	0865-001	\$199-499 copay	\$0 Copay for routine and comprehensive. \$1,000 limit for both.		\$200	Yes	Yes	\$100/Qtr.	No
5	Humana Honor	5216-218	\$399-699 copay	\$0 Copay for routine, fillings and comprehensive. \$1,000 limit for both.		\$200	Yes	Yes	\$50/Qtr	No
6	IU Health Medicare Select	7220-002	\$199-999 copay	\$0 Copay for routine. 50% copay for extractions. \$1,000 limit for both.		\$250 every 2 years	Yes	Yes	\$100/Qtr	Yes
7	Wellcare Patriot Give Back Open	6348-005	\$2,000 allowance	\$0 copay for routine. 20% for comprehensive. \$2,000 limit for both.		\$250	Yes	Yes	\$100/Qtr.	No
8	Lasso Healthcare Growth	1924-001	<u>NONE OFFERED</u>							
9	Lasso Healthcare Growth Plus	1924-004	<u>NONE OFFERED</u>							