

NOBLE COUNTY MEDICARE ADVANTAGE PLANS - 2022

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	

AARP 800/555-5757

1	AARP Medicare Advantage Choice-Plan1	2228-019-0	PPO	4.0	\$18	\$0	\$ 3,900	\$10,000	1-5 \$370/day 6+ 0	\$ - \$ 40	\$ 195 \$ 350	\$170
2	AARP Medicare Advantage Choice-Plan 2	2228-080	PPO	4.0	\$0	\$0	\$ 4,900	\$10,000	1-6 \$295/day 7+ 0	\$ - \$ 40	\$ 195 \$ 295	\$170
3	AARP Medicare Advantage Profile	2802-007	HMO-POS	4.5	\$0	\$0	\$ 4,500	Plan won't pay out of network	1-5 \$370/day 6+ 0	\$ - \$ 30	\$ 195 \$ 370	\$170

AETNA 833/859-6031

4	Aetna Medicare Value	5521-099	PPO	4.5	\$0	\$0	\$4,750	\$9,500	1-7 \$275/day 8-90 0	\$0 \$35	\$325 \$ 325	\$250
5	Aetna Medicare Premiere	5521-190	PPO	4.5	\$29	\$0	\$3,900	\$8,500	1-6 \$250/day 7-90 0	\$0 \$20	\$260 \$ 260	\$195

ANTHEM

6	Anthem MediBlue Extra 855/679-0538	3447-024	HMO	3.5	25.80	\$480	\$6,700	Plan won't pay out of network	1-7 \$290/day 8-90 0	\$0 \$30	\$200 \$245	\$150
7	Anthem MediBlue Plus 855/679-0538	3447-035	HMO	3.5	\$0	\$0	\$3,900	Plan won't pay out of network	1-7 \$295/day 8-90 0	\$0 \$35	\$225 \$275	\$225
8	Anthem MediBlue Access Plus 855/593-0907	1607-012	PPO	4.0	\$54	\$60	\$6,400	\$10,000	1-7 310/day 8-90 0	\$10 \$40	\$225 20%	\$215
9	Anthem MediBlue Access Preferred 855/593-0907	1607-015	PPO	4.0	\$19	\$100	\$3,900	\$10,000	1-5 370/day 6-90 0	\$0 \$35	\$255 \$ 300	\$200
10	Anthem MediBlue Access 855/593-0907	7093-002	PPO	new	\$0	\$175	\$4,900	\$10,000	1-5 390/day 6-90 0	\$0 \$40	\$295 \$ 350	\$200
11	Anthem MediBlue Access Basic 855/793-1935	4487-001	PPO	4.0	\$80	\$100	\$6,400	\$10,000	1-7 \$290/day 8-90 0	\$10 \$40	\$265 20%	\$175

HUMANA 800/833-2364

12	Humana Choice Regional	0865-003	PPO	4.0	\$72	\$195	\$7,550	\$10,000	1-5 \$390/day 6+ 0	\$ 10 \$ 40	\$ 340 \$ 390	\$390
13	Humana Choice	5216-112	PPO	4.0	\$0	\$0	\$4,900	\$10,000	1-5 \$370/day 6+ 0	\$ - \$ 40	\$ 295 \$ 345	\$385
14	Humana Choice	5216-192	PPO	4.0	\$0	250 (*)	\$6,700	\$6,700	1-4 \$490/day 5+ 0	\$ 30 \$ 50	\$ 415 \$ 465	\$475
15	Humana Choice	5216-055	PPO	4.0	\$41		\$5,200	\$10,000	1-5 \$360/day 6+ 0	\$ 10 \$ 45	\$ 285 \$ 335	\$350
16	Humana Gold Choice	8145-032	PFFS	4.0	\$83	\$225	\$6,700	\$6,700	1-5 \$390/day 6+ 0	\$ 20 \$ 50	\$ 315 \$ 365	\$350
17	Humana Gold Plus	5619-051	HMO	4.0	\$0	\$0	\$3,900	Plan won't pay out of network	1-7 \$275/day 8+ 0	\$ - \$ 30	\$ 200 \$ 250	\$450

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						In	Out	Day #	Copay/day	Prim.	Spec	Surg Ctr.	Hosp.	

WELLCARE 866/277-6583

18	Wellcare GiveBack	3499-007	HMO	3.5	(29) (**)	\$200	\$7,550	Plan won't pay out of network	1-5 \$350/day 6-90 0	\$ 10 \$ 40	\$ 275 \$ 350	\$350
19	Wellcare Assist	3499-008	HMO	3.5	\$24.50	\$480	\$5,500	Plan won't pay out of network	1-4 \$275/day 5-90 0	\$ - \$ 40	\$ 250 \$ 325	\$325

OTHERS - IU HEALTH 866/327-7497, ZING 866/946-4458, PROMEDICA 833/554-2335

20	Pro Medica Medicare Plan Essential	5373-001	HMO	new	\$0	\$0	\$3,400	Plan won't pay out of network	1-5 \$225/day 6+ 0	\$ - \$ 35	\$ 200 \$ 200	\$150
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NO DRUG COVERAGE

	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
1	AARP Medicare Advantage Patriot	2228-091	PPO	4.0	(\$40) (**)		\$ 5,500 \$10,000	1-5 \$350/day 6+ 0	\$ 10 \$ 40	\$ 270 \$ 370	\$160			
2	Aetna Medicare Eagle	5521-286	PPO	4.5	(29) (**)		\$5,500 \$8,000	1-7 \$290/day 8-90 0	\$0 \$25	\$350 \$ 350	\$250			
3	Anthem MediBlue Service 800/797-6421	7093-001	PPO	new	(50) (**)		\$6,700 \$10,000	1-7 295/day 8-90 0	\$20 \$50	\$245 \$ 275	\$275			
4	Humana Choice	0865-001	PPO	4.0	\$0		\$ 5,700 \$10,000	1- 6 \$325/day 7+ 0	\$10 \$35	\$ 225 \$ 245	\$295			
5	Humana Honor	5216-218	PPO	4.0	(50) (**)		\$ 5,900 \$10,000	1- 5 \$350/day 6+ 0	\$15 \$45	\$ 275 \$ 325	\$350			
6	Lasso Healthcare Growth 866/766-2583	1924-001	MSA	2.0	\$0		\$5,000 Deductible. Deposit \$2,000 BY LASSO. NO CO-PAYS after deductible							
7	Lasso Healthcare Growth Plus	1924-004	MSA	2.0	\$0		\$8,000 Deductible. Deposit \$3000 BY LASSO. NO CO-PAYS after deductible							

*) Additional \$650 deductible for certain health care expenses

**) Represents reduction in Part B premium.