

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2023

Plan	AARP MEDICARE ADVANTAGE				AETNA MEDICARE			ANTHEM MEDI BLUE					
	Choice-plan 1	Focus	Choice-plan 2	Profile	Value	Premiere	Prime	Access Plus	Access Preferred	Access	Access Basic	Extra	Plus
<b>Plan Type</b>	PPO	PPO	PPO	HMO-POS *	PPO	PPO	HMO-POS *	PPO	PPO	PPO	PPO	HMO	HMO
<b>Plan #</b>	2228-019	2228-020	2228-080	2802-007	5521-099	5521-190	3192-004	1607-012	1607-015	7093-002	4487-001	3447-024	3447-042
<b>Rating (5 is max)</b>	4.0	4.0	4.0	4.5	3.5	3.5	3.5	4.0	4.0	new	4.0	4.0	4.0
<b>Prem.- mo. \$</b>	\$ 18					\$ 29		\$ 54	\$ 19		\$ 81	\$ 21.10	
<b>Drug Ded. (Hlth.)</b>								\$ 60				\$ 505	
<b>Part B rebate</b>													

**CO-PAYS:**

\* Out of network coverage on dental only

**Maximum-annual**

In Network	\$ 3,700	\$ 3,900	\$ 4,800	\$ 3,900	\$ 4,250	\$ 3,675	\$ 3,900	\$ 6,400	\$ 3,900	\$ 4,900	\$ 6,400	\$ 6,700	\$ 3,900
Out of network	\$ 8,950	\$ 8,950	\$ 8,950	Won't pay	\$ 8,500	\$ 7,500	Won't pay	\$ 10,000	\$ 8,950	\$ 8,950	\$ 10,000	Won't pay	Won't pay

**Hospital**

\$325/day Days 1-5	\$325/day Days 1-5	\$295/day Days 1-6	\$325/day Days 1-5	\$275/day Days 1-7	\$250/day Days 1-6	\$300/day Days 1-7	\$310/day Days 1-7	\$370/day Days 1-5	\$370/day Days 1-5	\$290/day Days 1-7	\$290/day Days 1-7	\$295/day Days 1-7
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 35	\$ 30	\$ 40	\$ 30	\$ 35	\$ 30	\$ 35	\$ 40	\$ 35	\$ 40	\$ 40	\$ 30	\$ 35

**Off. Visit-Primary**  
" " -Specialist

**Out-patient surgery:**

Surgical Ctr.	\$ 195	\$ 195	\$ 195	\$ 195	\$ 325	\$ 260	\$ 265	\$ 225	\$ 255	\$ 295	\$ 265	\$ 200	\$ 225
Hospital	\$ 295	\$ 295	\$ 295	\$ 295	\$ 325	\$ 260	\$ 265	20%	\$ 300	\$ 350	20%	\$ 245	\$ 275

**MRI & CT scans**

\$ 140	\$ 160	\$ 170	\$ 170	\$ 250	\$ 195	\$ 200	\$140 Dr Off. 215 Facility	\$150 Dr Off. 200 Facility	\$150 Dr Off. 200 Facility	\$105 Dr Off. 175 Facility	\$90 Dr Off. 150 Facility	\$95 Dr Off. 195 Facility
--------	--------	--------	--------	--------	--------	--------	----------------------------	----------------------------	----------------------------	----------------------------	---------------------------	---------------------------

**EXTRA BENEFITS:**

<b>Hearing Aids</b>	\$175-1,225 co-pay	\$175-1,225 co-pay	\$175-1,225 co-pay	\$175-1,225 co-pay	500/ear allow.	500/ear allow.	\$750/ear allow.	\$3,000 allowance	\$3,000 allowance	\$3,000 allowance	\$2,000 allowance	\$3,000 allowance	\$3,000 allowance
---------------------	--------------------	--------------------	--------------------	--------------------	----------------	----------------	------------------	-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

**Dental:**

<b>Coverage limit</b>	\$ 1,250	\$ 1,000	\$ 1,000	\$ 1,500	\$ 1,250	\$ 1,500	\$ 2,500	\$ -	\$ 2,000	\$ 1,250	\$ -	\$250 allow./ctr.	\$ 1,200
<b>Comprehensive coverage</b>	Yes	Yes	Yes	Yes	In/out of network	In/out of network	20% copay out of network	No	Yes	50-70% co-pay	No	Yes	Yes
<b>Eyewear Allow.</b>	\$ 300	\$ 300	\$ 250	\$ 300	\$165	\$225	\$300	No	\$ 275	\$ 150	No	\$ 200	\$ 150
<b>Fitness program</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>OTC Drug allowance/quarter</b>	\$ 50	\$ 100	\$ 40	\$ 80	\$ 60	\$ 90	\$ 90	\$ 38	\$ 50	\$ 48	\$ 35	\$ 170	\$ 67
<b>Transportation</b>	None	None	None	Yes	None	None	None	Yes -option	Yes -option	Yes -option	None	Yes	Yes -option
<b>Others</b>								\$500 (A)	\$500 (A)	\$500 (A)		\$500 (A)	

(A) Allowance for additional dental, vision & hearing-optional

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2023

Plan	HUMANA								PROMEDICA	
	Choice Regional	Choice	Choice	Choice	USAA Honor w/RX	Choice	Value Plus	Gold Choice	Gold Plus	Medicare Plan Essential
<b>Plan Type</b>	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PFFS	HMO-POS *	HMO
<b>Plan #</b>	0865-003	5216-112	5216-192	5216-055	5216-307	5216-309	5216-193	8145-032	5619-051	5373-001
<b>Rating (5 is max)</b>	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.0	4.0	N/A
<b>Prem.- mo. \$</b>	\$ 33			\$ 39			\$ 28.10	\$ 82		
<b>Drug Ded. (Hlth.)</b>	\$ 195		\$250 (\$650)		\$350 (\$400)	350 (\$625)	\$260 (\$226)			
<b>Part B rebate</b>					\$ 75	\$ 102				
<b>CO-PAYS:</b>	* Out of network coverage on dental only									
<b>Maximum-annual</b>										
In Network	\$ 7,550	\$ 4,900	\$ 6,700	\$ 5,200	\$ 6,550	\$ 6,500	\$ 7,550	\$ 6,700	\$ 3,900	\$ 3,500
Out of network	\$ 10,000	\$ 8,950	\$ 6,700	\$ 8,950	\$ 7,990	\$ 7,990	\$ 10,000	\$ 6,700	Won't pay	Won't pay
<b>Hospital</b>	\$390/day Days 1-5	\$370/day Days 1-5	\$490/day Days 1-4	\$360/day Days 1-5	\$400/day Days 1-4	\$400/day Days 1-4	\$1,600/admission	\$390/day Days 1-5	\$275/day Days 1-7	\$250/day Days 1-5
<b>Off. Visit-Primary</b>	\$ 5	\$ -	\$ -	\$ 10	\$ 15	\$ -	\$ -	\$ 20	\$ -	\$ -
" " -Specialist	\$ 40	\$ 40	\$ 50	\$ 45	\$ 45	\$ 45	20%	\$ 50	\$ 30	\$ 30
<b>Out- patient surgery:</b>										
Surgical Ctr.	\$ 340	\$ 295	\$ 415	\$ 285	\$ 325	\$ 325	19%	\$ 315	\$ 200	\$ 200
Hospital	\$ 390	\$ 345	\$ 465	\$ 335	\$ 375	\$ 375	19%	\$ 365	\$ 250	\$ 200
<b>MRI &amp; CT scans</b>	\$ 300	\$ 385	\$ 475	\$ 350	\$ 495	\$ 395	\$ -	\$ 350	\$ 450	\$150
<b>EXTRA BENEFITS:</b>										
<b>Hearing Aids</b>	\$499-799 copay	\$399-999 copay	\$399-999 copay	\$399-999 copay	\$399-999 copay	\$399-999 copay	\$0 copay	\$399-999 copay	\$399-999 copay	\$675/ear
<b>Dental:</b>										
Coverage limit	\$ 1,000	\$ 1,500	\$ 1,500	\$ 1,000	\$ 1,500	\$ 1,000	\$ 1,000	\$ 1,000	\$ 2,500	\$ 1,000
Comprehensive coverage	50% copay	0% copay	Fillings only	50% copay	50% copay	0% copay	0% copay	0% copay	0% copay	30% co-pay
<b>Eyewear Allow.</b>	None	\$ 200	\$ 200	\$ 200	\$ 100	\$200	\$400	None	\$ 200	\$100/2 yrs.
<b>Fitness program</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>OTC Drug allowance/quarter</b>	\$15/mo	\$ 45	\$ 30	\$ 30	\$ 50	\$ 50	\$ 100	None	\$ 50	\$ 100
<b>Transportation</b>	None	None	None	None	None	None	Yes	None	Yes	Yes
<b>Add'l dental,hearing &amp; vision</b>									\$ 1,000	

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2023

Plan	IU HEALTH		WELLCARE					ZING		
	Select Plus	Flex Network	No Premium Open	Low Prem. Open	No Premium	Give Back	Assist	Choice	Premium Give-back	Open Access
<b>Plan Type</b>	HMO	HMO-POS	PPO	PPO	HMO	HMO	HMO	HMO	HMO	HMO-POS
<b>Plan #</b>	7220-009	7220-011	6348-002	6348-007	3499-002	3499-007	3499-008	4624-003	4624-020	4624-015
<b>Rating (5 is max)</b>	4.0	4.0	N/a	N/A	3.0	3.0	3.0	N/A	N/A	N/A
<b>Prem.- mo. \$</b>				\$ 15			\$ 12			\$ 25
<b>Drug Ded. (Hlth.)</b>						\$ 200	\$ 505			
<b>Part B rebate</b>						\$ 29			\$ 55	
<b>CO-PAYS:</b>										
<b>Maximum-annual</b>										
In Network	\$ 3,350	\$ 3,900	\$ 4,300	\$ 4,300	\$ 3,900	\$ 8,300	\$ 5,500	\$ 4,500	\$ 6,700	\$ 4,500
Out of network	Won't pay	\$ 7,800	\$ 8,950	\$ 8,950	Won't pay	Won't pay	Won't pay	won't pay	won't pay	\$ 4,500
<b>Hospital</b>	\$340/day Days 1-6	\$335/day Days 1-6	\$400/day Days 1-5	\$375/day Days 1-5	\$295/day Days 1-6	\$400/day Days 1-5	\$275/day Days 1-6	\$ 350/day Days 1-6	\$ 350/day Days 1-6	\$ 350/day Days 1-6
<b>Off. Visit-Primary</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -
<b>" " -Specialist</b>	\$ 40	\$ 35	\$ 45	\$ 40	\$ 35	\$ 40	\$ 35	\$ 35	\$ 50	\$ 35
<b>Out- patient surgery:</b>										
Surgical Ctr.	\$ 295	\$ 295	\$ 275	\$ 225	\$ 250	\$ 275	\$ 225	\$ 200	\$ 250	\$ 200
Hospital	\$ 310	\$ 325	\$ 325	\$ 250	\$ 275	\$ 350	\$ 250	\$ 300	\$ 350	\$ 300
<b>MRI &amp; CT scans</b>	20%	40%	\$325	\$250	\$275	\$350	\$250	\$ 150	\$ 150	\$ 150
<b>EXTRA BENEFITS:</b>										
<b>Hearing Aids</b>	\$699-999 copay	\$699-999 copay	\$750/ear allowance	\$1,000 allowance	\$1000/ear allowance	\$350/ear allowance	\$1,000 allowance	\$750/ear every 3 yrs.	\$750/ear every 3 yrs.	\$750/ear every 3 yrs.
<b>Dental:</b>										
<b>Coverage limit</b>	\$ 1,000	\$ 1,000	\$ 1,500	\$ 1,500	\$ 1,500	N/A	\$ 2,000	\$ 2,000	\$ 750	\$ 2,000
<b>Comprehensive coverage</b>	50% copay	50% copay	40% copay	0% copay	40% copay	None	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Eyewear Allow.</b>	\$250/2 yrs.	\$250/2 yrs.	\$ 200	\$ -	\$ 200	None	\$ 300	\$ 350	\$ 100	\$ 350
<b>Fitness program</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>OTC Drug allowance/quarter</b>	\$ 120	\$ 120	\$ 74	\$ 80	\$ 78	\$ 53	\$ 150	\$ 75	None	\$ 75
<b>Transportation</b>	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes
<b>Add'l dental,hearing &amp; vision</b>					\$ 500					

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2023

NO DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA		IU HEALTH	WELLCARE	LASSO	
Plan	Medicare Adv. Patriot	Medicare Eagle	MediBlue Service	Choice	Honor	Select	Patriot Give Back Open	Healthcare Growth	Healthcare Growth Plus
Plan Type	PPO	PPO	PPO	PPO	PPO	HMO	PPO	MSA	MSA
Plan #	2228-091	5521-286	7093-001	0865-001	5216-218	7220-002	6348-005	1924-001	1924-004
Rating (5 is max)	4.0	3.5	NEW	4.5	4.5	4.0	N/A	2.0	2.0
Prem.- mo. \$									
Part B rebate	\$ 50	\$ 45	\$ 50		\$ 75	\$ 21	\$ 40		

**CO-PAYS:**

1) \$5,000 Deductible. Deposit \$2000 BY LASSO. NO CO-PAYS after deductible is met.

2) \$8,000 Deductible. Deposit \$3000 BY LASSO. NO CO-PAYS after deductible is met.

**Maximum-annual**

In Network	\$ 5,500	\$ 4,390	\$ 6,700	\$ 3,900	\$ 5,900	\$ 5,000	\$ 5,500	(1)	(2)
Out of network	\$ 8,950	\$ 8,000	\$ 10,000	\$ 8,950	\$ 8,950	Won't pay	\$ 8,950		
Hospital	\$350/day Days 1-5	\$275/day Days 1-7	\$295/day Days 1-7	\$325/day Days 1-6	\$350/day Days 1-5	\$335/day Days 1-6	\$400/day Days 1-5		
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ 5	\$ 15	\$ -	\$ 5		
" " -Specialist	\$ 40	\$ 35	\$ 45	\$ 30	\$ 45	\$ 40	\$ 40		

**Out-patient surgery:**

Surgical Ctr.	\$ 250	\$ 350	\$ 245	\$ 225	\$ 275	\$ 300	\$ 250		
Hospital	\$ 350	\$ 350	\$ 275	\$ 245	\$ 325	\$ 300	\$ 350		
MRI & CT scans	\$ 160	\$ 250	\$180 Dr Off. \$275 facility	\$ 295	\$ 350	20%	\$ 350		

**EXTRA BENEFITS:**

Hearing Aids	\$175-1,225 co-pay	\$1500/ear allow.	\$3,000 allowance	\$199-499 copay	\$99-699 copay	\$699-999 copay	\$1000/ear allowance	NONE OFFERED
Dental:								
Coverage limit	\$ 1,500	\$ 3,000	\$ 2,000	\$ 1,000	\$ 2,000	\$ 1,000	\$ 1,500	NONE OFFERED
Comprehensive coverage	Yes	Yes-in/out network	Yes-in/out network	Yes	Yes	50% copay	40% copay comp.	
Eyewear Allow.	\$ 300	\$ 300	\$ 200	\$ 200	\$ 200	\$250/2 yrs.	\$ 200	NONE OFFERED
Fitness program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NONE OFFERED
OTC Drug allowance/quarter	\$ 60	\$ 120	\$ 150	\$ 100	\$ 200	\$ 100	\$ 75	NONE OFFERED
Transportation	No	No	Yes-option	Yes	No	Yes	No	NONE OFFERED
Others			\$500 (A)				\$500 (A)	NONE OFFERED

A) Allowance for additional dental, vision & hearing-optional benefit