

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2023

| Plan | AARP MEDICARE ADVANTAGE | | | | AETNA MEDICARE | | | ANTHEM MEDI BLUE ACCESS | | | | | PROMEDICA |
|--------------------------|-------------------------|----------|---------------|-----------|----------------|----------|-----------|-------------------------|----------|----------|----------|----------|-------------------------|
| | Choice-plan 1 | Focus | Choice-plan 2 | Advantage | Value | Premiere | Prime | Preferred | Access | Basic | Extra | Plus | Medicare Plan Essential |
| Plan Type | PPO | PPO | PPO | HMO-POS * | PPO | PPO | HMO-POS * | PPO | PPO | PPO | HMO | HMO | HMO |
| Plan # | 2228-019 | 2228-020 | 2228-080 | 2802-008 | 5521-099 | 5521-190 | 3192-004 | 1607-015 | 7093-002 | 4487-001 | 3447-024 | 3447-042 | 5373-001 |
| Rating (5 is max) | 4.0 | 4.0 | 4.0 | 4.5 | 3.5 | 3.5 | 3.5 | 4.0 | new | 4.0 | 4.0 | 4.0 | N/A |
| Prem.- mo. \$ | \$ 18 | \$ - | \$ - | \$ - | \$ - | \$ 29 | \$ - | \$ 19 | \$ - | \$ 81 | \$ 21.10 | \$ - | \$ - |
| Drug Ded. (Hlth.) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 505 | \$ - | \$ - |
| Part B rebate | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

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 | \$ 3,900 | \$ 4,900 | \$ 6,400 | \$ 6,700 | \$ 3,900 | \$ 3,500 |
| Out of network | \$ 8,950 | \$ 8,950 | \$ 8,950 | Won't pay | \$ 8,500 | \$ 7,500 | Won't pay | \$ 8,950 | \$ 8,950 | \$ 10,000 | Won't pay | Won't pay | Won't pay |

Hospital

| | | | | | | | | | | | | |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| \$325/day Days 1-5 | \$325/day Days 1-5 | \$295/day Days 1-6 | \$370/day Days 1-5 | \$275/day Days 1-7 | \$250/day Days 1-6 | \$300/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 | \$250/day Days 1-5 |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|

Off. Visit-Primary

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
|------|------|------|------|------|------|------|------|------|------|------|------|------|

" " -Specialist

| | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| \$ 35 | \$ 30 | \$ 40 | \$ 45 | \$ 35 | \$ 30 | \$ 35 | \$ 35 | \$ 40 | \$ 40 | \$ 30 | \$ 35 | \$ 30 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

Out- patient surgery:

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

MRI & CT scans

| | | | | | | | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|----------------------------|----------------------------|----------------------------|---------------------------|---------------------------|-------|
| \$ 140 | \$ 160 | \$ 170 | \$ 160 | \$ 250 | \$ 195 | \$ 200 | \$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 | \$150 |
|--------|--------|--------|--------|--------|--------|--------|----------------------------|----------------------------|----------------------------|---------------------------|---------------------------|-------|

EXTRA BENEFITS:

| | | | | | | | | | | | | | |
|---------------------|--------------------|--------------------|--------------------|--------------------|----------------|----------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-----------|
| Hearing Aids | \$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 | \$2,000 allowance | \$3,000 allowance | \$3,000 allowance | \$675/ear |
|---------------------|--------------------|--------------------|--------------------|--------------------|----------------|----------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-----------|

Dental:

| | | | | | | | | | | | | | |
|-----------------------------------|----------|----------|----------|----------|-------------------|-------------------|--------------------------|-------------|---------------|---------------|-------------------|-------------|--------------|
| Limit | \$ 1,250 | \$ 1,000 | \$ 1,000 | \$ 1,000 | \$ 1,250 | \$ 1,500 | \$ 2,500 | \$ 2,000 | \$ 1,250 | \$ - | \$250 allow./ctr. | \$ 1,200 | \$ 1,000 |
| Comprehensive coverage | Yes | Yes | Yes | Yes | In/out of network | In/out of network | 20% copay out of network | Yes | 50-70% co-pay | Cleaning only | Yes | Yes | 30% co-pay |
| Eyewear Allow. | \$ 300 | \$ 300 | \$ 250 | \$ 150 | \$165 | \$225 | \$300 | \$ 275 | \$ 150 | No | \$ 200 | \$ 150 | \$100/2 yrs. |
| Fitness program | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| OTC Drug allowance/quarter | \$ 50 | \$ 100 | \$ 40 | \$ 40 | \$ 60 | \$ 90 | \$ 90 | \$ 50 | \$ 48 | \$ 35 | \$ 170 | \$ 67 | \$ 100 |
| Transportation | None | None | None | None | None | None | None | Yes -option | Yes -option | None | Yes | Yes -option | Yes |
| Others | | | | | | | | \$500 (A) | \$500 (A) | | \$500 (A) | | |

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

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2023

| Plan | HUMANA | | | | | | | | | WELLCARE | | | | |
|--|--|--------------------|--------------------|--------------------|--------------------|--------------------|-------------------|--------------------|--------------------|---------------------|--------------------|----------------------|---------------------|--------------------|
| | Choice Regional | Choice | Choice | Choice | USAA Honor w/RX | Choice | Value Plus | Gold Choice | Gold Plus | No Premium Open | Low Prem. Open | No Premium | Give Back | Assist |
| Plan Type | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PFFS | HMO-POS * | PPO | PPO | HMO | HMO | HMO |
| Plan # | 0865-003 | 5216-112 | 5216-192 | 5216-055 | 5216-307 | 5216-309 | 5216-193 | 8145-032 | 5619-051 | 6348-002 | 6348-007 | 3499-002 | 3499-007 | 3499-008 |
| Rating (5 is max) | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.0 | 4.0 | N/a | N/A | 3.0 | 3.0 | 3.0 |
| Prem.- mo. \$ | \$ 33 | \$ - | \$ - | \$ 39 | \$ - | \$ - | \$ 28.10 | \$ 82 | \$ - | \$ - | \$ 15 | \$ - | \$ - | \$ 12 |
| Drug Ded. (Hlth.) | \$ 195 | \$ - | \$250 (\$650) | \$ - | \$350 (\$400) | 350 (\$625) | \$260 (\$226) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 200 | \$ 505 |
| Part B rebate | \$ - | \$ - | \$ - | \$ - | \$ 75 | \$ 102 | \$ - | \$ - | | \$ - | \$ - | \$ - | \$ 29 | \$ - |
| CO-PAYS: | * Out of network coverage on dental only | | | | | | | | | | | | | |
| Maximum-annual | | | | | | | | | | | | | | |
| In Network | \$ 7,550 | \$ 4,900 | \$ 6,700 | \$ 5,200 | \$ 6,550 | \$ 6,500 | \$ 7,550 | \$ 6,700 | \$ 3,900 | \$ 4,300 | \$ 4,300 | \$ 3,900 | \$ 8,300 | \$ 5,500 |
| Out of network | \$ 10,000 | \$ 8,950 | \$ 6,700 | \$ 8,950 | \$ 7,990 | \$ 7,990 | \$ 10,000 | \$ 6,700 | Won't pay | \$ 8,950 | \$ 8,950 | Won't pay | Won't pay | Won't pay |
| Hospital | \$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 | \$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 |
| Off. Visit-Primary | \$ 5 | \$ - | \$ - | \$ 10 | \$ 15 | \$ - | \$ - | \$ 20 | \$ - | \$ - | \$ - | \$ - | \$ 10 | \$ - |
| " " -Specialist | \$ 40 | \$ 40 | \$ 50 | \$ 45 | \$ 45 | \$ 45 | 20% | \$ 50 | \$ 30 | \$ 45 | \$ 40 | \$ 35 | \$ 40 | \$ 35 |
| Out- patient surgery: | | | | | | | | | | | | | | |
| Surgical Ctr. | \$ 340 | \$ 295 | \$ 415 | \$ 285 | \$ 325 | \$ 325 | 19% | \$ 315 | \$ 200 | \$ 275 | \$ 225 | \$ 250 | \$ 275 | \$ 225 |
| Hospital | \$ 390 | \$ 345 | \$ 465 | \$ 335 | \$ 375 | \$ 375 | 19% | \$ 365 | \$ 250 | \$ 325 | \$ 250 | \$ 275 | \$ 350 | \$ 250 |
| MRI & CT scans | \$ 300 | \$ 385 | \$ 475 | \$ 350 | \$ 495 | \$ 395 | \$ - | \$ 350 | \$ 450 | \$325 | \$250 | \$275 | \$350 | \$250 |
| EXTRA BENEFITS: | | | | | | | | | | | | | | |
| Hearing Aids | \$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 | \$750/ear allowance | \$1,000 allowance | \$1000/ear allowance | \$350/ear allowance | \$1,000 allowance |
| Dental: | | | | | | | | | | | | | | |
| Limit | \$ 1,000 | \$ 1,500 | \$ 1,500 | \$ 1,000 | \$ 1,500 | \$ 1,000 | \$ 1,000 | \$ 1,000 | \$ 2,500 | \$ 1,500 | \$ 1,500 | \$ 1,500 | None | \$ 2,000 |
| Comprehensive coverage | 50% copay | 0% copay | Fillings only | 50% copay | 50% copay | 0% copay | 0% copay | 0% copay | 0% copay | 40% copay | 0% copay | 40% copay | None | \$0 copay |
| Eyewear Allow. | None | \$ 200 | \$ 200 | \$ 200 | \$ 100 | \$200 | \$400 | None | \$ 200 | \$ 200 | \$ - | \$ 300 | None | \$ 300 |
| Fitness program | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| OTC Drug allowance/quarter | \$15/mo | \$ 45 | \$ 30 | \$ 30 | \$ 50 | \$ 50 | \$ 100 | None | \$ 50 | \$ 74 | \$ 80 | \$ 78 | \$ 53 | \$ 150 |
| Transportation | None | None | None | None | None | None | Yes | None | Yes | No | No | Yes | No | Yes |
| Add'l dental,hearing & vision | | | | | | | | | \$ 1,000 | | | \$ 500 | | |

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2023

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

CO-PAYS:

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

Maximum-annual

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

| | | | | | | | | |
|------------------------------|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|-----|-----|
| In Network | \$ 5,500 | \$ 4,390 | \$ 6,700 | \$ 3,900 | \$ 5,900 | \$ 5,500 | (1) | (2) |
| Out of network | \$ 8,950 | \$ 8,000 | \$ 10,000 | \$ 8,950 | \$ 8,950 | \$ 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 | \$400/day Days 1-5 | | |
| Off. Visit-Primary | \$ - | \$ - | \$ - | \$ 5 | \$ 15 | \$ 5 | | |
| " " -Specialist | \$ 40 | \$ 35 | \$ 45 | \$ 30 | \$ 45 | \$ 40 | | |
| Out- patient surgery: | | | | | | | | |
| Surgical Ctr. | \$ 250 | \$ 350 | \$ 245 | \$ 225 | \$ 275 | \$ 250 | | |
| Hospital | \$ 350 | \$ 350 | \$ 275 | \$ 245 | \$ 325 | \$ 350 | | |
| MRI & CT scans | | | \$180 Dr Off. \$275 facility | | | | | |
| | \$ 160 | \$ 250 | | \$ 295 | \$ 350 | \$ 350 | | |

EXTRA BENEFITS:

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

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