

NOBLE COUNTY MEDICARE ADVANTAGE PLANS - 2023

**AARP MEDICARE ADVANTAGE**

**ANTHEM MEDI BLUE**

Plan	Choice-plan 1	Choice-plan 2	Profile	Access Plus	Access Preferred	Access	Access Basic	Extra	Plus
<b>Plan Type</b>	PPO	PPO	HMO-POS*	PPO	PPO	PPO	PPO	HMO	HMO
<b>Plan #</b>	2228-019	2228-080	2802-007	1607-012	1607-015	7093-002	4487-001	3447-024	3447-042
<b>Rating (5 is max)</b>	4.0	4.0	4.5	4.0	4.0	new	4.0	4.0	4.0
<b>Prem.- mo. \$</b>	\$ 18	\$ -	\$ -	\$ 54	\$ 19	\$ -	\$ 81	\$ 21.10	\$ -
<b>Drug Ded. (Hlth.)</b>	\$ -	\$ -	\$ -	\$ 60	\$ -	\$ -	\$ -	\$ 505	\$ -
<b>Part B rebate</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

**Maximum-annual**

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

**Hospital**

\$325/day Days 1-5	\$295/day Days 1-6	\$325/day Days 1-5	\$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
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**Off. Visit-Primary**

\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -
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**" " -Specialist**

\$ 35	\$ 40	\$ 30	\$ 40	\$ 35	\$ 40	\$ 40	\$ 30	\$ 35
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**Out- patient surgery:**

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

**MRI & CT scans**

\$ 140	\$ 170	\$ 170	\$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
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**EXTRA BENEFITS:**

<b>Hearing Aids</b>	\$175-1,225 co-pay	\$175-1,225 co-pay	\$175-1,225 co-pay	\$3,000 allowance	\$3,000 allowance	\$3,000 allowance	\$2,000 allowance	\$3,000 allowance	\$3,000 allowance
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**Dental:**

<b>Coverage limit</b>	\$ 1,250	\$ 1,000	\$ 1,500	\$ -	\$ 2,000	\$ 1,250	\$ -	\$250 allow./qtr.	\$ 1,200
<b>Comprehensive coverage</b>	Yes	Yes	Yes	No	Yes	50-70% co-pay	No	Yes	Yes
<b>Eyewear Allow.</b>	\$ 300	\$ 250	\$ 300	No	\$ 275	\$ 150	No	\$ 200	\$ 150
<b>Fitness program</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>OTC Drug allowance/quarter</b>	\$ 50	\$ 40	\$ 80	\$ 38	\$ 50	\$ 48	\$ 35	\$ 170	\$ 67
<b>Transportation</b>	None	None	Yes	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



## NOBLE COUNTY MEDICARE ADVANTAGE PLANS - 2023

Plan	AETNA MEDICARE			WELLCARE					PROMEDICA
	Value	Premiere	Prime	No Premium Open	Low Prem. Open	No Premium	Give Back	Assist	Medicare Plan Essential
<b>Plan Type</b>	PPO	PPO	HMO-POS *	PPO	PPO	HMO	HMO	HMO	HMO
<b>Plan #</b>	5521-099	5521-190	3192-004	6348-002	6348-007	3499-002	3499-007	3499-008	5373-001
<b>Rating (5 is max)</b>	3.5	3.5	3.5	N/a	N/A	3.0	3.0	3.0	N/A
<b>Prem.- mo. \$</b>	\$ -	\$ 29	\$ -	\$ -	\$ 15	\$ -	\$ -	\$ 12	\$ -
<b>Drug Ded. (Hlth.)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200	\$ 505	\$ -
<b>Part B rebate</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29	\$ -	\$ -
<b>CO-PAYS:</b>									
<b>Maximum-annual</b>									
In Network	\$ 4,250	\$ 3,675	\$ 3,900	\$ 4,300	\$ 4,300	\$ 3,900	\$ 8,300	\$ 5,500	\$ 3,500
Out of network	\$ 8,500	\$ 7,500	Won't pay	\$ 8,950	\$ 8,950	Won't pay	Won't pay	Won't pay	Won't pay
<b>Hospital</b>	\$275/day Days 1-7	\$250/day Days 1-6	\$300/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	\$250/day Days 1-5
<b>Off. Visit-Primary</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -
" " -Specialist	\$ 35	\$ 30	\$ 35	\$ 45	\$ 40	\$ 35	\$ 40	\$ 35	\$ 30
<b>Out- patient surgery:</b>									
Surgical Ctr.	\$ 325	\$ 260	\$ 265	\$ 275	\$ 225	\$ 250	\$ 275	\$ 225	\$ 200
Hospital	\$ 325	\$ 260	\$ 265	\$ 325	\$ 250	\$ 275	\$ 350	\$ 250	\$ 200
<b>MRI &amp; CT scans</b>	\$ 250	\$ 195	\$ 200	\$325	\$250	\$275	\$350	\$250	\$150
<b>EXTRA BENEFITS:</b>									
<b>Hearing Aids</b>	500/ear allow.	500/ear allow.	\$750/ear allow.	\$750/ear allowance	\$1,000 allowance	\$1000/ear allowance	\$350/ear allowance	\$1,000 allowance	\$675/ear
<b>Dental:</b>									
<b>Coverage limit</b>	\$ 1,250	\$ 1,500	\$ 2,500	\$ 1,500	\$ 1,500	\$ 1,500	N/A	\$ 2,000	\$ 1,000
<b>Comprehensive coverage</b>	In/out of network	In/out of network	20% copay out of network	40% copay	0% copay	40% copay	None	\$0 copay	30% co-pay
<b>Eyewear Allow.</b>	\$165	\$225	\$300	\$ 200	\$ -	\$ 200	None	\$ 300	\$100/2 yrs.
<b>Fitness program</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>OTC Drug allowance/quarter</b>	\$ 60	\$ 90	\$ 90	\$ 74	\$ 80	\$ 78	\$ 53	\$ 150	\$ 100
<b>Transportation</b>	None	None	None	No	No	Yes	No	Yes	Yes
<b>Add'l dental,hearing &amp; vision</b>						\$ 500			

NOBLE 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.

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	\$ 5,500	(1)	(2)
Out of network	\$ 8,950	\$ 8,000	\$ 10,000	\$ 8,950	\$ 8,950	\$ 8,950		
<b>Hospital</b>	\$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		
<b>Off. Visit-Primary</b>	\$ -	\$ -	\$ -	\$ 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		
<b>MRI &amp; CT scans</b>	\$ 160	\$ 250	\$180 Dr Off. \$275 facility	\$ 295	\$ 350	\$ 350		

**EXTRA BENEFITS:**

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

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