

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2024

**INCLUDES DRUG
COVERAGE**

AARP MEDICARE ADVANTAGE

ANTHEM

Plan	UHC IN-0001	UHC IN-0001 P	UHC IN-006	UHC IN-0010	UHC IN-0016	UHC IN-0020	Medicare Advan. 2	Medicare Advan. 3	Medicare Adv.	Regional Medicare Adv.	Extra Help	Medicare Adv.
Plan Type	PPO	PPO	PPO	HMO-POS *	HMO-POS *	HMO-POS *	PPO	PPO	PPO	PPO	HMO	HMO
Plan #	2406-035	2406-036	2406-066	2802-007	2802-055	2802-059	1607-015	1607-012	7093-002	4487-001	3447-024	3447-042
Rating (5 is max)	4.0	4.0	4.0	4.0	4.0	4.0	3.5	3.5	3.0	3.5	3.5	3.5
Prem.- mo. \$	\$ 24	\$0	\$0	\$0	\$0	\$0	\$ 28	\$ 58	\$ -	\$ 73	\$ 16.70	\$ -
Drug Ded.	\$0	\$0	\$0	\$0	\$350	\$395		\$ 60	\$ -	\$ -	\$ 545	\$ -
Health care deduct.	\$0	\$0	\$0	\$0	\$0	\$0		\$ 500	\$ -	\$ 500	\$ -	\$ -

CO-PAYS:

* Out of network coverage on dental only

Maximum-annual

In Network	\$ 3,700	\$ 3,800	\$ 4,500	\$ 3,800	\$ 5,900	\$ 6,500	\$ 3,900	\$ 6,400	\$ 5,900	\$ 6,400	\$ 4,900	\$ 4,250
Out of network	\$ 5,750	\$ 5,750	\$ 9,550	Won't pay	Won't pay	Won't pay	\$ 8,950	\$ 10,000	\$ 8,950	\$ 10,000	Won't pay	Won't pay

Hospital

Off. Visit-Primary

" " -Specialist

Out- patient surgery:

Surgical Ctr.

Hospital

MRI & CT scans

\$325/day Days 1-5	\$325/day Days 1-5	\$295/day Days 1-6	\$325/day Days 1-5	\$395/day Days 1-5	\$455/day Days 1-5	\$370/day Days 1-5	\$310/day Days 1-7	\$390/day Days 1-5	\$290/day Days 1-7	\$290/day Days 1-7	\$295/day Days 1-7
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -
\$ 35	\$ 30	\$ 40	\$ 30	\$ 45	\$ 45	\$ 40	\$ 40	\$ 45	\$ 40	\$ 30	\$ 35
\$ 225	\$ 225	\$ 195	\$ 225	\$ 345	\$ 405	\$ 255	\$ 225	\$ 295	\$ 265	\$ 200	\$ 225
\$ 325	\$ 325	\$ 295	\$ 325	\$ 395	\$ 455	\$ 300	20%	\$ 350	20%	\$ 245	\$ 275
\$ 185	\$ 160	\$ 180	\$ 170	\$ 180	\$ 250	Dr \$150 Hosp 200	Dr \$140 Hosp 215	Dr \$150 Hosp 200	Dr \$105 Hosp 175	Dr \$50 Hosp 150	Dr \$95 Hosp 195

EXTRA BENEFITS:

Hearing Aids

Dental:

Coverage limit

Comprehensive coverage

Eyewear Allow.

of meals after hospitalization

OTC Drug allowance/quarter

Part B rebate

Transportation

Add'l dental, vision & hearing-optional

\$99-1,249 co-pay	\$99-1,249 co-pay	99-1,249 co-pay	\$99-1,249 co-pay	\$99-1,249 co-pay	\$99-1,249 co-pay	300-3000 allow.	300-3000 allow.	300-1500 allow.	300-2000 allow.	300-3000 allow.	300-3000 allow.
\$ 1,750	\$ 1,250	\$ 1,000	\$ 2,500	\$ 3,500	none	\$ 2,000	none	\$ 1,250	none	\$ 1,500	\$ 1,200
0% copay (A)	0% copay (A)	0% copay (A)	0% copay (A)	0% copay (A)	Prevent. Only	0% copay	No	50-70% co-pay	No	0% copay	0% copay
\$ 300	\$ 300	\$ 250	\$ 300	\$ 250	\$ 200	\$ 275	None	\$ 150	No	\$ 200	\$ 150
28	28	28	28	28	28	0	0	0	0	20	20
\$ 50	\$ 100	\$ 40	\$ 80	\$ 70	\$ -	\$ 50	\$ 38	\$ 35	\$ 35	\$ 170	\$ 70
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
None	None	None	None	None	None	Yes -option	None	Yes -option	None	Yes	Yes -option
						\$ 500		\$ 500		\$ 500	\$ 500

A) 50% copay for bridges and dentures

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

Plan	HUMANA							PARAMOUNT	
	Choice Regional	Choice	Choice	Choice	USAA Honor w/RX	Choice	Choice	Gold Plus	Elite Indiana Essential
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	HMO-POS *	HMO-POS *
Plan #	0865-003	5216-112	5216-192	5216-019	5216-307	5216-309	5216-193	5619-051	5373-001
Rating (5 is max)	4.0	4.5	4.5	4.5	4.5	4.5	4.5	4.0	NEW
Prem.- mo. \$	\$ 46	\$ -	\$ -	\$ 41	\$ -	\$ -	\$ 42.30	\$ -	\$ -
Drug Ded.	\$ 245	\$ -	\$ 545	\$ -	\$ 350	\$ 545	\$ 150	\$ -	\$ -
Health care deduct.	\$ -	\$ -	\$ 500	\$ -	\$ -	\$ 510	\$ -	\$ -	\$ -
CO-PAYS:	* Out of network coverage on dental, vision & emergency care.								
Maximum-annual									
In Network	\$ 7,550	\$ 5,050	\$ 6,700	\$ 5,800	\$ 8,850	\$ 7,550	\$ 3,900	\$ 3,900	\$ 3,500
Out of network	\$ 10,000	\$ 9,550	\$ 6,700	\$ 9,550	\$ 13,300	\$ 10,000	\$ 9,550	Won't pay	Won't pay
Hospital	\$390/day Days 1-5	\$370/day Days 1-6	\$565/day Days 1-4	\$390/day Days 1-5	\$425/day Days 1-5	\$400/day Days 1-5	\$395/day Days 1-6	\$325/day Days 1-7	\$250/day Days 1-5
Off. Visit-Primary	\$ 5	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 40	\$ 40	\$ 50	\$ 45	\$ 45	\$ 40	\$ 35	\$ 30	\$ 30
Out- patient surgery:									
Surgical Ctr.	\$ 340	\$ 320	\$ 515	\$ 340	\$ 375	\$ 350	\$ 345	\$ 275	\$ 200
Hospital	\$ 390	\$ 370	\$ 565	\$ 390	\$ 425	\$ 400	\$ 395	\$ 325	\$ 200
MRI & CT scans	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	\$ 150
EXTRA BENEFITS:									
Hearing Aids	\$499-799 copay	\$399-999 copay	\$399-999 copay	\$499-799 copay	\$399-999 copay	\$399-999 copay	\$0 copay	\$399-999 copay	\$675/ear
Dental:									
Coverage limit	\$ 1,000	\$ 1,000	none	\$ 1,000	\$ 3,000	\$ 1,000	\$ 1,500	\$ 2,500	\$ 7,500
Comprehensive coverage	Limited comprehen. available	0% copay	Limited comprehen. available	Limited comprehen. available	50% copay	0% copay	0% copay	0% copay	0% copay
Eyewear Allow.	\$50-100	\$150-200	\$200-250	\$100-150	\$100-150	\$100-150	\$350-400	\$100-150	\$ 200
# of meals after hospitalization	14	14	14	14	14	14	14	14	28
OTC Drug allowance/quarter	\$15/Mo	\$ 50	\$ -	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 125
Part B rebate	\$ -	\$ -	\$ -	\$ -	\$ 70	\$ 102	\$ -	\$ -	\$ -
Transportation	None	None	None	None	None	None	Yes	Yes	Yes
Add'l dental,hearing & vision								\$ 500	

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

Plan	AETNA MEDICARE			IU HEALTH		WELLCARE				ZING
	Value	Premiere	Prime	Select Plus	Flex Network	No Premium Open	Low Prem. Open	No Premium	Assist	Select Care
Plan Type	PPO	PPO	HMO-POS *	HMO	HMO-POS	PPO	PPO	HMO	HMO	HMO
Plan #	5521-099	5521-190	3192-004	7220-009	7220-011	6348-002	6348-007	3499-002	3499-008	4624-003
Rating (5 is max)	4.0	4.0	3.5	4.0	4.0	3.0	3.0	3.0	3.0	3.0
Prem.- mo. \$	\$ -	\$ 22	\$ -	\$ -	\$ -	\$ -	\$ 15	\$ -	\$ 19.80	\$ -
Drug Ded.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 175	\$ 505	\$ -
Health care deduct.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CO-PAYS:	*Out of network coverage primarily for dental.									
Maximum-annual										
In Network	\$ 4,250	\$ 3,675	\$ 3,900	\$ 3,100	\$ 3,900	\$ 4,300	\$ 4,300	\$ 3,900	\$ 6,000	\$ 4,500
Out of network	\$ 8,500	\$ 7,500	Won't pay	Won't pay	\$ 8,500	\$ 8,950	\$ 8,950	Won't pay	Won't pay	won't pay
Hospital	\$275/day Days 1-7	\$250/day Days 1-6	\$300/day Days 1-7	\$300/day Days 1-6	\$335/day Days 1-6	\$400/day Days 1-5	\$375/day Days 1-5	\$350/day Days 1-6	\$350/day Days 1-6	\$ 350/day Days 1-6
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 35	\$ 30	\$ 35	\$ 40	\$ 35	\$ 40	\$ 40	\$ 35	\$ 35	\$ 30
Out- patient surgery:										
Surgical Ctr.	\$ 325	\$ 260	\$ 265	\$ 295	\$ 295	\$ 275	\$ 225	\$ 250	\$ 225	\$ 200
Hospital	\$ 325	\$ 260	\$ 265	\$ 350	\$ 350	\$ 325	\$ 250	\$ 350	\$ 250	\$ 300
MRI & CT scans	\$ 250	\$ 195	\$ 200	20%	20%	\$200-325	\$100-250	\$250-350	\$150-250	\$50-150
EXTRA BENEFITS:										
Hearing Aids	500/ear allow.	500/ear allow.	\$750/ear allow.	\$499-999 copay	\$499-999 copay	\$750 allow./ear	\$1,000 allow./ear	\$1,000 allow./ear	\$1,000 allow./ear	\$750/ear every 3 yrs.
Dental:										
Coverage limit	\$ 1,450	\$ 1,500	\$ 2,800	\$ 1,000	\$ 1,000	\$ 2,000	\$ 3,000	\$ 1,500	\$ 4,000	\$ 2,000
Comprehensive coverage	Yes	Yes	Yes	50% copay fillings, ext.	50% copay fillings, ext.	0% copay	0% copay	40% copay	\$0 copay	\$0 copay
Eyewear Allow.	\$165	\$225	\$255	\$250/2 yrs.	\$250/2 yrs.	\$ 300	\$ 400	\$ 200	\$ 300	\$ 350
# of meals after hospitalization	14	14	14	42	42	0	0	42	42	10
OTC Drug allowance/quarter	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 88	\$ 78	In Add Dent, Vis & hear	\$64/qtr.	\$ 120
Part B rebate				\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	None	None	None	Yes	Yes	No	No	Yes	Yes	Yes
Add'l dental,hearing & vision								\$60/month		700/year
Utility asst. for chronically ill									\$50/mo.	
Food/utility allow. If on Extra Help									\$55/mo	

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2024

DO NOT INCLUDE DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA		IU HEALTH	WELLCARE
Plan	Medicare Adv. Patriot	Medicare Eagle	Veteran	Choice Regional	USAA Honor	Select-Medical only	Patriot Give Back Open
Plan Type	PPO	PPO	PPO	PPO	PPO	HMO	PPO
Plan #	2406-074	5521-286	7093-001	0865-001	5216-218	7220-002	6348-005
Rating (5 is max)	4.0	4.0	3.0	4.0	4.5	4.0	3.0
Prem.- mo. \$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health care deduct.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CO-PAYS:							
Maximum-annual							
In Network	\$ 8,850	\$ 4,390	\$ 6,700	\$ 4,350	\$ 5,900	\$ 5,000	\$ 5,500
Out of network	\$ 13,300	\$ 8,000	\$ 10,000	\$ 5,500	\$ 8,950	Won't pay	\$ 8,950
Hospital							
Off. Visit-Primary	\$425/day Days 1-4	\$260/day Days 1-6	\$350/day Days 1-5	\$275/day Days 1-6	\$350/day Days 1-5	\$335/day Days 1-6	\$400/day Days 1-5
" " -Specialist	\$ -	\$ -	\$ -	\$ -	\$ 15	\$ -	\$ 5
Out- patient surgery:	\$ 45	\$ 30	\$ 45	\$ 30	\$ 45	\$ 40	\$ 40
Surgical Ctr.	\$ 325	\$ 350	\$ 245	\$ 195	\$ 300	\$ 300	\$ 250
Hospital	\$ 425	\$ 350	\$ 275	\$ 245	\$ 350	\$ 350	\$ 350
MRI & CT scans	\$ 250	\$ 250	Dr. \$180 Hosp \$275	Dr. \$180 Hosp \$275	Dr. \$200 Hosp \$300	20%	\$ 350
EXTRA BENEFITS:							
Hearing Aids	\$99-1,249 co-pay	\$1500/ear allow.	300-2000 allow.	\$0 - 299 co-pay	\$99-699 copay	\$499-999 copay	\$1000/ear allowance
Dental:							
Coverage limit	\$ 2,500	\$ 3,500	\$ 2,000	\$ 1,000	\$ 2,000	\$ 1,000	\$ 1,500
Comprehensive coverage	0% copay (A)	0% copay	0% copay	0% copay	0% copay	50% copay fillings, ext.	40% copay
Eyewear Allow.	\$ 300	\$ 325	\$ 200	\$250-500	\$150-200	\$250/2 yrs.	\$ 200
# of meals after hospitalization	28	14	14	14	14		42
OTC Drug allowance/quarter	\$ 60	\$ 120	\$ 75	\$ 100	\$ 150	\$ 80	W/Addt'l dental, vision,hear
Transportation	No	No	Yes-option	Yes	No	Yes	No
Part B rebate	\$ 105	\$ 70	\$ 70		\$ 100	\$ 21	\$ 60
Add'l dental, vision & hearing-optional			\$ 500				\$25/month

A) 50% copay for bridges and dentures