

NOBLE COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

Plan	AARP MEDICARE ADVANTAGE					ANTHEM					
	UHC IN-0001	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	HMO-POS *	HMO-POS *	HMO-POS *	PPO	PPO	PPO	PPO	HMO	HMO
Plan #	2406-035	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	3.5	3.5	3.0	3.5	3.5	3.5
Prem.- mo. \$	\$ 24	\$0	\$0	\$0	\$0	\$ 28	\$ 58	\$ -	\$ 73	\$ 16.70	\$ -
Drug Ded.	\$0	\$0	\$0	\$350	\$395		\$ 60	\$ -	\$ -	\$ 545	\$ -
Health care deduct.	\$0	\$0	\$0	\$0	\$0		\$ 500	\$ -	\$ 500	\$ -	\$ -

CO-PAYS: * Out of network coverage on dental only

	UHC IN-0001	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.
Maximum-annual											
In Network	\$ 3,700	\$ 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	\$ 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	\$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
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 35	\$ 40	\$ 30	\$ 45	\$ 45	\$ 40	\$ 40	\$ 45	\$ 40	\$ 30	\$ 35
Out- patient surgery:											
Surgical Ctr.	\$ 225	\$ 195	\$ 225	\$ 345	\$ 405	\$ 255	\$ 225	\$ 295	\$ 265	\$ 200	\$ 225
Hospital	\$ 325	\$ 295	\$ 325	\$ 395	\$ 455	\$ 300	20%	\$ 350	20%	\$ 245	\$ 275
MRI & CT scans	\$ 185	\$ 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:

	UHC IN-0001	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.
Hearing Aids	\$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.
Dental:											
Coverage limit	\$ 1,750	\$ 1,000	\$ 2,500	\$ 3,500	none	\$ 2,000	none	\$ 1,250	none	\$ 1,500	\$ 1,200
Comprehensive coverage	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
Eyewear Allow.	\$ 300	\$ 250	\$ 300	\$ 250	\$ 200	\$ 275	None	\$ 150	No	\$ 200	\$ 150
# of meals after hospitalization	28	28	28	28	28	0	0	0	0	20	20
OTC Drug allowance/quarter	\$ 50	\$ 40	\$ 80	\$ 70	\$ -	\$ 50	\$ 38	\$ 35	\$ 35	\$ 170	\$ 70
Part B rebate	\$ -	\$ -	\$ -	\$ -	\$ 86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	None	None	None	None	None	Yes -option	None	Yes -option	None	Yes	Yes -option
Add'l dental, vision & hearing-optional						\$ 500		\$ 500		\$ 500	\$ 500

A) 50% copay for bridges and dentures

NOBLE 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	

NOBLE COUNTY MEDICARE ADVANTAGE PLANS - 2024

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

A) 50% copay for bridges and dentures