

HENDRICKS COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

Plan	AARP MEDICARE ADVANTAGE					ANTHEM					
	UHC IN-0012	UHC IN-0002	UHC IN-0007	UHC IN-0017	UHC IN-0020	Medicare Advan. 2	Medicare Advan. 3	Medicare Adv.	Regional Medicare Adv.	Extra Help	Medicare Adv.
Plan Type	HMO-POS *	PPO	PPO	HMO-POS *	HMO-POS *	PPO	PPO	PPO	PPO	HMO	HMO
Plan #	2802-010	2802-037	2406-067	2406-056	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. \$	\$ -	\$27	\$0	\$0	\$0	\$ 28	\$ 58	\$ -	\$ 73	\$ 16.70	\$ -
Drug Ded.	\$0	\$0	\$0	\$0	\$395		\$ 60	\$ -	\$ -	\$ 545	\$ -
Health care deduct.	\$0	\$0	\$0	\$0	\$0		\$ 500	\$ -	\$ 500	\$ -	\$ -

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

Maximum-annual											
In Network	\$ 3,700	\$ 3,800	\$ 4,800	\$ 6,300	\$ 6,500	\$ 3,900	\$ 6,400	\$ 5,900	\$ 6,400	\$ 4,900	\$ 4,250
Out of network	Won't pay	\$ 5,750	\$ 9,550	Won't pay	Won't pay	\$ 8,950	\$ 10,000	\$ 8,950	\$ 10,000	Won't pay	Won't pay
Hospital	\$360/day Days 1-5	\$370/day Days 1-5	\$390/day Days 1-5	\$395/day Days 1-4	\$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	\$ 30	\$ 40	\$ 45	\$ 45	\$ 40	\$ 40	\$ 45	\$ 40	\$ 30	\$ 35
Out- patient surgery:											
Surgical Ctr.	\$ 250	\$ 320	\$ 335	\$ 345	\$ 405	\$ 255	\$ 225	\$ 295	\$ 265	\$ 200	\$ 225
Hospital	\$ 350	\$ 370	\$ 390	\$ 395	\$ 455	\$ 300	20%	\$ 350	20%	\$ 245	\$ 275
MRI & CT scans	\$ 225	\$ 170	\$ 170	\$ 160	\$ 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:

	\$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.
Hearing Aids											
Dental:											
Coverage limit	\$ 1,250	\$ 1,750	\$ 1,000	\$ 3,000	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.	\$ 250	\$ 250	\$ 250	\$ 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	\$ 40	\$ 50	\$ 40	\$ 60	\$ -	\$ 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

HENDRICKS COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

HUMANA

Plan	Choice Regional	Choice	Choice	USAA Honor w/RX	Choice	Choice	Choice	Gold Plus	Gold Choice
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	HMO-POS *	PFFS
Plan #	0865-003	5216-114	5216-192	5216-307	5216-309	5216-193	5216-053	5619-049	8145-032

Rating (5 is max)	4.0	4.5	4.5	4.5	4.5	4.5	4.5	4.0	4.0
Prem.- mo. \$	\$ 46	\$ -	\$ -	\$ -	\$ -	\$ 42.30	\$ 55	\$ -	\$ 63
Drug Ded.	\$ 245	\$ -	\$ 545	\$ 350	\$ 545	\$ 150	\$ -	\$ -	\$ -
Health care deduct.	\$ -	\$ -	\$ 500	\$ -	\$ 510	\$ -	\$ -	\$ -	\$ -

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

Maximum-annual									
In Network	\$ 7,550	\$ 4,900	\$ 6,700	\$ 8,850	\$ 7,550	\$ 3,900	\$ 6,400	\$ 3,900	\$ 2,200
Out of network	\$ 10,000	\$ 9,550	\$ 6,700	\$ 13,300	\$ 10,000	\$ 9,550	\$ 9,550	Won't pay	\$ 2,200
Hospital	\$390/day Days 1-5	\$390/day Days 1-6	\$565/day Days 1-4	\$425/day Days 1-5	\$400/day Days 1-5	\$395/day Days 1-6	\$350/day Days 1-5	\$375/day Days 1-7	\$500/day Days 1-5
Off. Visit-Primary	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -
" " -Specialist	\$ 40	\$ 35	\$ 50	\$ 45	\$ 40	\$ 35	\$ 45	\$ 35	\$ 30
Out- patient surgery:									
Surgical Ctr.	\$ 340	\$ 340	\$ 515	\$ 375	\$ 350	\$ 345	\$ 340	\$ 325	\$ 450
Hospital	\$ 390	\$ 390	\$ 565	\$ 425	\$ 400	\$ 395	\$ 350	\$ 375	\$ 500
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	Dr. \$180 Hosp 275

EXTRA BENEFITS:

Hearing Aids	\$499-799 copay	\$399-999 copay	\$399-999 copay	\$399-999 copay	\$399-999 copay	\$0 copay	\$399-999 copay	\$699-999 copay	\$699-999 copay
Dental:									
Coverage limit	\$ 1,000	\$ 2,500	none	\$ 3,000	\$ 1,000	\$ 1,500	\$ 1,000	\$ 2,500	\$ 2,000
Comprehensive coverage	Limited compren. available	0% copay	Limited compren. available	50% copay	0% copay	0% copay	0% copay	0% copay	50% copay Bridges, ext.
Eyewear Allow.	\$50-100	\$200-250	\$200-250	\$100-150	\$100-150	\$350-400	\$200-250	\$ 200	\$ 150
# of meals after hospitalization	14	14	14	14	14	14	14	Yes	Yes
OTC Drug allowance/quarter	\$15/Mo	\$ 50	\$ -	\$ 50	\$ 50	\$ 50	\$ -	\$ 75	\$ 50
Part B rebate	\$ -		\$ -	\$ 70	\$ 102	\$ -	\$ -	\$ -	\$ -
Transportation	None	None	None	None	None	Yes	None	Yes	No
Add'l dental,hearing & vision								\$ 500	
Allow. For chronically ill								\$45/mo	

HENDRICKS COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

Plan	IU HEALTH				WELLCARE						ZING	
	Select Plus	Flex Network	Kidney Care	Choice	No Premium Open	Low Prem. Open	No Premium	Assist	Compl. No Premium	Compl. No Prem. Open	Select Care	Open Choice
Plan Type	HMO	HMO-POS	HMO	HMO-POS	PPO	PPO	HMO	HMO	HMO	PPO	HMO	PPO
Plan #	7220-009	7220-011	7220-012	7220-004	6348-002	6348-007	3499-002	3499-008	7925-002	1774-001	4624-003	6876-004
Rating (5 is max)	4.0	4.0	4.0	4.0	3.0	3.0	3.0	3.0	3.5	N/A	3.0	N/A
Prem.- mo. \$	\$ -	\$ -	\$ -	\$ 98	\$ -	\$ 15	\$ -	\$ 19.80	\$ -	\$ -	\$ -	\$ -
Drug Ded.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 175	\$ 505	\$ -	\$ -	\$ -	\$ -
Health care deduct.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CO-PAYS:												
Maximum-annual												
In Network	\$ 3,100	\$ 3,900	\$ 3,400	\$ 6,850	\$ 4,300	\$ 4,300	\$ 3,900	\$ 6,000	\$ 3,500	\$ 3,450	\$ 4,500	\$ 6,350
Out of network	Won't pay	\$ 8,500	Won't pay	\$ 6,850	\$ 8,950	\$ 8,950	Won't pay	Won't pay	Won't pay	\$ 5,450	won't pay	\$ 6,350
Hospital	\$300/day Days 1-6	\$335/day Days 1-6	\$340/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	\$325/day Days 1-6	\$350/day Days 1-6	\$ 350/day Days 1-6	\$ 395/day Days 1-6
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 40	\$ 35	\$ 40	\$ 40	\$ 40	\$ 40	\$ 35	\$ 35	\$ 30	\$ 25	\$ 30	\$ 35
Out- patient surgery:												
Surgical Ctr.	\$ 295	\$ 295	\$ 295	\$ 250	\$ 275	\$ 225	\$ 250	\$ 225	\$ 220	\$ 250	\$ 200	\$ 250
Hospital	\$ 350	\$ 350	\$ 350	\$ 350	\$ 325	\$ 250	\$ 350	\$ 250	20%	\$ 325	\$ 300	\$ 350
MRI & CT scans	20%	20%	20%	20%	\$200-325	\$100-250	\$250-350	\$150-250	20%	\$325	\$50-150	\$ 150
EXTRA BENEFITS:												
Hearing Aids	\$499-999 copay	\$499-999 copay	\$499-999 copay	\$499-999 copay	\$750 allow./ear	\$1,000 allow./ear	\$1,000 allow./ear	\$1,000 allow./ear	\$750 allow./ear	\$500 allow./ear	\$750/ear every 3 yrs.	\$750/ear every 3 yrs.
Dental:												
Coverage limit	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 2,000	\$ 3,000	\$ 1,500	\$ 4,000	No limit	\$ 3,000	\$ 2,000	\$ 1,500
Comprehensive coverage	50% copay fillings, ext.	50% copay fillings, ext.	50% copay fillings, ext.	50% copay fillings, ext.	0% copay	0% copay	40% copay	\$0 copay	30% copay	40% copay	\$0 copay	\$0 copay
Eyewear Allow.	\$250/2 yrs	\$250/2 yrs	\$250/2 yrs	\$150/2 yrs.	\$ 300	\$ 400	\$ 200	\$ 300	\$ 300	\$ 200	\$ 350	\$ 300
# of meals after hospitalization	42	42	42	42	0	0	42	42	42	42	10	10
OTC Drug allowance/quarter	\$ 80	\$ 80	\$ 80	\$ 80	\$ 88	\$ 78	In Add Dent, Vis & hear	\$64/qtr.	In Add Dent, Vis & hear	\$81/qtr.	\$ 120	\$ 197
Part B rebate	\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Add'l dental,hearing & vision							\$60/month		\$71/month		700/year	700/year
Utility asst. for chronically ill								\$50/mo.				
Food/utility allow. If on Extra Help								\$55/mo			\$55/mo.	

HENDRICKS COUNTY MEDICARE ADVANTAGE PLANS - 2024

INCLUDES DRUG COVERAGE

Plan	AETNA MEDICARE				COMMUNICARE		MD WISE		
	Value	Value Plus	SmartFit	Premier	Sapphire	Emerald	Inspire	Inspire Plus	Inspire Flex
Plan Type	PPO	PPO	PPO	HMO-POS *	HMO	HMO	HMO	HMO	HMO-POS
Plan #	5521-231	5521-302	5521-405	3192-006	3727-004	3727-005	7746-001	7746-002	7746-003
Rating (5 is max)	4.0	4.0	4.0	3.5	N/A	N/A	N/A	N/A	N/A
Prem.- mo. \$	\$ -	\$ 28	\$ -	\$ -	\$ 22	\$ 51	\$ -	\$ 25	\$ 49
Drug Ded.	\$ -	\$ 400	\$ 250	\$ -	\$ 545	\$ 545	\$ -	\$ -	\$ -
Health care deduct.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CO-PAYS:	* Out of network coverage for dental only								
Maximum-annual									
In Network	\$ 4,950	\$ 4,100	\$ 3,900	\$ 3,900	\$ 8,850	\$ 3,900	\$ 3,900	\$ 4,300	\$ 4,300
Out of network	\$ 8,500	\$ 8,950	\$ 8,250	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	\$ 10,000
Hospital	\$295/day Days 1-7	\$285/day Days 1-7	\$310/day Days 1-7	\$280/day Days 1-6	\$370/day Days 1-5	\$370/day Days 1-5	\$295/day Days 1-7	\$290/day Days 1-7	\$310/day Days 1-7
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 40	\$ 30	\$ 35	\$ 35	\$ 30	\$ 30	\$ 40	\$ 40	\$ 40
Out- patient surgery:									
Surgical Ctr.	\$ 325	\$ 365	\$ 325	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250
Hospital	\$ 325	\$ 365	\$ 325	\$ 250	\$ 350	\$ 350	\$ 275	\$ 275	\$ 275
MRI & CT scans	\$ 225	\$ 275	\$ 275	\$ 200	\$ 170	\$ 170	\$ 200	\$ 150	\$ 150
EXTRA BENEFITS:									
Hearing Aids	500/ear allow.	1,000/ear allow.	500/ear allow.	\$750/ear allow.	\$800 every 3 yrs. allow.	\$4,000 allow.	\$699-999 copay	\$699-999 copay	\$699-999 copay
Dental:									
Coverage limit	\$ 1,800	\$ 2,750	\$ 2,300	\$ 2,800	\$ 1,000	\$ 2,000	\$ 1,500	\$ 1,500	\$ 1,500
Comprehensive coverage	0% copay	0% copay	0% copay	0% copay	0% copay	0% copay	50% copay fillings, crowns	50% copay fillings, crowns	50% copay fillings, crowns
Eyewear Allow.	\$190	\$295	\$225	\$255	\$350	\$350	\$ 200	\$ 300	\$ 300
# of meals after hospitalization	14	14	14	14	21	21	28	28	28
OTC Drug allowance/quarter	\$ 60	\$ 105	\$ 105	\$ 75	\$ 50	\$ 50	\$ 225	\$ 225	\$ 225
Part B rebate							\$ -	\$ -	\$ -
Transportation	None	Yes	None	None	Yes	No	Yes	Yes	Yes
Add'l dental, hearing & vision	\$200/qtr. Medical		\$100/qtr. Medical	\$100/qtr. Medical					
Asst- chronically ill	\$ 200		\$ 100					\$100/mo	\$100/mo
Food/utility allow. if on Extra Help		\$30/mo.							

HENDRICKSON 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	\$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
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ -	\$ 15	\$ -	\$ 5
" " -Specialist	\$ 45	\$ 30	\$ 45	\$ 30	\$ 45	\$ 40	\$ 40
Out- patient surgery:							
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