

MARION 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	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 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:

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.
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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

MARION 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
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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
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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
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Part B rebate	\$ -		\$ -	\$ 70	\$ 102	\$ -	\$ -	\$ -	\$ -
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Transportation	None	None	None	None	None	Yes	None	Yes	No
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Add'l dental,hearing & vision								\$ 500	
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Allow. For chronically ill								\$45/mo	
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MARION 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	Select Care	Open Choice	Elite Select
Plan Type	HMO	HMO-POS	HMO	HMO-POS	PPO	PPO	HMO	HMO	HMO	PPO	HMO
Plan #	7220-009	7220-011	7220-012	7220-004	6348-002	6348-007	3499-002	3499-008	4624-003	6876-004	4624-026
Rating (5 is max)	4.0	4.0	4.0	4.0	3.0	3.0	3.0	3.0	3.0	N/A	3.0
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	\$ 4,500	\$ 6,350	\$ 3,900
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	\$ 6,350	won't pay
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	\$ 350/day Days 1-6	\$ 395/day Days 1-6	\$ 325/day Days 1-6
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 40	\$ 35	\$ 40	\$ 40	\$ 40	\$ 40	\$ 35	\$ 35	\$ 30	\$ 35	\$ 25
Out- patient surgery:											
Surgical Ctr.	\$ 295	\$ 295	\$ 295	\$ 250	\$ 275	\$ 225	\$ 250	\$ 225	\$ 200	\$ 250	\$ 195
Hospital	\$ 350	\$ 350	\$ 350	\$ 350	\$ 325	\$ 250	\$ 350	\$ 250	\$ 300	\$ 350	\$ 250
MRI & CT scans	20%	20%	20%	20%	\$200-325	\$100-250	\$250-350	\$150-250	\$50-150	\$ 150	\$50-150
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/ear every 3 yrs.	\$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	\$ 2,000	\$ 1,500	\$ 2,000
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	\$0 copay	\$0 copay	\$0 copay
Eyewear Allow.	\$250/2 yrs	\$250/2 yrs	\$250/2 yrs	\$150/2 yrs.	\$ 300	\$ 400	\$ 200	\$ 300	\$ 350	\$ 300	\$ 250
# of meals after hospitalization	42	42	42	42	0	0	42	42	10	10	10
OTC Drug allowance/quarter	\$ 80	\$ 80	\$ 80	\$ 80	\$ 88	\$ 78	In Add Dent, Vis & hear	\$64/qtr.	\$ 120	\$ 197	\$ 198
Part B rebate	\$ -	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Add'l dental,hearing & vision							\$60/month		700/year	700/year	900/year
Utility asst. for chronically ill								\$50/mo.			
Food/utility allow. If on Extra Help								\$55/mo	\$55/mo.		\$60/mo.

MARION COUNTY MEDICARE ADVANTAGE PLANS - 2024

DO NOT INCLUDE DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA		IU HEALTH	WELLCARE	MY TRU ADVAN.
Plan	Medicare Adv. Patriot	Medicare Eagle	Veteran	Choice Regional	USAA Honor	Select-Medical only	Patriot Give Back Open	Red, White & Tru
Plan Type	PPO	PPO	PPO	PPO	PPO	HMO	PPO	PPO
Plan #	2406-074	5521-286	7093-001	0865-001	5216-218	7220-002	6348-005	9042-003
Rating (5 is max)	4.0	4.0	3.0	4.0	4.5	4.0	3.0	N/A
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	\$ 4,000
Out of network	\$ 13,300	\$ 8,000	\$ 10,000	\$ 5,500	\$ 8,950	Won't pay	\$ 8,950	\$ 4,000

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	\$350/day Days 1-5
Off. Visit-Primary \$ -	" " -Specialist \$ 45	\$ -	\$ -	\$ 15	\$ -	\$ 5	\$ -
		\$ 45	\$ 30	\$ 45	\$ 40	\$ 40	\$ 35

Out- patient surgery:

Surgical Ctr.	\$ 325	\$ 350	\$ 245	\$ 195	\$ 300	\$ 300	\$ 250	\$ 325
Hospital	\$ 425	\$ 350	\$ 275	\$ 245	\$ 350	\$ 350	\$ 350	\$ 325

MRI & CT scans

\$ 250	\$ 250	Dr. \$180 Hosp \$275	Dr. \$180 Hosp \$275	Dr. \$200 Hosp \$300	20%	\$ 350	\$ 235
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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	\$699-999 copay
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Dental:

Coverage limit	\$ 2,500	\$ 3,500	\$ 2,000	\$ 1,000	\$ 2,000	\$ 1,000	\$ 1,500	\$ 1,500
Comprehensive coverage	0% copay (A)	0% copay	0% copay	0% copay	0% copay	50% copay fillings, ext.	40% copay	0% copay

Eyewear Allow.

\$ 300	\$ 325	\$ 200	\$250-500	\$150-200	\$250/2 yrs.	\$ 200	\$ 200
# of meals after hospitalization	28	14	14	14	14	42	0

OTC Drug allowance/quarter

\$ 60	\$ 120	\$ 75	\$ 100	\$ 150	\$ 80	W/Addt'l dental, vision,hear	\$ 75
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Transportation

No	No	Yes-option	Yes	No	Yes	No	\$ -
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Part B rebate

\$ 105	\$ 70	\$ 70		\$ 100	\$ 21	\$ 60	No
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Add'l dental, vision & hearing-optional

		\$ 500				\$25/month	
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A) 50% copay for bridges and dentures