

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2025

**INCLUDES DRUG COVERAGE**

Plan	AARP MEDICARE ADVANTAGE						ANTHEM					PARAMOUNT	
	UHC IN-0001	UHC IN-0001 P	UHC IN-0006	UHC IN-0011	UHC IN-0016 Extras	UHC IN-0020 GiveBack	Medicare Advan. 2	Medicare Adv.	Regional Medicare Adv.	Extra Help	Medicare Adv.	Elite Preferred	Elite Standard
Plan Type	PPO	PPO	PPO	HMO-POS *	HMO-POS *	HMO-POS *	PPO	PPO	PPO	HMO-POS *	HMO-POS *	PPO	HMO-POS *
Plan #	2406-035	2406-036	2406-066	2802-008	2802-055	2802-059	1607-015	7093-002	4487-001	3447-024	3447-042	5232-001	3653-015
Rating (5 is max)	4.0	4.0	4.0	4.0	4.0	4.0	3.5	3.5	3.5	3.5	3.5	new	4.0
Prem.- mo. \$	\$ 39	\$0	\$0	\$0	\$0	\$0	\$ 31	\$ -	\$ 74	\$ 11.20	\$ -	\$ -	\$ -
Drug Ded. (tiers 3-5)	\$420	\$420	\$420	\$340	\$420	\$495	\$ 295	\$ 95	\$ -	\$ 590	\$ -	\$ -	\$ -
Medical deduct.	\$0	\$0	\$0	\$0	\$0	\$0	\$ -	\$ -	\$ 500	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

\* Out of network coverage on dental only

**Maximum-annual**

In Network	\$ 3,700	\$ 4,100	\$ 4,500	\$ 4,900	\$ 6,700	\$ 6,700	\$ 4,150	\$ 6,750	\$ 6,750	\$ 4,900	\$ 4,150	\$ 4,200	\$ 3,500
Out of network	\$ 6,200	\$ 6,200	\$ 10,100	Won't pay	Won't pay	Won't pay	\$ 6,200	\$ 10,000	\$ 10,000	Won't pay	Won't pay	\$ 5,700	Won't pay
Hospital	\$325/day Days 1-5	\$325/day Days 1-5	\$295/day Days 1-6	\$370/day Days 1-5	\$395/day Days 1-5	\$495/day Days 1-5	\$370/day Days 1-5	\$390/day Days 1-5	\$345/day Days 1-7	\$290/day Days 1-7	\$350/day Days 1-7	\$360/day Days 1-5	\$325/day Days 1-5
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 35	\$ 30	\$ 40	\$ 45	\$ 45	\$ 45	\$ 40	\$ 35	\$ 40	\$ 30	\$ 25	\$ 25	\$ 20

**Out- patient surgery:**

Surgical Ctr.	\$ 225	\$ 225	\$ 195	\$ 270	\$ 295	\$ 445	\$ 320	\$ 340	\$ 295	\$ 240	\$ 300	\$ 275	\$ 275
Hospital	\$ 325	\$ 325	\$ 295	\$ 370	\$ 395	\$ 495	\$ 370	\$ 390	\$ 345	\$ 290	\$ 350	\$ 275	\$ 275
MRI & CT scans	\$ 155	\$ 225	\$ 155	\$ 165	\$ 175	\$ 225	Dr \$150 Hosp 370	Dr \$150 Hosp 390	Dr \$105 Hosp 345	Dr \$50 Hosp 290	Dr \$95 Hosp 350	\$ 130	\$ 200

**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	\$99-1,249 co-pay	300-3000 allow.	300-1500 allow.	300-2000 allow.	300-3000 allow.	300-3000 allow.	\$675/ear	\$500/ear
Dental:													
Coverage limit	\$ 2,000	\$ 1,250	\$ -	\$ -	\$ 3,500	\$ -	\$ 1,000	\$ 1,200		\$ 1,500	\$ 1,200	\$ 7,500	\$ 6,000
Comprehensive coverage	0% copay (A)	0% copay (A)	Prevent. Only	Prevent. Only	0% copay (A)	Prevent. Only	0% copay	0% copay	Prevent. Only	0% copay	0% copay	0% copay	0% copay
Eyewear Allow.	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 200	\$ 200	\$ 300	No	\$ 200	\$ 300	\$ 200	\$ 200
# of meals after hospitalization	28	28	28	28	28	28	0	0	0	20	20	14	14
OTC Drug allowance/quarter	\$ 50	\$ 85	\$ 50	\$ 50	\$ 80	\$ -	\$ -	\$ 85	\$ 35	\$ 170	\$ 105	\$ 175	\$ 150
Part B rebate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	None	None	None	None	None	None	Yes (B)	Yes (B)	None	Yes (B)	Yes (B)	No	Yes
Add'l dental, vision & hearing-optional							\$500 (B)	\$500 (B)		\$500 (B)	500 (B)		
Grocery or utility allow.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$50 -150 (B)	\$50 -150 (B)		

A) 50% copay for bridges and dentures

B) Your choice of only 1 of these benefits

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2025

**INCLUDES DRUG COVERAGE**

Plan	HUMANA							IU HEALTH			DEVOTED HEALTH		
	Choice (Regional)	Full Access	Choice	USAA Honor w/RX	Choice Give Back	Choice	Gold Plus	Select Plus	Medicare \$0 Preferred	Flex Network	Choice Give Back	Choice	Choice Plus
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	HMO-POS *	HMO	HMO	HMO-POS	PPO	PPO	PPO
Plan #	R0110--012	5216-192	5216-019	5216-307	5216-309	5216-193	5619-051	7220-009	7220-010	7220-011	7471-002	7471-001	7471-004
Rating (5 is max)	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	new	new	new
Prem.- mo. \$	\$ 39.10	\$ 2	\$ 35	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49.60
Drug Ded. (tiers 3-5)	\$ 245	\$ 590	\$ 200	\$ 350	\$ 510	\$ 300	\$ 250	\$ -	\$ -	\$ -	\$ 590	\$ 590	\$ 590
Medical deduct.	\$ -	\$ 575	\$ -	\$ -	\$ 425	\$ -	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

\* Out of network coverage on dental, vision & emergency care.

**Maximum-annual**

In Network	\$ 9,350	\$ 6,500	\$ 6,750	\$ 8,850	\$ 9,350	\$ 5,650	\$ 4,150	\$ 4,400	\$ 4,155	\$ 4,155	\$ 8,500	\$ 4,500	\$ 4,500
Out of network	\$ 14,000	\$ 6,500	\$ 10,100	\$ 13,300	\$ 14,000	\$ 10,100	Won't pay	Won't pay	Won't pay	\$ 10,000	\$ 14,000	\$ 4,500	\$ 4,500
Hospital	\$470/day Days 1-5	\$600/day Days 1-4	\$450/day Days 1-5	\$425/day Days 1-5	\$400/day Days 1-5	\$440/day Days 1-6	\$400/day Days 1-6	\$395/day Days 1-6	\$395/day Days 1-6	\$395/day Days 1-6	\$295/day Days 1-7	\$295/day Days 1-7	\$350/day Days 1-6
Off. Visit-Primary	\$ 5	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 55	\$ 70	\$ 55	\$ 45	\$ 40	\$ 45	\$ 35	\$ 35	\$ 30	\$ 30	\$ 45	\$ 35	\$ 35

**Out- patient surgery:**

Surgical Ctr.	\$ 470	\$ 670	\$ 450	\$ 375	\$ 350	\$ 440	\$ 350	\$ 295	\$ 295	\$ 295	\$ 400	\$ 295	\$ 295
Hospital	\$ 470	\$ 670	\$ 450	\$ 425	\$ 400	\$ 440	\$ 400	\$ 350	\$ 350	\$ 350	\$ 400	\$ 395	\$ 395
MRI & CT scans	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325	Dr. \$165 Hosp 325	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325				Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300
								20%	20%	20%			

**EXTRA BENEFITS:**

Hearing Aids	\$499-799 copay	\$699-999 copay	None	\$399-999 copay	None	\$699-999 copay	\$699-999 copay	\$499-999 copay	\$499-999 copay	\$499-999 copay	\$599-899 copay	\$399-699 copay	\$199-499 copay
Dental:													
Coverage limit	\$ 1,000	\$ -	\$ 1,000	\$ 3,000	\$ -	\$ 1,500	\$ 2,500	\$ 1,500	\$ 1,500	\$ 1,500	(B)	(B)	(B)
Comprehensive coverage	Limited comprehen.	Prevent. Only	Limited comprehen.	0% copay	None	0% copay	0% copay (A)	50% copay fillings, ext.	50% copay fillings, ext.	50% copay fillings, ext.	(B)	(B)	(B)
Eyewear Allow.	\$50-100	\$50-100	\$100-150	\$100-150	None	\$250-300	\$50-100	\$250/2 yrs	\$250/2 yrs	\$250/2 yrs	(B)	(B)	(B)
# of meals after hospitalization	14	14	14	14	14	Meal prog. Available	14	42	42	42	0	0	0
OTC Drug allowance/quarter	\$15/Mo	\$ -	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ 40	\$ 40	\$ 40	\$ -	\$92/mo. (C & D)	\$105/qtr. (C & D)
Part B rebate	\$ -	\$ -	\$ -	\$ 76	\$ 124	\$ 3	\$ -	\$ -	\$ 70	\$ 70	\$ -	\$ -	\$ -
Transportation	None	None	None	None	None	None	None	Yes	Yes	Yes	No	No	No
Preventative & Comprehensive Dental & Eyewear											\$ 250	\$ 1,000	\$ 1,250

A) 30-40% co-pay for bridges and crowns.

B) Included with Preventative & Comprehensive Dental & Eyewear

C) Available to those with chronic health conditions.

D) Allowance includes Food, Rent & Utilities

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2025

**INCLUDES DRUG COVERAGE**

Plan	AETNA MEDICARE						WELLCARE						
	Value	Smart Fit	Value Plus	Gold	Enhanced Select	Premier	Simple Open	Premium Enhanced Open	Give Back Open	Assist Open	Simple	Assist	Complete Simple
<b>Plan Type</b>	PPO	PPO	PPO	PPO	PPO	HMO-POS *	PPO	PPO	PPO	PPO	HMO	HMO	HMO
<b>Plan #</b>	5521-099	5521-406	5521-496	5521-593	5521-386	3192-004	6348-002	6348-010	6348-008	6348-009	3499-002	3499-008	7925-002
<b>Rating (5 is max)</b>	4.5	4.5	4.5	4.5	4.5	3.5	3.0	3.0	3.0	3.0	3.5	3.5	3.5
<b>Prem.- mo. \$</b>	\$ -	\$ -	\$ 28	\$ 57	\$ 166	\$ -	\$ -	\$ 57	\$ -	\$ 38.30	\$ -	\$ 37.90	\$ -
<b>Drug Ded. (tiers 3-5)</b>	\$ 590	\$ 590	\$ 590	\$ -	\$ 590	\$ 590	\$ 420	\$ 420	\$ 395	\$ 500	\$ 420	\$ 500	\$ 420
<b>Medical deduct.</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 500	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

\*Out of network coverage primarily for dental.

**Maximum-annual**

In Network	\$ 4,250	\$ 5,900	\$ 6,350	\$ 5,500	\$ 1,500	\$ 5,000	\$ 4,300	\$ 4,000	\$ 7,550	\$ 4,200	\$ 3,900	\$ 5,700	\$ 3,900
Out of network	\$ 10,100	\$ 10,100	\$ 10,100	\$ 10,000	\$ 1,500	Won't pay	\$ 8,950	\$ 6,200	\$ 10,000	\$ 8,950	Won't pay	Won't pay	Won't pay

**Hospital**

\$275/day Days 1-7	\$350/day Days 1-7	\$365/day Days 1-7	\$325/day Days 1-7	\$200/day Days 1-7	\$325/day Days 1-7	\$375/day Days 1-5	\$350/day Days 1-7	\$400/day Days 1-5	\$350/day Days 1-5	\$350/day Days 1-6	\$350/day Days 1-6	\$350/day Days 1-6	\$350/day Days 1-6
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 35	\$ 45	\$ 20	\$ 30	\$ -	\$ 40	\$ 25	\$ 25	\$ 35	\$ 25	\$ 25	\$ 25	\$ 25

**Out-patient surgery:**

Surgical Ctr.	\$ 275	\$ 300	\$ 315	\$ 275	\$ -	\$ 275	\$ 275	\$ 275	\$ 250	\$ 250	\$ 250	\$ 225	\$ 220
Hospital	\$ 325	\$ 350	\$ 365	\$ 325	\$ 200	\$ 325	\$ 325	\$ 350	20%	\$ 300	\$ 350	\$ 280	20%
<b>MRI &amp; CT scans</b>	\$ 250	\$ 350	\$ 275	\$ 220	\$ -	\$ 275	\$ 325	\$ 350	\$ 400	\$ 300	\$250-350	\$150-280	20%

**EXTRA BENEFITS:**

<b>Hearing Aids</b>	500/ear allow.	500/ear allow.	\$750/ear allow.	1,000/ear allow.	500/ear allow.	\$750/ear allow.	\$1000 allow./ear	\$2000 allow./ear	\$350 allow./ear	\$1,500 allow./ear	\$1,000 allow./ear	\$1,000 allow./ear	\$750 allow./ear
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**Dental:**

<b>Coverage limit</b>	\$ 1,450	\$ 2,000	\$ 1,500	\$ 2,500	\$ 1,500	\$ 2,000	\$ 5,000	\$ 5,000	\$ 1,000	\$ 5,000	\$ 2,000	\$ 3,000	\$ 3,000
<b>Comprehensive coverage</b>	Yes-limited	20 - 50% copay	20 - 50% copay	0% copay	0% copay	20 - 50% copay	0% copay, limited	0% copay, limited	20% copay, limited	0% copay, limited	Limited coverage	Limited coverage	0% copay, limited

**Eyewear Allow.**

\$150	\$125	\$245	\$250	\$175	\$185	\$ 400	\$ 600	\$ 200	\$ 400	\$ 200	\$ 400	\$ 400	limited
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**# of meals after hospitalization**

14	0	14	14	0	14	0	42	0	42	0	42	0	0
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**OTC Drug allowance/quarter**

\$ 75	\$ 50	\$ 45	\$ 60	\$ 30	\$ 60	\$ 169	\$ 130	\$ 45	\$ 130	\$ 147	\$ 85	\$ 185	\$ -
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**Part B rebate**

						\$ -	\$ -	\$ 72.60	\$ -	\$ -	\$ -	\$ -	\$ -
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**Transportation**

None	None	None	None	None	None	Yes	None	None	Yes	Yes	Yes	Yes	Yes
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**Food/utility allow. If on Extra Help**

\$30/qtr.

ADAMS COUNTY MEDICARE ADVANTAGE PLANS - 2025

DOES NOT INCLUDE DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA			IU HEALTH	PARAMOUNT	WELLCARE
Plan	Medicare Adv. Patriot	Medicare Eagle	Veteran	USAA Honor Giveback	USAA Honor Giveback	Choice Regional	Select-Medical only	Elite Courage	Patriot Give Back Open
<b>Plan Type</b>	PPO	PPO	PPO	PPO	PPO	PPO	HMO	PPO	PPO
<b>Plan #</b>	2406-074	5521-286	7093-001	5216-441	5216-218	R0110-011	7220-002	5232-002	6348-005
<b>Rating (5 is max)</b>	4.0	4.5	3.5	3.5	3.5	3.5	3.5	new	3.0
<b>Prem.- mo. \$</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medical deduct.</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

**Maximum-annual**

In Network	\$ 8,850	\$ 4,900	\$ 9,350	\$ 8,100	\$ 9,350	\$ 5,600	\$ 5,000	\$ 4,151	\$ 5,500
Out of network	\$ 14,000	\$ 8,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 10,050	Won't pay	\$ 8,950	\$ 8,950
<b>Hospital</b>	\$475/day Days 1-5	\$300/day Days 1-6	\$350/day Days 1-5	\$430/day Days 1-5	\$475/day Days 1-5	\$275/day Days 1-6	\$395/day Days 1-6	\$300/day Days 1-5	\$400/day Days 1-5
<b>Off. Visit-Primary</b>	\$ -	\$ -	\$ -	\$ 15	\$ 15	\$ -	\$ -	\$ -	\$ -
<b>" " -Specialist</b>	\$ 55	\$ 30	\$ 45	\$ 45	\$ 45	\$ 30	\$ 40	\$ 35	\$ 40
<b>Out- patient surgery:</b>									
Surgical Ctr.	\$ 325	\$ 300	\$ 300	\$ 425	\$ 425	\$ 195	\$ 300	\$ 200	\$ 250
Hospital	\$ 475	\$ 350	\$ 350	\$ 475	\$ 475	\$ 245	\$ 350	\$ 200	\$ 350
<b>MRI &amp; CT scans</b>	\$ 225	\$ 250	Dr. \$180 Hosp \$350	Dr. \$195 Hosp \$325	Dr. \$200 Hosp \$325	Dr. \$180 Hosp \$275	20%	\$ 200	\$ 350

**EXTRA BENEFITS:**

<b>Hearing Aids</b>	\$99-1,249 co-pay	\$1500/ear allow.	300-2000 allow.	\$99 - 699 co-pay	\$399-699 copay	\$0-299 copay	\$499-999 copay	\$500/ear	\$1000/ear allowance
<b>Dental:</b>									
<b>Coverage limit</b>	\$ 2,500	\$ 3,500	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,500	\$ 2,500	\$ 1,500
<b>Comprehensive coverage</b>	0% copay (A)	0% copay	0% copay	0% copay	0% copay	0% copay	50% copay fillings, ext.	0% copay	0% copay - limited
<b>Eyewear Allow.</b>	\$ 300	\$ 300	\$ 200	\$250-500	\$150-200	\$250-300	\$250/2 yrs.	\$ 200	\$ 200
<b># of meals after hospitalization</b>	28	14	14	14	14	14	42	14	42
<b>OTC Drug allowance/quarter</b>	\$ 100	\$ 100	\$ 75	\$ -	\$ 150	\$ 100	\$ 40	\$ 150	\$ 75
<b>Transportation</b>	None	No	Yes (B)	No	No	Yes	Yes	No	No
<b>Part B rebate</b>	\$ 105	\$ 70	\$ 70	\$ 155	\$ 100	\$ -	\$ 21	\$ 50	\$ 80
<b>Add'l dental, vision &amp; hearing-optional</b>			\$500 (B)						

A) 50% copay for bridges and dentures

B) Your choice of only 1 of these benefits