NORTHEAST INDIANA MEDICARE ADVANTAGE PLANS - 2025

PLANS DO 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**
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	HMO	PPO	PPO
Plan #	2406-074	5521-286	7093-001	5216-441	5216-218	R0110-011	7220-002	5232-002	6348-005
Rating (5 is max)	4.0	4.5	3.5	3.5	3.5	3.5	3.5	new	3.0
Prem.- mo. $	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Deductible-Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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
Hospital -Co-pay per day	$ 475	$ 300	$ 350	$ 430	$ 475	$ 275	$ 395	$ 300	$ 400
- # of days	$ 5	$ 6	$ 5	$ 5	$ 5	$ 6	$ 6	$ 5	$ 5
Off. Visit-Primary	$ -	$ -	$ -	$ 15	$ 15	$ -	$ -	$ -	$ -
" " -Specialist	$ 55	$ 30	$ 45	$ 45	$ 45	$ 30	$ 40	$ 35	$ 40
Out- patient surgery:									
Surgical Ctr.	$ 325	$ 300	$ 300	$ 425	$ 425	$ 195	$ 300	$ 200	$ 250
Hospital	$ 475	$ 350	$ 350	$ 475	$ 475	$ 245	$ 350	$ 200	$ 350
MRI & CT scans	$ 225	$ 250	Dr. $180 Hosp $350	Dr. $195 Hosp $325	Dr. $200 Hosp $325	Dr. $180 Hosp $275	20%	$ 200	$ 350
EXTRA BENEFITS:									
Hearing Aids	$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
Dental:									
Coverage limit	$ 2,500	$ 3,500	$ 2,000	$ 2,000	$ 2,000	$ 1,000	$ 1,500	$ 2,500	$ 1,500
- Comprehensive coverage	0% copay (A)	0% copay	0% copay	0% copay	0% copay	0% copay	50% copay fillings, ext.	0% copay	0% copay - limited
Eyewear Allowance	$ 300	$ 300	$ 200	$250-500	$150-200	$250-300	$250/2 yrs.	$ 200	$ 200
OTC Drug - allow. per quarter	$ 100	$ 100	$ 75	$ -	$ 150	$ 100	$ 40	$ 150	$ 75
Transportation	None	No	Yes (B)	No	No	Yes	Yes	No	No
Part B rebate	$ 105	$ 70	$ 70	$ 155	$ 100	$ -	$ 21	$ 50	$ 80
Addt'l dental, vision & hearing-optional			$500 (B)						

A) 50% copay for bridges & dentures

B) Choose only 1

*** Available only in these counties**

IU Health:

Adams
Allen
Wells

Paramount:

Adams
Allen
Dekalb
Noble