

PPO MEDICARE ADVANTAGE PLANS

ALLEN COUNTY 2026

INCL. DRUG COVERAGE

Plan Name

Plan Type

Plan #

Rating (5 is max)

Prem.- mo. \$

Deductible-medical exp.

CO-PAYS:

Maximum-annual

In Network

Out of network

Hospital -daily CoPay

- # of days

Off. Visit-Primary

" " -Specialist

Out- patient surgery:

Surgical Ctr.

Hospital

MRI & CT scans

EXTRA BENEFITS:

Hearing Aids

Dental - Coverage limit

- Comprehensive
coverage

Eyewear Allowance

OTC Drug Allow. per qtr.

Part B rebate

Transportation

Grocery, transport. & utility
allow.

AARP MEDICARE		
UHC IN-0001 P	UHC IN-0006	UHC IN-0001
PPO	PPO	PPO
2406-036	2406-066	2406-035

4.0	4.0	4.0
\$0	\$0	\$ 39
\$0	\$0	\$0

\$ 4,200	\$ 4,900	\$ 3,700
\$ 6,300	\$ 10,100	\$ 6,300
\$ 375	\$ 425	\$ 375
6	7	6
\$ -	\$ -	\$ -
\$ 45	\$ 50	\$ 45

\$ 275	\$ 325	\$ 275
\$ 375	\$ 425	\$ 375
\$ 260	\$ 240	\$ 210

199-1,249 co-pay	199-1,249 co-pay	199-1,249 co-pay
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\$ 1,250	\$ -	\$ 2,500
50% copay	Routine Only	50% copay
\$300/2yrs.	\$300/2yrs.	\$300/2yrs.
\$ -	\$ -	\$ -
\$ 6	\$ -	\$ -
None	None	None

ANTHEM		
Medicare Adv.	Medicare Advan. 3	Regional Medicare
PPO	PPO	PPO
7093-002	1607-012	5941-016

3.5	3.5	3.5
\$ 9	\$ 55	\$ 97
\$ -	\$ 500	\$ 500

\$ 6,750	\$ 6,750	\$ 9,250
\$ 10,000	\$ 10,100	\$ 13,900
\$ 345	\$ 350	\$ 345
5	7	7
\$ -	\$ 10	\$ -
\$ 30	\$ 45	\$ 40

\$ 245	\$ 300	\$ 295
\$ 345	\$ 350	\$ 345
Dr \$100 Hosp 345	Dr \$140 Hosp 350	Dr \$105 Hosp 345

300-1500 allow.	300-2000 allow.	300-2000 allow.
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\$ 2,750	\$ 1,800	\$ -
25% copay	25% copay	Routine Only
\$ 300	None	No
\$ -	\$ 60	\$ 35
\$ -	\$ -	\$ -
None	None	None

AETNA MEDICARE		
Signature	Signature Extra	Value Care
PPO	PPO	PPO
5521-099	5521-406	5521-496

4.5	4.5	4.5
\$ -	\$ -	\$ 36
\$ -	\$ -	\$ -

\$ 5,000	\$ 6,350	\$ 6,750
\$ 10,100	\$ 10,100	\$ 10,100
\$ 325	\$ 320	\$ 365
7	7	8
\$ -	\$ -	\$ -
\$ 45	\$ 45	\$ 30

\$ 275	\$ 270	\$ 315
\$ 325	\$ 320	\$ 365
\$ 250	\$ 350	\$ 275

\$500/ear allow.	\$500/ear allow.	\$750/ear allow.
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\$ 750	\$ 2,000	\$ 1,250
20 - 50% copay	20 - 50% copay	20 - 50% copay
\$150 allow.	\$100	\$150
\$ -	\$ 50	\$ 30
	\$ -	
None	None	None

A) If on Extra Help & have a chronic condition

\$30/qtr. (A)

**PPO
MEDICARE ADVANTAGE PLANS
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Hospital -daily CoPay

- # of days

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Out- patient surgery:

Surgical Ctr.

Hospital

MRI & CT scans**EXTRA BENEFITS:****Hearing Aids****Dental-Coverage limit****-Comprehensive coverage****Eyewear Allowance****OTC Drug Allow. per qtr.****Part B rebate****Transportation**

HUMANA							
USAA Honor w/RX	USAA Honor w/RX	Choice Give Back	Choice Give Back	Full Access	Choice	Choice (Regional)	Choice
PPO (A)	PPO (A)	PPO (B)	PPO (B)	PPO	PPO	PPO	PPO
5216-307	7617-060	5216-309	7617-003	5216-192	5216-019	R110-012	5216-463
A) plans & B) plans are identical other than rating							
3.5	4.5	3.5	4.5	3.5	3.5	3.5	3.5
\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24	\$ 20	\$ 28
\$ 100	\$ 100	\$ 425	\$ 425	\$ 215	\$ -	\$ -	\$ -

\$ 7,900	\$ 7,900	\$ 9,150	\$ 9,150	\$ 6,700	\$ 6,550	\$ 9,150	\$ 6,350
\$ 13,300	\$ 13,300	\$ 13,900	\$ 13,900	\$ 6,700	\$ 10,100	\$ 13,900	\$ 10,100
\$ 425	\$ 425	\$ 400	\$ 400	\$ 600	\$ 450	\$ 470	\$ 440
5	5	5	5	4	5	5	6
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 45	\$ 45	\$ 40	\$ 40	\$ 70	\$ 55	\$ 55	\$ 55

\$ 325	\$ 325	\$ 300	\$ 300	\$ 570	\$ 350	\$ 370	\$ 340
\$ 425	\$ 425	\$ 400	\$ 400	\$ 670	\$ 450	\$ 470	\$ 440
Dr. \$200	Dr. \$200	Dr. \$200	Dr. \$200	Dr. \$200	Dr. \$200	Dr. \$200	Dr. \$200
Hosp 335	Hosp 335	Hosp 335	Hosp 335	Hosp 335	Hosp 335	Hosp 335	Hosp 335

\$399-999 copay	\$399-999 copay	\$699-999 copay	\$699-999 copay	\$699-999 copay	\$699-999 copay	\$599-899 copay	\$699-999 copay
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\$ 3,000	\$ 3,000	\$ 500	\$ 500	\$ -	\$ 1,000	\$ 1,000	\$ 3,500
0% copay	0% copay	0% copay limited	0% copay limited	Routine Only	0% copay, Limited comp.	0% copay, Limited comp.	0% copay
\$75-150	\$75-100	\$50-100	\$50-100	\$50-100	\$75-150	\$50-100	\$250-300
\$ 50	\$ 50	\$ -	\$ -	\$ -	\$ -	\$15/Mo	\$ 50
\$ 79	\$ 79	\$ 123	\$ 123	\$ 1	\$ -	\$ -	\$ -
None	None	None	None	None	None	None	None

WELLCARE		
Simple Open	Give Back Open	Assist Open
PPO	PPO	PPO
6348-002	6348-008	6348-009
3.0	3.0	3.0
\$ -	\$ -	\$ 38.40
\$ -	\$ 500	\$ -

\$ 4,300	\$ 8,500	\$ 5,000
\$ 8,950	\$ 10,000	\$ 8,950
\$ 375	\$ 400	\$ 350
5	5	6
\$ -	\$ -	\$ -
\$ 20	\$ 40	\$ 25

\$ 250	\$ 250	\$ 250
\$ 325	20%	\$ 300
Dr. \$250	Dr. \$350	Dr. \$100
Hosp 325	Hosp 400	Hosp 300

\$750 allow./ear	\$350 allow./ear	\$1,000 allow./ear
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\$ 5,000	\$ 1,000	no max. allowance
0% copay,	20% copay	0% copay
\$ 300	\$ 200	\$ 400
\$ 65/mo (C)	\$ 15/mo. (C)	\$ 54.mo. (C)
\$ -	\$ 79	\$ 1
None	None	Yes

C) May also be used for dental, vision and hearing.

**HMO
MEDICARE ADVANTAGE PLANS
ALLEN COUNTY 2026**

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CO-PAYS:

Maximum-annual

In Network

Out of network

Hospital -daily CoPay

- # of days

Off. Visit-Primary

" " -Specialist

Out- patient surgery:

Surgical Ctr.

Hospital

MRI & CT scans

EXTRA BENEFITS:

Hearing Aids

Dental - Coverage limit

- Comprehensive coverage

Eyewear Allowance

OTC Drug Allow. per qtr.

Part B rebate

Transportation

AARP MEDICARE ADVAN.		
UHC IN-0010 Essential	UHC IN-0016 Extras	UHC IN-0020 GiveBack
HMO-POS *	HMO-POS *	HMO-POS *
2802-007	2802-055	2802-059

4.0	4.0	4.0
\$0	\$0	\$0
\$0	\$0	\$0

* Out of network coverage on dental only, out-of network medical not covered unless an emergency.

\$ 3,900	\$ 6,700	\$ 6,700
Won't pay	Won't pay	Won't pay
\$ 425	\$ 495	\$ 550
5	5	4
\$ -	\$ -	\$ -
\$ 40	\$ 55	\$ 60

\$ 325	\$ 395	\$ 500
\$ 425	\$ 495	\$ 550
\$ 200	\$ 260	\$ 260

199-1,249 co-pay	199-1,249 co-pay	199-1,249 co-pay
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\$ -	\$ 4,000	\$ -
Routine cover. only	50% co-pay	Routine cover. only

\$200/2 yrs	\$300/2 yrs	\$150/2 yrs.
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\$ -	\$ 60	\$ -
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\$ 14	\$ -	\$ 47
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None	None	None
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ANTHEM			
Medicare Adv.	Medicare Adv. 3	Medicare Adv. 4	Extra Help
HMO-POS *	HMO	HMO	HMO-POS *
3447-042	7220-009	7220-010	3447-024

3.5	4.0	4.0	3.5
\$ -	\$0	\$0	\$ 22.80
\$ -	\$0	\$0	\$ -

\$ 4,150	\$ 9,250	\$ 4,500	\$ 4,900
Won't pay	Won't pay	Won't pay	Won't pay
\$ 440	\$ 440	\$ 395	\$ 290
5	5	6	6
\$ -	\$ -	\$ -	\$ -
\$ 35	\$ 35	\$ 30	\$ 25

\$ 340	\$ 340	\$ 295	\$ 200
\$ 440	\$ 440	\$ 350	\$ 290
Dr \$95 Hosp 440	Dr \$95 Hosp 440	20%	Dr \$50 Hosp 290

300-2000 allow.	300-2000 allow.	300-2000 allow.	300-2000 allow.
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\$ 2,000	\$ 1,000	\$ 1,500	\$ 3,000
25% co-pay	25% co-pay	25% co-pay	25% co-pay

\$ 200	\$ 250	\$ 250	\$ 200
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\$ 38	\$ -	\$ 30	\$ -
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\$ -	\$ -	\$ 20	\$ -
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None	Yes	Yes	None
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HUMANA
Gold Plus
HMO-POS *
5619-051

3.0
\$ -
\$ 125

\$ 4,500
Won't pay
\$ 450
6
\$ -
\$ 35

\$ 350
\$ 450
Dr. \$200 Hosp 335

\$699-999 copay

\$ 2,000
0% copay (B)

\$50-100

\$ -

\$ -

None

WELLCARE	
Simple	Assist
HMO-POS *	HMO-POS *
3499-002	3499-008

3.0	3.0
\$ -	\$ 31.10
\$ -	\$ -

\$ 4,200	\$ 5,700
Won't pay	Won't pay
\$ 350	\$ 350
6	6
\$ -	\$ -
\$ 25	\$ 25

\$ 250	\$ 225
\$ 350	\$ 280
Dr. \$250 Hosp 350	Dr. \$150 Hosp 280

\$1,000 allow./ear	no max. allow.
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\$ 3,000	\$ 3,000
0% Co-Pay	0% Co-Pay

\$ 300	\$ 400
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\$ 55 (A)	\$ 70 (A)
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\$ -	\$ 1
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Yes	Yes
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A) May also be used for dental, vision and hearing.

B) 30-40% copay for bridges & crowns