

PPO MEDICARE ADVANTAGE PLANS

ALLEN COUNTY 2027

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

Grocery, transport. & utility allow. - if on Extra Help & have a chronic condition

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

\$0	\$0	\$ 46
\$0	\$0	\$0

\$ 4,450	\$ 5,900	\$ 4,450
\$ 6,700	\$ 10,750	\$ 6,700
\$ 455	\$ 550	\$ 455
6	5	6
\$ -	\$ -	\$ -
\$ 50	\$ 65	\$ 50

\$ 355	\$ 450	\$ 355
\$ 455	\$ 550	\$ 455
\$ 320	\$ 320	\$ 320

\$700 allow.	\$700 allow.	\$700 allow.
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\$ 1,000	\$ -	\$ 1,500
50% copay	Routine Only	50% copay

\$200/2yrs.	\$200/2yrs.	\$200/2yrs.
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

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

\$ 45	\$ 68	\$ 123
\$ -	\$ 500	\$ 500

\$ 6,750	\$ 6,750	\$ 9,250
\$ 10,000	\$ 10,100	\$ 13,900
\$ 345	\$ 350	\$ 345
5	7	7
\$ -	\$ 10	\$ -
\$ 35	\$ 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	None
\$ -	\$ -	\$ 35
\$ -	\$ -	\$ -

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

\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

\$ 5,000	\$ 6,350	\$ 6,750
\$ 10,750	\$ 10,100	\$ 10,750
\$ 325	\$ 320	\$ 365
7	7	8
\$ -	\$ -	\$ -
\$ 50	\$ 40	\$ 40

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

\$500/ear allow.	\$1000/ear allow.	\$750/ear allow.
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\$ -	\$ 2,000	\$ 1,000
Routine only	20 - 50% copay	20 - 50% copay

\$125	\$125	\$100
\$ -	\$ -	\$ 15
\$ -	\$ -	\$ -

\$30/qtr.

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Out- patient surgery:

Surgical Ctr.

Hospital

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EXTRA BENEFITS:

Hearing Aids

Dental - Coverage limit

- Comprehensive
coverage

Eyewear Allowance

OTC Drug Allow. per qtr.

Part B rebate

DEVOTED HEALTH			
Choice 001	Choice Giveback 002	Choice Premium 004	Choice Giveback Extra 024
PPO	PPO	PPO	PPO
7471-001	7471-002	7471-004	7471-024
\$ -	\$ -	\$ 11.00	\$ -
\$ -	\$ 200	\$ -	\$ 150
\$ 4,850	\$ 9,650	\$ 4,500	\$ 7,100
\$ 10,450	\$ 14,800	\$ 10,750	\$ 10,750
\$ 320	\$ 425	\$ 365	\$ 495
6	5	7	5
\$ -	\$ -	\$ -	\$ -
\$ 45	\$ 50	\$ 35	\$ 50
\$ 320	\$ 425	\$ 365	\$ 390
\$ 420	\$ 525	\$ 465	\$ 490
Dr \$200 Hosp 300	Dr \$200 Hosp 300	Dr \$200 Hosp 300	Dr \$200 Hosp 300
\$399-699 copay	\$599-899 copay	\$399-699 copay	\$599-899 copay
\$ 2,000	\$ 250	\$ 3,000	\$ 2,250
50% copay *	\$0 copay *	\$0 copay *	50% copay *
\$300	\$200	\$400	\$350
\$ 62	\$ -	\$ 88	\$ 100
\$ -	\$ 183	\$ -	\$ 90

* You pay the costs yourself. then you submit a request for reimbursement.

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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

HUMANA					
Choice Giveback	Essentials Plus Giveback	Full Access	Choice	Choice (Regional)	Choice
PPO	PPO	PPO	PPO	PPO	PPO
5216-481	7617-144	5216-192	5216-019	R110-012	5216-463
\$ -	\$ -	\$ -	\$ 34	\$ 68	\$ 43
\$ 432	\$ 425	\$ 375	\$ -	\$ -	\$ -

WELLCARE	
Simple Open	Give Back Open
PPO	PPO
6348-002	6348-008
\$ -	\$ -
\$ -	\$ 415

\$ 9,850	\$ 9,850	\$ 7,150	\$ 6,800	\$ 9,850	\$ 6,350
\$ 14,800	\$ 14,800	\$ 7,150	\$ 10,100	\$ 14,800	\$ 10,100
\$ 400	\$ 400	\$ 625	\$ 550	\$ 485	\$ 440
5	5	4	5	5	6
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 50	\$ 50	\$ 75	\$ 55	\$ 55	\$ 45
\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450
\$ 550	\$ 550	\$ 550	\$ 550	\$ 550	\$ 550
Dr. \$205 Hosp 345	Dr. \$330 Hosp 345	Dr. \$205 Hosp 345	Dr. \$205 Hosp 345	Dr. \$205 Hosp 345	Dr. \$205 Hosp 345

\$ 6,200	\$ 9,850
\$ 10,000	\$ 11,100
\$ 450	\$ 425
5	5
\$ -	\$ -
\$ 40	\$ 45
\$ 350	\$ 400
\$ 500	30%
Dr. \$300 Hosp 500	Dr. \$350 Hosp 500

\$575-750 copay	\$575-750 copay	\$575-750 copay	\$575-750 copay	\$575-750 copay	\$499-725 copay
\$ 500	\$ 500	\$ -	\$ 750	\$ -	\$ 3,000
0%-25% copay-min. cover.	0% copay limited	Very limited	0% copay- min. cover.	very limited	0% copay
\$50-100	\$50 - 100	\$50-100	\$75-150	\$50-100	\$250-350
\$ -	\$ -	\$ -	\$ -	\$10/Mo	\$ 50
\$ 123	\$ 124	\$ -	\$ -	\$ -	\$ -

\$500 allow./ear	\$350 allow./ear
\$ 1,000	\$ 1,500
0% copay,	20% copay
\$ 200	\$ 200
\$ -	\$ 15/mo.
\$ -	\$ 39.50

HMO MEDICARE ADVANTAGE PLANS ALLEN COUNTY 2027

INCL. DRUG COVERAGE			AARP MEDICARE ADVAN.			ANTHEM						HUMANA	WELLCARE
Plan Name			UHC IN-0010 Essential	UHC IN-0016 Extras	UHC IN-0020 GiveBack	Medicare Adv.	Medicare Adv. 3	Medicare Adv. 4	Extra Help	Medicare Adv.7	Medicare Adv. 6	Gold Plus	Simple
Plan Type			HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *	HMO-POS *
Plan #			2802-007	2802-055	2802-059	3447-042	7220-009	7220-010	3447-024	3529-002	3529-001	5619-051	3499-002
Rating (5 is max)													
Prem.- mo. \$			\$0	\$0	\$0	\$ -	\$0	\$0	\$ 17.00	\$ -	\$ 34.00	\$ -	\$ -
Deductible-medical exp.			\$0	\$0	\$0	\$ -	\$0	\$0	\$ -	\$ -	\$ -	\$ 350	\$ 75
CO-PAYS:			* Out of network coverage on dental only, out-of network medical not covered unless an emergency.										
Maximum-annual													
In Network			\$ 5,400	\$ 7,150	\$ 7,150	\$ 8,750	\$ 9,850	\$ 7,150	\$ 4,900	\$ 7,150	\$ 4,450	\$ 5,900	\$ 5,900
Out of network			Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay
Hospital -daily CoPay - # of days			\$ 495 5	\$ 550 5	\$ 550 4	\$ 440 5	\$ 480 5	\$ 395 6	\$ 290 6	\$ 490 5	\$ 450 6	\$ 450 6	\$ 400 7
Off. Visit-Primary			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist			\$ 50	\$ 65	\$ 65	\$ 40	\$ 40	\$ 30	\$ 25	\$ 45	\$ 40	\$ 40	\$ 35
Out- patient surgery:													
Surgical Ctr.			\$ 395	\$ 450	\$ 500	\$ 340	\$ 340	\$ 295	\$ 200	\$ 300	\$ 200	\$ 400	\$ 350
Hospital			\$ 495	\$ 550	\$ 550	\$ 440	\$ 480	\$ 350	\$ 290	\$ 490	\$ 450	\$ 500	\$ 500
MRI & CT scans			\$ 320	\$ 320	\$ 320	Dr \$95 Hosp 440	Dr \$95 Hosp 480	20%	Dr \$50 Hosp 290	Dr \$95 Hosp 490	Dr \$95 Hosp 450	Dr. \$205 Hosp 345	Dr. \$250 Hosp 475
EXTRA BENEFITS:													
Hearing Aids			\$700 allow.	\$1,000 allow.	\$1,000 allow.	none	300-2000 allow.	none	300-2000 allow.	300-2000 allow.	300-2000 allow.	\$575-750 copay	\$ 500 allow./ear
Dental - Coverage limit			\$ -	\$ 3,000	\$ -	\$ 1,000	\$ 1,000	\$ 1,500	\$ 3,000	\$ 500	\$ 1,500	\$ 1,000	\$ 2,000
- Comprehensive coverage			Routine cover. only	50% co- pay	Routine cover. only	25% co- pay	25% co- pay	25% co- pay	25% co- pay	25% co- pay	25% co- pay	0%-30 copay	0% Co-Pay
Eyewear Allowance			\$200/2 yrs	\$300/2 yrs	\$200/2 yrs.	none	\$ 125	none	\$ 225	\$ 200	\$ 200	\$50-100	\$ 200
OTC Drug Allow. per qtr.			\$ -	\$ 40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35	\$ -	\$ 15/mo.
Part B rebate			\$ -	\$ -	\$ 47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -