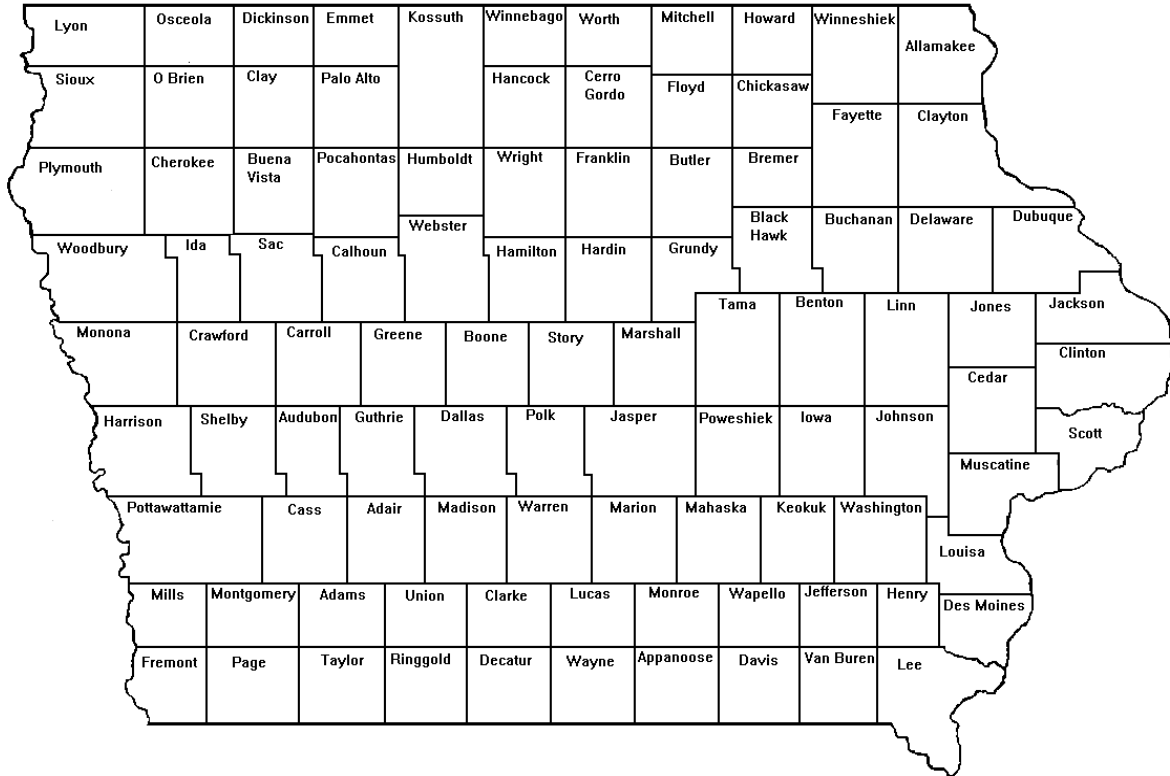


# Medicare Advantage & Other Health Plans in Iowa 2019



LOCAL HELP FOR PEOPLE WITH MEDICARE

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# Table of Contents

Decide How to Get Your Medicare .....	3
Medicare Basics .....	4
Checklist for People Considering a Medicare Advantage Plan .....	9
Comparing Health Care Choices.....	11
Guide to Medicare Advantage Plan Chart.....	12
Medicare Advantage Plans available in Iowa .....	13-15
HMO .....	16
AARP Medicare Complete HMO .....	16-17
Coventry Advantra HMO .....	18
Coventry Total Care HMO .....	18
Health Alliance Medicare Guide Rx HMO .....	19
Humana Gold Plus HMO .....	19
Senior Preferred HMO.....	20-21
Cost Plans .....	22
MAHP Medical Associates Health Plans .....	22-26
Medica Prime Solution Cost Plans .....	26-27
PPO .....	28
AARP MedicareComplete Choice PPO.....	28-29
Coventry Advantra PPO.....	30-31
Coventry Total Care PPO .....	31-32
HealthPartners UnityPoint PPO .....	32-33
Humana Choice PPO.....	33-36
PFFS.....	36
Humana Gold Choice PFFS .....	37
Special Needs Plans .....	38
Dual Complete SNP.....	38

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SHIIP The Senior Health Insurance Information Program, is part of the national network of state health insurance assistance programs. SHIIP is dedicated to providing information and assistance with questions about Medicare, Medicare supplement insurance, long-term care insurance, claims and other related health insurance. Trained SHIIP volunteer counselors are available across the state to provide free, confidential and objective one-to-one assistance.

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# Decide How to Get Your Medicare

## Decide if You Want

### Original Medicare

OR

### Medicare Advantage Plan

Part A (Hospital Insurance) and Part B (Medical Insurance)

- You pay Part B monthly premium
- Medicare provides this coverage
- You have your choice of doctors, hospitals, and other providers
- Generally, you pay deductibles, copayments and coinsurance
- Pays claims for Medicare services received anywhere in the US

Includes both Part A (Hospital Insurance) and Part B (Medical Insurance)

- You pay Part B monthly premium
- You **must** be enrolled in Part A and Part B
- You may pay a monthly plan premium
- Private insurance companies approved by Medicare provide this coverage
- Doctors, hospitals and other providers may or may not accept the plan
- You pay a deductible, copayment or coinsurance for covered services
- Some plans offer extra benefits such as dental, vision, hearing and health club memberships
- Costs and rules vary by plan
- You must live in the plan's service area

## Decide if You Want Prescription Drug Coverage (Part D)

- If you want this coverage you must choose and join a Medicare Prescription Drug Plan
- These plans are run by private companies approved by Medicare

- If you want this coverage, in most cases you must get it through your Medicare Advantage plan
- Most Medicare Advantage plans include Part D coverage

## Decide if You Want Supplemental Coverage

You may want to get private coverage that fills gaps in Original Medicare coverage.

- You can choose to buy private supplemental coverage, like a Medicare supplement policy
- Costs vary by policy or company
- Employers/Unions may offer similar coverage

- You do not need a Medicare supplement policy as they do not pay benefits when you are enrolled in a Medicare Advantage plan
- If you already have a Medicare supplement, you can't use it to pay your expenses under the Medicare Advantage plan
- If you already have a Medicare Advantage plan you cannot be sold a Medicare supplement

## Medicare Advantage Basics

Since Medicare was created in 1965, most Iowans have received their Medicare Part A and Medicare Part B health benefits through the Original Fee-For-Service system.

In 1997, Congress passed the Balance Budget Act, which created Medicare+Choice plans. The purpose was to give people on Medicare other options for receiving their Medicare Part A and Part B benefits. Today these choices are called Medicare Advantage plans (sometimes referred to as Medicare Part C). This booklet contains basic information to help you understand the Medicare Advantage choices in Iowa.

Currently, Medicare Advantage plan options are available in 98 Iowa counties. Original fee-for service Medicare also continues to be a choice in all areas. No matter which option you choose, you are still in the Medicare program. Understanding the options available will help you to make an informed decision. The Senior Health Insurance Information Program (SHIIP) has prepared this guide to help you understand these plans.

### Medicare Advantage Plans...Another Way to Get Your Medicare Benefits

You are eligible to join a Medicare Advantage plan if you have Medicare Part A **and** Part B and you live in the plan's service area (e.g. counties where the plan is approved to be offered). Included are people on Medicare because of disability. People with permanent kidney failure are not eligible to join. Some plans charge a monthly premium, others charge no premium. You must continue to pay the Medicare Part B premium in either case. You usually will have to pay some other costs (such as co-payments or coinsurance) for the services you get. These plans cover all the services Original Medicare covers and Medicare Advantage plans may add extra benefits such as coverage for vision, hearing, dental and wellness programs. Most of the plans include Medicare prescription drug coverage (Part D).

Each Medicare Advantage plan sold in Iowa has an **annual contract** with Medicare. Medicare pays a set amount of money each month to these private health plans to manage your Part A and Part B benefits. Each year the contract with Medicare may or may not be renewed. Plan benefits and costs can change from year to year.

You **don't need Medicare supplement insurance** when you are enrolled in a Medicare Advantage plan. Supplemental insurance will only pay benefits when you are enrolled in Original Medicare. Employer plans may supplement Medicare Advantage plans. If you want to cancel your Medicare supplement you will need to contact your insurance company. It cannot be done by the Medicare Advantage plan.

## Enrollment or Disenrollment

There are specific times during the year when you can enroll, disenroll or change Medicare Advantage plans.

- ◆ **First become eligible for Medicare** - You can join during the 7-month period that begins three months before you turn 65, includes the month you turn 65, and ends three months after. If you get Medicare due to disability, you can join three months before to three months after your Medicare is effective. If your Medicare effective date is made retroactive, you can join a plan the month you are notified of your Medicare effective date and for three months after your notification.
- ◆ **January 1, to March 31** – If you are enrolled in a Medicare Advantage plan on January 1, you can enroll in another Medicare Advantage plan or disenroll from your Medicare Advantage plan and return to Original Medicare. Regardless of whether your Medicare Advantage plan included Part D drug coverage you may request enrollment in a prescription drug plan at this time. You can make one election during this time.
- ◆ **After March 31** – You will not be able to disenroll from a Medicare Advantage plan until October 15 to December 7 unless you qualify for a Special Enrollment Period.
- ◆ **October 15 to December 7** - You can **join, switch** or **disenroll** from a Medicare Advantage plan. You can add or drop drug coverage. Your new coverage will be effective January 1 of the following year.
- ◆ **Special Enrollment Periods** - In certain situations, such as a change in residence, you would be eligible for a Special Enrollment Period (SEP) to disenroll, join or switch to a different plan. Call SHIIP at 1-800-351-4664 for information about other Special Enrollment Periods.
- ◆ **5-Star Special Enrollment** – You can enroll in a 5-star Medicare Advantage plan once from December 8, 2018 to November 30, 2019. If you are currently enrolled in a Medicare Advantage plan with a 5-star overall rating, you may switch to a different plan with a 5-star overall rating. You can find the plan ratings on the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov)
- ◆ **Non-Renewal** – If your Medicare Advantage plan does not renew its annual contract with Medicare you will be able to change to a different plan or return to Original Medicare. If you return to Original Medicare you must be allowed to enroll in a Medicare supplement plan A, B, C, F, K or L (including Medicare Select or High Deductible choices).

**◆ Exceptions:**

- You can join or disenroll from a Cost Plan anytime during the year. If you are enrolled in a Medicare Advantage plan and you want to enroll in a COST plan you must have a valid election period to disenroll from your Medicare Advantage plan.
- Individuals eligible for full Medicaid benefits, receive help from the state paying their Part B premiums or qualify for Medicare prescription drug coverage “Extra Help, can change plans once per quarter: January to March, April to June and July to September.

**Protections When Enrolling in a Medicare Advantage Plan for the First Time**

If you are enrolling in a Medicare Advantage plan for the first time you can return to Original Medicare and are guaranteed the right to get Medicare Supplement Insurance in two situations.

1. You **drop** your Medicare supplement to enroll in a Medicare Advantage plan for the **first time** and then you **disenroll** from the Medicare Advantage plan within the **first 12 months**. You must be allowed to
  - **Re-enroll** in the Medicare supplement policy you were most recently enrolled in if it is available from the same insurance company, **OR**
  - If the policy is not available, **enroll** in any Medicare supplement Plan A, B, C, F, K or L (including Medicare Select or high deductible choices) from ANY COMPANY selling these plans in Iowa. If you are **under age 65**, you can buy only from companies selling to those under 65. If you bought your Medicare supplement plan before June 2010, it is no longer being sold, so you will have to buy one of the standardized plans now available
2. You enroll in a Medicare Advantage plan the first time you enroll in Medicare Part B **at age 65** during your **Initial Enrollment Period**.<sup>\*</sup> Then you disenroll **within the first 12 months**.
  - You must be allowed to enroll in ANY Medicare supplement plan, **A through N**, offered by ANY COMPANY selling those plans in Iowa, (including Medicare Select or high deductible choices.)
  - Individuals entitled to Medicare prior to age 65 are not eligible for this special enrollment.

<sup>\*</sup>There are exceptions to this if you take Part B for the first time after age 65. Call SHIP for details.

These two options do not apply to employer retiree health plans. If you give up your employer retiree plan to try a Medicare Advantage plan, you may not get your employer retiree plan back later.

In the two situations described above, if you **apply** for your new Medicare supplement plan within **63 days** after your Medicare Advantage coverage ends....

- Companies cannot turn you down because of pre-existing health conditions.
- Companies cannot charge you higher premiums because of pre-existing health conditions. You will not have a waiting period before benefits are paid for pre-existing health conditions.

In both of the situations described above, if you are disenrolling from a Medicare Advantage plan with drug coverage, you will also get a special enrollment period to sign up for a Part D stand-alone drug plan.

## **Medicare Advantage and Medicare Part D**

Many people with a Medicare Advantage plan get prescription coverage through their plan. If you want Part D coverage and enroll in a Medicare Advantage HMO or PPO you must select an option that includes drug coverage. If you join a stand-alone drug plan you will be automatically disenrolled from your Medicare HMO or PPO and returned to Original Medicare. If you have a Medicare Private Fee-for-Service Plan that doesn't include drug coverage or a Medicare Cost Plan, you can join a stand-alone Medicare Prescription Drug Plan.

Your out-of-pocket costs will depend on the plan's premium, whether the plan has a yearly deductible, the plan's copayments or coinsurance (how much you pay) for your prescriptions and if your drugs are covered on the plan's formulary. Individuals who receive help with their Medicare drug plan costs will continue to pay reduced costs if they enroll in a Medicare Advantage plan that includes drug coverage. To compare Medicare Advantage plan drug benefits you can go to [www.medicare.gov](http://www.medicare.gov). SHIP counselors are also available to help you compare plans.

## **Medicare Advantage and Medicaid:**

If you have full Medicaid benefits or are enrolled in the QMB Medicare Savings Program and are enrolled in a Medicare Advantage plan, your providers cannot bill you for the cost of deductibles and copayments for Medicare Part A and Part B covered services.

## Things to Consider Before You Enroll in a Medicare Advantage Plan

- ◆ Your Medicare benefits are provided by the Medicare Advantage plan, rather than the traditional Medicare program. You will use your Medicare Advantage card when you receive services instead of your Medicare card.
- ◆ **It is especially important that you check to see if your doctors, hospitals and other providers accept the plan. Ask if they are in-network or out-of-network. Your costs may be more if your provider accepts a plan but is out-of-network.**
- ◆ You must live in the service area and have Medicare Part A and Part B.
- ◆ You continue to pay the Medicare Part B premium.
- ◆ You usually will pay deductibles, copayments, or coinsurance for the services you get. You also may pay a premium for the plan.
- ◆ You don't need a Medicare supplement insurance policy and the policy will not pay benefits when you are enrolled in a Medicare Advantage plan.
- ◆ Understand when you can change plans if you change your mind.
- ◆ Compare all costs and features (see comparison chart on back cover). The plans listed in this guide are offered to individuals. Employers may also provide Medicare Advantage plans to their retirees. Employer plans may have different premiums and benefits from those listed in this guide.
- ◆ Once you enroll in a Medicare Advantage plan, review the Annual Notice of Change your plan will send you each fall. This includes any changes in coverage and cost for the next year.
- ◆ If the plan includes a prescription drug benefit, make sure your drugs are covered by the plan. SHIP can help you run a comparison to see which plans cover your drugs at the lowest cost.



# Checklist for People Considering a Medicare Advantage Plan

Choosing a Medicare Advantage Plan is an important decision and requires careful consideration. Here are some questions to consider before you decide to enroll:

**1. Which providers/facilities do you use?**

- How important is it for you to continue with them?
- In which Medicare Advantage plan networks do they participate?
- If you are enrolled in a Medicaid Managed Care Organization (MCO), do your providers accept both your MCO and the Medicare Advantage plan?

**2. What medications do you take?**

- Are all of your prescriptions covered by the Medicare Advantage plan?
- Which Medicare Advantage plans offer your drugs at the lowest cost with the least restrictions?
- Is your pharmacy part of the plan's network?
- Do you care if you have to change pharmacies?
- Compare plans on [www.Medicare.gov](http://www.Medicare.gov)

**3. Do you want your care choices directed?**

- Does the plan require you go through a primary care physician?
- Does the plan require you to obtain referrals to see a specialist?
- Does the plan require you to get prior authorization for some services?  
If so, what services?

**4. Do you travel outside your county or state?**

- How often and for how long?

- Will you be able to access the care you need if you travel outside your county or state? (Most plans only provide emergency or urgent care coverage)
- 5.** What are your out-of-pocket costs with the Medicare Advantage plan?
- Would paying the cost shares cause you financial difficulty?
- How does the maximum out-of-pocket cost compare to the annual cost of a Medicare supplement?
- Does the potential responsibility of meeting the plan maximum out-of-pocket concern you?
- 6.** Are any of the extra benefits provided by the Medicare Advantage plan important to you (e.g., dental, vision, health club membership, etc)?
- 7.** Do you know your options if you want to switch to Original Medicare?
- Do you understand when you can switch?
- Will you have a guaranteed right to purchase a Medicare supplement?
- 8.** Do you have access to other coverage?
- Medicare Supplement  
You do not need a Medicare Supplement when enrolled in a Medicare Advantage plan and it will not pay benefits when you are in a Medicare Advantage plan
- Employer/Military/VA/Other Insurance
- 9.** Do you qualify for payment assistance?
- Medicare Savings Program helps pay Part B premium and/or deductibles, copayments and coinsurance for Original Medicare and Medicare Advantage plans.
- Part D Low Income Subsidy helps with Part D premium, deductible and copayments and coinsurance.
- Contact SHIIP to see if you qualify for these programs.

# Comparing Health Care Choices

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## Recording Your Out-Of-Pocket Costs:

Look at your health care experiences from the past year, or look ahead at health care you may need in the future. Estimate the costs you pay out-of-pocket.

Annual Health Care Services	Option 1: Original Medicare & Supplemental Plan	Option 2: _____	Option 3: _____	Option 4: _____
<b>Part B Premium/year</b>				
<b>Plan Premium/year</b>				
<b>Doctor visits -your cost:</b> Primary dr. visits # _____ Specialist visits # _____				
<b>Hospital stays-your cost:</b> # of stays and days/stay				
<b>Prescription Drugs</b> Generic: # _____ Brand: # _____				
<b>Annual Cost for a Medicare Drug plan</b>				
<b>Other Services</b>				
<b>Total Out-Of-Pocket Cost For The Year</b>				
Restricted provider list?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Which of your providers accept the plan?				
Limited coverage area?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Does plan handle claims?	Yes or No?	Yes or No?	Yes or No?	Yes or No?
Drug limits? Generic and brand differences? Limited pharmacies?				
Additional benefits offered by plan				

## Guide to Medicare Advantage Plan Chart

The chart on pages 13-15 lists the Medicare Advantage plans available in Iowa. The chart includes:

**Plan Name:**

Listed in bold is the name used by the company to market the plan.

**Phone Number:**

The phone number listed is for prospective members.

**Company Name:**

The name of the insurance company marketing the plan is shown in italics.

**Service Area:**

To be eligible to enroll in a Medicare Advantage plan you must live in the “service area”, or counties, served by the plan. For a complete list of the counties served refer to the individual plan summaries found on pages 16 to 38.

**Options:**

Many of the plans offer more than one option. Each option may not be available in every county of the plan’s service area. Refer to the plan benefit summaries on pages 16 to 38.

**Premium:**

This is the total monthly premium you pay for the plan, including hospital, medical and prescription drug benefits, when offered. You also continue to pay your Part B premium each month.

**Part D:**

A “Yes” in the “Part D” column indicates the plan option includes Medicare prescription drug coverage.

For more information on a specific Medicare Advantage plan go [www.medicare.gov](http://www.medicare.gov) or contact the company. Phone numbers and website addresses are listed in this booklet. If you have general questions about Medicare Advantage, contact the Iowa Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664 (TTY 800-735-2942).

## Medicare Advantage Plans available in Iowa

HMO – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
<b>AARP Medicare Complete HMO</b> 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 16-17	H2802-001	\$0	Yes
	Plan 1 H5253-044	\$33	Yes
	Plan 2 H5253-045	\$0	Yes
<b>Coventry Advantra HMO</b> 1-855-338-9551 <i>Aetna Health Inc. (FL)</i> Service Area: See page 18	Silver H1609-001	\$0	Yes
<b>Coventry Total Care HMO</b> 1-855-338-9551 <i>Aetna Health Inc. (FL)</i> Service Area: See pages 18	Mercy-HVN H1609-009	\$0	Yes
<b>Health Alliance Medicare HMO</b> 1-877-925-0424 <i>Health Alliance Medicare</i> Service Area: See page 19	Guide Rx H1737-001	\$0	Yes
<b>Humana Gold Plus HMO</b> 1-800-833-2364 <i>CHA HMO, Inc.</i> Service Area: See pages 19	H0028-011	\$0	Yes
<b>Senior Preferred HMO</b> 1-800-394-5566 <i>Gunderson Health Plan</i> Service Area: See pages 20-21	Value H5262-004	\$20	No
	Value D H5262-003	\$34.80	Yes
	Elite H5262-005	\$110	No
	Elite D H5262-001	\$139.40	Yes
Cost Contract Plan			
<b>Medical Associates Health Plan (MAHP)</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 22	Smart Plan H1651-001	\$115	No
	Community Plan H1651-004	\$145	No
	Freedom Plan H1651-008	\$170	No

COST Contract Plan			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
<b>Cedar Valley Health Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 23	Cedar Valley Plan H1651-010	\$145	No
<b>Central Iowa Health Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 23	Central Iowa Plan H1651-011	\$145	No
<b>Clinton Community Health Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 24	Clinton Community Plan H1651-012	\$145	No
<b>Genesis Health Network Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 24	Genesis Plan H1651-013	\$145	No
<b>Mercy Cedar Rapids Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 25	Mercy Cedar Rapids Plan H1651-014	\$145	No
<b>Mercy Iowa City Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 25	Mercy Iowa City Plan H1641-016	\$145	No
<b>North Iowa Health Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 26	North Iowa Plan H1641-015	\$145	No
<b>Medica Insurance Company</b> 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 26 - 27	Prime Solution Thrift H5240-030	\$49	No
	Prime Solution Premier H5240-042	\$130	No

PPO – Preferred Provider Organization			
<b>AARP Medicare Complete Choice PPO</b> 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 28-29	H8768-001	\$0	Yes
	H8768-002	\$0	Yes
	H1278-002	\$28	Yes
<b>Coventry Advantra PPO</b> 1-855-338-9551 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 30-31	Platinum H1608-001	\$0	Yes
	Elite H1608-037	\$0	Yes
	Diamond H1608-048	\$0	Yes
<b>Coventry Total Care PPO</b> 1-855-338-9551 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 31-32	McFarland HVN H1608-007	\$0	Yes
	Patient Preferred H1608-008	\$0	Yes
<b>HealthPartners UnityPoint Health PPO</b> 1-888-360-0796 <i>HealthPartners UnityPoint Health, Inc.</i> Service Area: See page 32-33	Align H3416-001	\$0	Yes
	Symmetry H3416-002	\$39	Yes
<b>Humana Choice PPO</b> 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 33-36	H5216-086	\$0	No
	Value Plus H5216-171	\$34	Yes
	H5216-014	\$49	Yes
	H5216-091	\$87	Yes
	H5216-104	\$107	Yes
	H5216-085	\$108	Yes
PFFS - Private-Fee-For-Service Plans			
<b>Humana Gold Choice PFFS</b> 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See page 37	H8145-155	\$0	No
	H8145-089	\$97	Yes
SNP – Special Needs Plan			
<b>Dual Complete SNP HMO</b> 1-888-834-3721 <i>UnitedHealthcare</i> Service Area: See page 38	H0169-001	\$0	Yes

## Medicare Health Maintenance Organizations (HMO)

A Medicare HMO offers services through a network of contracted hospitals, doctors and other providers, and the plan pays the providers directly. Most plans have strict “lock-in” requirements. This means you generally must receive all covered care from the plan providers or through referrals by the plan. If you go outside the network without a referral, neither the Medicare HMO nor Medicare will pay. Emergencies and urgent care are covered when you cannot reach a plan location.

The HMO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in an HMO.

If you are interested in a HMO and you want to receive Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare HMO and enroll in a Medicare stand-alone drug plan.

Some plans also offer additional benefits, such as vision and hearing screenings, and other services not covered under the Original Medicare plan.

The following charts show what **you pay** when you enroll in a Medicare Advantage HMO plan and some of the additional benefits provided by the plan.

### AARP Medicare Complete HMO (H2802-001)

*UnitedHealthcare*

1-800-555-5757 (TTY/TDD 711)

www.AARPMedicarePlans.com

**Service Area:** Mills and Pottawattamie County

**Monthly Premium:** \$0

You also pay Part B monthly premium

**Yearly Out-of-Pocket Maximum:** \$4,900

(Includes only Medicare Part A and Part B-covered services)

**Doctor Office Visit:**

\$5 primary care visit; \$45 specialist visit

**Emergency Room Visit:** \$90 each visit

(waived if admitted to hospital in 24 hours)

Worldwide Coverage

**Inpatient Hospital:** \$395/day for days 1-4 per hospital stay

**Outpatient Surgery:** \$395 per visit

**Skilled Nursing Care:**

\$0 each day for days 1-20; \$160 each day for days 21-51; \$0 for days 52-100

**Diagnostic Lab Tests:** \$0 for each lab service

**Durable Medical Equipment:** 20% of the cost:

\$0 for diabetic supplies

**Additional Benefits:**

**Annual Physical Exam:** \$0 (1 exam/year)

**Dental:**

**Preventive:** \$0 copay for covered services (exam, cleaning, x-rays, fluoride)

**Comprehensive:** 0%-50% coinsurance; for a complete list of services and cost shares, please contact the plan

**Benefit limit:** \$1,000 limit on all covered dental services

**Vision Services:** \$0 (1 routine exam/year);

\$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)

**Acupuncture/Chiropractic Services:** \$10 copay, 18 combined visits per year

**Hearing Services:** \$5 (1 routine exam/year);

\$100-\$170 copay for each hearing aid provided through hi HealthInnovations, or \$200-\$1,825 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.

**Over-the-Counter:** \$80 per quarter

**Wellness Benefit:** Health Club Membership

**Medicare Prescription Drug Coverage:** Yes

• \$250 deductible for tiers 4 and 5 only



<b>AARP MedicareComplete Plan 1 HMO (H5253-044)</b>	<b>AARP MedicareComplete Plan 2 HMO (H5253-045)</b>
<p style="text-align: center;"><i>UnitedHealthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p style="text-align: center;"><i>UnitedHealthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>
<p><b>Service Area:</b> Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne and Webster counties</p>	<p><b>Service Area:</b> Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne and Webster counties</p>
<p><b>Monthly Premium:</b> \$33 You also pay Part B monthly premium</p>	<p><b>Monthly Premium:</b> \$0 You also pay Part B monthly premium</p>
<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B-covered services)</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$4,100 (Includes only Medicare Part A and Part B-covered services)</p>
<p><b>Doctor Office Visit:</b> \$0 primary care visit; \$30 specialist visit</p>	<p><b>Doctor Office Visit:</b> \$5 primary care visit; \$35 specialist visit</p>
<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p><b>Inpatient Hospital:</b> \$295/day for days 1-6 per hospital stay</p>	<p><b>Inpatient Hospital:</b> \$350/day for days 1-5 per hospital stay</p>
<p><b>Outpatient Surgery:</b> \$275 per visit</p>	<p><b>Outpatient Services/Surgery:</b> \$300 per visit</p>
<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-42; \$0 for days 43-100</p>	<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-46; \$0 for days 47-100</p>
<p><b>Diagnostic Lab Tests:</b> \$5 for each lab service</p>	<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>
<p><b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies</p>	<p><b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies</p>
<p><b>Additional Benefits:</b></p>	<p><b>Additional Benefits:</b></p>
<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>	<p><b>Annual Physical Exam:</b> \$0 (1exam/year)</p>
<p><b>Dental:</b> \$0 for 1 oral exam and cleaning every 6 months and 1 x-ray/year</p>	<p><b>Podiatry Services:</b> \$35 (six routine visits/year)</p>
<p><b>Vision Services:</b> \$20 (1 routine exam/year); \$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)</p>	<p><b>Vision Services:</b> \$0 (1 routine exam/year); \$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)</p>
<p><b>Acupuncture/Chiropractic Services:</b> \$10 copay, 18 combined visits per year</p>	<p><b>Acupuncture/Chiropractic Services:</b> \$10 copay, 18 combined visits per year</p>
<p><b>Hearing Services:</b> \$0 (1 routine exam/year) \$100-\$170 copay for each hearing aid provided through hi HealthInnovations, or \$200-\$1,825 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years</p>	<p><b>Hearing Services:</b> \$5 (1 routine exam/year) \$300-\$370 copay for each hearing aid provided through hi HealthInnovations, or \$400-\$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years</p>
<p><b>Over-the-Counter:</b> \$60 per quarter</p>	<p><b>Over-the-Counter:</b> \$40 per quarter</p>
<p><b>Wellness Benefit:</b> Health Club Membership</p>	<p><b>Wellness Benefit:</b> Health Club Membership</p>
<p><b>Medicare Prescription Drug Coverage: Yes</b></p> <ul style="list-style-type: none"> <li>No deductible</li> </ul>	<p><b>Medicare Prescription Drug Coverage: Yes</b></p> <ul style="list-style-type: none"> <li>\$195 deductible for tiers 3, 4 &amp; 5</li> </ul>

<b>Coventry Advantra Silver HMO (H1609-001)</b>	<b>Coventry Total Care HMO Mercy HVN (H1609-009)</b>
<i>Coventry Health and Life Insurance Company</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com	<i>Coventry Health and Life Insurance Company</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com
<b>Service Area:</b> Adair, Alamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clay, Clayton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright counties	<b>Service Area:</b> Dallas, Polk and Warren counties  <b>Network Providers:</b> Mercy Medical Center facilities and physicians only
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,100 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$35 specialist visit	<b>Doctor Office Visit:</b> \$5 primary care visit; \$35 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$300/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$400/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$300 per visit/\$200 each surgery in ambulatory surgery center	<b>Outpatient Services/Surgery:</b> \$250 per visit/\$150 each surgery in an ambulatory surgery center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$10	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for LifeScan diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for LifeScan diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$500 annual allowance for routine & comprehensive services	<b>Dental:</b> \$1,000 allowance for routine & comprehensive services
<b>Vision Services:</b> \$0 (1 routine exam/year) \$125 annual allowance for contacts, frames, lenses	<b>Vision Services:</b> \$0 (1 routine exam/year); \$250 annual allowance for contacts, frames, lenses
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$500 hearing aid benefit per ear each year	<b>Hearing Services:</b> \$0 (1 routine exam/year) \$500 hearing aid benefit per ear each year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Over-the-Counter:</b> \$50 monthly, no carry over	<b>Over-the-Counter:</b> \$50 monthly, no carry over
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>Health Alliance Medicare Guide Rx HMO (H1737-001)</b>	<b>Humana Gold Plus HMO (H0028-011)</b>
<i>Health Alliance Medicare</i> 1-877-925-0424 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org	<i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com
<b>Service Area:</b> Scott county	<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clay, Clinton, Dallas, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Grundy, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Montgomery, Muscatine, O'Brien, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury and Worth counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$5,900 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$10 primary care visit; \$50 specialist visit;	<b>Doctor Office Visit:</b> \$0 primary care visit; \$35 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital immediately) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital immediately) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$425 co-pay per surgery	<b>Outpatient Surgery:</b> \$250 co-pay per surgery; \$200 for Ambulatory Surgical Center visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$168 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> 20% of the cost	<b>Diagnostic Lab Tests:</b> \$0-\$25 for each service
<b>Durable Medical Equipment:</b> 20% of the cost \$0 for diabetic testing strips	<b>Durable Medical Equipment:</b> 20% of the cost; \$0-20% for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$15 copay/annual exam; all other dental reimbursed up to \$325/annually	<b>Dental:</b> \$0 for 1 oral exam and 1 cleaning and 1 fluoride treatment every six months, 3 dental x-rays every year; 50% coinsurance for fillings-\$1,000 annual benefit
<b>Vision:</b> \$0 copay for annual routine exam	<b>Optional Packages:</b> MyOptions Dental Enhanced - \$25.90 monthly premium (Call plan for details)
<b>Hearing:</b> \$45 copay for routine hearing exam with TruHearing provider (1 exam per year); \$699 to \$999 copay per aid (up to two TruHearing Flyte hearing aids every year, one per ear)	<b>Vision:</b> \$0 for 1 routine vision exam, refraction/year; \$100 annual limit for eyeglasses or contact lenses
<b>Be Fit Fitness Benefit:</b> Reimbursement for gym membership or individual fitness classes (up to \$360 per year)	<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year; 48 batteries
<b>Over-the-Counter Items:</b> \$40 every 3 months (must be purchased through Health Alliance provided mail-order catalog), no carryover	<b>Gym/Fitness Membership:</b> SilverSneakers and Go365 fitness club membership and health rewards program
<b>Medicare Prescription Drug Coverage:</b> Yes No deductible	<b>Over-the-Counter:</b> \$50 every 3 months <b>Medicare Prescription Drug Coverage:</b> Yes • \$150 deductible for tier 4 and 5 drugs only

<b>Senior Preferred Value HMO (H5262-004)</b>	<b>Senior Preferred Value D HMO (H5262-003)</b>
<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org	<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties
<b>Monthly Premium:</b> \$20 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$34.80 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$25 primary care visit; \$25 specialist visit	<b>Doctor Office Visit:</b> \$25 primary care visit; \$25 specialist visit
<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$200/day for days 1-17 per hospital stay	<b>Inpatient Hospital:</b> \$200/day for days 1-17 per hospital stay
<b>Outpatient Services/Surgery:</b> \$100 for each visit and 10% of the cost for tests	<b>Outpatient Services/Surgery:</b> \$100 for each visit and 10% of the cost for tests
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100
<b>Diagnostic Lab Tests:</b> 10% of the cost	<b>Diagnostic Lab Tests:</b> 10% of the cost
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)
<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year	<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>No deductible</li> </ul>

<b>Senior Preferred Elite HMO (H5262-005)</b>	<b>Senior Preferred Elite D HMO (H5262-001)</b>
<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org	<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties
<b>Monthly Premium:</b> \$110 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$139.40 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$10 primary care visit; \$10 specialist visit	<b>Doctor Office Visit:</b> \$10 primary care visit; \$10 specialist visit
<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	<b>Emergency Room Visit:</b> \$100 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$250 per admission	<b>Inpatient Hospital:</b> \$250 per admission
<b>Outpatient Services/Surgery:</b> \$0	<b>Outpatient Surgery/Services:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 10% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 10% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)
<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$300 for eyeglasses every year	<b>Vision Services:</b> \$0 (1 routine exam per year); Plan pays up to \$300 for eyeglasses every year
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose a HMO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>No deductible</li> </ul>

## Medicare Cost Plan

**MAHP Smart Plan (Cost) (H1651-001)**  
**MAHP Community Plan (Cost) (H1651-004)**  
**MAHP Freedom Plan (Cost) (H1651-008)**

*Medical Associates Health Plans*  
 1-800-747-8900  
 www.mahealthplans.com

A Medicare Cost Plan is a type of Medicare health plan. The plan has a network of providers. When you use plan providers the services you receive are billed to the Cost Plan. Plan providers do not bill for excess charges. When you do not use plan providers Medicare will pay, but the plan pays nothing. You pay the Medicare deductible, coinsurance, any excess charges and noncovered services. The Plan will pay non-plan providers if you need emergency or urgent care.

Cost Plans have different enrollment rules than all of the other Medicare Advantage Plans. They are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year.

You are not required to select a primary care physician. A primary care physician is a doctor you choose to coordinate all of your care and referrals to specialists. You do not need a referral to see a specialist.

Some plans also offer additional benefits, such as vision and hearing screenings, disease management, and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.

**You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in a Medicare Cost Plan.

If you are interested in a Medicare Cost plan and you want to receive Medicare drug coverage, you can enroll in a Medicare stand-alone drug plan.

The following charts show what **you pay** when you enroll in a Medicare Cost plan.

**Service Area:** Clayton, Delaware, Dubuque, Jackson, and Jones Counties

**Monthly Premium:**  
**H1651-001** - \$115 includes provider network benefit  
**H1651-004** - \$145 includes expanded provider network benefit within service area  
**H1651-008** - \$170 includes expanded provider network plus out-of network benefit  
 You also pay Part B monthly premium

**Yearly Out-of-Pocket Maximum:** None

**Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)**

**Doctor Office Visit:**  
 \$0 primary care visit; \$0 specialist visit

**Emergency Room Visit:** \$0

**Inpatient Hospital:** \$0

**Outpatient Surgery:** \$0 per visit

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

**Additional Benefits:**

**Routine Physical:** \$0 (1 exam/year)

**Vision Services:** \$0 (1 exam/year)

**Dental:** No additional benefits

**Routine Podiatric Care:** \$0 (up to 6 visits a year)

**Foreign Travel:** \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit

**Medicare Prescription Drug Coverage:**

- No Coverage
- If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>Cedar Valley Health Senior Plan Cost Plan (H1651-010)</b>	<b>Central Iowa Health Senior Plan Cost Plan (H1651-011)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com	<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Benton, Bremer, Butler, Black Hawk, Buchanan, Grundy, Fayette and Tama counties	<b>Service Area:</b> Adair, Appanoose, Boone, Clarke, Dallas, Decatur, Greene, Guthrie, Hamilton, Humboldt, Jasper, Keokuk, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Polk, Poweshiek, Ringgold, Story, Union, Wapello, Warren, Wayne and Webster counties
<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Vision Services:</b> \$0 (1 exam/year)	<b>Vision Services:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Dental:</b> No additional benefits
<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)	<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>Clinton Community Health Senior Plan Cost Plan (H1651-012)</b>	<b>Genesis Health Network Senior Plan Cost Plan (H1651-013)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com	<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Cedar, Clinton, Jackson and Scott counties	<b>Service Area:</b> Cedar, Clinton, Jackson, Muscatine and Scott counties
<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Vision Services:</b> \$0 (1 exam/year)	<b>Vision Services:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Dental:</b> No additional benefits
<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)	<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.



<b>Mercy Cedar Rapids Senior Plan Cost Plan (H1651-014)</b>	<b>Mercy Iowa City Senior Plan Cost Plan (H1651-016)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com	<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones and Linn counties	<b>Service Area:</b> Cedar, Iowa, Johnson, Muscatine and Washington counties
<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Vision Services:</b> \$0 (1 exam/year)	<b>Vision Services:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Dental:</b> No additional benefits
<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)	<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>North Iowa Health Senior Plan Cost Plan (H1651-015)</b>	<b>Medica Prime Solution Thrift Cost Plan (H5240-030)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com	<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Butler, Cerro Gordo, Chickasaw, Franklin, Floyd, Hancock, Hardin, Howard, Kossuth, Mitchell, Winnebago, Worth and Wright counties	<b>Service Area:</b> Emmet, Mitchell, Winnebago and Worth counties
<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$49 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Deductible:</b> \$50
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700
<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit	<b>Doctor Office Visit:</b> \$20% primary care visit; 20% specialist visit
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$50
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$300/day for days 1-4 per hospital stay
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> 20% per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$167.50 for days 21-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> 20%
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> 20%
<b>Additional Benefits:</b> <b>Routine Physical:</b> \$0 (1 exam/year)	<b>Additional Benefits:</b> <b>Extended Absence Benefit:</b> Allows members to travel anywhere in the US and receive in-network benefits with any Medicare provider that will accept Original Medicare
<b>Vision Services:</b> \$0 (1 exam/year)	<b>Vision Services:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Medicare Prescription Drug Coverage:</b>
<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)	• No Coverage
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance \$50,000 lifetime limit	If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.
<b>Medicare Prescription Drug Coverage:</b> • No Coverage If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	

<b>Medica Prime Solution Premier Cost Plan (H5240-042)</b>
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Emmet, Mitchell, Winnebago and Worth counties
<b>Monthly Premium:</b> \$130 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,000
<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit
<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> \$200 annual reimbursement for any licensed dentist
<b>Vision Services:</b> \$0 (1 exam/year); \$125 annual eyewear reimbursement for glasses or contacts
<b>Hearing:</b> \$0 (1 exam/year); hearing aid benefit for epic hearing aids
<b>Wellness Benefit:</b> SilverSneakers health club membership and exercise classes
<b>Foreign Travel:</b> \$0 Worldwide coverage
<b>Extended Absence Benefit:</b> Allows members to see any Medicare provider, hospital or clinic in the US and receive in-network benefits
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>• No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

**Preferred Provider Organization-  
PPO**

**AARP Medicare Complete Choice PPO  
(H8768-001)**

UnitedHealthcare  
1-800-555-5757 (TTY/TDD 711)

A Medicare Preferred Provider Organization (PPO) has a list, or “network,” of doctors, hospitals and other providers that you can visit. You may go to doctors, specialists or hospitals that aren’t part of the plan’s network, but it will cost you more. Providers who are not part of the plan’s network can decide if they want to accept the plan, except in emergency situations.

**You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.**

The PPO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in a PPO.

Most PPOs offer some type of prescription drug coverage. Some plans also offer additional benefits, such as vision and hearing screenings, disease management and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.

If you want Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare PPO plan and enroll in a Medicare stand-alone drug plan.

Each PPO plan gives you the flexibility to go to specialists without a referral or prior authorization from another doctor.

The following charts show what **you pay** when you enroll in a Medicare Advantage PPO plan and some of the additional benefits provided by the plan.

**Service Area:** Benton, Cedar, Clinton, Des Moines, Henry, Iowa, Jackson, Johnson, Jones, Linn, Louisa, Muscatine, Scott, Tama, and Washington counties

**Monthly Premium:** \$0  
You also pay Part B monthly premium

**Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers**

**Yearly Out-of-Pocket Maximum:** \$4,900  
(Includes only Medicare Part A and Part B covered services)

**Doctor Office Visit:**  
\$10 primary care visit; \$40 specialist visit

**Emergency Room Visit:** \$90 each visit  
(waived if admitted to hospital in 24 hours)  
Worldwide Coverage

**Inpatient Hospital:** \$395/day for days 1-4 per stay

**Outpatient Surgery:** \$395 per visit

**Skilled Nursing Care:** \$0 each day for days 1-20; \$160 each day for days 21-51; \$0 for days 52-100

**Diagnostic Lab Tests:** \$0 for each lab service

**Durable Medical Equipment:** 20% of cost;  
\$0 for diabetic supplies

**Additional Benefits:**

**Annual Physical Exam:** \$0 (1 exam/year)

**Acupuncture/Chiropractic Care:** \$10 copay,  
18 combined visits per year

**Vision Services:** \$0 (1 routine exam/year)

**Hearing Services:** \$10 (1 routine exam/year); \$300-\$370 copay for each hearing aid provided through hi HealthInnovations, or \$400-\$2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years

**Over-the-Counter:** \$40 per quarter

**Wellness Benefit:** Health Club Membership

**Medicare Prescription Drug Coverage: Yes**

- No deductible

<b>AARP Medicare Complete Choice PPO (H8768-002)</b>	<b>AARP Medicare Complete Choice PPO (H1278-002)</b>
<i>United Healthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>United Healthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Appanoose, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Chickasaw, Clarke, Clayton, Dallas, Davis, Delaware, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Jasper, Jefferson, Keokuk, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Polk, Poweshiek, Story, Van Buren, Wapello, Warren, Wayne, and Webster Counties	<b>Service Area:</b> Mills and Pottawattamie County
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$28 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$4,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$5,500 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$10 primary care visit; \$40 specialist visit	<b>Doctor Office Visit:</b> \$10 primary care visit; \$50 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$395/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$395/day for days 1-4 per stay
<b>Outpatient Surgery:</b> \$395 per visit	<b>Outpatient Surgery:</b> \$395 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$160 each day for days 21- 51; \$0 for days 52-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$10 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Vision Services:</b> \$0 (1 routine exam/year)	<b>Vision Services:</b> \$0 (1 routine exam/year); \$0 copay every 2 years; up to \$70 for frames (standard lenses included) or \$105 for contacts (up to 4 boxes)
<b>Acupuncture/Chiropractic Care:</b> \$10 copay, 18 combined visits per year	<b>Acupuncture/Chiropractic Care:</b> \$10 copay, 18 combined visits per year
<b>Hearing Services:</b> \$10 (1 routine exam/year); \$300-\$370 copay for each hearing aid provided through hi HealthInnovations, or \$400-2,025 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.	<b>Hearing Services:</b> \$10 (1 routine exam/year); \$100- \$170 copay for each hearing aid provided through hi HealthInnovations, or \$200-1,825 copay for each hearing aid provided through EPIC Hearing Health Care. Up to 2 hearing aids every 2 years.
<b>Podiatry Services:</b> \$40 (six routine visits/year)	<b>Podiatry Services:</b> \$50 (six routine visits/year)
<b>Over-the-Counter:</b> \$40 per quarter	<b>Over-the-Counter:</b> No additional benefits
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Medicare Prescription Drug Coverage: Yes</b> • \$250 deductible for tiers 4 and 5 only

<b>Coventry Advantra Platinum PPO (H1608-001)</b>	<b>Coventry Advantra Elite PPO (H1608-037)</b>
<i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) <a href="http://www.coventry-medicare.com">www.coventry-medicare.com</a>	<i>Coventry Health and Life Insurance Company</i> 1-855-338-9551 (TTY/TDD 711) <a href="http://www.coventry-medicare.com">www.coventry-medicare.com</a>
<b>Service Area:</b> Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clay, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright Counties	<b>Service Area:</b> Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clay, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright Counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,300 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$5 primary care visit; \$30 specialist visit	<b>Annual Deductible:</b> \$1,000; applies to some in-network services and most out-of-network services
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Doctor Office Visit:</b> \$0 primary care visit; \$15 specialist visit
<b>Inpatient Hospital:</b> \$370/day for days 1-5 per stay	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Outpatient Surgery/Services:</b> \$400 per visit/\$300 each surgery in an Ambulatory Surgery Center	<b>Inpatient Hospital:</b> Applicable to annual deductible plus \$255/day for days 1-5 per stay
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-100	<b>Outpatient Surgery/Services:</b> Applicable to annual deductible plus \$250 per visit/\$150 each surgery in an Ambulatory Surgery Center
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Skilled Nursing Care:</b> Applicable to annual deductible plus \$0 each day for days 1-20; \$160 each day for days 21-100
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies
<b>Additional Benefits:</b>	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Additional Benefits:</b>
<b>Dental:</b> \$250 annual allowance for routine & comprehensive services	<b>Annual Physical Exam:</b> \$0 (1 routine exam/year)
<b>Vision Services:</b> \$0 (1 routine exam/year); \$75 annual allowance for contacts, frames, lenses	<b>Dental:</b> \$1,150 annual benefit for routine & comprehensive services
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$500 hearing aid benefit per ear each year	<b>Vision Services:</b> \$0 (1 routine exam/year); \$300 annual allowance for contacts, frames, lenses
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$500 hearing aid benefit per ear each year
<b>Over-the-Counter:</b> \$50 monthly, no carry over	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Wellness Benefit:</b> Health Club Membership	<b>Over-the-Counter:</b> \$50 monthly, no carry over
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Wellness Benefit:</b> Health Club Membership
	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>Coventry Advantra Diamond PPO (H1608-048)</b>	<b>Coventry Total Care PPO Patient Preferred HVN (H1608-008)</b>
<i>Coventry Health and Life Insurance Company</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com	<i>Coventry Health and Life Insurance Company</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com
<b>Service Area:</b> Boone, Dallas, Jasper, Madison, Marion, Marshall, Polk, Story and Warren counties	<b>Service Area:</b> Ida, Monona, Plymouth and Woodbury Counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,700 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$30 specialist visit	<b>Doctor Office Visit:</b> \$5 primary care visit; \$30 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$280/day for days 1-6 per stay	<b>Inpatient Hospital:</b> \$375/day for days 1-5 per stay
<b>Outpatient Surgery/Services:</b> \$300 per visit/\$200 each surgery in an Ambulatory Surgery Center	<b>Outpatient Surgery/Services:</b> \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$5 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,000 annual allowance for routine & comprehensive services	<b>Dental:</b> \$1,000 annual allowance for routine & comprehensive services
<b>Vision Services:</b> \$0 (1 routine exam/year); \$150 annual allowance for contacts, frames, lenses	<b>Vision Services:</b> \$0 (1 routine exam/year); \$150 annual allowance for contacts, frames, lenses
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$500 hearing aid benefit per ear each year	<b>Hearing Services:</b> \$0 (1 routine exam/year) \$500 hearing aid benefit per ear each year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Over-the-Counter:</b> \$50 monthly, no carry over	<b>Over-the-Counter:</b> \$50 monthly, no carry over
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>Coventry Total Care PPO McFarland HVN (H1608-007)</b>	<b>HealthPartners UnityPoint Health Align PPO (H3416-001)</b>
<i>Coventry Health and Life Insurance Company</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com	<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.healthpartnersunitypointhealth.com
<b>Service Area:</b> Story and Marshall counties	<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Jones, Linn, Marshall, Muscatine, Polk, Scott, Story, Tama, Warren, Webster and Wright counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,100 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,100 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$25 specialist visit	<b>Doctor Office Visit:</b> \$5 primary care visit; \$35 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$250/day for days 1-5; \$0 for days 5 and beyond	<b>Inpatient Hospital:</b> \$400/day for days 1-4 per stay
<b>Outpatient Services/Surgery:</b> \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> \$250 each surgery in hospital or Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost \$0 for LifeScan diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 (1 exam and 1 cleaning/year); 1 set of bitewing x-rays/every 2 years	<b>Dental:</b> \$0 (1 exam and 1 cleaning/year); 1 set of bitewing x-rays/every 2 years
<b>Vision Services:</b> \$0 (1 routine exam/year); \$150 annual allowance for contacts, frames, lenses	<b>Vision Services:</b> \$0 (1 routine exam/year); \$35 (1 diagnostic exam/year)
<b>Hearing Services:</b> \$0 (1 routine exam/year); \$500 hearing aid benefit per ear each year	<b>Hearing Services:</b> \$0 (1 routine exam/year)
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Wellness Benefit:</b> Health Club Membership
<b>Over-the-Counter:</b> \$50 monthly, no carry over	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>• \$200 Deductible for Tier 3, 4, and 5 drugs.</li> </ul>
<b>Wellness Benefit:</b> Health Club Membership	
<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>• No deductible</li> </ul>	



<b>HealthPartners UnityPoint Health Symmetry PPO (H3416-002)</b>	<b>HumanaChoice PPO (H5216-086)</b>
<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) <a href="http://www.healthpartnersunitypointthealth.com">www.healthpartnersunitypointthealth.com</a>	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) <a href="http://www.humana.com">www.humana.com</a>
<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Jones, Linn, Marshall, Muscatine, Polk, Scott, Story, Tama, Warren, Webster and Wright counties	<b>Service Area:</b> Adair, Allamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordon, Cherokee, Clayton, Clinton Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, PaloAlto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Sioux, Story, Tama, Union, VanBuren, Wapello, Waarren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties
<b>Monthly Premium:</b> \$39 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium; Plan pays \$30 towards Part B premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,500 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$5 primary care visit; \$20 specialist visit	<b>Doctor Office Visit:</b> \$10 primary care visit; \$45 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$200 each surgery in hospital or Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> \$250 per hospital visit; \$200 per visit in Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$155 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$40 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost	<b>Durable Medical Equipment:</b> 3% to 20%; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 (1 exam and 1 cleaning/year); 1 set of bitewing x-rays/every 2 years	<b>Dental:</b> \$0 for 1 oral exam & cleaning up to 2 per year; \$0 for bitewing x-rays up to 1 set per year <b>Optional Packages:</b> MyOption Dental Enhanced \$40.90 monthly premium (Call the plan for details)
<b>Vision Services:</b> \$0 (1 routine exam/year); \$20 (1 diagnostic exam/year)	<b>Vision Services:</b> \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eyeglasses per year
<b>Hearing Services:</b> \$0 (1 routine exam/year)	<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
<b>Wellness Benefit:</b> Health Club Membership	<b>Over-the-Counter:</b> \$75 every 3 months
<b>Medicare Prescription Drug Coverage: Yes</b> • \$100 Deductible for Tiers 3, 4, and 5 drugs	<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program <b>Medicare Prescription Drug Coverage: No</b> If you want Medicare Part D drug coverage you must choose a PPO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan

<b>Humana Value Plus PPO (H5216-171)</b>	<b>HumanaChoice PPO (H5216-014)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com
<b>Service Area:</b> Adair, Alamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright counties	<b>Service Area:</b> Benton, Black Hawk, Boone Buchanan, Cedar, Dallas, Delaware, Iowa, Jasper, Johnson, Jones, Linn, Madison, Marion, Marshall, Muscatine, Polk, Scott, Story, Warren and Washington counties
<b>Monthly Premium:</b> \$34 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$49 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$5,900 (Includes only Medicare Part A and Part B-covered services)
<b>Annual Deductible:</b> \$183 Part B deductible for some some in-network and out-of-network Part B services	
<b>Doctor Office Visit:</b> \$20 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$15 primary care visit; \$45 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$1,860 per admit	<b>Inpatient Hospital:</b> \$360/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> 20% of the cost	<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgical center per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$172 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to 20% of the cost	<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service
<b>Durable Medical Equipment:</b> 18 to 20% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	
<b>Vision Services:</b> \$75 (1 routine exam, refraction/year); \$200 benefit for contact lenses or eyeglasses per year	<b>Over-the-Counter:</b> \$50 every 3 months
<b>Dental:</b> \$0 for oral exam & cleanings up to 2 per year; \$0 for bitewing x-rays up to 1 set per year	<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program
<b>Hearing Services:</b> \$0 (1 routine exam/year); \$0 copay for hearing aid up to 1 per ear per year	<b>Medicare Prescription Drug Coverage: Yes</b> • \$350 Deductible for tier 4 and 5 drugs only.
<b>Transportation:</b> \$0 copay for up to 12 one-way trips to plan approved locations (Not to exceed 25 miles per trip)	<b>Optional Packages:</b> MyOption Dental \$17.50 or \$20.50 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)
<b>Over-the-Counter:</b> \$300 every 3 months	
<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program	
<b>Medicare Prescription Drug Coverage: Yes</b> \$410 Deductible for tier 2, 3, 4 and 5 drugs only.	

<b>HumanaChoice PPO (H5216-091)</b>	<b>HumanaChoice PPO (H5216-104)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com
<b>Service Area:</b> Adair, Allamakee, Appanoose, Audubon, Buena Vista, Butler, Calhoun, Carroll, Cass, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Davis, Decatur, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Jackson, Jefferson, Keokuk, Kossuth, Lee, Lucas, Lyon, Mahaska, Mills, Monona, Monroe, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Poweshiek, Ringgold, Sac, Sioux, Tama, Union, Van Buren, Wapello, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties	<b>Service Area:</b> Dallas and Polk counties
<b>Monthly Premium:</b> \$87 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$107 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$15 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$20 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$120 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$100/day for days 1-7 per stay
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 Ambulatory Surgical Center per visit	<b>Outpatient Services/Surgery:</b> \$100 outpatient hospital; \$50 Ambulatory Surgical Center per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$172 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service	<b>Diagnostic Lab Tests:</b> \$0-\$25 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	
<b>Over-the-Counter:</b> \$50 every 3 months	<b>Dental:</b> \$0 for 1 oral exam & cleaning up to 1 per year; \$0 for bitewing x-rays up to 1 set per year
<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program	<b>Vision Services:</b> \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eye glasses per year
<b>Medicare Prescription Drug Coverage: Yes</b> • \$350 Deductible for tier 4 and 5 drugs only	<b>Hearing Services:</b> \$0 (1 routine exam/year)
<b>Optional Packages:</b> MyOption Dental \$17.50 or \$20.50 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)	<b>Over-the-Counter:</b> \$75 every 3 months
	<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program
	<b>Medicare Prescription Drug Coverage: Yes</b> \$250 Deductible for tier 4 and 5 drugs only <b>Optional Packages:</b> MyOption Enhanced \$17.50 monthly premium (Call the plan for details)

<b>HumanaChoice PPO</b> (H5216-085)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com
<b>Service Area:</b> Pottawattamie
<b>Monthly Premium:</b> \$108 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$15 primary care visit; \$50 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 Ambulatory Surgical Center per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>
<b>Over-the-Counter:</b> \$50 every 3 months
<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program
<b>Medicare Prescription Drug Coverage: Yes</b> \$350 Deductible for tier 4 and 5 drugs only
<b>Optional Packages:</b> MyOption Dental \$21.40 or \$21.70 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)

## Private-Fee-For-Service - PFFS

A Private Fee-For-Service (PFFS) plan is a type of Medicare Advantage plan. Some of these plans have a “network” of providers and costs will be higher if you receive care out-of-network. For plans without networks beneficiaries can go to any provider or hospital as long as the provider agrees to bill the PFFS plan instead of Medicare. **You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.**

Monthly premiums may be lower, but out-of-pocket copayments may be higher than when a beneficiary is enrolled in Original Medicare and supplemental health insurance.

The PFFS plan manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a policy, it will not pay when you are enrolled in an PFFS plan.

Some PFFS plans allow providers to “balance bill.” This would allow the provider to charge you up to 15% over the plan’s payment for services. Even if balance billing is allowed, your provider may accept the plan’s payment amount as payment in full. Ask your Medicare PFFS plan if they allow providers to balance bill as this will affect how much you may pay.

PFFS plans must provide all Medicare-covered services and may provide additional benefits that Original Medicare does not cover. Additional coverage could include an annual physical, vision and hearing screenings and wellness programs.

If you enroll in a PFFS plan that does not include Medicare Part D drug coverage you can enroll in one of the stand-alone Medicare drug plans.

The following charts show what **you pay** when you enroll in a Medicare Advantage PFFS plan and some of the additional benefits provided by the plan.

<b>Humana Gold Choice PFFS (H8145-155)</b>	<b>Humana Gold Choice PFFS (H8145-089)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com
<b>Service Area:</b> Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties	<b>Service Area:</b> Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$97 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Deductible:</b> \$250 for some hospital and medical services	<b>Deductible:</b> No deductible for in-network providers
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$15 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$20 primary care visit; \$50 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (this benefit is excluded from your plan deductible) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit Worldwide Coverage
<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 Ambulatory Surgical Center per visit	<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgical center per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$172 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20, \$172 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service	<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service
<b>Durable Medical Equipment:</b> 18% to 29% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	
<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program	<b>Wellness Benefit:</b> SilverSneakers & Go365 Fitness club membership & healthy rewards program
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>\$415 Deductible for tier 2, 3, 4 and 5 drugs only</li> </ul>
<b>Optional Packages:</b> MyOption Dental \$17.30 or \$20.50 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)	<b>Optional Packages:</b> MyOption Dental, MyOption Vision and MyOption Fitness with gym membership (Call the plan for details)

## Special Needs Plans - SNP

A Medicare Special Needs Plan is specially designed for people with certain chronic diseases and other specialized health needs. These plans must provide all Medicare Part A and Part B health care and services. They also must provide Medicare prescription drug coverage (Part D). Generally, they offer extra benefits and have lower copayments than Original Medicare.

Medicare Special Needs Plans offer services through a network of contracted hospitals, doctors and other providers. If the plan is a PPO you may be able to go outside of the plan's network to receive your care. You should check with your providers to make sure they will treat patients covered by the plan before you enroll.

Medicare Special Needs Plans available in Iowa are designed to meet the needs of people who receive Medicare and Medicaid benefits.

A Medicare Special Needs Plan may help manage and coordinate the many services and providers its members use to help them stay healthy and follow their doctor's orders related to diet and prescription drugs and help coordinate coverage between Medicare and Medicaid.

Beneficiaries must be enrolled in Medicare Part A and Part B to enroll in a Special Needs Plan. This includes those on Medicare due to a disability. You must also meet the plan's specific enrollment criteria which is being enrolled in Medicaid. They cannot have a waiting period for pre-existing conditions. The exception to this rule are those with End-Stage Renal Disease.

The following chart shows what **you pay** when you enroll in a Special Needs Plan.

### Dual Complete SNP HMO Health Plan for People with Medicare and Medicaid (H0169-001)

*UnitedHealthcare*

1-888-834-3721 (TTY/TDD 711)  
www.UHCCommunityPlan.com

**Service Area:** Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Muscatine, Polk, Pottawattamie, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, and Webster counties

**Eligibility to enroll in this plan:** You can enroll in this plan if you are enrolled in a full Medicaid program.

**Monthly Premium:** \$0  
You also pay Part B monthly premium

**Yearly Out-of-Pocket Maximum:** \$0 annually for Medicare Part A and Part B-covered services from in-network providers

**Doctor Office Visit:** \$0

**Emergency Room Visit:** \$0  
Worldwide coverage

**Inpatient Hospital:** \$0 per day up to 90 days

**Outpatient Surgery:** \$0

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

#### **Additional Benefits:**

**Annual Physical Exam:** \$0

**Hearing:** \$0 for 1 routine exam per year

**Podiatry Services:** \$0 (up to 6 visits every year)

**Personal Medical Emergency Response System:** \$0  
(Philips Lifeline)

**Over-the-Counter:** \$250 per quarter to order approved health products online or by catalog.

**Wellness Benefit:** Health Club Membership

**Medicare Prescription Drug Coverage:** Yes





**can help you prevent, detect,  
and report Medicare Fraud.**



## **PROTECT**

**Protect yourself against Medicare Fraud.**

Treat your Medicare and Social Security numbers like your credit cards.

Never give these numbers to a stranger



## **DETECT**

**Detect possible fraud, errors, and abuse.**

Review your Medicare statements for mistakes by  
comparing them to your personal records



## **REPORT**

**Report suspected fraud, errors, and abuse.**

If you think you have been a target of fraud, report it.

**Contact the Iowa SMP at 800-351-4664 (TTY 1-800-735-2942)**

SMP is a service of the Iowa Insurance Division and the U.S. Department of Health & Human Services – Administration for Community Living