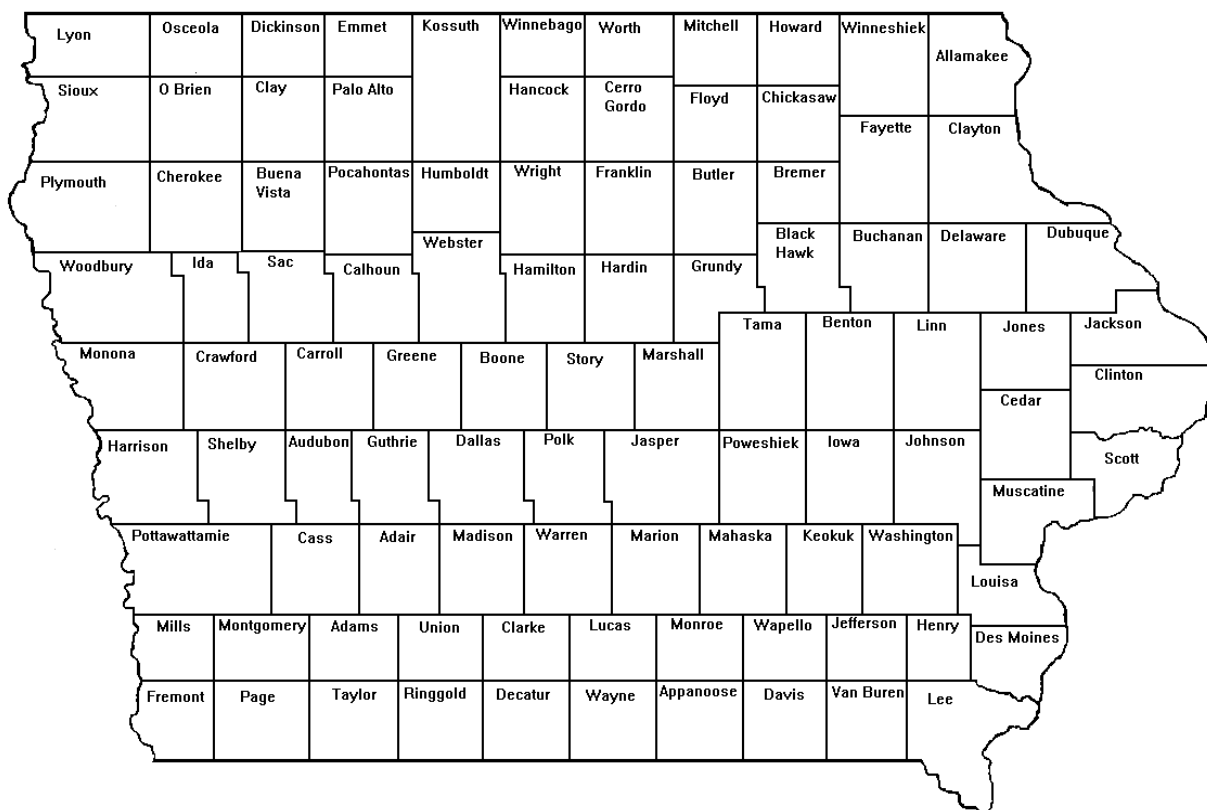


Medicare Advantage & Other Health Plans in Iowa 2026



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Free, Confidential and Objective Medicare Counseling Services for Iowans

Iowa Insurance Division's SHIIP-SMP volunteer counselors help Iowans understand the complexities of Medicare, save on health care costs, and prevent fraud.

Iowa has a resource specifically for people on Medicare, or those becoming eligible for Medicare — the Senior HealthInsurance Information Program (SHIIP) and the Senior Medicare Patrol (SMP). SHIIP-SMP is administered by the Iowa Insurance Division and is supported through state and federal funding. The service is completely free and confidential and counselors do not sell or promote any insurance companies, agents or products.

SHIIP-SMP counselors are ready to assist with personal, one-on-one support. A network of certified and trained volunteers work through local SHIIP-SMP sites in nearly every Iowa county. Meetings can take place however you are most comfortable — in-person, on the phone, or through video conferencing.

Whether you are turning 65 and preparing to enter the Medicare system or are older and navigating existing benefits, SHIIP-SMP can guide you toward solutions that best fit your needs, now, and in the future.

For an appointment visit shiip.iowa.gov today.

Free. Confidential. Objective.

www.shiip.iowa.gov

1-800-351-4664



Did you know?

SHIIP-SMP counselors are trained in fraud control.

Through our Senior Medicare Patrol outreach, we work to educate Iowans on how to prevent, detect and report health care fraud, errors and abuse. Watch for Fraud Awareness presentations in your community, visit our website and follow us on Facebook to learn how you can protect against healthcare scams.

If you suspect you or a loved one may have been a victim of Medicare fraud, call us to report it at 1-800-351-4664. We can help you get the answers and support you need.

Help may be available if you cannot afford your Medicare premiums.

If you struggle to pay for your coverage, you may be eligible for financial support. Contact SHIIP-SMP at 1-800-351-4664 for more information. If you qualify, we can help you apply for assistance.



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RESOURCE

SHIIP-SMP is a service of the State of Iowa. It does not sell or promote any insurance companies, policies or agents.



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Medicare Advantage Basics

Since Medicare's creation in 1965, most Iowans have received their Medicare Part A and Medicare Part B health benefits through Original Medicare. In 1997, Congress created what are now known as Medicare Advantage Plans (also called Medicare Part C) to give people on Medicare other options for receiving Medicare Part A and Part B benefits. The Senior Health Insurance Information Program (SHIIP) has prepared this guide to help you understand this year's Medicare Advantage plan choices in Iowa, as well as any Cost Plans (see page 34 for an explanation of Cost Plans).

Currently, Medicare Advantage and/or Cost Plans are available in all 99 counties in Iowa. Original Medicare 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.

Medicare Advantage Plans: Another Way to Get Your Medicare Benefits

You are eligible to join a Medicare Advantage plan if you have both Medicare Part A and Part B **and** you live in the plan's service area (counties where the plan is offered). Medicare Advantage plans are available whether you are on Medicare due to age or disability. Some plans charge a monthly premium, and some don't – but **you must continue to pay the Medicare Part B premium if you are in a Medicare Advantage plan**. You will also have some other costs (such as co-payments or coinsurance) for the services you get. These plans are required to cover all the services Original Medicare covers, but Medicare Advantage plans may add extra benefits, such as coverage for vision, hearing, dental, and/or wellness programs. Most of the plans also 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, so plan options, 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 if 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 the insurance company** that sold you the plan – cancelling a Medicare supplement cannot be done by the Medicare Advantage plan.

Enrollment or Disenrollment

There are specific times during the year when you can enroll, disenroll, and/or switch Medicare Advantage and/or Cost Plans:

- **When you first become eligible for Medicare** – You can join during your Initial Enrollment Period (usually three months before you turn 65 to three months after). If you become eligible for 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 (every year)** – 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 and enroll in a Part D plan. You can make one election during this time. This does not apply to Cost Plans (see page 34).
- **April 1 to October 14** – You will not be able to disenroll from a Medicare Advantage plan until October 15th unless you qualify for a Special Enrollment Period (SEP). See the Special Enrollment Period bullet on this page for more details.
- **October 15 to December 7 (Annual Fall Open Enrollment Period)** – You can **join, switch,** or **disenroll** from a Medicare Advantage or Cost Plan. You can also add or drop prescription drug coverage. Your new coverage will be effective January 1st of the following year.
- **Special Enrollment Periods (SEP)** – In certain situations, such a change of address or loss of current coverage, you could be eligible for a Special Enrollment Period to disenroll, join, or switch to a different plan. Call SHIP at 1-800-351-4664 for information about whether you qualify for a Special Enrollment Period.
- **5-Star Special Enrollment** – You can enroll in a 5-star Medicare Advantage plan or Cost Plan once from December 8th to November 30th each year. If you are currently enrolled in a Medicare Advantage or Cost plan, 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 or by reaching out to SHIP/SMP.
- **Non-Renewal** – If your Medicare Advantage or Cost Plan does not renew its annual contract with Medicare, you will be able to change to a different plan or return to Original Medicare with a limited time “guaranteed issue” for Medicare supplement plan A, B, C, F, K or L (including Medicare Select or high deductible choices) if you are eligible for Medicare **prior to January 1, 2020**. For those who are eligible for Medicare **after January 1, 2020**, you will be allowed to enroll in Medicare supplement plan A, B, D, G, K or L (including Medicare Select or high-deductible choices). A “guarantee issue” means the company cannot deny you or charge you a higher premium due to your health conditions.

Exceptions

- You can enroll 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 enrollment period to disenroll from your Medicare Advantage plan.

Protections When Enrolling in a Medicare Advantage or Cost Plan the First Time

If you are enrolling in a Medicare Advantage plan or Cost Plan for the first time, you can return to Original Medicare and are guaranteed the right to purchase a Medicare Supplement if:

1. You **drop** your Medicare supplement to enroll in a Medicare Advantage plan or Cost plan for the **first time** and then you **disenroll** 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 eligible for Medicare **prior to January 1, 2020**. For those who are eligible for Medicare **after January 1, 2020**, you will be allowed to enroll in Medicare supplement plan A, B, D, G, K or L (including Medicare Select or high deductible choices).

Note: If you are **under age 65**, you can buy only from companies selling to those under 65.

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*** and you disenroll **within the first 12 months**.

- **Age 65 before January 1, 2020:** You must be allowed to enroll in ANY Medicare supplement plan, **A, B, C, D, G, F, K, L, M or N** sold in Iowa.
- **Age 65 after January 1, 2020:** You must be allowed to enroll in ANY Medicare supplement plan, **A, B, D, G, K, L, M or N** sold in Iowa.
- Includes Medicare Select or high deductible choices

Note: Individuals entitled to Medicare before age 65 are not eligible for this special enrollment.

There are exceptions to this if you take Part B for the first time **after age 65. Call SHIIP at 1-800-351-4664 for details.*

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

- 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 enroll in a Part D drug plan.

Financial Assistance to Cover Costs

If you have limited income and resources, you may be able to save on your Medicare expenses. To see if you are eligible for the **Low Income Subsidy (aka Extra Help)**, or a **Medicare Savings Program (QMB or SLMB)**, visit our website at <https://shiip.iowa.gov/> Go to “Find Resources,” then “Help with Medicare Costs.” SHIIP-SMP Counselors can also assist you with the application process. Call 1-800-351-4664 to identify a counselor near you and schedule an appointment.

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 in Iowa. The provider needs to submit a bill to the Medicare Advantage plan and Medicaid (which may be one of the Medicaid Managed Care Organizations). Special Needs Plans start on page 38.

Medicare Advantage and Medicare Part D (Drug Plans)

Many people with a Medicare Advantage plan get prescription coverage through their plan, but you must make sure to enroll in a plan that includes prescription drug coverage. If you join a standalone Part D (drug plan), you will be automatically disenrolled from your Medicare Advantage plan and returned to Original Medicare Parts A & B. If you have Original Medicare benefits or a Medicare Cost Plan, you can join a standalone 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, and if your drugs are covered on the plan's formulary. Individuals who receive help with their Medicare drug plan costs (through Extra Help) 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 and select "Find Plans Now." SHIP/SMP counselors are also available to help you compare plans.

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.
- **You need to check to see if your doctors, hospitals, medical equipment suppliers, 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 (based on county) and be enrolled in Medicare Part A **and** Part B.
- **You still need to pay the Medicare Part B premium**, plus any plan premiums, plan deductibles, copayments, and/or coinsurance for the services you receive. You should compare all costs and features.
- You don't need a Medicare Supplement, and the policy will not pay benefits if you are enrolled in a Medicare Advantage plan.
- You can change plans, but only during certain times of the year or during certain events in your life (move, loss of coverage, etc.).
- Plans listed in this guide are offered to individuals. Employers may also provide their retirees with Medicare Advantage plans. Employer plans may have different premiums and benefits from those listed in this guide.
- If the plan includes a prescription drug benefit, you still need to be sure your drugs are covered by the plan and your pharmacy is in the plan's network. SHIP can help you run a comparison to see which plans cover your drugs at the lowest cost.
- You will be notified about any changes (i.e., coverage and cost) via mail once you enroll. Make sure to review the Annual Notice of Change your plan sends you each fall.

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?
- Do they participate in any Medicare Advantage plan networks?
- 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? Or do you care if you have to change pharmacies?

☐ **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?

You can find these details in the Summary of Benefits or Evidence of Coverage documents for the plan.

☐ **4 - Do you travel outside your county or state?**

- 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 in this situation.*

☐ **5 - What are your out-of-pocket costs with the Medicare Advantage plan?**

- Would paying the cost shares (copays, coinsurance, etc.) cause you financial difficulty?
- Did you compare the maximum out-of-pocket cost to the annual cost of a Medicare Supplement?
- Does the potential responsibility of meeting the plan's maximum out-of-pocket concern you?

☐ **6 - How important are any of the extra benefits provided by the Medicare Advantage plan? (e.g., dental, vision, health club membership, etc.)**

☐ **7 - Do you know your options if you want to switch back 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?**

- What about employer/Military/VA/other insurance?

A Medicare Supplement plan will not pay if you are enrolled in a Medicare Advantage plan.

☐ **9 - Do you qualify for assistance with your Medicare costs? (You can contact SHIP/SMP to see if you qualify.)**

- 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.

Decide How to Get your Medicare

Original Medicare

-OR-

Medicare Advantage (MA)

Coverage

Original Medicare is made up of Part A (hospital insurance) and Part B (medical insurance). Most people do not pay a premium for Part A, but there is a monthly premium for Part B.*

Part A & Part B also have a yearly deductible. Once the Part B deductible is met, Part B usually covers 80% of the Medicare-approved amount for the doctor or outpatient service. Many beneficiaries will pay for a Medicare supplement (aka Medigap) to fill in the "gaps" that Original Medicare doesn't cover, like yearly deductibles or the remaining 20% Part B coinsurance. Medicare supplements have their own premium based on the policy and the insurance company.

Employer, union, or VA retirement plans may also include some coverage to fill in the gaps of Medicare Part A and Part B. Check with plan administrators before purchasing any separate Medicare supplement plans to avoid issues with your other insurance benefits.

Medicare Advantage (MA) plans, also called Part C plans, are run by private companies approved by Medicare. MA plans must cover all medically necessary services that Original Medicare covers.

You will get most of your Part A and Part B coverage from your Medicare Advantage (MA) plan, not Original Medicare. You will use your MA card to get Medicare-covered services, not your Original Medicare card.

You must be eligible for Medicare Part A and Part B to enroll in a Medicare Advantage (MA) plan.

MA plans are pay as you go, and out of pocket costs vary depending on plan and services received. Costs may include monthly premiums, deductibles, co-pays and co-insurance.

If you enroll in a MA plan, a Medicare Supplement plan will not pay any benefits.

Many MA plans offer additional benefits such as vision, dental, and hearing.

To sign up for an MA plan, you must live in their service area. Costs and rules vary by plan.

Doctor & Hospital Choice

You can go to any provider (doctor/ hospital) that accepts Medicare in the United States.

Most of the time, you do not need a referral to see a specialist or pre-authorization or approval for a medically-necessary procedure.

In many cases, you can only use doctors and other providers who are in the plan's network and service area (for non-emergency care). Doctors, hospitals and other providers may or may not accept the plan. If you use providers outside of the network, or those who do not accept the plan, you could face extra costs or have to pay costs yourself.

You may need a referral to see a specialist and pre-authorization (approval) for procedures & services. MA plans are approved by Medicare but are run by private companies, so the plan manages patient care and decides whether certain treatments are covered or not.

Original Medicare -OR- Medicare Advantage (MA)		
Prescriptions	For prescription coverage, you will need to enroll in a separate Medicare Part D drug plan.* Part D plans are run by private companies approved by Medicare and have their own monthly premium.	Most MA plans include prescription coverage. If you select a plan that does not, you will need to have other coverage for your prescriptions, such as VA coverage.
Cost Overview	<p>Original Medicare Parts A & B do not have a yearly out-of-pocket maximum amount. For this reason, most people purchase a Medicare supplement which will cover out-of-pocket costs.</p> <p>For Medicare Part D, once you hit catastrophic coverage, you do not pay any copays or coinsurance for covered prescriptions.</p>	<p>Most MA plans have a yearly "Out of Pocket Maximum" which limits how much a beneficiary is responsible for. Once you reach that amount, you pay nothing for additional Part A & B covered services in that calendar year.</p> <p>Services received by out-of-network providers (or providers who do not accept the plan) do not count towards the Out of Pocket Maximum and have no limit.</p>
Estimating Costs	<p>Most people with Original Medicare will have the following costs:</p> <ul style="list-style-type: none"> • Part B monthly premium • Medicare supplement monthly premium • Part D monthly premium and copayments for prescriptions 	<p>Most people with MA plans will have the following costs:</p> <ul style="list-style-type: none"> • Part B monthly premium • Possibly a MA plan monthly premium • Co-pays for services received. Services received out of network may be charged at a higher rate or not covered at all. • Copayments for prescriptions (if the MA includes drug coverage).
Annual Contract Changes	<p>Medicare Part A, Part B, and Medicare supplements remain largely the same from year to year- there are usually yearly premium increases.</p> <p>Medicare Part D (drug) plans, can change provider networks, prescription coverage, premiums, deductibles, co-payments, and co-insurance amounts every year.</p>	<p>MA premiums and deductibles vary depending on each plan, and these amounts can change annually. Copay and coinsurance amounts for Medicare-covered health services or prescriptions also vary by plan.</p> <p>Like Part D plans, MA plans can change provider networks, prescription coverage, premiums, deductibles, co-payments, and co-insurance amounts every year.</p>

*If you delay enrolling in Medicare Part B and/or Part D without a valid reason (like current coverage through active employment), you could be required to pay an additional monthly penalty later.

Medicare Advantage Plans available in Iowa

The next pages provide information on all Medicare Advantage plans available in Iowa. Plans are arranged by type, and there are two plans per page. Plan types available in Iowa include:

HMO (Health Maintenance Organization): manages your Medicare Part A and Part B health insurance benefits and provides services through a network of contracted hospitals, doctors, and other providers. 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. More information available on page 10.

PPO (Preferred Provider Organization): 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(s) to see if they will treat patients covered by the plan before you enroll.** More information available on page 22.

PFFS (Private Fee-For-Service): may or may not have a network of providers. For plans with networks 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(s) to see if they will treat patients covered by the plan before you enroll.** More information available on page 33.

Cost 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 unless you are **referred** by the Cost plan. **You pay the Medicare deductible, coinsurance, as well as any excess charges and noncovered services.** The Plan will pay non-plan providers if you need emergency or urgent care. Cost Plans are only available in limited areas of the State. More information available on page 34.

SNP (Special Needs Plan): designed to meet the needs of people who receive Medicare and Medicaid (or QMB) benefits or reside in a licensed nursing home or skilled facility. 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 (SNP) offer services through a network of contracted hospitals, doctors, and other providers. More information available on page 38.

Medicare Health Maintenance Organizations (HMO)/Point-of-Service (POS) Options

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 must receive all covered care from the plan providers or thorough 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 Medicare supplement, it will not pay when you are enrolled in an HMO.

If you choose to enroll in a Medicare HMO-POS plan, you may be allowed to get some services out-of-network for a higher cost.

Check with the plan to see if a primary care physician is required and if referrals are needed to visit a specialist. (A primary care physician is a doctor you choose to coordinate all of your care and referrals to specialists.)

If you want to receive Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare HMO/HMO-POS plan and a standalone drug plan. The following tables show what you pay when you enroll in an HMO/HMO-POS plan and **use providers in the plan's network.**

AARP Medicare Advantage Essentials from UHC NE-3 HMO-POS (H2802-001)

UnitedHealthcare of the Midlands, Inc.
1-844-723-6473 (TTY/TDD 711)
www.AARPMedicarePlans.com

Service Area: Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie & Shelby

Monthly Premium: \$0 + Part B monthly premium

Yearly Out-of-Pocket Maximum: \$5,900 (only Medicare Part A and Part B-covered services)

Doctor Office Visit: \$0 primary care; \$55 specialist (except psychiatry)

Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours);
Worldwide Coverage

Inpatient Hospital: \$495/day for days 1-5 (per stay); \$0 for days 6-unlimited

Outpatient Surgery: \$0-\$495 per visit

Skilled Nursing Care: \$0 each day for days 1-20;
\$218 each day for days 21-100

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)

Virtual/Telehealth Visit: \$0

Dental: \$0 preventive & diagnostic services

Vision: \$0 (1 routine exam/year); \$0 copay for standard lenses; \$300 credit for frames or contact lenses every 2 years

Hearing: \$0 (1 routine exam/year); \$199-1,249 copay for each hearing aid device; limited to 2 devices per year

Podiatry: \$45 (6 visits/year)

Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year

Fitness: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)

Medicare Prescription Drug Coverage: Yes, \$520 deductible for Tier 3-5

AARP Medicare Advantage Extras from UHC NE-5 HMO-POS (H2802-074)
<i>UnitedHealthcare of the Midlands, Inc.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie & Shelby
Monthly Premium: \$0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$60 specialist
Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$550/day for days 1-5 (per stay); \$0 for days 6-unlimited
Outpatient Surgery: \$0-\$550 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218 for each day days 21-100
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)
Virtual/Telehealth Visit: \$0
Dental: \$0 preventive & diagnostic; 50% comprehensive, up to \$2,000/year for covered services
Vision: \$0 (1 routine exam/year); \$0 copay for standard lenses; \$150 credit for frames or contact lenses every 2 years
Hearing: \$0 (1 routine exam/year); \$199-1,249 copay for each hearing aid device; limited to 2 devices/year
Podiatry: \$45 copay (6 visits per year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)
Over-the-Counter: \$25/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: Yes, \$600 deductible for Tier 3-5

AARP Medicare Advantage from UHC IA-1 HMO-POS (H5253-209)
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story and Warren
Monthly Premium: \$0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$550/day for days 1-5 (per stay); \$0 for days 6-unlimited
Outpatient Surgery: \$0-\$550 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218 for each day days 21-100
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)
Virtual/Telehealth Visit: \$0
Dental: \$0 preventive & diagnostic
Vision: \$0 (1 routine exam/year); eyewear: \$0 copay for standard lenses; \$150 credit for frames or contact lenses every 2 years
Hearing: \$0 (1 routine exam/year); \$199-1,249 copay for each hearing aid device; limited to 2 devices every year
Podiatry: \$45 copay (6 visits per year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)
Over-the-Counter: \$25/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: Yes, \$600 deductible for Tier 3-5

AARP Medicare Advantage from UHC IA-0002 HMO-POS (H5253-108-002)	AARP Medicare Advantage from UHC IA-0002 HMO-POS (H5253-108-003)
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Muscatine, Palo Alto, Pocahontas, Poweshiek, Sac, Scott, Tama, Washington, Webster, Winnebago, Wright	Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story and Warren
Monthly Premium: \$55 + Part B monthly premium	Monthly Premium: \$49 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,900 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist	Doctor Office Visit: \$0 primary care; \$35 specialist
Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage	Emergency Room Visit: \$150 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$440/day for days 1-5 (per stay); \$0 for days 6-unlimited	Inpatient Hospital: \$395/day for days 1-6 (per stay); \$0 for days 7-unlimited
Outpatient Services/Surgery: \$0-\$440 per visit	Outpatient Surgery: \$0-\$395 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218 for each day days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$218 for each day days 21-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Virtual/Telehealth Visit: \$0	Virtual/Telehealth Visit: \$0
Dental: \$0 copay for preventive & diagnostic	Dental: \$0 copay for preventive & diagnostic; 50% comprehensive, up to \$3,000/year for covered services
Vision: \$0 (1 routine exam/year); \$0 for standard lenses; \$200 credit for frames or contact lenses every 2 years	Vision: \$0 (1 routine exam/year); \$0 copay for standard lenses; \$300 credit for frames or contact lenses every 2 years
Hearing: \$0 (1 routine exam/year); \$199-1,249 copay for each hearing aid device; limited to 2 devices/year	Hearing: \$0 (1 routine exam/year); \$199-1,249 copay for each hearing aid device; limited to 2 devices per year
Podiatry: \$45 (6 routine visits per year)	Podiatry: \$35 (6 routine visits per year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year	Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)	Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)
Over-the-Counter: \$50/quarter for covered OTC products, no carryover	Over-the-Counter: \$55/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: Yes, \$520 deductible for Tier 3-5	Medicare Prescription Drug Coverage: Yes, \$520 deductible for Tier 3-5

Aetna Medicare Eagle HMO-POS (H1609-058)
<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury, Worth, and Wright
Monthly Premium: \$0 + Part B premium; plan pays \$90 towards Part B premium
Yearly Out-of-Pocket Maximum: \$6,750 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$325/day for days 1-6; \$0/day for days 7-90
Outpatient Services/Surgery: \$325 per visit; \$275 each surgery in Ambulatory Surgery Ctr
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for Continuous Glucose Monitors
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,500 allowance for covered services
Vision: \$0 (1 routine exam/year); \$200 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year), \$1,250 hearing aid benefit per ear each year
Post Discharge Meal program: 14 meals delivered to home after inpatient hospital or SNF stay
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Over-the-Counter: \$90 quarterly, no carry over
Medicare Prescription Drug Coverage: None. For Medicare Part D drug coverage, you must choose another plan that has drug coverage.

Aetna Medicare Signature HMO-POS (H1609-001)
<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adams, Allamakee, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Calhoun, Carroll, Cedar, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Lee, Linn, Louisa, Lyon, Madison, Marshall, Mills, Mitchell, Muscatine, Osceola, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Story, Tama, Taylor, Van Buren, Warren, Washington, Webster, Woodbury, Worth, and Wright
Monthly Premium: \$0 + Part B premium
Yearly Out-of-Pocket Maximum: \$4,300 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$35 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$390/day for days 1-6 per stay
Outpatient Services/Surgery: \$390 per visit; \$340 each surgery in Ambulatory Surgery Ctr
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for Continuous Glucose Monitors
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$900 allowance for covered services
Vision: \$0 (1 routine exam/year), \$150 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Medicare Prescription Drug Coverage: Yes; \$0 cost share for Tier 1 & Tier 2 at preferred pharmacies; \$615 deductible Tier 3-5

Aetna Medicare Signature Extra HMO-POS (H1609-069)
<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adams, Allamakee, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Calhoun, Carroll, Cedar, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Lee, Linn, Louisa, Lyon, Madison, Marshall, Mills, Mitchell, Muscatine, Osceola, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Story, Tama, Taylor, Van Buren, Warren, Washington, Webster, Woodbury, Worth, and Wright
Monthly Premium: \$0 + Part B premium
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$450/day for days 1-6 (per stay)
Outpatient Services/Surgery: \$400 per visit/\$350 each surgery in Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for Continuous Glucose Monitors
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,000 allowance for covered services
Vision: \$0 (1 routine exam/year); \$200 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year), \$1,250 hearing aid benefit per ear each year
Post Discharge Meal program: 14 meals delivered to home after inpatient hospital or SNF stay
Wigs: \$400 benefit for chemotherapy hair loss
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Fitness Reimbursement Benefit: \$90 quarterly for fitness and activity fees and select supplies
Medicare Prescription Drug Coverage: Yes; \$0 cost share for Tier 1 & 2 at preferred pharmacies; \$615 deductible Tier 3-5

Aetna Medicare Value Care HMO-POS (H1609-068)
<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury, Worth, and Wright
Monthly Premium: \$41 + Part B premium
Yearly Out-of-Pocket Maximum: \$3,900 (only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$20 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$350/day for days 1-5 (per stay)
Outpatient Services/Surgery: \$350 per visit/\$300 each surgery in Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for Continuous Glucose Monitors
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,100 allowance for covered services
Vision: \$0 (1 routine exam/year), \$200 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
Post Discharge Meal program: 14 meals delivered to home after an inpatient hospital or SNF stay
Wigs: \$400 benefit for chemotherapy hair loss
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Aetna Medicare Extra Benefits card: \$30 quarterly OTC benefits; additional benefits available for members with Extra Help, chronic condition, and/or HVPIP (provider incentive program)
Medicare Prescription Drug Coverage: Yes; \$0 cost share for Tier 1 & 2 at preferred pharmacies; \$615 deductible Tier 3-5

Devoted CORE 034 IA HMO (H7993-034)
<i>Devoted Health Plans</i> 1-844-978-2770 (TTY/TDD 711) www.devoted.com
Service Area: Adams, Cass, Fremont, Harrison, Mills, Montgomery, Pottawattamie, Shelby
Monthly Premium: \$0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,900 (only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist
Emergency Room Visit: \$150 per visit (waived if you are admitted to the hospital within 24 hours); Worldwide Coverage
Inpatient Hospital: \$405/day for days 1-6 per stay
Outpatient Services/Surgery: \$395-495 depending on location; \$0 diagnostic colonoscopy
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0-95 labs, tests & procedures; \$100-300 diagnostic radiology
Durable Medical Equipment: 20% or 40% based on type of equipment; \$0 diabetic supplies & preferred CGM from retail pharmacy
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$3,000 preventive & comprehensive allowance; 50% coinsurance for dentures, crowns, root canals & bridges
Vision: \$0 (1 routine exam/year); up to \$350 for eyewear allowance thru designated vendor
Hearing: \$0 (1 routine exam/year); \$399 or \$699 per hearing aid for up to 2 TruHearing Advanced or Premium aids
Chiropractic Care: \$20 copay
Wellness Bucks: \$0 SilverSneakers membership; \$150 toward fitness & wellness related items
Over-the-Counter: \$70 per quarter
Medicare Prescription Drug Coverage: Yes, \$375 deductible for Tier 3-5

Devoted GIVEBACK 035 IA HMO (H7993-035)
<i>Devoted Health Plans</i> 1-844-978-2770 (TTY/TDD 711) www.devoted.com
Service Area: Adams, Cass, Fremont, Harrison, Mills, Montgomery, Pottawattamie, Shelby
Monthly Premium: \$0 + Part B monthly premium; plan pays \$159.70 towards monthly Part B premium (for members whose premium is not already paid by another source, i.e., Medicaid)
Yearly Out-of-Pocket Maximum: \$7,000 (only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$115 per visit (waived if you are admitted to the hospital within 24 hours); Worldwide Coverage
Inpatient Hospital: \$475/day for days 1-3 per stay
Outpatient Services/Surgery: \$475-575 depending on location; \$0 diagnostic colonoscopy
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0-95 labs, tests & procedures; \$100-300 diagnostic radiology
Durable Medical Equipment: 19%; \$0 diabetic supplies & preferred CGM from retail pharmacy
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$250 preventive & comprehensive allowance
Vision: \$0 (1 routine exam/year); up to \$200 for eyewear allowance thru designated vendor
Hearing: \$0 (1 routine exam/year); \$599 or \$899 per hearing aid for up to 2 TruHearing Advanced or Premium aids
Chiropractic Care: \$15 copay
Wellness Bucks: \$0 SilverSneakers membership; \$150 toward fitness & wellness related items
Medicare Prescription Drug Coverage: Yes, \$605 deductible for Tier 3-5

Gundersen Quartz Med Advantage Basic D HMO (H5262-032)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Fayette, and Winneshiek
Monthly Premium: \$0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$30 primary care; \$75 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly outside the U.S. & its territories, including ER, Urgent care & ambulance
Inpatient Hospital: \$300/day for days 1-7 per stay
Outpatient Services/Surgery: \$375 per surgery; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0/day 1-20; \$215/day 21-100
Diagnostic Lab Tests: \$50 copay per day
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: one dental exam and one cleaning at UCR in-network rate. No comprehensive coverage.
Optional Additional Dental: \$59 monthly premium
Vision: \$0 (1 routine exam/year); up to \$75/yr available for eyeglasses (frames, lenses and upgrades)
Hearing: \$40 (1 routine exam/year); no coverage for hearing aids
Massage Therapy for Chronic Conditions: \$40 copay each 60-minute visit (6 visits per year)
Post Discharge Meal program: 20 home-delivered meals after inpatient hospital stay; up to 4 x/year
Travel Benefit: Up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI. Call plan for details.
Medicare Prescription Drug Coverage: Yes, \$270 deductible for Tier 3-5

Gundersen Quartz Med Advantage Core D HMO (H5262-021)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Fayette, and Winneshiek
Monthly Premium: \$29 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$25 primary care; \$60 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly outside the U.S. and its territories, including ER, Urgent care & ambulance
Inpatient Hospital: \$270/day for days 1-6 per stay
Outpatient Services/Surgery: \$350 per surgery; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0/day 1-20; \$215/day 21-100
Diagnostic Lab Tests: \$20 copay per day
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 preventive; up to \$400 for combined preventive & comprehensive services; 50% coinsurance for implants/dentures & bridges
Optional Dental: \$59 monthly premium
Hearing: \$40 (1 routine exam/year); \$1,000 available every 2 years for 2 aids
Vision: \$0 (1 routine exam/year); up to \$150/yr available for eyeglasses (frames, lenses and upgrades)
Massage Therapy for Chronic Conditions: \$25 copay each 60-minute visit (6 visits per year)
Post Discharge Meal program: 20 home-delivered meals after inpatient hospital stay; up to 4 x/year
Travel Benefit: Up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI. Call plan for details.
Medicare Prescription Drug Coverage: Yes, \$270 deductible for Tier 3-5

Gundersen Quartz Med Elite HMO (H5262-005)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Fayette, and Winneshiek
Monthly Premium: \$130 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,500 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care; \$45 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly outside the U.S. and its territories, including ER, Urgent care & ambulance
Inpatient Hospital: \$300 per stay; \$900 limit
Outpatient Services/Surgery: \$150 per surgery; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0 for days 1-20; \$200 for days 21-100
Diagnostic Lab Tests: \$10 copay per day
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 preventive; up to \$1000 for combined preventive & comprehensive dental services; 50% coinsurance for implants/dentures & bridges Optional Dental: \$48 monthly premium
Vision: \$0 (1 routine exam/year); up to \$300/yr available for eyeglasses (frames, lenses and upgrades)
Hearing: \$25 (1 routine exam/year); \$1,500 available every 2 years for 2 aids
Massage Therapy for Chronic Conditions: \$0 copay each 60-minute visit (12 visits per year)
Post Discharge Meal program: 20 home delivered meals after inpatient hospital stay; limit 4 times/yr
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI. Call plan for details
Medicare Prescription Drug Coverage: None. For Medicare Part D drug coverage, you must choose another plan that has drug coverage.

Gundersen Quartz Med Elite D HMO (H5262-001)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Fayette, and Winneshiek
Monthly Premium: \$196 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,500 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care; \$45 specialist
Emergency Room Visit: \$150 per admission (waived if admitted to hospital in 3 days); \$20,000 max benefit yearly outside the U.S. and its territories, including ER, Urgent care & ambulance
Inpatient Hospital: \$300 per stay; \$900 limit
Outpatient Service/Surgery: \$150 per surgery; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0 for days 1-20; \$200 for days 21-100
Diagnostic Lab Tests: \$10 copay per day
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 preventive; up to \$600 for combined preventive & comprehensive dental services; 50% coinsurance for implants/dentures & bridges Optional Dental: \$48 monthly premium
Vision: \$0 (1 routine exam/year); up to \$300/yr available for eyeglasses (frames, lenses and upgrades)
Hearing: \$25 (1 routine exam/year; \$1,500 available every 2 years for 2 aids
Massage Therapy for Chronic Conditions: \$10 copay each 60-minute visit (12 visits per year)
Post Discharge Meal program: 20 home delivered meals after inpatient hospital stay; limit 4x/year t
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI. Call plan for details.
Medicare Prescription Drug Coverage: Yes, \$200 deductible for Tier 3-5

Gundersen Quartz Med Advantage Value HMO (H5262-004)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Fayette, and Winneshiek
Monthly Premium: \$0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$4,200 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$15 primary care; \$50 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly outside the U.S. and its territories, including ER, Urgent care & ambulance
Inpatient Hospital: \$225/day for days 1-6 per stay
Outpatient Services/Surgery: \$200 per surgery; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0 for days 1-20; \$215 for days 21-100
Diagnostic Lab Tests: \$10 copay per day
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 preventive; up to \$1000 for combined preventive & comprehensive dental services; 50% coinsurance for implants/dentures & bridges Optional Additional Dental: \$48 monthly premium
Vision: \$0 (1 routine exam/year); up to \$225/yr available for eyeglasses (frames, lenses and upgrades)
Hearing: \$35 (1 routine exam/yr); \$1,500 available every 2 years for 2 aids
Massage Therapy for Chronic Conditions: \$15 copay each 60 minute visit (12 visits per year)
Post Discharge Meal program: 20 home delivered meals after inpatient hospital stay (limited to 4 times per year)
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI. Call plan for details.
Medicare Prescription Drug Coverage: None. For Medicare Part D drug coverage, you must choose another plan that has drug coverage.

Gundersen Quartz Med Advantage Value D HMO (H5262-003)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Fayette, and Winneshiek
Monthly Premium: \$90 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$4,200 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$15 primary care; \$50 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly outside the U.S. and its territories, including ER, Urgent care & ambulance
Inpatient Hospital: \$250/day for days 1-6 per stay
Outpatient Services/Surgery: \$200 per surgery; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0 for days 1-20; \$215 for days 21-100
Diagnostic Lab Tests: \$15 copay per day
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 preventive; up to \$425 for combined preventive & comprehensive dental services; 50% coinsurance for implants/dentures & bridges Optional Additional Dental: \$48 monthly premium
Vision: \$0 (1 routine exam/year); up to \$225/year available for eyeglasses (frames, lenses and upgrades)
Hearing: \$35 (1 routine exam/yr); \$1,250 available every 2 years for 2 aids
Massage Therapy for Chronic Conditions: \$20 copay each 60-minute visit (12 visits per year)
Post Discharge Meal program: 20 home delivered meals after inpatient hospital stay (limited to 4 times per year)
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI
Medicare Prescription Drug Coverage: Yes, \$225 deductible for Tier 3-5

Humana Gold Plus HMO (H0028-053-001)
<i>Humana Insurance Company.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clinton, Dallas, Delaware; Des Moines; Dubuque; Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Jefferson, Jones, Keokuk, Lee, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Winnebago, Woodbury and Worth
Monthly Premium: \$0 + Part B monthly premium; \$1 Part B premium reduction
Yearly Out-of-Pocket Maximum: \$4,200 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital immediately) Worldwide Coverage
Inpatient Hospital: \$395/day for days 1-6 per stay
Outpatient Services/Surgery: \$300 copay per surgery; \$200 for Ambulatory Surgical Ctr
Skilled Nursing Care: \$10 for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0 all services
Durable Medical Equipment: 20% of the cost, 0%-20% for diabetic supplies; 20% place of treatment pharmacy
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 copay for most necessary services; \$2,500 maximum benefit/year for all preventive & comprehensive benefits
Vision: \$0 for 1 routine exam per year; \$50-100 annual limit for eyeglasses or contact lenses
Hearing: \$0 for 1 routine exam per year; \$699 or \$999 copay per aid (up to 1 per ear per year)
Well Dine Meal Program: meal program after inpatient stay in hospital or nursing facility
Gym/Fitness Membership: SilverSneakers basic fitness center membership including fitness classes
Over-the-Counter Items: \$50/quarter with OTC mail order; quarterly rollover; amt expires end of yr
Medicare Prescription Drug Coverage: Yes, \$615 deductible

MercyOne Health Plan Glory No RX HMO (H3668-029)
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyone
Service Area: Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winnebago, Worth and Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$100 towards monthly Part B premium
Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$25 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
Inpatient Hospital: \$350/day for days 1-5 per stay
Outpatient Services/Surgery: \$0-\$325 copay
Skilled Nursing Care: \$0 for days 1-20; \$218 for days 21-60; \$0 for days 61-100
Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 cleanings, x-rays, and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; \$1,000 combined annual maximum. Optional Dental: \$14 or \$34 monthly premium
*Hearing: \$0 (1 routine exam/yr); \$399 -\$699 copay (up to 2 hearings aids every year)
*Vision: \$0 (1 routine exam/year); plan pays up to \$200 for eyewear every year + \$150/year allowance for covered vision/hearing services
Meal Benefit: 2 meals per day for 7 days, after a qualifying discharge
Acupuncture: \$20 (12 visits every year)
Visitor Travel Allowance: \$3,000
Fitness Benefit: \$0 copay, One Pass® network must be used for this benefit.
Over-the-Counter: \$50 per quarter, no carryover
Medicare Prescription Drug Coverage: None. For Medicare Part D drug coverage, you must choose another plan that has drug coverage.

MercyOne Health Plan Cash Back HMO (H3668-031)
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyyone
Service Area: Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winnebago, Worth and Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$102.40 towards monthly Part B premium
Yearly Out-of-Pocket Maximum: \$6,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$115 each visit (waived if admitted to hospital within 48 hours) Worldwide
Inpatient Hospital: \$450/day for days 1-5 per stay
Outpatient Services/Surgery: \$10-\$425 copay
Skilled Nursing Care: \$0 for days 1-20; \$218 for days 21-60; \$0 for days 61-100
Diagnostic Lab Tests: \$10 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 cleanings, x-rays and exams; 50% for simple restorative and extractions; \$1,000 combined annual maximum
*Vision: \$0 (1 routine exam/year); Plan pays up to \$150 for eyewear every year
*Hearing: \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year) + \$150/year allowance for covered vision/hearing services
Acupuncture: \$20 (6 visits every year)
Meal Benefit: 2 meals per day for 7 days, after a qualifying discharge
Visitor Travel Allowance: \$1,500
Fitness Benefit: \$0 copay, One Pass® network must be used for this benefit.
Over-the-Counter: \$25 per quarter, no carryover
Medicare Prescription Drug Coverage: Yes, \$250 deductible for Tier 3-5

MercyOne Health Plan No Premium HMO (H3668-025)
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyyone
Service Area: Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winnebago, Worth and Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$0.30 towards monthly Part B premium
Yearly Out-of-Pocket Maximum: \$4,200 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$30 specialist
Emergency Room Visit: \$110 each visit (waived if admitted to hospital within 48 hours) Worldwide
Inpatient Hospital: \$325/day for days 1-5 per stay
Outpatient Services/Surgery: \$0 - \$275 copay
Skilled Nursing Care: \$0 for days 1-20; \$218 for days 21-60; \$0 for days 61-100
Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 cleanings, x-rays and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; \$1,000 combined annual maximum. Optional Dental: \$14 or \$34 monthly premium
*Vision: \$0 (1 routine exam/year); plan pays up to \$200 for eyewear every year
*Hearing: \$0 (1 routine exam/year); \$599 -\$899 copay (up to 2 hearings aids every year) + \$250/year for covered vision/hearing services
Acupuncture: \$20 (6 visits every year)
Meal Benefit: 2 meals per day for 7 days, after a qualifying discharge
Visitor Travel Allowance: \$2,500
Fitness Benefit: \$0 copay, One Pass® network must be used for this benefit.
Over-the-Counter: \$75 per quarter, no carryover
Medicare Prescription Drug Coverage: Yes, \$150 deductible for Tier 3-5 drugs

MercyOne Health Plan Plus HMO (H3668-026)	Wellcare Simple HMO-POS (H1862-005)
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyone	<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
Service Area: Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winnebago, Worth and Wright	Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
Monthly Premium: \$22.80 + Part B monthly premium	Monthly Premium: \$0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,900 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$4,400 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$25 specialist	Doctor Office Visit: \$0 primary care; \$25 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage	Emergency Room Visit: \$130 per visit (waived if admitted within 24 hours); Worldwide Coverage
Inpatient Hospital: \$300/day for days 1-5 per stay	Inpatient Hospital: \$350/day for days 1-6
Outpatient Services/Surgery: \$0-\$300 copay	Outpatient Services/Surgery: \$300/visit
Skilled Nursing Care: \$0 for days 1-20; \$218 for days 21-60; \$0 for days 61-100	Skilled Nursing Care: \$0/day for days 1-20; \$214/day for days 21-50; \$0/day for days 51-100
Diagnostic Lab Tests: \$0 copay	Diagnostic Lab Tests: \$0-\$50; \$35 X-ray services
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies	Durable Medical Equipment: 20% of the cost
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Wellness Visit: \$0
Virtual Visits: \$0	Dental: \$0 preventive; \$3,000 comprehensive allowance, including dentures (in-network: \$0 copay; out-of-network: 25%)
Dental: \$0 cleanings, x-rays and exams; 50% for minor restorative and extractions. 70% for endodontics and periodontics; \$1,000 combined annual maximum. Optional Dental: \$14 or \$34 monthly premium	Vision: \$0 routine eye exam; \$300 eyewear allowance
*Vision: \$0 (1 routine exam/year); Plan pays up to \$250 for eyewear every year	Hearing: \$0 routine hearing exam and hearing aid fitting per year; \$1,000 per year, per ear for hearing aids (total \$2,000 per year)
*Hearing: \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year) + \$250/year for covered vision/hearing services	Post Discharge Meal Program: \$0 for 3 meals per day for 14 days (total 42 meals)
Acupuncture: \$20 (12 visits every year)	Fitness Benefit: \$0 copay; members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker)
Meal Benefit: 2 meals per day for 7 days, after a qualifying discharge	Wellcare Spendables: \$35 rolling monthly allowance for covered OTC items and/or add'l dental, vision, & hearing out-of-pocket expenses
Visitor Travel Allowance: \$3,000	Medicare Prescription Drug Coverage: Yes, \$615 deductible Tier 3-5
Fitness Benefit: \$0 copay, One Pass® network must be used for this benefit.	
Over-the-Counter: \$75 per quarter, no carryover	
Medicare Prescription Drug Coverage: Yes, \$100 deductible for Tier 3-5 drugs	

Preferred Provider Organization (PPO)

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(s) 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 or hearing screenings, disease management, and other services not covered under Original Medicare. Monthly premiums and copays 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 tables show some of the benefits and what **you pay** when you enroll in a Medicare Advantage PPO plan.

AARP Medicare Advantage from UHC IA-0003 PPO (H8768-017-001)

Care Improvement Plus South Central Insurance Co.
1-844-723-6473 (TTY/TDD 711)
www.AARPMedicarePlans.com

Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story and Warren

Monthly Premium: \$38 + Part B monthly premium

Cost shares and out-of-pocket maximum listed are for in-network providers

Yearly Out-of-Pocket Maximum: \$6,700 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network

Doctor Office Visit: \$0 primary care; \$60 specialist

Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours);
Worldwide Coverage

Inpatient Hospital: \$550/day for days 1-5 (per stay); \$0 for days 6-unlimited

Outpatient Surgery: \$0-\$550 per visit

Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100

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)

Virtual/Telehealth Visit: \$0

Dental: \$0 copay for preventive & diagnostic services

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

Hearing: \$0 (1 routine exam/year); \$199 - \$1,249 copay for each hearing aid device; limited to 2 devices every year

Podiatry: \$45 (6 routine visits/year)

Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year

Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)

Over-the-Counter: \$25/quarter for covered OTC products, no carryover

Medicare Prescription Drug Coverage: Yes, \$600 deductible for Tier 3-5

AARP Medicare Advantage from UHC IA-0003 PPO (H8768-017-002)
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Muscatine, Palo Alto, Pocahontas, Poweshiek, Sac, Scott, Tama, Washington, Webster, Winnebago & Wright
Monthly Premium: \$37 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$5,900 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
Annual Deductible: \$1,250 deductible
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$130 copay each visit (waived if admitted within 24 hours); Worldwide Coverage
Inpatient Hospital: \$310/day for days 1-6 (per stay); \$0 for days 7-unlimited
Outpatient Surgery: \$0-\$310 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 diabetic
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual/Telehealth Visit: \$0
Dental: \$0 preventive and diagnostic dental services
Vision: \$0 (1 routine exam/year); \$0 copay for standard lenses; \$150 credit for frames or contacts every 2 years
Hearing: \$0 (1 routine exam/year); \$199 - \$1,249 copay for each hearing aid device; limited to 2 devices/year
Podiatry: \$45 (6 routine visits/year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness Benefit: \$0 copay for Renew Active
Over-the-Counter: \$25/quarter for covered OTC products; no carryover
Medicare Prescription Drug Coverage: Yes, \$600 deductible for Tier 3-5

AARP Medicare Advantage from UHC NE-0002 PPO (H1278-020)
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby
Monthly Premium: \$30 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,900 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$455/day for days 1-6 (per stay); \$0 for days 7-unlimited
Outpatient Surgery: \$0-\$455 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
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)
Virtual/Telehealth Visit: \$0
Dental: \$0 copay for preventive & diagnostic services
Vision: \$0 (1 routine exam/year); \$0 copay, \$300 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
Hearing: \$0 (1 routine exam/year); \$199-\$1,249 copay for each hearing aid device; limited to 2 devices every year
Podiatry: \$40 (6 routine visits/year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)
Medicare Prescription Drug Coverage: Yes, \$520 deductible for Tier 3-5

AARP Medicare Advantage Patriot No Rx NE-MA01 PPO (H1278-018)
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby
Monthly Premium: \$0 + Part B monthly premium; plan pays \$150 towards Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Provider
Yearly Out-of-Pocket Maximum: \$6,700 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
Doctor Office Visit: \$0 primary care; \$40 specialist (except psychiatry)
Emergency Room Visit: \$130 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$425/day for days 1-7 (per stay); \$0 for days 8-unlimited
Outpatient Surgery: \$0-\$425 per visit
Skilled Nursing Care: \$0 for days 1-20; \$218 each day for days 21-100
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)
Virtual/Telehealth Visit: \$0
Dental: \$0 copay for preventive & diagnostic; 50% comprehensive, up to \$4,000 per year for covered services
Vision: \$0 (1 routine exam/year); \$0 copay standard lenses, \$300 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
Hearing: \$0 (1 routine exam/year); \$199 - \$1,249 copay for each hearing aid device; limited to 2 devices/year
Podiatry: \$45 (6 routine visits/year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)
OTC: \$110/quarter for covered products, no carryover
Medicare Prescription Drug Coverage: None. For Medicare Part D coverage, you must choose another PPO that has drug coverage.

AARP Medicare Advantage Patriot No Rx IA-MA01 PPO (H8768-018)
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Dallas, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Marshall, Muscatine, Palo Alto, Pocahontas, Polk, Poweshiek, Sac, Scott, Story, Tama, Washington, Webster, Winnebago, Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$150 towards Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$8,900 in-network; \$13,900 in and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$115 each visit (waived if admitted within 24 hrs); Worldwide
Inpatient Hospital: \$475/day for days 1-5 (per stay); \$0 for days 6-unlimited
Outpatient Surgery: \$0-\$475 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
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)
Virtual/Telehealth Visit: \$0
Dental: \$0 copay for preventive & diagnostic; 50% comprehensive, up to \$2,000 per year for covered services
Vision: \$0 (1 routine exam/year); eyewear - \$200 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
Hearing: \$0 (1 routine exam/year); \$199-\$1,249 copay for each hearing aid device; limited to 2 devices/year
Podiatry: \$45 (6 routine visits/year)
Meals: Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Over-the-Counter: \$60 per quarter for covered products, no carryover
Fitness Benefit: \$0 copay for Renew Active (free membership at core gyms, plus online fitness classes and brain health challenges)
Medicare Prescription Drug Coverage: None. For Medicare Part D drug coverage, you must choose another PPO that has prescription drug coverage.

Aetna Medicare Elite PPO (H1608-037)
<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adams, Allamakee, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Calhoun, Carroll, Cedar, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Lee, Linn, Louisa, Lyon, Madison, Marshall, Mills, Mitchell, Muscatine, Osceola, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Story, Tama, Taylor, Van Buren, Warren, Washington, Webster, Woodbury, Worth, and
Monthly Premium: \$0, plus Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$5,000 in-network (Includes only Medicare Part A and Part B covered services); \$10,000 in and out-of-network
Annual Deductible: \$1,500; applies to some in-network services and most out-of-network services
Doctor Office Visit: \$0 primary care; \$45 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: Annual deductible applies; \$390/day for days 1-5 (per stay)
Outpatient Surgery/Services: Annual deductible applies; \$390 per visit/\$300 each surgery in Ambulatory Surgery Center
Skilled Nursing Care: Annual deductible applies; \$0 for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for certain diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 routine exam/year)
Dental: preventive benefits only
Vision: \$0 (1 routine exam/year); \$200 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Medicare Prescription Drug Coverage: Yes, Tier 1-2 \$0 cost share at preferred pharmacies; \$615 deductible Tier 3-5

Aetna Medicare Enhanced Extra PPO (H1608-117)
<i>Coventry Health & Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury, Worth, Wright.
Monthly Premium: \$57 + Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,500 in-network (Includes only Medicare Part A and Part B covered services); \$10,000 in and out-of-network
Doctor Office Visit: \$0 primary care; \$35 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$325/day for days 1-5 per stay; \$0 days 6-90
Outpatient Surgery/Services: \$325 per visit/\$275 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies & continuous glucose meters
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,500 allowance for covered services; implants & orthodontic coverage excluded
Vision: \$0 (1 routine exam/year); \$250 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year); \$1,250 hearing aid benefit per ear every year
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Post Inpatient Discharge Meals: 2 meals/day for 7 days
Medicare Prescription Drug Coverage: Yes, Tier 1-2 \$0 cost share at preferred pharmacies; \$615 deductible Tier 3-5

Aetna Medicare Signature PPO (H1608-001)
<i>Coventry Health & Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Adams, Allamakee, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Calhoun, Carroll, Cedar, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Lee, Linn, Louisa, Lyon, Madison, Marshall, Mills, Mitchell, Muscatine, Osceola, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Story, Tama, Taylor, Van Buren, Warren, Washington, Webster, Woodbury, Worth, and Wright
Monthly Premium: \$0 + Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$5,000 in-network (Includes only Medicare Part A and Part B covered services); \$10,000 in and out-of-network
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$405/day for days 1-6 per stay
Outpatient Surgery/Services: \$405 per visit/\$355 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies & continuous glucose meters
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: preventive benefits only
Vision: \$0 (1 routine exam/year); \$100 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: \$0 (1 routine exam/year); \$1,000 hearing aid benefit per ear every year
Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes
Medicare Prescription Drug Coverage: Yes, Tier 1-2 \$0 cost share at preferred pharmacies; \$615 deductible Tier 3-5

Align ChoiceElite PPO (H8385-001)
<i>Sanford Health Plan</i> 1-888-605-9277 (TTY/TDD 711) www.sanfordhealthplan.com
Service Area: Lyon, O'Brien, Osceola, and Sioux
Monthly Premium: \$66 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$3,500 both in-network and in and out-of-network (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care; \$25 specialist
Emergency Room Visit: \$110 each visit (waived if admitted to hospital within 1 day); Worldwide Coverage
Inpatient Hospital: \$300/day for days 1-4; \$0/day for days 5-90
Outpatient Services/Surgery: \$150 for each surgery in the hospital or Ambulatory Surgery Center
Skilled Nursing Care: \$0 for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visit: \$0.00 preventive care virtual visit
Dental: \$0 Cleaning, Exam & X-Rays
*Vision: \$0 annual exam; \$200 eyewear allowance
*Hearing: \$0 annual exam *\$800 annual allowance for hearing & vision
Wellness Benefit: \$0 monthly fee (Silver & Fit)
Travel Benefit: Within the United States, urgent care and emergency services are covered at the same cost-share you have at home. You can travel up to six consecutive months a year (in the United States) and receive in-network benefits from select providers
Over-the-Counter: \$85 per quarter
Medicare Prescription Drug Coverage: Yes, \$300 deductible for Tier 3-5

Align ChoicePlus PPO (H8385-003)
<i>Sanford Health Plan</i> 1-888-605-9277 (TTY/TDD 711) www.sanfordhealthplan.com
Service Area: Lyon, O'Brien, Osceola, and Sioux
Monthly Premium: \$0 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,900 both in-network and in and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$120 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
Inpatient Hospital: \$300/day for days 1-4, \$0/day for days 5-90
Outpatient Services/Surgery: \$200, depending on service
Skilled Nursing Care: \$0 for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visit: \$0.00 for preventive care
Dental: \$0 cleaning, exam & x-rays 2 times/year
*Vision: \$0 annual exam; \$100 eyewear allowance
Hearing: \$0 Annual Exam <i>\$700 annual allowance for hearing & vision</i>
Wellness Benefit: \$0 monthly fee (Silver & Fit)
Travel Benefit: Within the United States, urgent care and emergency services are covered at the same cost-share you have at home. You can travel up to six consecutive months a year (in the United States) and receive in-network benefits from select providers.
Over-the-Counter: \$70 per quarter, no carryover
Medicare Prescription Drug Coverage: Yes, \$350 deductible for Tier 3-5

Blue Medicare Advantage PPO (H5900-001)
<i>Wellmark Advantage Health Plan</i> 1-855-716-2544 (TTY/TDD 711) www.WellmarkAdvantageHealthPlan.com
Service Area: Appanoose, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Story, Tama, Taylor, Warren, Washington, Wayne, Webster, Winnebago, Woodbury, Worth and Wright
Monthly Premium: \$0 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In Network Providers
Yearly Out-of-Pocket Maximum: \$4,150 in-network (Includes only Medicare Part A and Part B covered services); \$5,500 in and out-of-network
Doctor Office Visit: \$0 primary care; \$45 specialist; \$55 Urgent Care (\$0 Doctor on Demand)
Emergency Room Visit: \$125 each visit (waived if admitted within 24 hours); \$440 copay ambulance; Worldwide Coverage \$125 copay; \$50,000 lifetime max
Inpatient Hospital: \$380/day for days 1-6 (per stay)
Outpatient Surgery: \$300-500 depending on location
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$10-40 copay depending on service; \$210 diagnostic radiological (MRI)
Durable Medical Equipment: 20% coinsurance; \$0 for preferred diabetic supplies, CGMs
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visit: \$0 copay for telehealth thru plan's Doctor on Demand; \$45 for specialists
Dental: \$0 (2 routine exams/year); 25% coinsurance for \$1,000 comprehensive, includes bridges & dentures once every 5 years
Vision: \$0 (1 routine exam/year); \$50 allowance for frames or contact lenses every 12 months
Hearing: \$0 routine exam or \$45 specialist; no hearing aid allowance
Chiropractic: \$30 copay in-network; 14 routine visits per year; \$0 copay annual set of X-rays
Podiatry: \$45 copay
Medicare Prescription Drug Coverage: Yes, \$300 deductible for Tier 3-5

Blue Medicare Advantage Valor PPO (H5900-006)
Wellmark Advantage Health Plan 1-855-716-2544 (TTY/TDD 711) www.WellmarkAdvantageHealthPlan.com
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Monthly Premium: \$0 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$6,750 both in-network <i>and</i> in and out-of-network (only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist or Urgent Care
Emergency Room Visit: \$130 each visit (waived if admitted within 24 hours); \$400 copay ambulance; Worldwide Coverage \$130 copay; \$50,000 lifetime max
Inpatient Hospital: \$450/day for days 1-6 (per stay)
Outpatient Surgery: \$300-400 depending on location
Skilled Nursing Care: \$0/day for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$15-70 copay depending on service; \$250 diagnostic radiological (MRI)
Durable Medical Equipment: 20% coinsurance; \$0 for preferred diabetic supplies, CGMs
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visit: \$0 copay; \$50 for specialist
Dental: \$0 (2 routine exams/year); 25% of cost up to \$1,000 annual benefit for comprehensive
Podiatry: \$50 copay
Chiropractic Care: \$30 copay, 14 visits/yr; \$0 copay for one annual set of x-rays
Vision: \$0 (1 routine exam/year); \$80 annual allowance for frames or contact lenses every 12 months
Hearing: \$0 routine exam; no hearing aid allowance
Wellness Benefit: \$0 SilverSneakers Fitness Program
OTC: \$30/quarter, no rollover
Personal Emergency Response System: \$0
Medicare Prescription Drug Coverage: None. For Medicare drug coverage, you must choose another plan.

HumanaChoice PPO (H5216-014)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
Monthly Premium: \$38 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$9,250 in-network (Includes only Medicare Part A and Part B-covered services); \$12,000 in and out-of-network
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$115 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$360/day for days 1-5 per stay
Outpatient Services/Surgery: \$300 outpatient hospital; \$200 ambulatory surgical center per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0-\$40 for each lab service
Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies; 20% place of treatment pharmacy
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$500 allowance for non-Medicare covered preventive & comprehensive dental coverage
Vision: \$0 (1 routine exam, refraction/year) \$75-100 benefit for contact lenses or eyeglasses & frames/year
Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
Well Dine Meal Program: Meal program after inpatient hospital or nursing facility stay
Wellness Benefit: SilverSneakers basic fitness center membership including fitness classes
Medicare Prescription Drug Coverage: Yes; \$615 deductible for Tier 4-5

Humana Full Access PPO (H5216-411)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Monthly Premium: \$0 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,250 in-network (Includes only Medicare Part A and Part B-covered services); \$10,100 in and out-of-network
Deductible: \$325 medical deductible for some services
Doctor Office Visit: \$0 primary care; \$40 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: \$395/day for days 1-7 per stay
Outpatient Services/Surgery: \$300 outpatient hospital; \$200 ambulatory surgical center per visit
Skilled Nursing Care: \$10/day for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0-10, depending on service
Durable Medical Equipment: 20% of cost; 10% for diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 copay some services; \$2,500 combined maximum benefit for all preventive & comprehensive services/year
Vision: \$0 routine exam; \$75-100 maximum benefit for contacts or lenses & frames
Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
OTC: \$50 every 3 months for select health & wellness products. Can rollover until end of calendar year.
Wellness Benefit: \$0 copay for SilverSneakers basic fitness membership at participating centers & classes
Medicare Prescription Drug Coverage: Yes; \$400 deductible for Tier 3-5

HumanaChoice Giveback PPO (H5216-340)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$64 towards Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$5,000 in-network (Includes only Medicare Part A and Part B-covered services); \$10,100 in and out-of-network
Yearly Medical Deductible: \$500 combined in & out of network (some services excluded)
Doctor Office Visit: \$0 primary care; \$45 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$440/day for days 1-5 per stay
Outpatient Services/Surgery: \$300 per hospital visit; \$200 per visit in Ambulatory Surgery Center
Skilled Nursing Care: \$10/day for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0 to \$50 per lab service
Durable Medical Equipment: 0% to 20% for diabetic supplies; 10% place of treatment pharmacy
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 copay for most necessary services; \$4,000 maximum benefit/year for preventive & comprehensive
Vision: \$0 (1 routine vision exam, refraction/year); \$75-100 benefit for eyeglasses/frames or contact lenses
Hearing: \$0 (1 routine exam/year); \$699 or \$999 copay per aid up to 1 per ear per year; includes some batteries
Well Dine Meal Program: after inpatient hospital or nursing facility stay
Gym/Fitness Membership: SilverSneakers
Over the Counter: \$100/quarter, select products
Medicare Prescription Drug Coverage: Yes, \$600 deductible for Tier 4-5

Humana USAA Honor Giveback PPO (H5216-278-001)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Muscatine, Montgomery, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$135 towards Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,700 in-network (Includes only Medicare Part A and Part B-covered services); \$10,100 in and out-of-network
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$375/day for days 1-7 per stay
Outpatient Services/Surgery: \$350 per hospital visit; \$300 per visit in Ambulatory Surgery Ctr
Skilled Nursing Care: \$0 each day for days 1-20; \$218 each day for days 21-100
Diagnostic Lab Tests: \$0 per lab service
Durable Medical Equipment: \$0 to 20% for diabetic supplies; \$0 for all place of treatment
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,500 benefit per year
Vision: \$0 (1 routine exam per year, \$75 maximum benefit); \$200 for contact/eyeglass lenses and frames/year
Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
Well Dine Meal Program: Meal program after inpatient hospital or nursing facility stay
Wellness Benefit: SilverSneakers membership
Over-the-Counter: \$100 every 3 months
Medicare Prescription Drug Coverage: None. For drug coverage, you must choose another PPO that has drug coverage.

Medica Advantage Preferred PPO (H8889-011)
<i>Medica Health Plans</i> (866) 398-7374 (TTY: 711) www.medica.com/medicare
Service Area: Harrison, Mills, and Pottawattamie
Monthly Premium: \$155/month
Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$3,800 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$20 specialist
Emergency Room Visit: \$150 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
Inpatient Hospital: \$200/stay
Outpatient Services/Surgery: \$0 for diagnostic colonoscopy; \$195 for outpatient hospital surgery; \$95 for surgery at Ambulatory Surgical Ctr
Skilled Nursing Care: \$0/day for days 1-20; \$218/day for days 21-39; \$0/day for days 40-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% coinsurance; \$0 for Abbott or Roche diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (one exam/year)
Dental: \$750 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
Vision: \$0 (1 routine exam/year); \$175 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
Hearing: \$0 routine exam (one/year); \$549, \$799 or \$1,299 copay/ear for prescription hearing aids. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.
Visitor Travel Coverage: In-network coverage for all services while traveling up to 6 consecutive months
Fitness Benefit: \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
Over-the-Counter: \$50 twice per year, no carryover through Health+ by Medica benefit card
Medicare Prescription Drug Coverage: Yes, \$275 deductible for Tiers 3-5

Medica Advantage Select PPO (H8889-015)
<i>Medica Health Plans</i> (866) 398-7374 (TTY: 711) www.medica.com/medicare
Service Area: Harrison, Mills, and Pottawattamie
Monthly Premium: \$45/month
Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,200 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
Inpatient Hospital: \$450/day, days 1-5
Outpatient Services/Surgery: \$0 for diagnostic colonoscopy; \$450 for outpatient hospital surgery; \$350 for surgery at Ambulatory Surgical Ctr
Skilled Nursing Care: \$0/day for days 1-20; \$218/day for days 21-41; \$0/day for days 42-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% coinsurance; \$0 for Abbott or Roche diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (one exam/year)
Dental: \$500 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
Vision: \$0 (1 routine exam/year); \$125 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
Hearing: \$0 routine exam (one/year); \$549, \$799 or \$1,299 copay/ear for prescription hearing aids. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.
Visitor Travel Coverage: In-network coverage for all services while traveling up to 6 consecutive months
Fitness Benefit: \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
Over-the-Counter: \$40 twice per year, no carryover through Health+ by Medica benefit card
Medicare Prescription Drug Coverage: Yes, \$355 deductible for Tier 3-5

Medica Advantage Solution PPO (H8889-009)
<i>Medica Health Plans</i> 866-269-6804 (TTY: 711) www.medica.com/medicare
Service Area: Harrison, Mills, and Pottawattamie
Monthly Premium: \$0 premium with a Part B buy-down of \$100/month
Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$6,750 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
Inpatient Hospital: \$405/day, days 1-6
Outpatient Services/Surgery: \$0 for diagnostic colonoscopy; \$375 for outpatient hospital surgery; \$325 for surgery at Ambulatory Surgical Ctr
Skilled Nursing Care: \$0/day for days 1-20; \$218/day for days 21-52; \$0/day for days 53-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% coinsurance; \$0 for Abbott or Roche diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (one exam/year)
Dental: \$800 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
Vision: \$0 (1 routine exam/year); \$100 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
Hearing: \$0 routine exam (one/year); \$549, \$799 or \$1,299 copay/ear for prescription hearing aids. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.
Visitor Travel Coverage: In-network coverage for all services while traveling up to 6 consecutive months
Fitness Benefit: \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
Over-the-Counter: \$50 twice per year, no carryover through Health+ by Medica benefit card
Medicare Prescription Drug Coverage: None. For Medicare drug coverage, you must enroll in another PPO that has drug coverage.

Medica Advantage Value PPO (H8889-010)
<i>Medica Health Plans</i> (866) 398-7374 (TTY: 711) www.medica.com/medicare
Service Area: Harrison, Mills, and Pottawattamie
Monthly Premium: \$0/month
Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$6,750 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$55 specialist
Emergency Room Visit: \$130 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
Inpatient Hospital: \$550/day, days 1-5
Outpatient Services/Surgery: \$0 for diagnostic colonoscopy; \$550 for outpatient hospital surgery; \$450 for surgery at Ambulatory Surgical Ctr
Skilled Nursing Care: \$0/day for days 1-20; \$218/day for days 21-52; \$0/day for days 53-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% coinsurance; \$0 for Abbott or Roche diabetic supplies
Additional Benefits:
Annual Physical Exam: \$0 (one exam/year)
Dental: \$450 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
Vision: \$0 (1 routine exam/year); \$75 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
Hearing: \$0 routine exam (one/year); \$549, \$799 or \$1,299 copay/ear for prescription hearing aids. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.
Visitor Travel Coverage: In-network coverage for all services while traveling up to 6 consecutive months
Fitness Benefit: \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
Over-the-Counter: \$40 twice per year, no carryover through Health+ by Medica benefit card
Medicare Prescription Drug Coverage: Yes, \$615 deductible for Tier 3-5

MercyOne Health Plan Choice PPO (H1846-007)
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) https://www.thpmedicare.org/mercyone
Service Area: Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Decatur, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Polk, Poweshiek, Ringgold, Scott, Tama, Union, Warren, Washington, Wayne, Winnebago, Worth and Wright
Monthly Premium: \$0 + Part B monthly premium; plan pays \$0.70 towards monthly Part B premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$4,400 both in-network and in and out-of-network (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$35 specialist
Emergency Room Visit: \$110 each visit (waived if admitted within 48 hours) Worldwide Coverage
Inpatient Hospital: \$360/day for days 1-5 per stay
Outpatient Services/Surgery: \$0-\$300 copay
Skilled Nursing Care: \$0 for days 1-20; \$218 for days 21-60; \$0 for days 61-100
Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Virtual Visits: \$0
Dental: \$0 cleanings, x-rays and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; \$1,000 combined annual maximum; Optional Dental: \$12 or \$34 monthly premium
*Vision: \$0 (1 routine exam/year); plan pays up to \$150 for eyewear every year
*Hearing: \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year); \$250/year for covered vision/hearing services
Acupuncture: \$20 (6 visits every year)
Meal Benefit: 2 meals per day for 7 days, after a qualifying discharge
Fitness Benefit: \$0 copay, One Pass® network must be used for this benefit.
Visitor Travel Allowance: \$1,500
Over-the-Counter: \$75 per quarter, no carryover
Medicare Prescription Drug Coverage: Yes, \$200 deductible for Tier 3-5 drugs

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(s) 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 supplement 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 or hearing screenings, and wellness programs.

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

The following tables show what **you pay** when you enroll in a Medicare Advantage PFFS plan.

Humana Gold Choice PFFS (H8145-006)

Humana Insurance Company
1-800-833-2364 (TTY/TDD 711)
www.humana.com/medicare

Service Area: Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Ida, Louisa, Lyon, Pocahontas, Sac, Sioux, Van Buren, and Webster

Monthly Premium: \$37 + Part B monthly premium

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

Yearly Out-of-Pocket Maximum: \$6,800 (Includes only Medicare Part A and Part B covered services)

Doctor Office Visit: \$0 primary care; \$55 specialist

Emergency Room Visit: \$115 each visit

Inpatient Hospital: \$360/day for days 1-7 per stay

Outpatient Services/Surgery: \$300 outpatient hospital; \$200 Ambulatory Surgical Ctr

Skilled Nursing Care: \$0 each day for days 1-20, \$218 each day for days 21-100

Diagnostic Lab Tests: \$0-\$55 for each lab service

Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies

Additional Benefits:

Dental: \$3,000 benefit per year

Vision: \$0 for 1 routine exam per year; \$50-100 annual benefit for contacts, frames, lenses.

Well Dine Meal Program: Meal program after inpatient stay in hospital or nursing facility

Wellness Benefit: SilverSneakers basic fitness center membership including fitness classes

Medicare Prescription Drug Coverage: Yes, \$615 deductible for Tier 3-5

Medicare Cost Plans

A Medicare Cost Plan is a type of Medicare health plan with 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 *unless* you are referred by the Cost Plan. 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 are only available in limited areas of the State.

Cost Plans have different enrollment rules than Medicare Advantage Plans, and they are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year. People with permanent kidney failure are not eligible to join.

In a Cost Plan, 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 or hearing screenings and other services not covered under Original Medicare. Monthly premiums and copayments will vary depending on the plan.

You do not need a Medicare supplement. If you have a supplement 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* still enroll in a Medicare stand-alone drug plan.

The following tables show some of the benefits and what **you pay** when you enroll in a Medicare Cost plan.

Medica Prime Solution Core Cost Plan (H2450-046)

Medica Insurance Company
1-800-906-5432
www.medica.com

Service Area: Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, and Worth

Monthly Premium: \$99 + Part B monthly premium

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

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

Doctor Office Visit: \$10 primary care; \$25 specialist

Emergency Room Visit: 125 each visit (waived if admitted to hospital in 24 hrs); Worldwide Coverage

Inpatient Hospital: \$400 per stay

Outpatient Surgery: \$0 diagnostic colonoscopies; \$100 Ambulatory Surgical Ctr, \$150 OP Hosp Surgeries

Skilled Nursing Care: \$0 for days 1-20; \$150/day for days 21-100

Diagnostic Lab Tests: \$0 for each lab service

Durable Medical Equipment: 20% coinsurance; \$0 copay for diabetic supplies, including BGMs

Additional Benefits:

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

Dental: \$400 annual reimbursement for dental services

Vision: \$0 (1 routine exam/year); \$150 annual eyewear reimbursement for glasses or contacts

Hearing: \$0 routine exam (one/year); \$549, \$799 or \$1,299 copay/ear for prescription hearing aids. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.

Extended Absence Benefit: Members can travel anywhere in the US and receive in-network benefits with any provider that accepts Original Medicare

Fitness Benefit: \$0 One Pass fitness program includes access to expansive network of fitness locations, online fitness classes (both live and on demand)

Over-the-Counter: \$50 twice per year, no rollover

Medicare Prescription Drug Coverage: None. For Medicare drug coverage, you can enroll in one of the standalone Medicare drug plans.

Medica Prime Solution Premier Cost Plan (H2450-043)
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
Service Area: Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, and Worth
Monthly Premium: \$189 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$4,200
Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)
Doctor Office Visit: \$0 primary care; \$0 specialist
Emergency Room Visit: \$100 each visit (waived if admitted to hospital in 24 hrs); Worldwide Coverage
Inpatient Hospital: \$300 per stay
Outpatient Surgery: \$0 diagnostic colonoscopies; \$100 Ambulatory Surgery Ctr, \$150 OP Hospital Surgery
Skilled Nursing Care: \$0 for days 1-20; \$125 per day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 10% coinsurance; \$0 copay for diabetic supplies including BGMS
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$400 annual reimbursement for dental services
Vision: \$0 (1 routine exam/year); \$200 annual eyewear reimbursement for glasses or contacts
Hearing: \$0 routine exam (one/year); \$549, \$799 or \$1,299 copay/ear for prescription hearing aids. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.
Extended Absence Benefit: Members can travel anywhere in the US and receive in-network benefits with any provider that accepts Original Medicare
Fitness Benefit: \$0 One Pass fitness program includes access to expansive network of fitness locations, online fitness classes (both live and on demand)
Over-the-Counter: \$50 twice per year, no rollover
Medicare Prescription Drug Coverage: None. For Medicare drug coverage, you can enroll in one of the standalone Medicare drug plans.

Medica Prime Solution Thrift Cost Plan (H2450-030)
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
Service Area: Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, and Worth
Monthly Premium: \$49 + Part B monthly premium
Deductible: \$50
Yearly Out-of-Pocket Maximum: \$6,750
Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)
Doctor Office Visit: 20% primary care; 20% specialist
Emergency Room Visit: \$125/visit
Inpatient Hospital: \$350/day for days 1-5 per stay
Outpatient Surgery: 20% per visit or surgery; \$0 diagnostic colonoscopy
Skilled Nursing Care: \$0 for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: 20% coinsurance
Durable Medical Equipment: 20% coinsurance for DME or diabetic supplies including BGMS
Additional Benefits:
Hearing – new benefit for 2026: \$0 one routine exam/year; \$549, \$799 or \$1,299 copay/ear for hearing aids from EPIC providers. \$999 copay/pair OTC hearing aids. All items and services provided through EPIC Hearing.
Extended Absence Benefit: Members can travel anywhere in the US and receive in-network benefits with any provider that accepts Original Medicare
Wellness Benefit: \$0 for 24-hour nurse line
Medicare Prescription Drug Coverage: None. For Medicare drug coverage, you can enroll in one of the standalone Medicare drug plans.

Mercy Cedar Rapids Senior Plan Cost Plan (H5256-005)
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
Service Area: Linn
Monthly Premium: \$160 + Part B monthly premium
Yearly Out-of-Pocket Maximum: None
Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)
Doctor Office Visit: \$0 primary care; \$0 specialist
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)
Dental: No additional benefit
Vision: \$0 (1 exam/year)
Podiatry: \$0 Routine care (up to 4 visits a year)
Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime maximum benefit
Medicare Prescription Drug Coverage: None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the standalone Medicare drug plans.

Medical Associates Health Plans (MAHP) MAHP Smart Plan (Cost) (H1651-001) MAHP Community Plan (Cost) (H1651-004) MAHP Freedom Plan** (Cost) (H1651-008)
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
Service Area: Clayton, Delaware, Dubuque, Jackson, and Jones
Monthly Premium: amount plus Part B monthly premium H1651-001 - \$140 includes provider network benefit H1651-004 - \$160 includes expanded provider network benefit within service area H1651-008** - \$220 includes expanded provider network plus out-of-network benefit
Yearly Out-of-Pocket Maximum: None
Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)
Doctor Office Visit: \$0 primary care; \$0 specialist
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)
Dental: No additional benefits
Vision: \$0 (1 exam/year)
Podiatry: \$0 routine care (up to 4 visits a year)
Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime maximum benefit
Medicare Prescription Drug Coverage: None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the standalone Medicare drug plans.

**MAHP Freedom Plan has some out-of-network benefits. Members can go to out-of-network Medicare providers & cost share is the lesser of Original Medicare cost sharing or MAHP copays:

- \$25 physician/outpatient visit & \$25 outpatient rehab service (outpatient physical, speech, occupational)
- \$100 copay per test/image (CT scan, MRI/MRA, PET scan) or infusion in office/outpatient setting
- \$500 inpatient admission copay per benefit period
- \$1,000 copay per outpatient surgery/procedure at Ambulatory Surgery Ctr or outpatient hospital setting – does not apply to physician charge
- Non-Medicare Preventive Services not covered out-of-network (routine eye exam, etc.)

Some services require prior authorization first, even in network and with a referral. See “Healthcare Services” at www.mahealthplans.com

MAHP North Iowa Senior Plan Cost Plan (H1651-015)
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
Service Area: Cerro Gordo, Franklin, Floyd, Hancock, Kossuth, Mitchell, Winnebago and Worth
Monthly Premium: \$170 + Part B monthly premium
Yearly Out-of-Pocket Maximum: None
Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)
Doctor Office Visit: \$0 primary care; \$0 specialist
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)
Dental: No additional benefits
Vision: \$0 (1 exam/year)
Podiatry: \$0 Routine care (up to 4 visits a year)
Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime maximum benefit
Medicare Prescription Drug Coverage: None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

MAHP Quad Cities Senior Plan Cost Plan (H1651-013)
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
Service Area: Cedar, Clinton, Jackson, Muscatine and Scott
Monthly Premium: \$160 + Part B monthly premium
Yearly Out-of-Pocket Maximum: None
Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)
Doctor Office Visit: \$0 primary care; \$0 specialist
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)
Dental: No additional benefits
Vision: \$0 (1 exam/year)
Podiatry: \$0 Routine care (up to 4 visits a year)
Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime maximum benefit
Medicare Prescription Drug Coverage: None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

Special Needs Plans (SNP)

A Medicare Special Needs Plan (SNP) 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 (SNP) 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, reside in a licensed nursing home or skilled facility, or have certain chronic health conditions.

Individuals who are receiving full Medicaid benefits or are enrolled in the Qualified Medicare Savings program (QMB) will have their Part B premium paid by Medicaid.

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

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.**

The plan cannot have a waiting period for pre-existing conditions. The exception to this rule is those with End-Stage Renal Disease.

The following tables show some additional benefits and what **you pay** when you enroll in a Special Needs Plan.

Aetna Medicare Dual Care HMO D-SNP (H5593-001)

Aetna Health of Iowa Inc.
1-833-258-3032 (TTY/TDD 711)
www.aetnamedicare.com

Service Area: Black Hawk, Boone, Clinton, Dallas, Jasper, Johnson, Linn, Madison, Marion, Marshall, Monona, Muscatine, Plymouth, Polk, Pottawattamie, Scott, Story, Wapello, Warren, Webster and Woodbury

Eligibility to enroll in this plan: You can enroll in this plan if you are enrolled in a Full Medicaid program or QMB.

Monthly Premium: \$0

Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)

Doctor Office Visit: \$0

Inpatient Hospital: \$0 unlimited days

Emergency Room Visit: \$0 Worldwide Coverage

Outpatient Surgery: \$0

Skilled Nursing Care: \$0

Diagnostic Lab Tests: \$0

Durable Medical Equipment: \$0

Additional Benefits:

Annual Physical Exam: \$0

Dental: \$3,000 allowance for preventive and comprehensive

Vision: \$0 (1 routine exam/year); \$300 annual benefit for contacts, frames and lenses

Hearing: \$0 (1 routine exam/year); \$2,000 hearing aid benefit per ear every year

Podiatry: \$0, limited to 12 visits

Post Discharge Meal program: Up to 14 meals delivered to home after inpatient hospital or skilled facility stay

Wigs: \$400 benefit for cancer patients

Fall Prevention: \$150 annually

Wellness Benefit: \$0 copay SilverSneakers health club membership & fitness classes

Aetna Medicare Extra Benefits Card: \$160 monthly for OTC items; Extra Support Wallet to spend on healthy foods, transportation, utilities (etc.) for members with certain chronic conditions

Medicare Prescription Drug Coverage: Yes, \$0 copay for all covered Part D drugs.

Devoted C-SNP PLUS 036 IA HMO (H7993-036)
<i>Devoted Health Plans</i> 1-866-395-8320 (TTY/TDD 711) www.devoted.com
Service Area: Adams, Cass, Fremont, Harrison, Mills, Montgomery, Pottawattamie, Shelby
Eligibility to enroll in this plan: You must be diagnosed with Diabetes, Congestive/Chronic Heart Failure, Cardiac arrhythmias, Coronary artery disease, etc. <i>Members with Full Medicaid or QMB typically pay \$0 for Medicare-covered services.</i>
Monthly Premium: \$41.50 + Part B monthly premium; \$0 premium for anyone with Extra Help
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Medical Deductible: \$990; does not apply to insulin through a pump or Medicare preventive services
Doctor Office Visit: \$0 primary care; 30% specialist
Emergency Room Visit: \$115 per visit (waived if admitted within 24 hours); Worldwide Coverage
Inpatient Hospital: \$2,230 per stay
Outpatient Services/Surgery: 50% coinsurance; \$0 diagnostic colonoscopy
Skilled Nursing Care: \$0 for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: 0-50%
Durable Medical Equipment: 20% coinsurance, including diabetic supplies
Additional Benefits:
Annual Physical: \$0
Dental: \$4,000 allowance, including periodic oral exams, dental evaluations, cleanings, x-rays, fillings, deep cleanings, extractions, dentures, root canals, crowns, and bridges
Vision: \$0 for 1 routine exam/year; \$300 eyewear allowance thru designated vendor
Hearing: \$0 (1 routine exam/year); \$399 or \$699 per hearing aid for up to 2 TruHearing Advanced/Premium aids
Podiatry: \$0 (4 visits/year)
Wellness Bucks: \$0 SilverSneakers; \$150 toward fitness & wellness-related items
Over-the-Counter: \$50/quarter for OTC products (no carryover)
Food & Home Benefit: \$318/month for food, utilities and/or rent; only available for members with certain chronic conditions
Medicare Prescription Drug Coverage: Yes, \$615 Tier 1-5; \$0 deductible anyone with Extra Help

HumanaChoice SNP-DE PPO (H5216-268)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cherokee, Clinton, Dallas, Delaware, Des Moines, Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Webster, Winnebago, Woodbury, and Worth
Eligibility to enroll in this plan: You can enroll in this plan if you are in enrolled in a Full Medicaid program or QMB.
Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0
Emergency Room Visit: \$0 each visit, Worldwide Coverage
Inpatient Hospital: \$0 up to unlimited days
Outpatient Services/Surgery: \$0
Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0
Additional Benefits:
Annual Physical: \$0
Virtual Visits: \$0
Dental: \$5,000 benefit for preventive and comprehensive services per year
Hearing: \$0 for 1 routine exam per year; \$0 for each advanced-level hearing aid 1 per ear every 3 years; includes 80 batteries/aid & 3-yr warranty
Vision: \$0 for 1 routine exam per year; \$300-400 annual benefit for contacts, frames, lenses
Transportation: \$0; 100 one-way approved trips per year (not over 50 miles/trip)
Flex Card: \$105/month prepaid card. All members receive this to buy approved OTC health & wellness products at participating retailers or thru plan's mail order vendor. May also use this \$\$\$ for eligible groceries, utilities, rent (etc.) if diagnosed with certain chronic conditions.
Well Dine Meal Program: home-delivered meals after an inpatient hospital or nursing facility stay
Wellness Benefit: SilverSneakers basic fitness center membership including fitness classes
Medicare Prescription Drug Coverage: Yes. \$0 deductible for members in Extra Help.

Humana Together in Health PPO I-SNP (H5216-413)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Eligibility to enroll in this plan: You must reside in a Humana-contracted nursing home & need certain levels of care
Monthly Premium: \$41.50 + Part B monthly premium
Yearly Out-of-Pocket Maximum: \$9,250 in-network (Includes only Medicare Part A and Part B-covered services); \$13,900 in and out-of-network
Doctor Office Visit: \$0 primary care; 20% specialist
Emergency Room Visit: \$115 each visit
Inpatient Hospital: \$611/day for days 1-4
Outpatient Services/Surgery: 20% of the cost
Skilled Nursing Care: \$0 for days 1-100
Diagnostic Lab Tests: \$0 or 20% of the cost
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Annual Physical: \$0
Dental: \$2,000 combined maximum benefit per year for all preventive and comprehensive benefits
Hearing: \$0 for 1 routine exam per year; \$299 for advanced-level or \$599 for premium-level hearing aids; 1 per ear per year
Vision: \$0 for 1 routine exam per year; \$450-550 annual benefit for contacts or frames & lenses
OTC allowance: \$200/quarter for select over-the-counter health and wellness products
Medicare Prescription Drug Coverage: Yes, \$615 deductible

Iowa Health Advantage HMO I-SNP (H6765-001)
<i>American Health Plans</i> 1-866-327-0523 (TTY/TDD 1-833-312-0046) iowahealthadvantage.com
Service Area: Adair, Adams, Audubon, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Montgomery, Muscatine, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright
Eligibility to enroll in this plan: You must reside in a Medicare contracted Skilled Nursing Facility receiving skilled or nursing home level of care.
Monthly Premium: \$0 for those w/Medicare and Medicaid, \$41.50 w/o Medicaid + Part B premium
Yearly Out-of-Pocket Maximum: \$0 for those with Medicaid; \$9,250 for those without Medicaid (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; 20% specialists
Emergency Room Visit: \$115 max per visit
Inpatient Hospital: \$0 for days 1-60
Outpatient Services/Surgery: 20% coinsurance
Skilled Nursing Care: \$0 each day for days 1-100; no hospital stay required
Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Coordinated Clinical Care: Iowa Health Advantage offers the services of TruHealth, a team of dedicated clinical experts who assist member in accessing and navigating the continuum of care.
Support & Supervisory Services: \$0 up to 40 hours yearly for 1-on-1 services delivered by a qualified individual
Vision: \$0 (1 routine exam per year; \$300/year for contact lenses, eyeglasses, frames, upgrades)
Hearing: \$0 for 1 routine exam/year and \$0 for hearing aid evaluations/fittings; 2 hearing aids/year, up to \$500/ear
Podiatry Services: \$0 (up to 6 visits per year)
Transportation: \$0 for 32 one-way, non-emergent trips to any health-related location.
OT/PT/ST: \$0 and no prior authorization for services delivered within a contracted long-term care facility.
Medicare Prescription Drug Coverage: Yes, \$615 deductible

Iowa Health Advantage Choice HMO I-SNP (H6765-002)
<i>American Health Plans</i> 1-866-327-0523 (TTY/TDD 1-833-312-0046) iowahealthadvantage.com
Service Area: Adair, Adams, Audubon, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Montgomery, Muscatine, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright
Eligibility to enroll in this plan: You must reside in a Medicare contracted Skilled Nursing Facility receiving skilled or nursing home level of care.
Monthly Premium: \$0 for those w/Medicare and Medicaid, \$41.50 w/o Medicaid + Part B premium
Yearly Out-of-Pocket Maximum: \$0 for those with Medicaid; \$9,250 for those without Medicaid (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; 20% specialists
Emergency Room Visit: \$115 max per visit
Inpatient Hospital: \$0 for days 1-60
Outpatient Services/Surgery: 20% coinsurance
Skilled Nursing Care: \$0 each day for days 1-100; no hospital stay required
Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Coordinated Clinical Care: Iowa Health Advantage offers the services of TruHealth, a team of dedicated clinical experts who assist member in accessing and navigating the continuum of care.
Support & Supervisory Services: \$0 up to 40 hours yearly for covered Supervisory Assistance services
Vision: \$0 (1 routine exam per year; \$225/year for contact lenses, eyeglasses, frames, upgrades)
Hearing: \$0 for 1 routine exam/year and \$0 for hearing aid evaluations/fittings; 2 hearing aids/year, up to \$500/ear
Podiatry Services: \$0 (up to 4 visits per year)
Transportation: Not covered
OTC & Food Benefit: up to \$115/month OTC; up to \$110/month food card for members with certain chronic conditions
Medicare Prescription Drug Coverage: Yes, \$615 deductible

Molina Medicare Complete Care HMO D-SNP (H1799-004)
Molina Healthcare, Inc. (833) 779-1510 (TTY/TDD 711) MolinaHealthcare.com/Medicare
Service Area: Linn, Polk, Scott
Eligibility to enroll in this plan: You can enroll in this plan if you have Full Medicaid benefits.
Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 copay, both primary care doctor or specialist
Emergency Room Visit: \$0 copay
Inpatient Hospital: \$0 day for days 1-90
Outpatient Surgery: \$0 copay
Skilled Nursing Care: \$0 day for days 1-100
Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: \$0 copay
Additional Benefits:
Annual Physical: \$0 copay
Podiatry: \$0 copay with certain conditions
Dental: \$4,000 allowance for comprehensive services, including extractions, endodontics, dentures, etc.
Hearing: \$0 copay for 2 pre-select hearing aids every 2 years
Vision: \$400 allowance to purchase contact lenses, eyeglasses (lenses & frames) & certain upgrades (tinted or polarized lenses)
Healthy Meals-Post Discharge: maximum of 56 meals over a 4-week period each year
Fitness Benefit: \$0 copay Silver&Fit offers access to contracted fitness facilities and Home Fitness Kits
Acupuncture: \$0 copay, 30 visits per year
Smoking & Tobacco Use Cessation: \$0 copay, 8 visits
MyChoice Card: \$204 OTC monthly allowance. Can use for food and produce, transportation, and utilities if diagnosed with certain chronic conditions.
Medicare Prescription Drug Coverage: \$0 deductible, then copay based on level of Extra Help

Molina Medicare Complete Care HMO D-SNP (H1799-005)
Molina Healthcare, Inc. (833) 779-1510 (TTY/TDD 711) MolinaHealthcare.com/Medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Ringgold, Sac, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury, Wright
Eligibility to enroll in this plan: You can enroll in this plan if you have Full Medicaid benefits.
Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 copay primary care doctor or specialist
Emergency Room Visit: \$0 copay
Inpatient Hospital: \$0 day for days 1-90
Outpatient Surgery: \$0 copay
Skilled Nursing Care: \$0 day for days 1-100
Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: \$0 copay
Additional Benefits:
Annual Physical: \$0 copay
Podiatry: \$0 copay with certain conditions
Dental: \$4,000 allowance for comprehensive services, including extractions, endodontics, dentures, etc.
Hearing: \$0 copay for 2 pre-select hearing aids every 2 years
Vision: \$200 allowance to purchase contact lenses, eyeglasses (lenses & frames) & certain upgrades (tinted or polarized lenses)
Healthy Meals-Post Discharge: maximum of 56 meals over a 4-week period each year
Fitness Benefit: \$0 copay Silver&Fit offers access to contracted fitness facilities and Home Fitness Kits
Acupuncture: \$0 copay, 30 visits per year
Smoking & Tobacco Use Cessation: \$0 copay, 8 visits
MyChoice Card: \$66 OTC monthly allowance. Can use for food and produce, transportation, and utilities if diagnosed with certain chronic conditions.
Medicare Prescription Drug Coverage: \$0 deductible, then copay based on level of Extra Help

UHC Complete Care IA-5 C-SNP HMO-POS (H5253-180)
<i>UnitedHealthcare of Wisconsin</i> 1-844-723-6473 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Dallas, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Marshall, Muscatine, Palo Alto, Pocahontas, Polk, Poweshiek, Sac, Scott, Story, Tama, Warren
Eligibility to enroll in this plan: You must be diagnosed with Cardiovascular Disorder, Chronic Heart Failure, and/or Diabetes.
Monthly Premium: \$27 + Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$50 specialist (except psychiatry)
Emergency Room Visit: \$130 copay each visit (waived if admitted within 24 hours); Worldwide coverage
Inpatient Hospital: \$550/day for days 1-5 (per stay); \$0 for days 6-unlimited
Outpatient Services/Surgery: \$0 - \$550
Skilled Nursing Care: \$0 each day for days 1-20; \$218/day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of the cost; \$0 diabetic supplies
Additional Benefits:
Annual Physical: \$0 (1 exam/year)
Virtual/Telehealth Visit: \$0
Dental: \$0 copay for preventive & diagnostic
Vision: \$0 (1 routine exam per year); eyewear: \$0 copay for standard lenses & \$200 credit for frames or contact lenses every 2 years
Hearing: \$0 (1 routine exam per year); \$199-1,249 copay for each hearing aid device; limited to 2 devices every year
Podiatry: \$45 (6 routine visits per year)
Meals: Up to 28 meals for 14 days after inpatient or SNF stay, unlimited times per year
Fitness: \$0, fitness program with gym membership
Over-the-Counter: \$40/month for OTC products. May use for healthy food or utilities with certain chronic conditions. Contact plan for details.
Medicare Prescription Drug Coverage: Yes, \$600 deductible for Tier 3-5

UHC Dual Complete IA-S001 D-SNP HMO-POS (H0169-001)
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-723-6473 (TTY/TDD 711) www.UHCCommunityPlan.com
Service Area: Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Wright
Eligibility to enroll in this plan: You can enroll in this plan if you are in Full Medicaid program or QMB
Monthly Premium: \$0
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0, including specialists
Emergency Room Visit: \$0 copay; Worldwide Coverage
Inpatient Hospital: \$0 per stay
Outpatient Services/Surgery: \$0
Skilled Nursing Care: \$0 for days 1-100
Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0, includes \$0 copay for diabetic monitoring supplies
Additional Benefits:
Annual Physical: \$0
Virtual/Telehealth Visit: \$0
Dental: \$0 preventive & diagnostic; \$2,500 per year limit for certain comprehensive and preventive dental services
Vision: exam - \$0 (1 per year); \$250 combined allowance for contact lenses or eyeglasses (lenses/frames) once/year
Hearing: \$0 for 1 routine exam per year; \$2,200 allowance for hearing aids every 2 years
Podiatry Services: \$0 (up to 6 visits per year)
Fitness Benefit: \$0, fitness program with gym membership
Meals: \$0, up to 28 home-delivered meals for 14 days after an inpatient or skilled facility stay (unlimited times)
Over-the-Counter: \$179 per month for OTC products and wellness support. May use for healthy food or utilities with certain chronic conditions. Contact plan for details.
Medicare Prescription Drug Coverage: Yes, \$0 deductible for all tiers

Wellcare Dual Access HMO-POS D-SNP (H1862-004)
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
Eligibility to enroll in this plan: You can enroll in this plan if you are in Full Medicaid or QMB
Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 (primary care & specialist)
Emergency Room Visit: \$0
Inpatient Hospital: \$0/day up to 90 days per stay
Outpatient Services/Surgery: \$0
Skilled Nursing Care: \$0 for up to 100 days per year
Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0
Additional Benefits:
Annual Wellness Visit: \$0
Dental: \$0 preventive; \$4,000/year for comprehensive services, including dentures (in-network: \$0 copay; out-of-network: 25%)
Vision: \$0 routine exam; \$400 eyewear allowance for glasses, lenses, and/or frames
Hearing: \$0 routine exam & hearing aid fitting per year; \$1,000 per ear every year for hearing aids (\$2,000 total/year)
Medicare-covered Podiatry: \$0
Post Discharge Meal Program: \$0 for 3 meals per day for 14 days (total 42 meals)
Transportation: 24 medically necessary one-way trips (up to 75 miles each way) per year
Fitness Benefit: \$0 copay; members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker)
Wellcare Spendables: \$183 rolling monthly allowance for covered OTC items and/or add'l dental, vision, & hearing costs. May use toward gas, healthy food, utilities & rent, etc., with qualifying chronic condition.
Medicare Prescription Drug Coverage: Yes, \$0 deductible; copay depending on level of Extra Help

Wellcare Dual Liberty Sync HMO-POS D-SNP (H1862-003)
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
Eligibility to enroll in this plan: You can enroll in this plan if you are in Full Medicaid
Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 (primary care & specialist)
Emergency Room Visit: \$0
Inpatient Hospital: \$0/day up to 90 days per admission
Outpatient Surgery: \$0
Skilled Nursing Care: \$0 for up to 100 days/year
Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0
Additional Benefits:
Annual Wellness Visit: \$0
Dental: \$0 preventive; \$5,000/year for comprehensive services, including dentures (in-network: \$0 copay; out-of-network: 25%)
Vision: \$0 routine exam; \$500 eyewear allowance
Hearing: \$0 routine exam & hearing aid fitting per year; \$1,500 per ear every year for hearing aids (\$3,000 total/year)
Medicare-covered Podiatry: \$0
Post Discharge Meal Program: \$0 for 3 meals per day for 14 days (total 42 meals)
Transportation: 24 medically necessary one-way trips (up to 75 miles each way) per year
Fitness Benefit: \$0 copay; members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker)
Wellcare Spendables: \$235 rolling monthly allowance for covered OTC items and/or add'l dental, vision, & hearing costs. May use toward gas, healthy food, utilities & rent, etc., with qualifying chronic condition.
Medicare Prescription Drug Coverage: Yes, \$0 deductible; copay depending on level of Extra Help

Wellcare Dual Reserve HMO-POS D-SNP (H1862-006)
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
Eligibility to enroll in this plan: You can enroll in this plan if you are in Full Medicaid, QMB, or SLMB
Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care; \$20 specialist
Emergency Room Visit:
Inpatient Hospital: \$350/day for days 1-5
Outpatient Services/Surgery:
Skilled Nursing Care: \$0/day for days 1-20; \$218/day for days 21-50; \$0/day for days 51-100
Diagnostic Lab Tests: \$0-\$50 per test
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Annual Wellness Visit: \$0
Dental: \$0 preventive; \$3,000 comprehensive allowance including dentures (in-network: \$0 copay; out-of-network: 25%)
Vision: \$0 routine exam; \$300 eyewear allowance
Hearing: \$0 routine hearing exam and hearing aid fitting per year; \$1,000 per ear every year for hearing aids (total \$2,000 per year)
Post Discharge Meal Program: \$0 for 3 meals per day for 14 days (total 42 meals)
Transportation: 24 medically necessary one-way trips (up to 75 miles each way) per year
Fitness Benefit: \$0 copay; members have access to in-person fitness centers, available on-demand exercise programs, and a variety of Home Fitness Kits (including a wearable fitness tracker).
Wellcare Spendables: \$75 rolling monthly allowance for covered OTC items and/or add'l dental, vision, & hearing costs. May use toward gas, healthy food, utilities & rent, etc., with qualifying chronic condition.
Medicare Prescription Drug Coverage: Yes, \$0 deductible, then copay depending on level of Extra Help

Wellpoint Full Dual Advantage D-SNP HMO-POS (H0907-001)	Wellpoint Full Dual Advantage 2 D-SNP HMO-POS (H0907-003)
<i>Wellpoint Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.wellpoint.com/medicare	<i>Wellpoint Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.wellpoint.com/medicare
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena, Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright	Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena, Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
Eligibility to enroll in this plan: You can enroll in this plan if you are in Full Medicaid or QMB.	Eligibility to enroll in this plan: You can enroll in this plan if you are in enrolled in Full Medicaid or QMB.
Monthly Premium: \$0	Monthly Premium: \$0
Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$9,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0	Doctor Office Visit: \$0
Emergency Room Visit: \$0 each visit, Worldwide	Emergency Room Visit: \$0 each visit, Worldwide
Inpatient Hospital: \$0 up to 90 days	Inpatient Hospital: \$0 up to 90 days
Outpatient Surgery: \$0	Outpatient Surgery: \$0
Skilled Nursing Care: \$0	Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0	Durable Medical Equipment: \$0
Additional Benefits:	Additional Benefits:
Annual Physical: \$0	Annual Physical: \$0
Podiatry: \$0; for unlimited routine foot care	Podiatry: \$0; for unlimited routine foot care
Dental: \$0 for preventive and comprehensive dental, up to \$4,000 per year, subject to prior authorization requirements, limitations and exclusions	Dental: \$0 for preventive and comprehensive dental, up to \$4,000 per year, subject to prior authorization requirements, limitations and exclusions
Hearing: \$0 for 1 routine exam per year; with \$300 for OTC hearing aid OR \$3,000 for prescription hearing aids every year	Hearing: \$0 1 routine exam per year; \$300 OTC hearing aid OR \$3,000 for prescription hearing aids each year
Vision: \$0 for 1 routine exam per year; up to \$325 for eyeglasses or contact lenses every year	Vision: \$0 for 1 routine exam per year; up to \$425 for eyeglasses or contact lenses every year
Transportation: \$0; 24 one-way approved rides per year	Transportation: \$0; 24 one-way approved rides/year
Personal Emergency Response System (PERS): Not covered.	Personal Emergency Response System (PERS): \$0
OTC & Healthy Foods: \$105/month OTC; members can use allowance on healthy foods if they meet certain chronic conditions.	OTC & Healthy Foods: \$105/month OTC & assistive devices; members can use amount for healthy food & utilities if they meet certain chronic conditions.
Healthy Meals-Post Discharge: \$0, Up to 2 meals/day for 21 days after hospital or SNF stay	Healthy Meals-Post Discharge: \$0, up to 2 meals/day for 21 days after hospital or SNF stay
Wellness Benefit: \$0 SilverSneakers Fitness program	Wellness Benefit: \$0 SilverSneakers Fitness program
Medicare Prescription Drug Coverage: Yes, \$0 deductible & Extra Help copay	Medicare Prescription Drug Coverage: Yes, \$0 deductible & Extra Help copay

Worksheet for Comparing Health Care Choices

Recording Your Out-Of-Pocket Costs: To help you make a decision, 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 based on different plans.

Annual Health Care Services	Option 1: Original Medicare & Supplemental Plan	MA Plan Option 2:	MA Plan Option 3:	MA Plan Option 4:
Part B Premium/year				
Plan Premium/year				
Doctor visits (your cost): Primary dr. visits # _____ Specialist visits # _____				
Hospital stays (your cost): # of stays and days/stay				
Prescription Drugs Generic: # _____ Brand: # _____				
Annual Cost for a Medicare Drug plan				
Other Services				
Total Out-Of-Pocket Cost for the Year				
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				

[illegible]

[illegible]

[illegible]

Know Your Rights

Medicare Advantage Plans in Iowa are administered, marketed, and sold by private insurance companies. These plans are regulated by the Centers for Medicare & Medicaid (known as CMS) which sets guidelines for marketing Medicare Advantage plans to protect you from manipulative and deceptive sales or enrollment tactics. Understanding these guidelines will help you protect your rights.

People selling Medicare Advantage plans are not allowed to:

- Show up at your home uninvited.
 - Call you if they do not have a prior relationship with you.
 - Represent themselves as coming from or sent by Medicare, Social Security, or Medicaid.
 - Ask for your personal information (like your Medicare, Social Security number, bank account, or credit card number). Plans don't need personal information to give a quote. Information would only be needed if you decide to enroll in a plan.
 - Talk to you about their plan in locations where you get health care. For example - an exam room, hospital patient room, or at a pharmacy counter.
 - Market plans or enroll you in a plan during an educational event like a health fair or conference.
 - Intentionally communicate incorrect information about their plan.
 - Propose other non-health related products, like an annuity or life insurance policy, during a sales pitch for a Medicare Advantage plan or drug plan.
 - Ask you for payment over the phone or online. The plan must send you a bill.
- If you think you have experienced a marketing violation or enrollment issue, call SHIIP/ SMP at 1-800-351-4664.



Free. Confidential. Objective.

1-800-351-4664 shiip.iowa.gov

SHIIP-SMP is a service of the State of Iowa. It does not sell or promote any insurance companies, policies or agents.



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Senior Medicare Patrol (SMP)

We can help you prevent, detect, and report Medicare fraud



PREVENT

Prevent Medicare Fraud:

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



DETECT

Detect possible fraud, errors, and abuse:

Review your Medicare statements for charges or services you didn't receive.



REPORT

Report suspected fraud, errors, and abuse:

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

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

SMP is a federally funded program implemented through the Iowa Insurance Division.

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