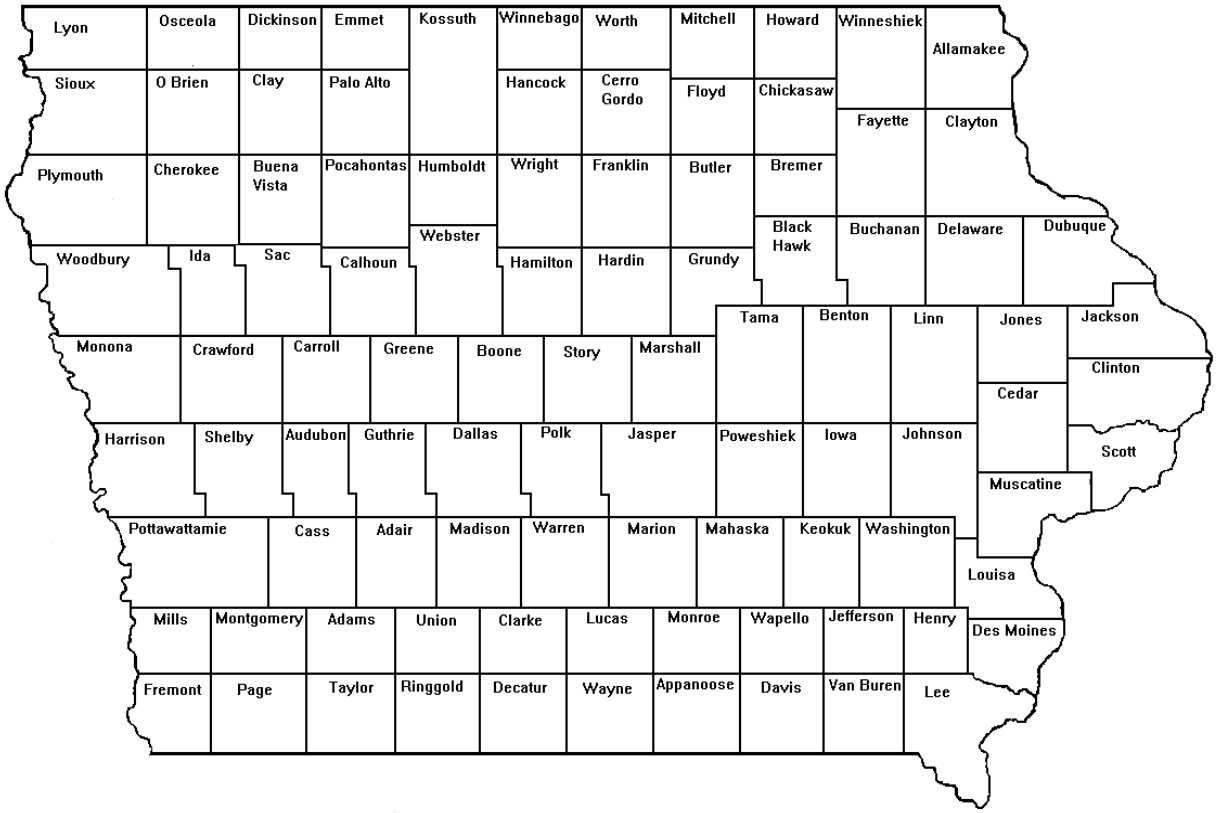
Medicare Advantage & Other Health Plans in Iowa 2027



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IOWA'S MEDICARE RESOURCE

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SHIP
State Health Insurance Assistance Program

SMP
Senior Medicare Patrol

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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 nbest fit your needs, now, and in the future.

For an appointment visit shiip.iowa.gov today.



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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IOWA'S MEDICARE RESOURCE

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

SHIP State Health Insurance Assistance Program

SMP Senior Medicare Patrol Preventing Medicare Fraud

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of financial assistance awards with $1,243,686 and 84 percent funded by ACL/ HHS and $235,969 and 16 percent funded by non-federal government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/ HHS, or the U.S. Government.

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 SHIIP 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 SHIIP/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." SHIIP/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. SHIIP 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 SHIIP/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	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. For Medicare Part D, once you hit catastrophic coverage, you do not pay any copays or coinsurance for covered prescriptions.	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. 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.
Estimating Costs	Most people with Original Medicare will have the following costs: • Part B monthly premium • Medicare supplement monthly premium • Part D monthly premium and copayments for prescriptions	Most people with MA plans will have the following costs: • 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	Medicare Part A, Part B, and Medicare supplements remain largely the same from year to year- there are usually yearly premium increases. Medicare Part D (drug) plans, can change provider networks, prescription coverage, premiums, deductibles, co-payments, and co-insurance amounts every year.	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. Like Part D plans, MA plans can change provider networks, prescription coverage, premiums, deductibles, co-payments, and co-insurance amounts every year.

*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 23.

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 31.

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 32.

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 36.

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 through referrals by the plan. **If you go outside the network without a referral, neither the Medicare HMO nor Medicare will pay.** Emergencies and urgent care are covered when you cannot reach a plan location.

The HMO manages your Medicare Part A and Part B health insurance benefits. **You do not need a Medicare supplement.** If you have a 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: Pottawattamie
Monthly Premium: $0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $6,400 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $70 specialist (except psychiatry)
Emergency Room Visit: $130 copay each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: $550/day for days 1-5 (per stay); $0 for days 6-unlimited
Outpatient Services/Surgery: $0-$550 per visit
Skilled Nursing Care: $0 each day for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $5-10 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of the cost; $0 for diabetic supplies (specific brands only)
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 preventive & diagnostic services; Optional Platinum Dental: $54/month, up to $1,500/year in coverage
Vision: $0 (1 routine exam/year); $0 copay standard lenses; $150 credit frames or contact lenses every 2 years
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $45 (6 visits/year)
Meals: $0, up to 28 meals for 14 days after inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

AARP Medicare Advantage Extras from UHC NE-5 HMO-POS (H2802-074)
UNITEDHEALTHCARE OF THE MIDLANDS, INC. *1-844-723-6473 (TTY/TDD 711)* *www.AARPMedicarePlans.com*
Service Area: Pottawattamie
Monthly Premium: $0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $7,150 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $70 specialist
Emergency Room Visit: $130 copay each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: $685/day for days 1-4 (per stay); $0 for days 5-unlimited
Outpatient Services/Surgery: $0-$685 per visit
Skilled Nursing Care: $0 for days 1-20; $221/day days 21-100
Diagnostic Lab Tests: $5 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of the cost; $0 for diabetic supplies (specific brands only)
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 standard lenses; $200 credit frames or contact lenses every 2 years
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $45 copay (6 visits per year)
Meals: $0, up to 28 meals for 14 days after inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

AARP Medicare Advantage from UHC IA-0002 HMO-POS (H5253-108-001)
UNITEDHEALTHCARE OF WISCONSIN, INC. *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: $49 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $5,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $50 specialist (except psychiatry)
Emergency Room Visit: $130 each visit (waived if admitted within 24 hrs)
Inpatient Hospital: $550/day for days 1-5 (per stay); $0 for days 6-unlimited
Outpatient Services/Surgery: $0-$550 per visit
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $30-40 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 preventive & diagnostic, 50% comprehensive, up to $1,000/year for covered services
Vision: $0 (1 routine exam); $200 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $45 (6 routine visits/year)
Meals: $0, up to 28 meals for 14 days after inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Over-the-Counter: $25/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-6

AARP Medicare Advantage from UHC IA-0002 HMO-POS (H5253-108-002)
UNITEDHEALTHCARE OF WISCONSIN, INC. *1-844-723-6473 (TTY/TDD 711)* *www.AARPMedicarePlans.com*
Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story, Warren
Monthly Premium: $49 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $4,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $40 specialist
Emergency Room Visit: $130 copay each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: $455/day for days 1-6 (per stay); $0 for days 7-unlimited
Outpatient Services/Surgery: $0-$455 per visit
Skilled Nursing Care: $0 each day for days 1-20; $221/day days 21-100
Diagnostic Lab Tests: $5-10 copay diagnostic tests, procedures, X-rays; $220 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of the cost; $0 for diabetic supplies (specific brands only)
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 for standard lenses; $250 credit for frames or contact lenses every 2 years
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $40 (6 routine visits per year)
Meals: $0, up to 28 meals for 14 days after inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Over-the-Counter: $30/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

AARP Medicare Advantage Patriot No Rx IA-MA2 HMO-POS (H5253-241)
UNITEDHEALTHCARE OF WISCONSIN, INC. *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, Washington, Webster, Winnebago, Wright
Monthly Premium: $0 + Part B monthly premium; plan pays $170 towards Part B premium
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $60 specialist (except psychiatry)
Emergency Room Visit: $115 each visit (waived if admitted within 24 hrs)
Inpatient Hospital: $490/day for days 1-5 (per stay); $0 for days 6-unlimited
Outpatient Services/Surgery: $0-$490 per visit
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $30-50 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 preventive & diagnostic; 50% for up to $3,000 per year for covered dental services
Vision: $0 (1 routine exam/year); $250 credit contact lenses or eyeglasses (lenses/frames) every 2 years
Hearing: $0 (1 routine exam/year); $1,000 allowance for hearing aids for two devices every year
Podiatry: $45 (6 routine visits/year)
Meals: $0, up to 28 meals for 14 days after inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Over-the-Counter: $40/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone who has creditable drug coverage.

AARP Medicare Advantage Patriot No Rx NE-MA2 HMO-POS (H2802-084)
UNITEDHEALTHCARE OF THE MIDLANDS, INC. *1-844-723-6473 (TTY/TDD 711)* *www.AARPMedicarePlans.com*
Service Area: Pottawattamie
Monthly Premium: $0 + Part B monthly premium; plan pays $170 towards Part B premium
Yearly Out-of-Pocket Maximum: $7,150 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $70 specialist (except psychiatry)
Emergency Room Visit: $130 copay each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: $685/day for days 1-4 (per stay); $0 for days 5-unlimited
Outpatient Services/Surgery: $685 copay
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $30-50 diagnostic tests, procedures, X-rays; $320 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 preventive & diagnostic; 50% for up to $3000 per year for covered dental services
Vision: $0 (1 routine exam/year); $250 credit contact lenses or eyeglasses (lenses/frames) every 2 years
Hearing: $0 (1 routine exam/year); $1000 allowance for hearing aids for two devices every year
Podiatry: $45 (6 routine visits/year)
Meals: $0, up to 28 meals for 14 days after inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Over-the-Counter: $50/quarter for covered OTC products, no carryover
Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone who has creditable drug coverage.

Aetna Medicare Eagle HMO-POS (H1609-058)
Aetna Health Inc. (FL) *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Monthly Premium: $0 + Part B premium; $130 Part B premium reduction
Yearly Out-of-Pocket Maximum: $6,750 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $25 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; $0 days 6-90
Outpatient Services/Surgery: $275-325
Skilled Nursing Care: $0 days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $20 copay diagnostic tests & procedures; $250 diagnostic radiology (MRI, CT)
Durable Medical Equipment: 20% of the cost; $0 CGM
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $25 specialist
Dental: $3,000 allowance for covered services
Vision: $0 (1 routine exam/year); $300 annual allowance contacts, frames, lenses thru EyeMed
Hearing: $0 (1 routine exam/year), $1,250 hearing aid benefit per ear each year
Meals: 14 home meals after facility stay
Fitness: $0 copay SilverSneakers
Over-the-Counter: $90 quarterly, no carryover
Wigs: $400 benefit for chemotherapy hair loss
Smoking & Tobacco Use Cessation: $0 unlimited visits
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone with creditable drug coverage.

Aetna Medicare Signature HMO-POS (H1609-001)
Aetna Health Inc. (FL) *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Allamakee, Benton, Black Hawk, Boone, Bremer, Buchanan, Calhoun, Carroll, Cedar, Clarke, Clay, Clinton, Dallas, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Grundy, Guthrie, Hamilton, Hancock, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Kossuth, Linn, Madison, Marshall, Mills, Muscatine, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Tama, Warren, Washington, Webster, Winnebago, Woodbury, Worth, Wright
Monthly Premium: $0 + Part B premium
Yearly Out-of-Pocket Maximum: $4,450 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $40 specialist
Emergency Room Visit: $150 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: $400/day for days 1-5; $0 days 6-90
Outpatient Services/Surgery: $350-400
Skilled Nursing Care: $0 days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $20-25 diagnostic tests, procedures, X-rays; $375 diagnostic radiology (MRI/CT)
Durable Medical Equipment: 20% of the cost; $0 CGM
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $40 specialist
Dental: $750 allowance for covered services
Vision: $0 (1 routine exam/year), $100 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: $0 (1 routine exam/year); $1,250 hearing aid benefit per ear each year
Fitness: $0 copay SilverSneakers
Wigs: $400 benefit for chemotherapy hair loss
Smoking & Tobacco Use Cessation: $0 unlimited visits
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $5 Tier 2 at preferred pharmacies; $500 deductible Tier 3-5

Aetna Medicare Signature Extra HMO-POS (H1609-069)
Aetna Health Inc. (FL) *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Allamakee, Benton, Black Hawk, Boone, Bremer, Buchanan, Calhoun, Carroll, Cedar, Clarke, Clay, Clinton, Dallas, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Grundy, Guthrie, Hamilton, Hancock, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Kossuth, Linn, Madison, Marshall, Mills, Muscatine, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Tama, Warren, Washington, Webster, Winnebago, Woodbury, Worth, Wright
Monthly Premium: $0 + Part B premium
Yearly Out-of-Pocket Maximum: $5,500 (Medicare Part A and Part B covered services only)
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 1-5; $0 days 6-90
Outpatient Services/Surgery: $400-450
Skilled Nursing Care: $0 days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $15-20 diagnostic tests, procedures, X-rays; $350 diagnostic radiology (MRI/CT)
Durable Medical Equipment: 20% of the cost; $0 CGM
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $50 specialist
Dental: $500 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
Meals: 14 home meals after facility stay
Fitness: $0 copay SilverSneakers & $90 quarterly for activity fees and select supplies
Wigs: $400 benefit for chemotherapy hair loss
Smoking & Tobacco Use Cessation: $0 unlimited visits
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $5 Tier 2 preferred pharmacies; $700 deductible Tier 3-5

Aetna Medicare Value Care HMO-POS (H1609-068)

Aetna Health Inc. (FL)
1-855-275-6627 (TTY/TDD 711)
www.aetnamedicare.com

Service Area: Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright

Monthly Premium: $0+ Part B premium

Yearly Out-of-Pocket Maximum: $4,450 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; $30 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; $0 days 6-90

Outpatient Services/Surgery: $300-350

Skilled Nursing Care: $0 days 1-20; $221/day for days 21-100

Diagnostic Lab Tests: $10-20 diagnostic tests, procedures, X-rays; $350 diagnostic radiology (MRI/CT)

Durable Medical Equipment: 20% of the cost; $0 CGM

Additional Benefits:

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

Virtual/Telehealth Visit: $0 primary care; $30 specialist

Dental: $1,000 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

Meals: 14 home meals after facility stay

Fitness: $0 copay SilverSneakers

Over-the-Counter: $45 quarterly, no carryover

Flex Card / Benefit Card: additional $45/quarter for healthy foods, transportation, utilities, etc. if you qualify with chronic condition & $30/quarter for members with chronic condition who select high-value provider as their PCP.

Wigs: $400 benefit for chemotherapy hair loss

Smoking & Tobacco Use Cessation: $0 unlimited visits

Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.

Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $5 Tier 2 preferred pharmacies; $300 deductible Tier 3-5

Devoted CORE 034 IA HMO (H7993-034)

Devoted Health Plans
1-844-978-2770 (TTY/TDD 711)
www.devoted.com

Service Area: Adair, Adams, Audubon, Benton, Boone, Buchanan, Cass, Cedar, Clarke, Clinton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Iowa, Jackson, Jasper, Jones, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Union, Warren, Washington, Wayne

Monthly Premium: $0+ Part B premium

Yearly Out-of-Pocket Maximum: $4,750 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care provider; $50 specialist

Emergency Room Visit: $130 per visit (waived if admitted within 24 hours); Worldwide Coverage

Inpatient Hospital: $405/day for days 1-6; $0 days 7+

Outpatient Services/Surgery: $405-505

Skilled Nursing Care: $10/day for days 1-20; $221/day for days 21-100

Diagnostic Lab Tests: $0-300 depending on location & service

Durable Medical Equipment: 20% coinsurance; $0 copay diabetic supplies (Accu-Chek); $0 Dexcom CGM at retail pharm, otherwise 20% thru DME supplier

Additional Benefits:

Virtual/Telehealth Visit: $0 PCP; $50 specialist

Dental: $3,000 annual reimbursement; you can see any licensed dentist in the United States. 100% reimbursement for covered preventive services & 50% reimbursement for covered comprehensive services.

Vision: $0 copay 1 routine exam per year; $350 allowance for eyeglasses and/or contacts

Hearing: $0 copay 1 routine exam per year & hearing aid fitting/evaluation; $399 or $699 copay per hearing aid for up to 2 TruHearing Advanced or Premium aids

Podiatry: $50 copay

Fitness: $0 membership SilverSneakers + $150 per year toward fitness and wellness-related items and activities

Over-the-Counter: $28 per quarter to use toward the purchase of eligible OTC items at participating locations.

Medicare Prescription Drug Coverage: Yes, $650 deductible Tier 3-5

Devoted GIVEBACK 035 IA HMO (H7993-035)
Devoted Health Plans *1-844-978-2770 (TTY/TDD 711)* *www.devoted.com*
Service Area: Adair, Adams, Audubon, Benton, Boone, Buchanan, Cass, Cedar, Clarke, Clinton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Iowa, Jackson, Jasper, Jones, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Union, Warren, Washington, Wayne
Monthly Premium: $0+ Part B premium; plan pays $159.70/month toward Part B premium
Deductible: $200 medical deductible
Yearly Out-of-Pocket Maximum: $7,150 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care provider; $55 specialist
Emergency Room Visit: $130 per visit (waived if admitted within 24 hours); Worldwide Coverage
Inpatient Hospital: $550/day for days 1-5; $0 days 6+
Outpatient Services/Surgery: $550-650
Skilled Nursing Care: $10/day 1-20; $221/day 21-100
Diagnostic Lab Tests: $0-300 depending on location & service; 20% radiation therapy
Durable Medical Equipment: 20% coinsurance; $0 copay diabetic supplies (Accu-Chek); $0 Dexcom CGM at retail pharm, otherwise 20% thru DME supplier
Additional Benefits:
Virtual/Telehealth Visit: $0 PCP; $55 specialist
Dental: $250/year reimbursement toward covered preventive & comprehensive services; you can see any licensed dentist in the United States.
Vision: $0 copay 1 routine exam per year; $200 allowance for eyeglasses and/or contacts
Hearing: $0 copay 1 routine exam per year & hearing aid fitting/evaluation; $599 or $899 copay per hearing aid for up to 2 TruHearing Advanced or Premium aids
Fitness: $0 membership SilverSneakers + $150 per year toward fitness and wellness-related items and activities
Medicare Prescription Drug Coverage: Yes, $461 deductible Tier 3-5

Devoted GIVEBACK EXTRAS 108 IA HMO (H7993-108)
Devoted Health Plans *1-844-978-2770 (TTY/TDD 711)* *www.devoted.com*
Service Area: Adair, Adams, Audubon, Benton, Boone, Buchanan, Cass, Cedar, Clarke, Clinton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Iowa, Jackson, Jasper, Jones, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Union, Warren, Washington, Wayne
Monthly Premium: $0+ Part B premium; plan pays $75/month toward Part B premium
Deductible: $150 medical deductible
Yearly Out-of-Pocket Maximum: $5,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care provider; $55 specialist
Emergency Room Visit: $130 per visit (waived if admitted within 24 hours); Worldwide Coverage
Inpatient Hospital: $550/day for days 1-5; $0 days 6+
Outpatient Services/Surgery: $0 diagnostic colonoscopy; $500-600 surgery or other services
Skilled Nursing Care: $10/day 1-20; $221/day 21-100
Diagnostic Lab Tests: $0-300 depending on location & service
Durable Medical Equipment: 20% coinsurance; $0 copay diabetic supplies (Accu-Chek); $0 Dexcom CGM at retail pharm, otherwise 20% thru DME supplier
Additional Benefits:
Virtual/Telehealth Visit: $0 PCP; $55 specialist
Dental: $3,250 annual reimbursement; you can see any licensed dentist in the United States. 100% reimbursement for covered preventive services & 50% reimbursement for covered comprehensive services.
Vision: $0 copay 1 routine exam per year; $400 allowance for eyeglasses and/or contacts
Hearing: $0 copay 1 routine exam per year & hearing aid fitting/evaluation; $599 or $899 copay per hearing aid for up to 2 TruHearing Advanced or Premium aids
Chiropractic Care: $15 copay
Podiatry: $55 copay
Fitness: $0 membership SilverSneakers + $150 per year toward fitness and wellness-related items and activities
Over-the-Counter: $140 per quarter to use toward the purchase of eligible OTC items at participating locations.
OT/PT/ST: $50-55 copay
Medicare Prescription Drug Coverage: Yes, $700 deductible Tier 3-5

Gundersen Quartz Med Advantage Basic D HMO (H5262-032)
Quartz Health Plan Corporation *1-800-394-5566 (TTY/TDD 800-947-3529)* *www.QuartzBenefits.com/MedicareAdvantage*
Service Area: Allamakee, Fayette, Winneshiek
Monthly Premium: $0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $7,150 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $35 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: $325/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; $221/day 21-100
Diagnostic Lab Tests: $60 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/Telehealth Visit: $0
Dental: 1 dental exam and 1 cleaning at UCR in- network rate every other year. No comprehensive coverage. Optional Additional Dental: $56 monthly premium
Vision: $0 (1 routine exam/year); no hardware coverage
Hearing: $40 (1 routine exam/year); no coverage for hearing aids
Meals: 20 home-delivered meals after inpatient hospital stay; up to 4x/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.
Other Benefits: Massage Therapy for Chronic Conditions: $40 each 60-minute visit (6 visits/year)
Medicare Prescription Drug Coverage: Yes, $270 deductible for Tier 3-5

Gundersen Quartz Med Advantage Core D HMO (H5262-021)
Quartz Health Plan Corporation *1-800-394-5566 (TTY/TDD 800-947-3529)* *www.QuartzBenefits.com/MedicareAdvantage*
Service Area: Allamakee, Fayette, Winneshiek
Monthly Premium: $42 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $5,900 (Medicare Part A and Part B covered services only)
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: $290/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; $221/day 21- 100
Diagnostic Lab Tests: $30 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/Telehealth Visit: $0
Dental: $0 preventive; up to $350 for combined preventive & comprehensive services; 50% coinsurance for implants/dentures & bridges; Optional Dental: $56 monthly premium
Vision: $0 (1 routine exam/year); up to $100/year available for eyeglasses (frames, lenses and upgrades)
Hearing: $40 (1 routine exam/year); $1,000 available every 2 years for 2 aids
Meals: 20 home-delivered meals after inpatient hospital stay; up to 4x/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.
Other Benefits: Massage Therapy for Chronic Conditions: $25 each 60-minute visit (6 visits/year)
Medicare Prescription Drug Coverage: Yes, $270 deductible for Tier 3-5

Gundersen Quartz Med Elite HMO (H5262-005)
Quartz Health Plan Corporation *1-800-394-5566 (TTY/TDD 800-947-3529)* *www.QuartzBenefits.com/MedicareAdvantage*
Service Area: Allamakee, Fayette, Winneshiek
Monthly Premium: $124 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $4,000 (Medicare Part A and Part B covered services only)
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; $221 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/Telehealth Visit: $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/year available for eyeglasses (frames, lenses and upgrades)
Hearing: $25 (1 routine exam/year); $1,500 available every 2 years for 2 aids
Meals: 20 home delivered meals after inpatient hospital stay; limit 4x/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
Other Benefits: Massage Therapy for Chronic Conditions: $0 each 60-minute visit (12 visits/year)
Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone with creditable coverage.

Gundersen Quartz Med Elite D HMO (H5262-001)
Quartz Health Plan Corporation *1-800-394-5566 (TTY/TDD 800-947-3529)* *www.QuartzBenefits.com/MedicareAdvantage*
Service Area: Allamakee, Fayette, Winneshiek
Monthly Premium: $202 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $4,000 (Medicare Part A and Part B covered services only)
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 Services/Surgery: $150 per surgery; $0 copay for minor surgical procedures
Skilled Nursing Care: $0 for days 1-20; $221 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/Telehealth Visit: $0
Dental: $0 preventive; up to $550 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 $250/year available for eyeglasses (frames, lenses and upgrades)
Hearing: $25 (1 routine exam/year); $1,500 available every 2 years for 2 aids
Meals: 20 home delivered meals after inpatient hospital stay; limit 4x/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.
Other Benefits: Massage Therapy for Chronic Conditions: $10 each 60-minute visit (12 visits/year)
Medicare Prescription Drug Coverage: Yes, $200 deductible for Tier 3-5

Gundersen Quartz Med Advantage Value HMO (H5262-004)
Quartz Health Plan Corporation *1-800-394-5566 (TTY/TDD 800-947-3529)* *www.QuartzBenefits.com/MedicareAdvantage*
Service Area: Allamakee, Fayette, Winneshiek
Monthly Premium: $0 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $4,450 (Medicare Part A and Part B covered services only)
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; $221 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/Telehealth Visit: $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/year available for eyeglasses (frames, lenses and upgrades)
Hearing: $35 (1 routine exam/yr); $1,500 available every 2 years for 2 aids
Meals: 20 home delivered meals after inpatient hospital stay, limit 4x/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.
Other Benefits: Massage Therapy for Chronic Conditions: $15 each 60 minute visit (12 visits per year)
Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone with creditable coverage.

Gundersen Quartz Med Advantage Value D HMO (H5262-003)
Quartz Health Plan Corporation *1-800-394-5566 (TTY/TDD 800-947-3529)* *www.QuartzBenefits.com/MedicareAdvantage*
Service Area: Allamakee, Fayette, Winneshiek
Monthly Premium: $97 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $4,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $15 primary care; $50 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: $275/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; $221 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/Telehealth Visit: $0
Dental: $0 preventive; up to $375 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 $175/year available for eyeglasses (frames, lenses and upgrades)
Hearing: $35 (1 routine exam/yr); $1,250 available every 2 years for 2 aids
Meals: 20 home delivered meals after inpatient hospital stay, limit 4x/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.
Other Benefits: Massage Therapy for Chronic Conditions: $20 each 60-minute visit (12 visits/year)
Medicare Prescription Drug Coverage: Yes, $225 deductible for Tier 3-5

Humana Gold Plus HMO (H0028-053-001)
Humana Insurance Company *1-888-873-0686 (TTY 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, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Tama, Warren, Washington, Winnebago, Worth
Monthly Premium: $0 + Part B monthly premium
Deductible: $500 medical deductible (some exclusions)
Yearly Out-of-Pocket Maximum: $4,200 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 PCP, $40 specialist
Emergency Room Visit: $150 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
Inpatient Hospital: $395/day for days 1-6; $0 days 7-90
Outpatient Services/Surgery: $400 surgery
Skilled Nursing Care: $10/day 1-20; $221/day 21-100
Diagnostic Lab Tests: $40-100 lab services; up to $345 for advanced imaging (MRI, PET, CT scan)
Durable Medical Equipment: 20% coinsurance; $0 CGM & diabetic monitoring supplies at preferred supplier
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 PCP, $40 specialist
Dental: up to 30% depending on service; $2,500 maximum benefit coverage for all services
Vision: $0 copay 1 routine exam; $50-$100 allowance for contact lenses or eyeglasses, depending on provider used
Hearing: $0 (1 routine exam & 3 follow up visits per year); $575-$750 copay for hearing aids, 1 per ear per year
Chiropractic Care: $15 copay
Acupuncture: $40 copay low back pain, 20 visits/year
Podiatry: $40 copay
Meals: 2 home meals/day for week after facility stay, within 30 days of discharge; 4x per year
Fitness: $0 copay SilverSneakers
Over-the-Counter: $50 per quarter for approved OTC health & wellness products through mail order; carryover until end of calendar year
Medicare Prescription Drug Coverage: Yes, $700 deductible Tier 3-5

MercyOne Health Plan Cash Back HMO (H3668-031)
MercyOne Health Plan *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
Deductible: $245 (applies to OT/PT/ST, Diagnostic Radiology, Therapeutic Radiology, X-Ray, OP Surgery/ASC, and Dialysis)
Yearly Out-of-Pocket Maximum: $8,900 (Medicare Part A and Part B covered services only)
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-$395 copay
Skilled Nursing Care: $0 for days 1-20; $221 for days 21-65; $0 for days 66-100
Diagnostic Lab Tests: $50 copay diagnostic tests, procedures, X-rays; $395 diagnostic radiology
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 preventive only; $1,000 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)
Acupuncture: $20 (6 visits every year)
Meals: 2 meals/day for 7 days after qualifying discharge
Fitness: $0 copay, OnePass® network
Over-the-Counter: $25 per quarter, no carryover
Travel Benefit: $1,500
Medicare Prescription Drug Coverage: Yes, $375 deductible for Tier 3-5

MercyOne Health Plan Glory No RX HMO (H3668-029)
MercyOne Health Plan *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: $6,500 (Medicare Part A and Part B covered services only)
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: $375/day for days 1-6 per stay
Outpatient Services/Surgery: $0-$200 copay
Skilled Nursing Care: $0 for days 1-20; $221 for days 21-65; $0 for days 66-100
Diagnostic Lab Tests: $20 copay diagnostic tests, procedures, X-rays; $200 diagnostic radiology
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 cleanings, x-rays, and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; $1,000 annual maximum. Optional Dental: $16 or $36 monthly premium
Vision: $0 (1 routine exam/year); plan pays up to $200 for eyewear every year
Hearing: $0 (1 routine exam/yr); $399 -$699 copay (up to 2 hearings aids every year)
Acupuncture: $20 (12 visits every year)
Meals: 2 meals/day for 7 days after qualifying discharge
Fitness: $0 copay, OnePass® network
Over-the-Counter: $50 per quarter, no carryover
Travel Benefit: $3,000
Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone with creditable drug coverage.

MercyOne Health Plan No Premium HMO (H3668-025)
MercyOne Health Plan *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
Yearly Out-of-Pocket Maximum: $4,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $30 specialist
Emergency Room Visit: $130 each visit (waived if admitted to hospital within 48 hours); Worldwide
Inpatient Hospital: $395/day for days 1-5 per stay
Outpatient Services/Surgery: $0 - $355 copay
Skilled Nursing Care: $0 for days 1-20; $221 for days 21-65; $0 for days 66-100
Diagnostic Lab Tests: $20-30 copay diagnostic tests, procedures, X-rays; $245 diagnostic radiology
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 cleanings, x-rays and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; $1,000 annual maximum. Optional Dental: $16 or $36 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)
Acupuncture: $20 (6 visits every year)
Meals: 2 meals/day for 7 days after qualifying discharge
Fitness: $0 copay, OnePass® network
Over-the-Counter: $25 per quarter, no carryover
Travel Benefit: $2,500
Medicare Prescription Drug Coverage: Yes, $500 deductible for Tier 3-5 drugs

MercyOne Health Plan Plus HMO (H3668-026)

MercyOne Health Plan
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: $38 + Part B monthly premium

Yearly Out-of-Pocket Maximum: $4,400 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; $25 specialist

Emergency Room Visit: $150 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-$300 copay

Skilled Nursing Care: $0 for days 1-20; $221 for days 21-65; $0 for days 66-100

Diagnostic Lab Tests: $0-20 copay diagnostic tests, procedures, X-rays; $195 diagnostic radiology

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

Additional Benefits:

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

Virtual/Telehealth Visit: $0

Dental: $0 cleanings, x-rays and exams; 50% for minor restorative and extractions. 70% for endodontics and periodontics; $1,000 annual maximum. Optional Dental: $16 or $36 monthly premium

Vision: $0 (1 routine exam/year); plan pays up to $250 for eyewear every year

Hearing: $0 (1 routine exam/yr); $599 -$899 copay (up to 2 hearings aids every year)

Acupuncture: $20 (12 visits every year)

Meals: 2 meals/day for 7 days after qualifying discharge

Fitness: $0 copay, OnePass® network

Over-the-Counter: $50 per quarter, no carryover

Travel Benefit: $3,000

Medicare Prescription Drug Coverage: Yes, $400 deductible for Tier 3-5 drugs

Wellcare Simple HMO-POS (H1862-005)

Wellcare Health Plans
1-844-599-0139
www.wellcare.com

Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Buchanan, Butler, Carroll, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Poweshiek, Ringgold, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth, Wright

Monthly Premium: $0 + Part B monthly premium

Yearly Out-of-Pocket Maximum: $4,400 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; $15 specialist

Emergency Room Visit: $130 per visit (waived if admitted within 24 hours); Worldwide Coverage

Inpatient Hospital: $350/day for days 1-6

Outpatient Services/Surgery: $300/visit

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-$50 / $0 X-ray

Durable Medical Equipment: 20% of the cost

Additional Benefits:

Annual Physical Exam: $0

Dental: $0 preventive; $3,000 comprehensive allowance, including dentures (in-network: $0; out-of-network: 25%)

Vision: $0 routine eye exam; $100 eyewear allowance

Hearing: only Medicare-covered benefits

Medicare Prescription Drug Coverage: Yes, $700 deductible Tier 2-5

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, Warren
Monthly Premium: $46 + Part B monthly premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Yearly Out-of-Pocket Maximum: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $75 specialist
Emergency Room Visit: $130 copay each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: $685/day for days 1-4 (per stay); $0 for days 5-unlimited
Outpatient Services/Surgery: $0-$685 per visit
Skilled Nursing Care: $0/day for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $5-10 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology
Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 copay for preventive & diagnostic services; Optional Platinum Dental: $54/month for up to $1,500/year in comprehensive dental coverage
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $45 (6 routine visits/year)
Fitness: No
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

Note: This plan has a $1,000 medical deductible for covered Medicare services at out-of-network providers.

AARP Medicare Advantage from UHC IA-0003 PPO (H8768-017-002)
CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. *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: $45 + Part B monthly premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Deductible: $1,250 deductible (in-network: inpatient & outpatient hospital services; out-of-network: additional service apply)
Yearly Out-of-Pocket Maximum: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $75 specialist
Emergency Room Visit: $130 copay each visit (waived if admitted within 24 hours)
Inpatient Hospital: $360/day for days 1-6 (per stay); $0 for days 7-unlimited
Outpatient Services/Surgery: $0-$360 per visit
Skilled Nursing Care: $0/day for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $5-10 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology
Durable Medical Equipment: 20% of cost; $0 diabetic supplies (specific brands only)
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0
Dental: $0 preventive and diagnostic dental services; Optional Platinum Dental: $54/month with a $1,500 annual limit
Vision: $0 (1 routine exam/year); $0 eyewear after cataract sugery
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $50 (6 routine visits/year)
Fitness: No
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

AARP Medicare Advantage from UHC NE-0002 PPO (H1278-020)
CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO. *1-844-723-6473 (TTY/TDD 711)* *www.AARPMedicarePlans.com*
Service Area: Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby
Monthly Premium: $61 + Part B monthly premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Yearly Out-of-Pocket Maximum: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $70 specialist
Emergency Room Visit: $130 copay each visit (waived if admitted to hospital in 24 hours)
Inpatient Hospital: $685/day for days 1-4 (per stay); $0 for days 5-unlimited
Outpatient Services/Surgery: $0-$685 per visit
Skilled Nursing Care: $0/day for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $5 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology
Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)
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 eyewear after cataract sugery
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $45 (6 routine visits/year)
Fitness: No
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

Note: This plan has a $1,000 medical deductible for covered Medicare services at out-of-network providers.

AARP Medicare Advantage Patriot No Rx IA-MA01 PPO (H8768-018)

CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
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,Warren, Webster, Winnebago, Wright

Monthly Premium: $0 + Part B monthly premium; plan pays $160 towards Part B premium

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

Yearly Out-of-Pocket Maximum: $9,850 in-network; $14,800 in and out-of-network (Medicare Part A and Part B covered services only)

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

Emergency Room Visit: $115 each visit (waived if admitted within 24 hrs)

Inpatient Hospital: $490/day for days 1-5 (per stay); $0 for days 6-unlimited

Outpatient Services/Surgery: $0-$490 per visit

Skilled Nursing Care: $0/day for days 1-20; $221/day for days 21-100

Diagnostic Lab Tests: $30-50 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology

Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)

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/year for covered services

Vision: $0 (1 routine exam); $250 credit for contact lenses or eyeglasses (lenses/frames) every 2 years

Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year

Podiatry: $45 (6 routine visits/year)

Fitness: $0, Renew Active

Over-the-Counter: $40 quarterly for covered products, no carryover

Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone with creditable drug coverage.

Note: This plan has a $1,000 medical deductible for covered Medicare services at out-of-network providers.

AARP Medicare Advantage Patriot No Rx NE-MA01 PPO (H1278-018)

CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.
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; plan pays $160 towards Part B premium

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

Yearly Out-of-Pocket Maximum: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; $70 specialist (except psychiatry)

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

Inpatient Hospital: $685/day for days 1-4 (per stay); $0 for days 5-unlimited

Outpatient Services/Surgery: $0-$685 per visit

Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100

Diagnostic Lab Tests: $30-50 copay diagnostic tests, procedures, X-rays; $320 diagnostic radiology

Durable Medical Equipment: 20% of cost; $0 for diabetic supplies (specific brands only)

Additional Benefits:

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

Virtual/Telehealth Visit: $0

Dental: $0 copay for preventive & diagnostic; 50% comprehensive, up to $2,500 per year for covered services

Vision: $0 (1 routine exam); $0 copay standard lenses, $250 credit for contact lenses or eyeglasses (lenses/frames) every 2 years

Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year

Podiatry: $45 (6 routine visits/year)

Fitness: $0, Renew Active

Over-the-Counter: $50 quarterly for covered products, no carryover

Medicare Prescription Drug Coverage: No. This is a medical-only plan meant for someone with creditable drug coverage.

Aetna Medicare Enhanced Classic Extra PPO (H1608-117)
Coventry Health & Life Insurance Company *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Monthly Premium: $75 + Part B premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Yearly Out-of-Pocket Maximum: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
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 days 1-5; $0 days 6-90
Outpatient Services/Surgery: $325 per visit/$275 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: $0/days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $20 diagnostic tests & procedures; $10 X-rays; $250 diagnostic radiology (MRI/CT)
Durable Medical Equipment: 20% of cost; $0 CGM & Accu-Chek/Roche and TRUE/Trividia diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $35 specialist
Dental: $1,250 allowance for covered services; implants & orthodontic coverage excluded
Vision: $0 (1 routine exam); $250 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: $0 (1 routine exam); $1,250 hearing aid per ear
Meals: 14 home meals after inpatient/skilled nursing stay
Fitness: $0 copay SilverSneakers; $90 quarterly for fitness fees & select supplies
Over-the-Counter: $50 quarterly, no carryover
Wigs: $400 benefit for chemotherapy hair loss
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $5 Tier 2 at preferred pharmacies; $700 deductible Tier 3-5

Aetna Medicare Enhanced Extra PPO (H5521-752)
AETNA LIFE INSURANCE COMPANY *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Monthly Premium: $75 + Part B premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Yearly Out-of-Pocket Maximum: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
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 days 1-5; $0 days 6-90
Outpatient Services/Surgery: $325 per visit/$275 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: $0/day for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $20 diagnostic tests & procedures; $10 X-rays; $250 diagnostic radiology (MRI/CT)
Durable Medical Equipment: 20% of cost; $0 CGM & Accu-Chek/Roche and TRUE/Trividia diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $35 specialist
Dental: $1,250 allowance for covered services; implants & orthodontic coverage excluded
Vision: $0 (1 routine exam); $150 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: $0 (1 routine exam); $1,250 hearing aid per ear
Meals: 14 home meals after inpatient/skilled nursing stay
Fitness: $0 copay SilverSneakers; $90 quarterly for fitness fees & select supplies
Over-the-Counter: $50 quarterly, no carryover
Wigs: $400 benefit for chemotherapy hair loss
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $5 Tier 2 at preferred pharmacies; $700 deductible Tier 3-5

Aetna Medicare Signature PPO (H5521-751)
AETNA LIFE INSURANCE COMPANY *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Allamakee, Benton, Black Hawk, Boone, Bremer, Buchanan, Calhoun, Carroll, Cedar, Clarke, Clay, Clinton, Dallas, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Kossuth, Linn, Madison, Marshall, Mills, Muscatine, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Tama, Warren, Washington, Webster, Winnebago, Woodbury, Worth, 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: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
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: $405/day for days 1-5; $0 days 6-90
Outpatient Services/Surgery: $405 per visit/$355 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100
Diagnostic Lab Tests: $20-25 diagnostic tests, procedures, X-rays; $300 diagnostic radiology (MRI/CT)
Durable Medical Equipment: 20% of cost; $0 CGM & Accu-Chek/Roche and TRUE/Trividia diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $45 specialist
Dental: preventive benefits only
Vision: $0 (1 routine exam); $100 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: $0 (1 routine exam); $1,000 hearing aid per ear
Fitness: $0 copay SilverSneakers membership
Wigs: $400 benefit for chemotherapy hair loss
Smoking & Tobacco Use Cessation: $0 unlimited visits
OT/PT/ST: $45 copay OT; $50 PT & ST
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $5 Tier 2 at preferred pharmacies; $500 deductible Tier 3-5

Aetna Medicare Signature Classic PPO (H1608-001)
Coventry Health & Life Insurance Company *1-855-275-6627 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Allamakee, Benton, Black Hawk, Boone, Bremer, Buchanan, Calhoun, Carroll, Cedar, Clarke, Clay, Clinton, Dallas, Delaware, Dickinson, Fayette, Floyd, Franklin, Fremont, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Kossuth, Linn, Madison, Marshall, Mills, Muscatine, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Tama, Warren, Washington, Webster, Winnebago, Woodbury, Worth, 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: $7,150 in-network; $10,750 in and out-of-network (Medicare Part A and Part B covered services only)
Doctor Office Visit: $5 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 1-5; $0 days 6-90
Outpatient Services/Surgery: $405 per visit/$355 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100
Diagnostic Lab Tests: $15-20 diagnostic tests, procedures, X-rays; $300 diagnostic radiology (MRI/CT)
Durable Medical Equipment: 20% of cost; $0 CGM & Accu-Chek/Roche and TRUE/Trividia diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $5 primary care; $40 specialist
Dental: preventive benefits only
Vision: $0 (1 routine exam); $100 annual allowance for contacts, frames, lenses thru EyeMed
Hearing: $0 (1 routine exam); $1,000 hearing aid per ear
Fitness: $0 copay SilverSneakers membership
Wigs: $400 benefit for chemotherapy hair loss
Smoking & Tobacco Use Cessation: $0 unlimited visits
OT/PT/ST: $40 copay
Other Benefits: $15-25 copay for covered chiropractic, acupuncture, and podiatry care. U.S. Traveler & Foreign Travel Benefit.
Medicare Prescription Drug Coverage: Yes, $0 Tier 1; $0 Tier 2 at preferred pharmacies; $500 deductible Tier 3-5

Align SecureChoice PPO (H8385-005)
Sanford Health Plan *1-888-605-9277 (TTY/TDD 711)* *https://www.sanfordhealthplan.com/align*
Service Area: Lyon, O'Brien, Osceola, Sioux
Monthly Premium: $60 + Part B monthly premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Yearly Out-of-Pocket Maximum: $7,150 In-Network, $10,150 out-of-network or combined
Doctor Office Visit: $0 primary care; $50 specialist
Emergency Room Visit: $115 each visit (waived if admitted to hospital within 3 days); Worldwide Coverage
Inpatient Hospital: $500/day for days 1-4, $0/day for days 5-90
Outpatient Services/Surgery: $0-$400
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $10 for each lab service
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 for preventive care
Dental: $0 cleaning 2x per year, $0 oral exams 2x per year, $0 X-ray 1x year, $0 Fluoride 1x per year
Vision: $0 annual exam; $100 eyewear allowance, $100 contact lens allowance
Hearing: $0 annual exam, $0 copay fitting; $499-$999 annual limit per hearing aid
Fitness: $0 monthly fee (Silver & Fit)
Over-the-Counter: $50 quarterly, no carryover
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.
Medicare Prescription Drug Coverage: Yes, $500 deductible for Tier 3-5

Align SecureChoice Gold PPO (H8385-006)
Sanford Health Plan *1-888-605-9277 (TTY/TDD 711)* *https://www.sanfordhealthplan.com/align*
Service Area: Lyon, O'Brien, Osceola, Sioux
Monthly Premium: $100 + Part B monthly premium
Cost shares and out-of-pocket maximum listed are for in-network providers
Yearly Out-of-Pocket Maximum: $6,500 In-Network, $9500 out-of-network or combined
Doctor Office Visit: $0 primary care; $45 specialist
Emergency Room Visit: $130 each visit (waived if admitted to hospital within 1 day); Worldwide Coverage
Inpatient Hospital: $500/day for days 1-4; $0/day for days 5-90
Outpatient Services/Surgery: $0-$350
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $10 for each lab service
Durable Medical Equipment: 20% of cost
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 for preventive care
Dental: $0 cleaning 2x per year, $0 oral exams 2x per year, $0 X-ray 1x year, $0 Fluoride 1x per year
Vision: $0 annual exam; $100 eyewear allowance, $100 contact lens allowance
Hearing: $0 annual exam; $0 copay fitting; $499-$999 annual limit per hearing aid
Fitness: $0 monthly fee (Silver & Fit)
Over-the-Counter: $85 quarterly, no carryover
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.
Medicare Prescription Drug Coverage: Yes, $350 deductible for Tier 3-5

HumanaChoice PPO (H5216-014)

Humana Insurance Company
1-888-873-0686 (TTY 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, 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, 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: $51 + Medicare Part B premium; plan premium reduced to $26.40 with Extra Help

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

Yearly Out-of-Pocket Maximum: $7,500 in-network; $12,000 in and out-of-network (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 PCP; $40 specialist

Emergency Room Visit: $115 copay (waived if admitted within 24 hours); Worldwide coverage

Inpatient Hospital: $318/day for days 1-6; $0 days 7-90

Outpatient Services/Surgery: $400 copay

Skilled Nursing Care: $0 copay days 1-20; $221/day days 21-100

Diagnostic Lab Tests: $0-145 basic services; up to $345 copay for advanced imaging (MRI, PET, CT)

Durable Medical Equipment: 20% coinsurance; $0 CGM & diabetic monitoring supplies at preferred supplier

Additional Benefits:

Annual Physical Exam: $0

Virtual/Telehealth Visit: $0 PCP; $40 specialist

Dental: up to 50% coinsurance for services; $2,500 combined maximum benefit for all services

Vision: $0 routine exam 1 per year; $50-100 allowance for contacts/eyeglasses/frames, depending on provider

Hearing: $0 routine hearing exam, 1 per year; $575-$750 copay hearing aids, 1 per ear per year

Chiropractic Care: $15 copay

Acupuncture: $40 copay low back pain, 20 visits/year

Podiatry: $40 copay

Meals: 2 meals/day for week after facility stay; 4x/year

Fitness: $0 SilverSneakers

Over-the-Counter: $50/quarter for approved products thru mail order, carryover until end of year

Medicare Prescription Drug Coverage: Yes, $700 deductible Tier 4 & 5

HumanaChoice Giveback PPO (H5216-340)

Humana Insurance Company
1-888-873-0686 (TTY 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, Johnson, Jones, Keokuk, Kossuth, Lee, 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; Part B premium reduction up to $63

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

Deductible: $500 medical deductible (some exclusions)

Yearly Out-of-Pocket Maximum: $5,000 in-network; $10,100 in and out-of-network (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 PCP; $45 specialist

Emergency Room Visit: $130 copay (waived if admitted within 24 hours); Worldwide coverage

Inpatient Hospital: $440/day for days 1-5; $0 days 6-90

Outpatient Services/Surgery: $400 copay

Skilled Nursing Care: $10 copay days 1-20; $221/day days 21-100

Diagnostic Lab Tests: $0-345 copay

Durable Medical Equipment: 19% coinsurance; $0 CGM & diabetic monitoring supplies at preferred supplier

Additional Benefits:

Annual Physical Exam: $0

Dental: up to 50% coinsurance for services; $4,000 combined maximum benefit for all services

Vision: $0 routine exam 1 per year; $50-100 allowance for contacts/eyeglasses/frames, depending on provider

Hearing: $0 routine hearing exam, 1 per year; $575-$750 copay hearing aids, 1 per ear per year

Chiropractic Care: $15 copay

Acupuncture: $45 copay low back pain, 20 visits/year

Podiatry: $45 copay

Meals: 2 meals/day for week after facility stay; 4x/year

Fitness: $0 SilverSneakers

Over-the-Counter: $25/quarter for approved products thru mail order, carryover until end of year

Medicare Prescription Drug Coverage: Yes, $700 deductible Tier 3-5

Humana USAA Honor Giveback PPO (H5216-278-001)

Humana Insurance Company
1-888-873-0686 (TTY 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

Monthly Premium: $0 + Part B monthly premium; Part B premium reduction up to $150

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

Yearly Out-of-Pocket Maximum: $4,700 in-network; $10,100 in and out-of-network (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 PCP; $55 specialist

Emergency Room Visit: $130 copay (waived if admitted within 24 hours)

Inpatient Hospital: $375/day for days 1-7; $0 days 8-90

Outpatient Services/Surgery: $400 copay

Skilled Nursing Care: $10 copay days 1-20; $221/day days 21-100

Diagnostic Lab Tests: $0-345 copay

Durable Medical Equipment: 16% coinsurance; $0 CGM & diabetic monitoring supplies at preferred supplier

Additional Benefits:

Annual Physical Exam: $0

Dental: $1,500 combined maximum benefit for all preventive & comprehensive services

Vision: $0 routine exam 1 per year; $100-200 allowance for contacts/eyeglasses/frames, depending on provider

Hearing: $0 routine hearing exam, 1 per year; $575-$750 copay hearing aids, 1 per ear per year

Chiropractic Care: $15 copay

Acupuncture: $55 copay low back pain, 20 visits/year

Podiatry: $55 copay

Meals: 2 meals/day for week after facility stay; 4x/year

Fitness: $0 SilverSneakers

Over-the-Counter: $100/quarter for approved products thru mail order; carryover until end of year

Medicare Prescription Drug Coverage: No. This is a medical-only benefits plan meant for someone who has creditable drug coverage.

MercyOne Health Plan Choice PPO (H1846-007)

MercyOne Health Plan
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, Wright

Monthly Premium: $0 + Part B monthly premium

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

Deductible: $300 (INN: applies to OT/PT/ST, Diagnostic Radiology, Therapeutic Radiology, X-Ray, OP Surgery/ASC, and Dialysis; OON: applies to all OON Medicare-covered services EXCEPT: ER/Urgent care, $0 preventive services, and Insulin)

Yearly Out-of-Pocket Maximum: $4,900 in-network, $6,900 Combined (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; $35 specialist

Emergency Room Visit: $130 each visit (waived if admitted within 48 hours); Worldwide Coverage

Inpatient Hospital: $395/day for days 1-5 per stay

Outpatient Services/Surgery: $0-$175 copay

Skilled Nursing Care: $0 for days 1-20; $221 for days 21-65; $0 for days 66-100

Diagnostic Lab Tests: $30 copay diagnostic tests & procedures; $175 diagnostic radiology (MRI, CAT)

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

Additional Benefits:

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

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: $13 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)

Acupuncture: $20 (6 visits every year)

Fitness: $0 copay OnePass® network

Over-the-Counter: $40 per quarter, no carryover

Travel Benefit: $1,500

Medicare Prescription Drug Coverage: Yes, $450 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 *1-888-873-0686 (TTY 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, Webster
Monthly Premium: $60 + Medicare Part B premium; plan monthly premium reduced to $47.50 if you receive Extra Help
Yearly Out-of-Pocket Maximum: $7,800 combined in and out-of-network (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 PCP, $55 specialist
Emergency Room Visit: $115 copay; $360 copay if placed in observation
Inpatient Hospital: $360/day for days 1-7 per stay; $0 for days 8-90
Outpatient Services/Surgery: $0 diagnostic colonoscopy or mammography; $400 surgery
Skilled Nursing Care: $0/day for days 1-20, $221/day for days 21-100
Diagnostic Lab Tests: $0 for basic services; up to $345 for advanced imaging (MRI, PET, CT)
Durable Medical Equipment: 20% of cost; $0 for CGM & diabetic supplies at preferred supplier
Additional Benefits:
Virtual/Telehealth Visit: $0 PCP; $55 specialist
Dental: $3,000 allowance per year for preventive & comprehensive services; comprehensive services may have 30% coinsurance cost
Vision: $0 for 1 routine exam per year; $50-100 annual allowance for contacts, frames, lenses
Hearing: $0 (1 routine exam per year & up to 3 follow-up visits); $575-$750 copay for hearing aids, 1 per ear per year
Chiropractic Care: $15 copay
Acupuncture: $55 copay low back pain, 20 visits/year
Podiatry: $55 copay
Meals: 2 meals/day for week after facility stay; 4x per year
Fitness: $0 SilverSneakers
Medicare Prescription Drug Coverage: Yes, $700 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, Worth
Monthly Premium: $114 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $5,900
Doctor Office Visit: $10 primary care; $25 specialist
Emergency Room Visit: $130 each visit (waived if admitted to hospital within 24 hrs); Worldwide Coverage
Inpatient Hospital: $300/day for days 1-5
Outpatient Services/Surgery: $0 diagnostic colonoscopies; $200 Ambulatory Surgical Ctr, $300 OP Hosp Surgeries
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $0 lab services; $10 X-rays; $10-25 diagnostic tests & procedures; $125 diagnostic radiology
Durable Medical Equipment: 20% coinsurance; $0 copay for diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 eVisits through Amwell
Dental: Preventive only benefit through Dental Benefit Providers (in network $0 copay; out-of-network 50% coverage)
Vision: $0 (1 routine exam/year); $100 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.
Chiropractic Care: $15 copay
Podiatry: $25 copay
Fitness: $0 OnePass fitness program, includes access to expansive network of fitness locations, online fitness classes (both live and on demand)
Over-the-Counter: $35 every 6 months, no rollover
Travel Benefit: Members can travel anywhere in the U.S. and receive in-network benefits with any provider that accepts Original Medicare
OT/PT/ST: $25 copay
Other Benefits: $0 for 24-hour nurse line
Medicare Prescription Drug Coverage: No. For Medicare drug coverage, you can enroll in one of the standalone Medicare drug plans.

Medica Prime Solution Premier Cost Plan (H2450-043)
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, Worth
Monthly Premium: $216 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $4,450
Doctor Office Visit: $0 primary care; $0 specialist
Emergency Room Visit: $130 each visit (waived if admitted to hospital within 24 hrs); Worldwide Coverage
Inpatient Hospital: $200/day for days 1-5
Outpatient Services/Surgery: $0 diagnostic colonoscopies; $100 Ambulatory Surgery Ctr, $200 OP Hospital Surgery
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $0 lab services, diagnostic tests, procedures & X-rays; $100 diagnostic radiology
Durable Medical Equipment: 10% coinsurance; $0 copay for diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 eVisits through Amwell
Dental: Preventive only benefit through Dental Benefit Providers (in network $0 copay; out-of-network 50% coverage)
Vision: $0 (1 routine exam/year); $100 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.
Chiropractic Care: $0 copay
Podiatry: $0 copay
Fitness: $0 OnePass fitness program, includes access to expansive network of fitness locations, online fitness classes (both live and on demand)
Over-the-Counter: $50 every 6 months, no rollover
Travel Benefit: Members can travel anywhere in the U.S. and receive in-network benefits with any provider that accepts Original Medicare
OT/PT/ST: $0 copay
Other Benefits: $0 for 24-hour nurse line
Medicare Prescription Drug Coverage: No. For Medicare drug coverage, you can enroll in one of the standalone Medicare drug plans.

Medica Prime Solution Thrift Cost Plan (H2450-030)
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, Worth
Monthly Premium: $53 + Part B monthly premium
Deductible: $50
Yearly Out-of-Pocket Maximum: $7,150
Doctor Office Visit: 20% primary care; 20% specialist
Emergency Room Visit: $130/visit; no worldwide coverage; if admitted, copay not waived
Inpatient Hospital: $350/day for days 1-5 per stay
Outpatient Services/Surgery: 20% per visit or surgery; $0 diagnostic colonoscopy
Skilled Nursing Care: $0 for days 1-20; $221/day for days 21-100
Diagnostic Lab Tests: $0 lab services; 20% diagnostic tests, procedures, X-rays & diagnostic radiology
Durable Medical Equipment: 20% coinsurance for DME or diabetic supplies
Additional Benefits:
Dental: No coverage
Vision: None
Hearing: $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
Chiropractic Care: 20% coinsurance
Podiatry: 20% coinsurance
Travel Benefit: Members can travel anywhere in the U.S. and receive in-network benefits with any provider that accepts Original Medicare
OT/PT/ST: 20% coinsurance
Other Benefits: $0 for 24-hour nurse line
Medicare Prescription Drug Coverage: No. For Medicare drug coverage, you can enroll in one of the standalone Medicare drug plans.

Medical Associates Health Plans (MAHP)
MAHP Smart Plan (H1651-001)
MAHP Community Plan (H1651-004)
MAHP Freedom Plan** (H1651-008)

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

Service Area: Clayton, Delaware, Dubuque, Jackson, Jones

Monthly Premium: amount + Part B monthly premium
H1651-001 - $160 provider network benefit
H1651-004 - $180 expanded provider network benefit within service area
H1651-008**- $260 expanded provider network + OON benefit

Yearly Out-of-Pocket Maximum: None

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

Emergency Room Visit: $0

Inpatient Hospital: $0

Outpatient Services/Surgery: $0 per visit

Skilled Nursing Care: $0

Diagnostic Lab Tests: $0

Durable Medical Equipment: $0

Additional Benefits:

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

Dental: None

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

Other Benefits: **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/injection service or dialysis service in office/outpatient setting;
- $500 inpatient admission copay per benefit period;
- $1,500 copay per outpatient surgery/procedure at Ambulatory Surgery Ctr or outpatient hospital setting (does not apply to physician charge); and
- 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

Medicare Prescription Drug Coverage: No. If you want Medicare Part D drug coverage, you must enroll in one of the standalone Medicare drug plans.

Mercy Cedar Rapids Senior Plan
Cost Plan (H5256-005)

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

Service Area: Linn

Monthly Premium: $180 + Part B monthly premium

Yearly Out-of-Pocket Maximum: None

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

Emergency Room Visit: $0

Inpatient Hospital: $0

Outpatient Services/Surgery: $0 per visit

Skilled Nursing Care: $0

Diagnostic Lab Tests: $0

Durable Medical Equipment: $0

Additional Benefits:

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

Dental: No additional benefit

Vision: $0 (1 exam/year)

Podiatry: $0 Routine care (up to 4 visits a year)

Travel Benefit: $250 annual deductible; 20% coinsurance; $50,000 lifetime maximum benefit

Medicare Prescription Drug Coverage: No. If you want Medicare Part D drug coverage, you must enroll in one of the standalone Medicare drug plans.

MAHP North Iowa Senior Plan Cost Plan (H1651-015)
Medical Associates Health Plans *1-800-747-8900* *www.mahealthplans.com*
Service Area: Cerro Gordo, Floyd, Hancock, Kossuth, Worth
Monthly Premium: $200 + Part B monthly premium
Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: $0 primary care; $0 specialist
Emergency Room Visit: $0
Inpatient Hospital: $0
Outpatient Services/Surgery: $0 per visit
Skilled Nursing Care: $0
Diagnostic Lab Tests: $0
Durable Medical Equipment: $0
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Dental: None
Vision: $0 (1 exam/year)
Podiatry: $0 Routine care (up to 4 visits a year)
Travel Benefit: $250 annual deductible; 20% coinsurance; $50,000 lifetime maximum benefit
Medicare Prescription Drug Coverage: No. If you want Medicare Part D drug coverage, you must enroll in one of the standalone Medicare drug plans.

MAHP Quad Cities Senior Plan Cost Plan (H1651-013)
Medical Associates Health Plans *1-800-747-8900* *www.mahealthplans.com*
Service Area: Clinton, Jackson, Scott
Monthly Premium: $180 + Part B monthly premium
Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: $0 primary care; $0 specialist
Emergency Room Visit: $0
Inpatient Hospital: $0
Outpatient Services/Surgery: $0 per visit
Skilled Nursing Care: $0
Diagnostic Lab Tests: $0
Durable Medical Equipment: $0
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Dental: None
Vision: $0 (1 exam/year)
Podiatry: $0 Routine care (up to 4 visits a year)
Travel Benefit: $250 annual deductible; 20% coinsurance; $50,000 lifetime maximum benefit
Medicare Prescription Drug Coverage: No. If you want Medicare Part D drug coverage, you must enroll in one of the standalone 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 **<u>you pay</u>** when you enroll in a Special Needs Plan.

Aetna Medicare Chronic Care HMO C-SNP (H5593-003)
Aetna Health of Iowa Inc. *1-833-258-3032 (TTY/TDD 711)* *www.aetnamedicare.com*
Service Area: Black Hawk, Clinton, Dallas, Jasper, Linn, Muscatine, Polk, Pottawattamie, Scott, Warren, Woodbury
Eligibility: Must have one of the following qualifying conditions verified by a physician: diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.
Monthly Premium: $0 + Part B premium
Yearly Out-of-Pocket Maximum: $6,750 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $35 specialist; $0 copay for certain physician specialist visits (Cardiologists, Endocrinologists, Nephrologists, Pulmonologists)
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; $0 days 7-90
Outpatient Services/Surgery: $450 per visit/$400 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: $0 each day for days 1-20; $221 each day for days 21-100
Diagnostic Lab Tests: $20 diagnostic tests, procedures & X-rays; $220 diagnostic radiology
Durable Medical Equipment: 20% of cost; $0 CGM & Accu‑Chek/Roche and TRUE/Trividia diabetic supplies
Additional Benefits:
Annual Physical Exam: $0 (1 exam/year)
Virtual/Telehealth Visit: $0 primary care; $35 specialist
Dental: $1,000 allowance for covered services; implants & orthodontic coverage excluded
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 every year
Fitness: $0 copay SilverSneakers
Over-the-Counter: $40 monthly allowance for approved OTC products at CVS retail or CVS.com/Aetna. May be able to use for healthy food, transportation, utilities, etc., if diagnosed with chronic condition, high risk of hospitalization, and needing care coordination. Additional $30 monthly for chronic qualified members who select high-value provider as their PCP.
Smoking & Tobacco Use Cessation: $0 unlimited visits
OT/PT/ST: $35 copay
Other Benefits: $15-35 copay for covered chiropractic, acupuncture, and podiatry care. See plan for details.
Medicare Prescription Drug Coverage: Yes, $0 cost share for Tier 1: $5 cost share for Tier 2 at preferred & standard pharmacies; $700 deductible Tier 3-5

Aetna Medicare Chronic Care Total HMO C-SNP (H5593-009)

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

Service Area: Black Hawk, Clinton, Dallas, Jasper, Linn, Muscatine, Polk, Pottawattamie, Scott, Warren, Woodbury

Eligibility: Must have one of the following qualifying conditions verified by a physician: diabetes mellitus, chronic heart failure, and/or cardiovascular disorders.

Monthly Premium: $0 + Part B premium

Deductible: 2027 annual Medicare Part B deductible

Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; 20% specialist; $0 copay for certain physician specialist visits (Cardiologists, Endocrinologists, Nephrologists, Pulmonologists)

Emergency Room Visit: $115 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage

Inpatient Hospital: $2,149 per stay

Outpatient Services/Surgery: 20% coinsurance

Skilled Nursing Care: $0 each day for days 1-20; $221 each day for days 21-100

Diagnostic Lab Tests: 20% coinsurance

Durable Medical Equipment: 20% of cost; $0 CGM & Accu‑Chek/Roche and TRUE/Trividia diabetic supplies

Additional Benefits:

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

Virtual/Telehealth Visit: $0 PCP; 20% specialist

Dental: $2,500 allowance for covered services; implants & orthodontic coverage excluded

Vision: $0 (1 routine exam/year); $225 annual allowance for contacts, frames, lenses thru EyeMed

Hearing: $0 (1 routine exam/year); $1,250 hearing aid benefit per ear every year

Fitness: $0 copay SilverSneakers

Over-the-Counter: $180 monthly allowance for approved OTC products at CVS retail or CVS.com/Aetna. May be able to use for healthy food, transportation, utilities, etc., if diagnosed with chronic condition, high risk of hospitalization, and needing care coordination. Additional $30 monthly for chronic qualified members who select high-value provider as their PCP.

Smoking & Tobacco Use Cessation: $0 unlimited visits

OT/PT/ST: 20% coinsurance

Other Benefits: 20% coinsurance for covered chiropractic, acupuncture, and podiatry care. See plan for details.

Medicare Prescription Drug Coverage: Yes, $0 cost share for Tier 1 and Tier 2 preferred & standard pharmacies; $700 deductible Tier 3-5

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, Wapello, Warren, Webster, Woodbury

Eligibility: D-SNP enrollment changes in 2027 - QMB beneficiaries may enroll in this plan. Existing Full Medicaid members may remain in the plan, but if Full Medicaid member disenrolls from the plan, they cannot re-enroll at a later date.

Monthly Premium: $0

Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0

Emergency Room Visit: $0 Worldwide Coverage

Inpatient Hospital: $0 unlimited days

Outpatient Services/Surgery: $0

Skilled Nursing Care: $0

Diagnostic Lab Tests: $0

Durable Medical Equipment: $0

Additional Benefits:

Annual Physical Exam: $0

Virtual/Telehealth Visit: $0

Dental: $2,000 allowance for preventive and comprehensive services

Vision: $0 (1 routine exam/year); $250 annual benefit for contacts, frames, lenses

Hearing: $0 (1 routine exam/year); $1,250 hearing aid benefit per ear every year

Meals: Up to 14 meals delivered to home after inpatient hospital or skilled facility stay

Fitness: $0 copay SilverSneakers

Flex Card / Benefit Card: $160 monthly allowance for approved OTC & wellness products at CVS retail or CVS.com/Aetna. May be able to use for healthy food, transportation, utilities, etc., if diagnosed with chronic condition, high risk of hospitalization, and needing care coordination. Additional $30 monthly for chronic qualified members who select high-value provider as their PCP.

Wigs: $400 benefit for cancer patients

Smoking & Tobacco Use Cessation: $0 unlimited visits

OT/PT/ST: $0 copay

Other Benefits: $0 copay for Medicare-covered podiatry, chiropractic, and acupuncture services. Podiatry limited to 12 visits per year.

Medicare Prescription Drug Coverage: Yes, $0 copay Tier 1 & 2; $0 deductible with Extra Help & Extra Help copay for prescriptions

Align Premier HMO I-SNP (H4127-002)

Align Senior Care
1-844-908-0313 (TTY 711)
www.alignseniorcare.com

Service Area: Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clinton, Dallas, Dubuque, Franklin, Grundy, Hamilton, Hardin, Henry, Jasper, Jefferson, Johnson, Jones, Linn, Mahaska, Marion, Marshall, Monona, Monroe, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Story, Wapello, Warren, Washington, Woodbury, Worth

Eligibility: Live in or intend to live in one of the plan's participating senior living communities for more than 90 days. See AlignSeniorCare.com/Search-Our-Network, or call Member Services.

Monthly Premium: $0 + Part B premium

Yearly Out-of-Pocket Maximum: $4,500 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 PDP; $40 specialist

Emergency Room Visit: $90 copay, waived if admitted within 3 days

Inpatient Hospital: $400/day for days 1-6; $0 for days 7-90 & unlimited additional days

Outpatient Services/Surgery: $0 diagnostic colonoscopy; $225 other services; $150 copay outpatient hospital observation services

Skilled Nursing Care: $0 per stay

Diagnostic Lab Tests: $0 copay lab services & outpatient X-rays; otherwise, 20% coinsurance

Durable Medical Equipment: 20% coinsurance; $0 copay diabetic montioring supplies

Additional Benefits:

Dental: $0 copay for 2 oral exams, 2 cleanings & fluoride treatments (1 every 6 months); up to $2,500 allowance thru Liberty Dental for preventive & comprehensive

Vision: $0 copay 1 routine eye exam & Glaucoma screening; 20% coinsurance for some specialized services to treat or diagnose eye diseases; up to $150 allowance per year for lenses/frames/contacts

Hearing: 20% coinsurance if covered by Medicare; $0 copay 1 routine visit & hearing aid fitting/evaluation; up to $1,200 allowance every year thru NationsHearing for prescription hearing aids for both ears combined

Podiatry: $0 copay up to 6 routine visits each year

Over-the-Counter: $145 allowance every 3 months for general living supports, OTC items or hearing aids & personal hygiene items if you qualify with a chronic condition; must be purchased thru The Helper Bees; carryover allowed until end of calendar year

OT/PT/ST: $40 copay

Medicare Prescription Drug Coverage: Yes, $450 deductible Tier 3-5

Align Senior Care HMO I-SNP (H4127-001)

Align Senior Care
1-844-908-0313 (TTY 711)
www.alignseniorcare.com

Service Area: Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clinton, Dallas, Dubuque, Franklin, Grundy, Hamilton, Hardin, Henry, Jasper, Jefferson, Johnson, Jones, Linn, Mahaska, Marion, Marshall, Monona, Monroe, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Story, Wapello, Warren, Washington, Woodbury, Worth

Eligibility: Live in or intend to live in one of the plan's participating senior living communities for more than 90 days. See AlignSeniorCare.com/Search-Our-Network, or call Member Services.

Monthly Premium: $24.60 + Part B premium

Deductible: You pay the 2027 annual Medicare Part B deductible

Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 PCP; 20% specialist

Emergency Room Visit: $90 copay, waived if admitted within 3 days

Inpatient Hospital: Original Medicare cost share (you pay the 2027 Part A deductible, then daily copay amounts for days 61+ in benefit period)

Outpatient Services/Surgery: 20% coinsurance

Skilled Nursing Care: $0 copay per stay

Diagnostic Lab Tests: $0 copay lab services & outpatient X-rays; otherwise, 20% coinsurance

Durable Medical Equipment: 20% coinsurance, including diabetic monitoring supplies & dialysis services

Additional Benefits:

Dental: $0 copay for 2 oral exams, 2 cleanings & fluoride treatments (1 every 6 months); up to $2,500 allowance thru Liberty Dental for preventive & comprehensive

Vision: $0 copay 1 routine eye exam & Glaucoma screening; 20% coinsurance for some specialized services to treat or diagnose eye diseases; up to $150 allowance per year for lenses/frames/contacts

Hearing: 20% coinsurance if covered by Medicare; $0 copay 1 routine visit & hearing aid fitting/evaluation; up to $1,560 allowance thru NationsHearing every 2 years for Rx hearing aids (combined, both ears)

Podiatry: $0 copay up to 6 routine visits each year

Over-the-Counter: $70 allowance every 3 months for general living supports, OTC items or hearing aids & personal hygiene items if you qualify with a chronic condition; must be purchased thru The Helper Bees; carryover allowed until end of calendar year

OT/PT/ST: 20% coinsurance

Medicare Prescription Drug Coverage: Yes, $700 deductible

Devoted C-SNP PLUS 036 IA HMO C-SNP (H7993-036)
Devoted Health Plans *1-866-395-8320 (TTY/TDD 711)* *www.devoted.com*
Service Area: Adair, Adams, Audubon, Benton, Boone, Buchanan, Cass, Cedar, Clarke, Clinton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Iowa, Jackson, Jasper, Jones, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Union, Warren, Washington, Wayne
Eligibility: You have one of the following conditions: Diabetes; Congestive or chronic heart failure; Cardiac arrhythmias; Coronary artery disease; Peripheral vascular disease or chronic venous thromboembolic disorder; Valvular heart disease
Monthly Premium: $0 + Part B premium
Deductible: $990 medical deductible
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care provider; 30% coinsurance specialist
Emergency Room Visit: $115 per visit (waived if admitted within 24 hours); Worldwide Coverage
Inpatient Hospital: $2,241 per stay
Outpatient Services/Surgery: 50% coinsurance
Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100
Diagnostic Lab Tests: 20-50% coinsurance
Durable Medical Equipment: 20% of the cost; $0 diabetic monitoring supplies (Accu-Chek); $0 Dexcom CGM at retail pharmacy
Additional Benefits:
Virtual/Telehealth Visit: $0 PCP; 30% specialist
Dental: $4,000 allowance for covered services; must receive services from a participating dental provider.
Vision: $0 copay 1 routine exam per year; $300 allowance for eyeglasses and/or contacts
Hearing: $0 copay 1 routine exam per year & hearing aid fitting/evaluation; $399 or $699 copay per hearing aid for up to 2 TruHearing Advanced or Premium aids
Podiatry: $0 copay routine care, up to 4 visits per year
Fitness: $0 membership SilverSneakers + $150 per year toward fitness and wellness-related items and activities
Over-the-Counter: $50 per quarter to use toward the purchase of eligible OTC items at participating locations.
Food & Home Benefit: $293/month for qualifying members to use toward the purchase of eligible food, utilities, and/or rent/mortgage. Must meet criteria based on chronic condition.
Medicare Prescription Drug Coverage: Yes, $461 deductible Tier 3-5

Devoted GIVEBACK EXTRAS 063 IA HMO C-SNP (H7993-063)
Devoted Health Plans *1-866-395-8320 (TTY/TDD 711)* *www.devoted.com*
Service Area: Adair, Adams, Audubon, Benton, Boone, Buchanan, Cass, Cedar, Clarke, Clinton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hardin, Harrison, Iowa, Jackson, Jasper, Jones, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Montgomery, Muscatine, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Tama, Union, Warren, Washington, Wayne
Eligibility: You have one of the following conditions: Diabetes; Congestive or chronic heart failure; Cardiac arrhythmias; Coronary artery disease; Peripheral vascular disease or chronic venous thromboembolic disorder
Monthly Premium: $0 + Part B premium; plan pays $95/month toward Part B premium
Deductible: $150 medical deductible
Yearly Out-of-Pocket Maximum: $5,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care provider; $55 specialist
Emergency Room Visit: $130 per visit
Inpatient Hospital: $550/day for days 1-5 (per stay); $0 for days 6+
Outpatient Services/Surgery: $600 copay
Skilled Nursing Care: $10/day for days 1-20; $221/day days 21-100
Diagnostic Lab Tests: $0-95 copay lab services & diagnostic tests; $100-300 radiology (CT, PET); 20% coinsurance radiation therapy
Durable Medical Equipment: 20% coinsurance; $0 diabetic monitoring supplies (Accu-Chek); $0 Dexcom CGM at retail pharmacy
Additional Benefits:
Virtual/Telehealth Visit: $0 PCP; $55 specialist
Dental: $3,250 annual reimbursement; you can see any licensed dentist in the United States. 100% reimbursement for covered preventive services & 50% reimbursement for covered comprehensive services.
Vision: $0 copay 1 routine exam per year; $400 allowance for eyeglasses and/or contacts
Hearing: $0 copay 1 routine exam per year & hearing aid fitting/evaluation; $599 or $899 copay per hearing aid for up to 2 TruHearing Advanced or Premium aids
Over-the-Counter: $140/quarter to use toward the purchase of eligible OTC items at participating locations
Medicare Prescription Drug Coverage: Yes, $700 deductible Tier 3-5

Great Plains Medicare Advantage HMO I-SNP (H1787-001)
Great Plains Medicare Advantage *1-877-492-5189 (TTY 711)* *https://greatplainsmedicareadvantage.com/*
Service Area: Fremont, Harrison, Lyon, Mills, Montgomery, Plymouth, Pottawattamie, Shelby
Eligibility: You live in (or expected to need care in) a participating nursing facility for 90 days or more.
Monthly Premium: $5 + Part B premium
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 PCP; 20% specialist
Emergency Room Visit: $90 copay
Inpatient Hospital: 2027 Medicare Part A cost share (deductible & copays)
Outpatient Services/Surgery: 20% coinsurance
Skilled Nursing Care: 2027 Original Medicare cost share (2026 was $217/day for days 21-100)
Diagnostic Lab Tests: 20% coinsurance
Durable Medical Equipment: 20% coinsurance
Additional Benefits:
Dental: No coverage
Vision: $0 (1 annual exam); eyewear allowance: $300 or contact lens allowance: $100
Hearing: $0 (annual exam & fitting copay); $2,000 annually for both ears
Transportation: $0 One way trips, limit 9
Medicare Prescription Drug Coverage: Yes, $700 deductible

Great Plains Medicare Advantage Gold HMO I-SNP (H1787-002)
Great Plains Medicare Advantage *1-877-492-5189 (TTY 711)* *https://greatplainsmedicareadvantage.com/*
Service Area: Fremont, Harrison, Lyon, Mills, Montgomery, Plymouth, Pottawattamie, Shelby
Eligibility: You live in (or expected to need care in) a participating nursing facility for 90 days or more.
Monthly Premium: $106 + Part B premium
Yearly Out-of-Pocket Maximum: $3,750 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 PCP; $30 specialist
Emergency Room Visit: $90 copay
Inpatient Hospital: $300/day days 1-5; $0/day 6+
Outpatient Services/Surgery: $0-200
Skilled Nursing Care: 2027 Original Medicare cost share (2026 was $217/day for days 21-100)
Diagnostic Lab Tests: 20% coinsurance
Durable Medical Equipment: 20% coinsurance
Additional Benefits:
Dental: $0 Cleaning 2x/year; $0 Exam 2x/year $0 X-ray 1x/year; $0 Fluoride 1x/year; $2,000 Annual comprehensive allowance; $500 Non-routine; $1,500 Prosthodontic services
Vision: $0 (1 annual exam); Eyewear allowance: $300 or contact lens allowance: $100
Hearing: $0 Copay fitting; $2,000 Annually for both ears
Transportation: $0 One way trips, limit 12
Medicare Prescription Drug Coverage: Yes, $300 deductible, $0 copay Tier 1 & $8 copay Tier 2

HumanaChoice SNP-DE PPO D-SNP (H5216-268)

Humana Insurance Company
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, Des Moines, Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Warren, Webster, Winnebago, Woodbury, Worth

Eligibility: D-SNP enrollment changes in 2027 - QMB beneficiaries may enroll in this plan. Existing Full Medicaid members may remain in the plan, but if Full Medicaid member disenrolls from the plan, they cannot re-enroll at a later date.

Monthly Premium: $0

Yearly Out-of-Pocket Maximum: $9,850 in-network or $14,800 combined in and out-of-network (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0

Emergency Room Visit: $0 each visit, Worldwide

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 Exam: $0

Virtual/Telehealth Visit: $0

Dental: $3,500 combined allowance

Vision: $0 for 1 routine exam per year; $200-300 annual benefit for contacts, frames, lenses

Hearing: $0 for 1 routine exam per year; $0 for Level 2 prescription hearing aid, up to 1 per ear per year

Meals: 2 meals per day for week after facility stay, within 30 days of discharge

Fitness: $0 SilverSneakers

Flex Card / Benefit Card: $100 monthly allowance for OTC products thru mail order vendor. May use for eligible groceries, utilities, rent, etc., if approved by plan due to chronic condition, high risk of hospitalization, and needing care coordination.

Transportation: $0 copay for 100 one-way approved trips per year (not over 50 miles/trip)

Other Benefits: $0 copay Medicare-covered podiatry, acupuncture & chiropractic care. Acupuncture limited to 20 visits.

Medicare Prescription Drug Coverage: Yes, $0 copay Tier 1 & 2 at in-network retail pharm; $0 deductible with Extra Help & Extra Help copay for prescriptions

Humana Together in Health PPO I-SNP (H7617-118)

Humana Insurance Company
1-888-873-0686 (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, Dubuque, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Worth, Wright

Eligibility: You must need the level of services provided in a skilled nursing facility, nursing facility, or rehabilitation hospital, long-term care hospital, or swing-bed hospital.

Monthly Premium: $0 + Part B monthly premium

Deductible: 2027 annual Medicare Part B deductible

Yearly Out-of-Pocket Maximum: $9,850 in-network or $14,800 in and out-of-network (Medicare Part A & B services only)

Doctor Office Visit: $0 PCP; 20% specialist

Emergency Room Visit: $115 each visit (waived if admitted within 24 hrs)

Inpatient Hospital: $612/day for days 1-4; $0 days 5-90

Outpatient Services/Surgery: 20% coinsurance

Skilled Nursing Care: $0 for days 1-100

Diagnostic Lab Tests: 20% coinsurance

Durable Medical Equipment: 20% of the cost; $0 diabetic supplies at network retail or preferred supplier

Additional Benefits:

Annual Physical Exam: $0

Dental: $1,000 combined allowance

Vision: $0 for 1 routine exam per year; $150-250 annual benefit for contacts or frames & lenses

Hearing: $0 for 1 routine exam per year; $275 for Level 2 prescription hearing aid, up to 1 per ear per year

Over-the-Counter: $30/month for approved OTC products through mail order provider; carryover allowed until end of calendar year

OT/PT/ST: $0 copay

Medicare Prescription Drug Coverage: Yes, $700 deductible for Tier 4-5

Iowa Health Advantage HMO I-SNP (H6765-001)
American Health Plans *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,Crawford, Dallas, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, 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, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Eligibility: You must reside in a Medicare-contracted Skilled Nursing Facility receiving skilled or nursing home level of care.
Monthly Premium: $24.60 + Part B premium ($0 premium for those w/Medicare and Medicaid)
Deductible: 2027 annual Medicare Part B deductible
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only); $0 for those with Medicaid
Doctor Office Visit: $0 primary care; 20% specialists
Emergency Room Visit: $115 max per visit
Inpatient Hospital: 2027 Medicare Part A cost share (deductible & copays)
Outpatient Services/Surgery: 20% coinsurance
Skilled Nursing Care: $0 each day for days 1-100; no hospital stay required
Diagnostic Lab Tests: $0 for Medicare-covered lab services; 20% of the cost for Medicare-covered Diagnostic tests & services, outpatient X-ray
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Dental: None
Vision: $0 (1 routine exam); $300/year for contact lenses, eyeglasses, frames, upgrades
Hearing: $0 1 routine exam & hearing aid evaluations/fittings; 2 hearing aids/year, up to $500/ear
Podiatry: $0 (up to 6 visits per year)
Transportation: $0 for 36 one-way, non-emergent trips to any health-related location.
Coordinated Clinical Care: thru TruHealth
Support & Supervisory Services: $0 up to 40 hours yearly for 1-on-1 services delivered by a qualified indiv.
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)
American Health Plans *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,Crawford, Dallas, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, 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, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Eligibility: You live in a contracted assisted living community receiving care similar to nursing home level of care.
Monthly Premium: $24.60 + Part B premium ($0 premium for those w/ Medicare and Medicaid)
Deductible: 2027 annual Medicare Part B deductible
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only); $0 for those with Medicaid
Doctor Office Visit: $0 primary care; 20% specialists
Emergency Room Visit: $115 max per visit
Inpatient Hospital: 2027 Medicare Part A cost share (deductible & copays)
Outpatient Services/Surgery: 20% coinsurance
Skilled Nursing Care: $0 each day for days 1-100; no hospital stay required
Diagnostic Lab Tests: $0 for Medicare-covered lab services; 20% of the cost for Medicare-covered Diagnostic tests & services, outpatient X-ray
Durable Medical Equipment: 20% of the cost
Additional Benefits:
Dental: None
Vision: $0 (1 routine exam); $225/year for contact lenses, eyeglasses, frames, upgrades
Hearing: $0 routine exam/year & hearing aid evaluations/fittings; 2 hearing aids/year, up to $500/ear
Podiatry: $0 (up to 4 visits per year)
Over-the-Counter: up to $105/month OTC
Flex Card / Benefit Card: up to $110/month credit to spend on healthy foods if you qualify with chronic condition
Coordinated Clinical Care: thru TruHealth
Support & Supervisory Services: $0 up to 40 hours yearly for 1-on-1 services delivered by a qualified indiv.
Medicare Prescription Drug Coverage: Yes, $615 deductible

Molina Medicare Complete Care HMO D-SNP (H4367-001)
Molina Healthcare, Inc. *(833) 779-1510 (TTY/TDD 711)* *MolinaHealthcare.com/Medicare*
Service Area: Linn, Polk, Scott
Eligibility: You can enroll in this plan if you have Full Medicaid benefits with Molina MCO.
Monthly Premium: $0
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 copay, PCP or specialist
Emergency Room Visit: $0 copay
Inpatient Hospital: $0 day for days 1-90
Outpatient Services/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 Exam: $0 copay
Virtual/Telehealth Visit: $0 copay
Dental: $4,000 allowance for comprehensive services, including extractions, endodontics, dentures, etc.
Vision: $150 allowance to purchase contact lenses, eyeglasses (lenses & frames) & certain upgrades (tinted or polarized lenses)
Hearing: $0 copay 2 pre-select hearing aids every 2 yrs
Acupuncture: $0 copay, up to 12 visits in 90 days for chronic lower back pain; 8 additional sessions may be covered if showing improvement
Podiatry: $0 copay with certain conditions
Meals: maximum of 56 meals over 4-week period each yr
Fitness: $0 copay Silver&Fit
Over-the-Counter: $200 OTC monthly allowance. Can use for food and produce, transportation, and utilities with proof of qualifying chronic condition, high risk of hospitalization, and need for care coordination.
Smoking & Tobacco Use Cessation: $0 copay, 8 visits
Medicare Prescription Drug Coverage: Yes, $0 deductible, then copay based on level of Extra Help

Molina Medicare Complete Care HMO D-SNP (H4367-002)
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, Cerro Gordo, 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, Kossuth, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Ringgold, Sac, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
Eligibility: You can enroll in this plan if you have Full Medicaid benefits with Molina MCO.
Monthly Premium: $0
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 copay PCP or specialist
Emergency Room Visit: $0 copay
Inpatient Hospital: $0 day for days 1-90
Outpatient Services/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 Exam: $0 copay
Virtual/Telehealth Visit: $0 copay
Dental: $4,000 allowance for comprehensive services, including extractions, endodontics, dentures, etc.
Vision: $150 allowance to purchase contact lenses, eyeglasses (lenses & frames) & certain upgrades (tinted or polarized lenses)
Hearing: $0 copay 2 pre-select hearing aids every 2 yrs
Acupuncture: $0 copay, up to 12 visits in 90 days for chronic lower back pain; 8 additional sessions may be covered if showing improvement
Podiatry: $0 copay with certain conditions
Meals: maximum of 56 meals over 4-week period each yr
Fitness: $0 copay Silver&Fit
Over-the-Counter: $61 OTC monthly allowance. Can use for food and produce, transportation, and utilities with proof of qualifying chronic condition, high risk of hospitalization, and need for care coordination.
Smoking & Tobacco Use Cessation: $0 copay, 8 visits
Medicare Prescription Drug Coverage: Yes, $0 deductible, then copay based on level of Extra Help

UHC Complete Care IA-5 HMO-POS C-SNP (H5253-243-001)
UNITEDHEALTHCARE OF WISCONSIN, INC. *1-844-723-6473 (TTY/TDD 711)* *www.UHCCommunityPlan.com*
Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story, Warren
Eligibility: You must be diagnosed with Cardiovascular Disorder, Chronic Heart Failure, and/or Diabetes.
Monthly Premium: $29 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $5,900 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $40 specialist (except psychiatry)
Emergency Room Visit: $130 each visit (waived if admitted within 24 hrs)
Inpatient Hospital: $550/day for days 1-5 (per stay); $0 for days 6-unlimited
Outpatient Services/Surgery: $5 diagnostic tests & procedures; $200 diagnostic radiology (MRI/CT)
Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100
Diagnostic Lab Tests: $5 copay for diagnostic tests & procedures; $200 diagnostic radiology
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 preventive and diagnostic dental services
Vision: $0 (1 routine exam/year); $250 credit for contact lenses or eyeglasses (lenses/frames) every 2 yrs **Hearing:**
$0 (1 routine exam/year); $1000 allowance for hearing aids for two devices every year
Podiatry: $40 (6 routine visits/year)
Meals: $0, up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Over-the-Counter: $110/month OTC credit; may use for healthy food if you qualify (high hospitalization risk & need intensive care coordination); no carryover
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

UHC Complete Care IA-5 HMO-POS C-SNP (H5253-243-002)
UNITEDHEALTHCARE OF WISCONSIN, INC. *1-844-723-6473 (TTY/TDD 711)* *www.UHCCommunityPlan.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
Eligibility: You must be diagnosed with Cardiovascular Disorder, Chronic Heart Failure, and/or Diabetes.
Monthly Premium: $28 + Part B monthly premium
Yearly Out-of-Pocket Maximum: $7,150 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 primary care; $60 specialist (except psychiatry)
Emergency Room Visit: $130 each visit (waived if admitted within 24 hrs)
Inpatient Hospital: $550/day for days 1-5 (per stay); $0 for days 6-unlimited
Outpatient Services/Surgery: $40 diagnostic tests & procedures; $285 diagnostic radiology (MRI/CT)
Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100
Diagnostic Lab Tests: $5 copay for diagnostic tests & procedures; $285 diagnostic radiology
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 preventive and diagnostic dental services
Vision: $0 (1 routine exam/year); $200 credit for contact lenses or eyeglasses (lenses/frames) every 2 yrs
Hearing: $0 (1 routine exam/year); $700 allowance for hearing aids for two devices every year
Podiatry: $55 (6 routine visits/year)
Meals: $0, up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
Fitness: $0, Renew Active
Over-the-Counter: $40/month OTC credit; may use for healthy food if you qualify (high hospitalization risk & need intensive care coordination); no carryover
Medicare Prescription Drug Coverage: Yes, $685 deductible for Tier 3-5

UHC Complete Care Support IA-1A HMO C-SNP (H5253-239)

UNITEDHEALTHCARE OF WISCONSIN, INC.
1-844-723-6473 (TTY/TDD 711)
www.UHCCommunityPlan.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, Washington, Webster, Winnebago, Wright

Eligibility: You must be diagnosed with Cardiovascular Disorder, Chronic Heart Failure, and/or Diabetes

Monthly Premium: $0 + Part B monthly premium

Deductible: 2027 annual Medicare Part B deductible

Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)

Doctor Office Visit: 20% primary care; 20% specialist (or $0 copay depending on Medicaid)

Emergency Room Visit: $115 each visit (waived if admitted within 24 hrs)

Inpatient Hospital: $2,091 per stay (or $0 copay depending on Medicaid)

Outpatient Services/Surgery: 20% coinsurance (or $0 copay depending on level of Medicaid)

Skilled Nursing Care: $0 for days 1-20; $221 each day for days 21-100

Diagnostic Lab Tests: 20% coinsurance

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

Additional Benefits:

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

Virtual/Telehealth Visit: $0 copay

Vision: $0 (1 routine exam per year); $300 combined allowance for contact lenses or eyeglasses (lenses/frames) once/year

Hearing: $0 (1 routine exam/year); $2,200 allowance for hearing aids for two devices every two years

Podiatry: $0 (up to 6 visits per year)

Meals: $0, up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year

Fitness: $0, Renew Active

Over-the-Counter: $240/month OTC credit; may use for healthy food if you qualify (high hospitalization risk & need intensive care coordination); no carryover

Medicare Prescription Drug Coverage: Yes, $700 deductible for Tier 3-5

UHC Dual Complete IA-S001 HMO-POS D-SNP (H0169-001)

UNITEDHEALTHCARE OF WISCONSIN, INC.
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: D-SNP enrollment changes in 2027 - QMB beneficiaries may enroll in this plan. Existing Full Medicaid members may remain in the plan, but if Full Medicaid member disenrolls from the plan, they cannot re-enroll at a later date.

Monthly Premium: $0

Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0, including specialists

Emergency Room Visit: $0 copay

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 Exam: $0

Virtual/Telehealth Visit: $0

Dental: $0 preventive & diagnostic; $2,500 per year limit for certain comprehensive and preventive dental services

Vision: $0 (1 routine exam per year); $300 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: $0 (up to 6 visits per year)

Meals: $0, up to 28 home-delivered meals for 14 days after an inpatient or skilled facility stay (unlimited times)

Fitness: $0, Renew Active

Over-the-Counter: $188/month OTC credit; may use for healthy food if you qualify (high hospitalization risk & need intensive care coordination); no carryover

Medicare Prescription Drug Coverage: Yes, $0 deductible for all Tiers, then drug copay depending on level of Extra Help

Wellcare Iowa Total Care Dual Access HMO-POS D-SNP (H1862-004)
Wellcare Health Plans *1-844-599-0139* *www.wellcare.com*
Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Buchanan, Butler, Carroll, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Poweshiek, Ringgold, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth, Wright
Eligibility: You can enroll in this plan if you have QMB benefits.
Monthly Premium: $0
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
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 Physical Exam: $0
Dental: $0 preventive; $2,500/year for comprehensive services, including dentures (in-network: $0 copay; out-of-network: 25%)
Vision: $0 routine exam; $200 eyewear allowance for glasses, lenses, and/or frames
Hearing: $0 routine exam & hearing aid fitting per year; $500 per ear every year for hearing aids
Meals: Post-acute meals
Fitness: $0 copay, OnePass® network
Over-the-Counter: $34 rolling monthly allowance for covered OTC items. 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 Iowa Total Care Dual Liberty Sync HMO-POS D-SNP (H1862-003)
Wellcare Health Plans *1-844-599-0139* *www.wellcare.com*
Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Buchanan, Butler, Carroll, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Poweshiek, Ringgold, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth, Wright
Eligibility: You can enroll in this plan if you have Full Medicaid benefits with Iowa Total Care MCO.
Monthly Premium: $0
Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)
Doctor Office Visit: $0 (primary care & specialist)
Emergency Room Visit: $0
Inpatient Hospital: $0/day up to 90 days per admission
Outpatient Services/Surgery: $0
Skilled Nursing Care: $0 for up to 100 days/year
Diagnostic Lab Tests: $0
Durable Medical Equipment: $0
Additional Benefits:
Annual Physical Exam: $0
Dental: $0 preventive; $5,000/year for comprehensive services, including dentures (in-network: $0 copay; out-of-network: 25%)
Vision: $0 routine exam; $300 eyewear allowance
Hearing: $0 routine exam & hearing aid fitting per year; $1,500 per ear every year
Meals: Post-acute meals
Fitness: $0 copay, OnePass® network
Over-the-Counter: $194 rolling monthly allowance for covered OTC items. May use toward gas, healthy food, utilities, rent, etc., with proof of qualifying chronic condition, high risk of hospitalization, and need for care coordination.
Transportation: 8 one-way trips every year
Medicare Prescription Drug Coverage: Yes, $0 deductible; copay depending on level of Extra Help

Wellcare Iowa Total Care Dual Reserve HMO-POS D-SNP (H1862-006)

Wellcare Health Plans
1-844-599-0139
www.wellcare.com

Service Area: Adair, Adams, Appanoose, Audubon, Benton, Boone, Buchanan, Butler, Carroll, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Polk, Pottawattamie, Poweshiek, Ringgold, Shelby, Sioux, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth, Wright

Eligibility: You can enroll in this plan if you have SLMB benefits.

Monthly Premium: $0

Yearly Out-of-Pocket Maximum: $7,100 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 primary care; $35 specialist

Inpatient Hospital: $350/day for days 1-5

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 / $50 X-ray

Durable Medical Equipment: 20% of the cost

Additional Benefits:

Annual Physical Exam: $0

Dental: $0 preventive; $1,500 comprehensive allowance including dentures (in-network: $0 copay; out-of-network: 25%)

Vision: $0 routine exam; $200 eyewear allowance

Hearing: Only Medicare-covered services

Meals: None

Fitness: $0 copay, OnePass® network

Over-the-Counter: $25 rolling monthly allowance for covered OTC items. May use toward gas, healthy food, utilities & rent, etc., with qualifying chronic condition.

Transportation: None

Medicare Prescription Drug Coverage: Yes, $0 deductible, then copay depending on level of Extra Help.

Wellpoint Full Dual Advantage HMO-POS D-SNP (H0907-003)

Wellpoint Iowa, Inc.
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, Wright

Eligibility: You can enroll in this plan if you have Full Medicaid benefits with Wellpoint MCO.

Monthly Premium: $0

Yearly Out-of-Pocket Maximum: $9,850 (Medicare Part A and Part B covered services only)

Doctor Office Visit: $0 copay

Emergency Room Visit: $0 copay, Worldwide

Inpatient Hospital: $0 copay per stay

Outpatient Services/Surgery: $0 copay

Skilled Nursing Care: $0 per stay

Diagnostic Lab Tests: $0 copay

Durable Medical Equipment: $0 copay

Additional Benefits:

Annual Physical Exam: $0 copay

Dental: $0 copay, up to $4,000 allowance covered preventive & comprehensive services (with prior authorization, limitations, exclusions); no carryover

Vision: $0 copay, 1 routine exam per year; up to $425 for eyeglasses or contact lenses every year

Hearing: $0 copay 1 routine exam per year; $300 max for OTC hearing aids or 1 hearing aid fitting evaluation and $3,000 max plan benefit for prescribed hearing aids

Podiatry: $0 copay unlimited routine foot care visits

Meals: up to 2 meals/day for 21 days (42 meals max) after discharge from facility

Fitness: $0 copay for SilverSneakers

Flex Card / Benefit Card: $105 monthly allowance for Assistive Devices and OTC products. May also cover Healthy Foods and Utilities (gas, electric, cable, cell) with proof of qualifying chronic condition, high risk of hospitalization, and need for care coordination.

Transportation: 22 one-way, routine services

Personal Emergency Response System: $0 copay

Medicare Prescription Drug Coverage: Yes, $0 deductible & reduced copays with Extra Help.

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				

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.



SHIIP
IOWA'S MEDICARE RESOURCE

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

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.

SHIP Navigating Medicare · SMP Preventing Medicare Fraud

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SAFETY TIPS FROM IOWA SENIOR MEDICARE PATROL (SMP):

BE AWARE OF SPOOFING SCAMS



Spam calls are no longer just about trying to sell you something. Sophisticated scammers can pretend to be from banks, tax offices, courier companies and more by "spoofing" phone numbers.

What is a spoofed call??

When a caller deliberately fakes a local or familiar number on caller ID to hide their true identity.

HOW TO SPOT A SPOOF...

- Caller claims to be from a government agency demanding immediate action.
- Caller requests personal details like passwords or banking information.
- Caller threatens account suspension or legal action.

...TIPS TO STAY SAFE.

- If anything sounds suspicious, hang up & call the official number directly.
- Never call back a suspicious number or click on any links sent by text afterward.

If you have been impacted by Medicare fraud, errors or abuse:
Call Iowa Senior Medicare Patrol (SMP) at: 1-800-351-4664
or visit: https://shiip.iowa.gov/fraud

PROTECT **DETECT** **REPORT**

How Can I Stop Spam Calls?!

Setting up "Call Screening" on your cell phone

What is call screening?

Call screening is a built-in tool for your phone to automatically: Identify callers, screen or silence unknown numbers, block spam & fraud calls, answer calls on your behalf using AI, provider a realtime trascript so you can decide whether to pick up.

HOW TO SCREEN CALLS...

IPHONE

1. Open settings
2. Select "apps"
3. Select "Phone"
4. Scroll down to "Screen Unknown Callers"
5. Toggle on your choice: "Never, Ask Reason for Calling, or Silence

Android

1. Open the Phone app
2. Tap the three-dot menu in the top right corner
3. Select "Settings"
4. Tap "Call Screening" (or Bixby text call)
5. Toggle the switch to "ON"

GOOGLE

1. Open the Phone app
2. Tap the three-dot menu in the top right corner
3. Select "Settings"
4. Tap Call Screen
5. Turn on "Automatically Screen Calls"
6. Choose your protection: Max, Medium or Basic

Make sure to also...

- **Avoid sharing your number publicly.** Many spam lists originate from websites, contest forms, or online accounts that expose your phone number. Avoid posting your number on social media, forums or classifieds
- **Be cautious with "free" wi-fi networks** or apps requesting unnecessary phone permissions
- **Use alternate numbers** (like Google voice) for online signups
- **Remove data sharing** from apps that don't need phone access.

SMP Senior Medicare Patrol

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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.