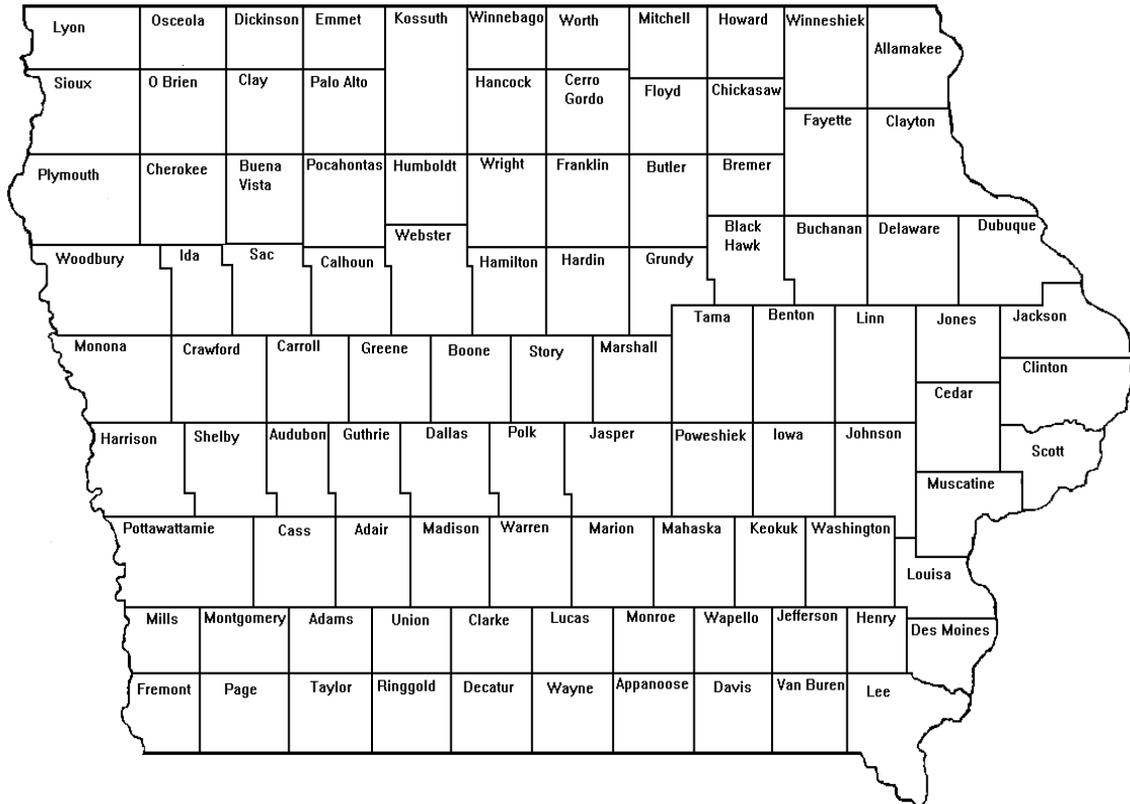


# Medicare Advantage & Other Health Plans in Iowa 2023



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# Free, Confidential and Objective Medicare Counseling Services for Iowans

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

Iowa has a resource specifically for people on Medicare, or those becoming eligible for Medicare — the Senior Health Insurance 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 preparing to enter the Medicare system or are navigating existing benefits, SHIIP-SMP can guide you toward solutions that best fit your needs, now, and in the future.

**For an appointment visit [shiip.iowa.gov](http://shiip.iowa.gov) today.**



## Did you know?

**SHIIP-SMP counselors are trained in fraud prevention.**

Through our Senior Medicare Patrol (SMP) 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.



**Free. Confidential. Objective.**

**1-800-351-4664 / [shiip.iowa.gov](http://shiip.iowa.gov)**

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



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## Medicare Advantage Basics

Since Medicare's creation in 1965, most Iowans have received their Medicare Part A and Medicare Part B health benefits through the Original Fee-For-Service system. In 1997, Congress 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 Medicare Advantage choices in Iowa.

Currently, Medicare Advantage and/or Special Needs plan options 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 Medicare Part A **and** Part B and you live in the plan's service area (e.g. counties where the plan is approved to be offered). Included are people on Medicare because of disability. Some plans charge a monthly premium, others charge no premium. You must continue to pay the Medicare Part B premium in either case. You will have to pay some other costs (such as co-payments or coinsurance) for the services you get. These plans cover all the services Original Medicare covers and Medicare Advantage plans may add extra benefits such as coverage for vision, hearing, dental and wellness programs. Most of the plans include Medicare prescription drug coverage (Part D).

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

You **don't need Medicare supplement insurance** when you are enrolled in a Medicare Advantage plan. Supplemental insurance will only pay benefits when you are enrolled in Original Medicare.

Employer plans may supplement Medicare Advantage plans. If you want to cancel your Medicare supplement you will need to contact your insurance company. It cannot be done by the Medicare Advantage plan.

### Enrollment or Disenrollment

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

- **First become eligible for Medicare** - You can join during the 7-month period that begins three months before you turn 65, includes the month you turn 65, and ends three months after. If you get Medicare due to disability, you can join three months before to three months after your Medicare is effective. If your Medicare effective date is made retroactive, you can join a plan the month you are notified of your Medicare effective date and for three months after your notification.
- **January 1, to March 31** – If you are enrolled in a Medicare Advantage plan on January 1, you can enroll in another Medicare Advantage plan or disenroll from your Medicare Advantage

plan and return to Original Medicare and enroll in a Part D plan. You can make one election during this time. This does not apply to Cost Plans (see page 36).

- **After March 31** – You will not be able to disenroll from a Medicare Advantage plan until October 15 to December 7 unless you qualify for a Special Enrollment Period.
- **October 15 to December 7** - You can **join, switch or disenroll** from a Medicare Advantage or Cost plan. You can add or drop drug coverage. Your new coverage will be effective January 1 of the following year.
- **Special Enrollment Periods** - In certain situations, such as a change in residence, you would be eligible for a Special Enrollment Period (SEP) to disenroll, join or switch to a different plan. Call SHIIP at 1-800-351-4664 for information about other Special Enrollment Periods.
- **5-Star Special Enrollment** – You can enroll in a 5-star Medicare Advantage plan or Cost plan once from December 8, 2022 to November 30, 2023. If you are currently enrolled in a Medicare Advantage or Cost plan with a 5-star overall rating, you may switch to a different plan with a 5-star overall rating. You can find the plan ratings on the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov)
- **Non-Renewal** – If your Medicare Advantage 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. If you return to Original Medicare you must be allowed to enroll in a Medicare supplement plan A, B, C, F, K or L (including Medicare Select or High Deductible choices) 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 Select or High Deductible choices).
- **Exceptions:**
  - You can join or disenroll from a Cost Plan anytime during the year. If you are enrolled in a Medicare Advantage plan and you want to enroll in a Cost plan you must have a valid enrollment period to disenroll from your Medicare Advantage plan.
  - Individuals eligible for full Medicaid benefits, receive help from the state paying their Part B premiums or qualify for Medicare prescription drug coverage “Extra Help”, can change plans once per quarter: January to March, April to June and July to September.

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

If you are enrolling in a Medicare Advantage plan or Cost for the first time you can return to Original Medicare and are guaranteed the right to get Medicare Supplement Insurance 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 Select or High

Deductible choices).

- 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
  - Individuals entitled to Medicare prior to 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 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.

- 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.

### **Medicare Advantage and Medicare Part D (Drug Plans)**

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

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

### **Medicare Advantage and Medicaid**

If you have full Medicaid benefits or are enrolled in the QMB Medicare Savings Program and are enrolled in a Medicare Advantage plan, your providers cannot bill you for the cost of deductibles and copayments for Medicare Part A and Part B covered services 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 42.

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

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

### **Checklist for People Considering a Medicare Advantage Plan**

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

1. Which providers/facilities do you use?
  - How important is it for you to continue with them?
  - In which Medicare Advantage plan networks do they participate?
  - If you are enrolled in a Medicaid Managed Care Organization (MCO), do your providers accept both your MCO and the Medicare Advantage plan?
2. What medications do you take?
  - Are all of your prescriptions covered by the Medicare Advantage plan?
  - Which Medicare Advantage plans offer your drugs at the lowest cost with the least restrictions?
  - Is your pharmacy part of the plan's network?
  - Do you care if you have to change pharmacies?
  - Compare plans at [www.Medicare.gov](http://www.Medicare.gov)

3. Do you want your care choices directed?
  - Does the plan require you go through a primary care physician?
  - Does the plan require you to obtain referrals to see a specialist?
  - Does the plan require you to get prior authorization for some services? If so, what services?
4. Do you travel outside your county or state?
  - How often and for how long?
  - Will you be able to access the care you need if you travel outside your county or state? (Most plans only provide emergency or urgent care coverage)
5. What are your out-of-pocket costs with the Medicare Advantage plan?
  - Would paying the cost shares cause you financial difficulty?
  - 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 maximum out-of-pocket concern you?
6. Are any of the extra benefits provided by the Medicare Advantage plan important to you (e.g., dental, vision, health club membership, etc.)?
7. Do you know your options if you want to switch to Original Medicare?
  - Do you understand when you can switch?
  - Will you have a guaranteed right to purchase a Medicare supplement?
8. Do you have access to other coverage?
  - A Medicare Supplement plan will not pay when you are enrolled in a Medicare Advantage plan
  - Employer/Military/VA/Other Insurance
9. Do you qualify for payment assistance? You can contact SHIP/ SMP to see if you qualify.
  - Medicare Savings Program helps pay Part B premium and/or deductibles, copayments and coinsurance for Original Medicare and Medicare Advantage plans.
  - Part D Low Income Subsidy helps with Part D premium, deductible and copayments and coinsurance.

# Decide How to Get your Medicare

<b>Decide if You Want</b>		
<b>Original Medicare</b>	<b>OR</b>	<b>Medicare Advantage Plan</b>
<p>Part A (Hospital Insurance) and Part B (Medical Insurance)</p> <ul style="list-style-type: none"> <li>• You pay Part B monthly premium</li> <li>• Medicare provides this coverage</li> <li>• You have your choice of doctors, hospitals, and other providers</li> <li>• Generally, you pay deductibles, copayments and coinsurance</li> <li>• Pays claims for Medicare services received anywhere in the US</li> </ul>	<b>OR</b>	<p>Includes both Part A (Hospital Insurance) and Part B (Medical Insurance)</p> <ul style="list-style-type: none"> <li>• You pay Part B monthly premium</li> <li>• You must be enrolled in Part A and Part B</li> <li>• You may pay a monthly plan premium</li> <li>• Private insurance companies approved by Medicare provide this coverage</li> <li>• Doctors, hospitals and other providers may or may not accept the plan</li> <li>• You pay a deductible, copayment or coinsurance for covered services</li> <li>• Some plans offer extra benefits such as dental, vision, hearing and health club memberships</li> <li>• Costs and rules vary by plan</li> <li>• You must live in the plan's service area</li> </ul>
<b>Decide if you want prescription drug coverage (Part D)</b>		
<ul style="list-style-type: none"> <li>• If you want this coverage you must choose and join a Medicare Prescription Drug Plan</li> <li>• These plans are run by private companies approved by Medicare</li> </ul>	<b>OR</b>	<ul style="list-style-type: none"> <li>• If you want this coverage, in most cases you must get it through your Medicare Advantage plan</li> <li>• Most Medicare Advantage plans include Part D coverage</li> </ul>
<b>Decide if you want Supplemental Coverage</b>		
<ul style="list-style-type: none"> <li>• You may want to get private coverage that fills gaps in Original Medicare</li> <li>• You can choose to buy private supplemental coverage, like a Medicare supplement policy</li> <li>• Costs vary by policy or company</li> <li>• Employers/Unions may offer similar coverage</li> </ul>	<b>OR</b>	<ul style="list-style-type: none"> <li>• A Medicare supplement policy is not needed, they do not pay benefits when you are enrolled in a Medicare Advantage plan</li> <li>• If you already have a Medicare supplement, you can't use it to pay your expenses under the Medicare Advantage plan</li> <li>• If you already have a Medicare Advantage plan you cannot be sold a Medicare supplement</li> </ul>

## 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 to see if they will treat patients covered by the plan before you enroll.** More information available on page 21.

**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 to see if they will treat patients covered by the plan before you enroll.** More information available on page 35.

**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, 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 36.

**SNP (Special Needs Plan):** Medicare Special Needs Plans available in Iowa are 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 42.

**Information provided for each Plan includes, but is not limited to:**

- **Plan Name and Number:** Listed in bold is the name used by the company to market the plan, and the plan number. Plans in each category are arranged in alphabetical order. Many of the plans offer more than one option, but options may not be available in every county of the plan’s service area.
- **Company Name:** The name of the insurance company marketing the plan is shown in italics.

- **Phone Number:** The phone number listed is for prospective members.
- **Service Area:** To enroll in a Medicare Advantage plan you must live in the “service area”, or counties, served by the plan. Counties are listed for each plans service area.
- **Premium:** This is the total monthly premium you pay for the plan, including hospital, medical and prescription drug benefits, when offered. You also continue to pay your Part B premium each month.
- **Medicare Prescription Drug Coverage:** Includes details on whether prescription drug coverage is included in the plan and if there is any deductible. Regarding insulin, effective January 1, 2023 plans cannot charge more than \$35 for copays for a one-month supply of insulin if it is included on the plan’s formulary. There is no deductible for covered insulin.
- For more information on a specific Medicare Advantage plan go [www.medicare.gov](http://www.medicare.gov) or contact the company. Phone numbers and website addresses are listed in this booklet. If you have general questions about Medicare Advantage, contact SHIP/ SMP at 1-800-351-4664 (TTY 800-735-2942).

<b>Medicare Health Maintenance Organizations (HMO)/Point-of-Service (POS) Option</b>	<b>AARP Medicare Advantage HMO-POS (H2802-001)</b>
	<p>A Medicare HMO offers services through a network of contracted hospitals, doctors and other providers, and the plan pays the providers directly. Most plans have strict “lock-in” requirements. This means you generally must receive all covered care from the plan providers or through referrals by the plan. <b>If you go outside the network without a referral, neither the Medicare HMO nor Medicare will pay.</b> Emergencies and urgent care are covered when you cannot reach a plan location.</p> <p>The HMO manages your Medicare Part A and Part B health insurance benefits. <b>You do not need a Medicare supplement.</b> If you have a policy, it will not pay when you are enrolled in an HMO.</p> <p>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.</p> <p>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.</p> <p><b>If you are interested in one of these plans and you want to receive Medicare drug coverage, you must choose a plan that includes the benefit.</b> You cannot enroll in a Medicare HMO or HMO-POS plan and enroll in a Medicare stand-alone drug plan.</p> <p>The following tables show what <b>you pay</b> when you enroll in a Medicare Advantage HMO or HMO- POS plan.</p>

<b>AARP Medicare Advantage Plan 2 HMO-POS (H5253-107-001)</b>	<b>AARP Medicare Advantage Plan 2 HMO-POS (H5253-107-002)</b>
<p><i>UnitedHealthcare of Wisconsin, Inc</i>  1-800-555-5757 (TTY/TDD 711)  www.AARPMedicarePlans.com</p>	<p><i>UnitedHealthcare of Wisconsin, Inc</i>  1-800-555-5757 (TTY/TDD 711)  www.AARPMedicarePlans.com</p>
<p><b>Service Area:</b> Dallas, Jasper, Madison, Marshall, Polk, Story and Warren</p>	<p><b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Mahaska, Marion, Mitchell, Monroe, Muscatine, Palo Alto, Pocahontas, Poweshiek, Ringgold, Sac, Scott, Tama, Taylor, Union, Van Buren, Wapello, Washington, Wayne, Webster, Winnebago, Winneshiek, Worth and Wright</p>
<p><b>Monthly Premium:</b> \$0, plus Part B monthly premium</p>	<p><b>Monthly Premium:</b> \$0, plus Part B monthly premium</p>
<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,700 (Includes only Medicare Part A and Part B-covered services)</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B-covered services)</p>
<p><b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist</p>	<p><b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist</p>
<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p><b>Inpatient Hospital:</b> \$325/day for days 1-6 per stay</p>	<p><b>Inpatient Hospital:</b> \$375/day for days 1-5 per stay</p>
<p><b>Outpatient Surgery:</b> \$0-\$325 per visit</p>	<p><b>Outpatient Services/Surgery:</b> \$0-\$375 per visit</p>
<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-40; \$0 for days 41-100</p>	<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-40; \$0 for days 41-100</p>
<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>	<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>
<p><b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies</p>	<p><b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies</p>
<p><b>Additional Benefits:</b></p>	<p><b>Additional Benefits:</b></p>
<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>	<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>
<p><b>Virtual Visits:</b> \$0</p>	<p><b>Virtual Visits:</b> \$0</p>
<p><b>Dental:</b> \$0 for preventive &amp; diagnostic to \$1,500/ year</p>	<p><b>Dental:</b> \$0 for preventive &amp; diagnostic up to \$1,000/yr</p>
<p><b>Vision:</b> \$0 (1 routine exam/year); Eyewear: \$300 for frames or contact lenses every year</p>	<p><b>Vision:</b> \$0 (1 routine exam/year); Eyewear: \$100 combined, contact lenses &amp; frames every 2 years</p>
<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid: limited to 2 per year</p>	<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid: limited to 2 devices per year</p>
<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>	<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>
<p><b>Podiatry:</b> \$30 copay, 6 visits per year</p>	<p><b>Podiatry:</b> \$40, 6 routine visits per year</p>
<p><b>Personal Emergency Response System:</b> \$0, (PERS)</p>	<p><b>Personal Emergency Response System:</b> \$0, (PERS)</p>
<p><b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled facility stay, unlimited times per year</p>	<p><b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled nursing facility stay, unlimited times per year</p>
<p><b>Fitness Benefit:</b> \$0 Renew Active</p>	<p><b>Fitness Benefit:</b> \$0 Renew Active</p>
<p><b>Over-the-Counter:</b> \$40 per quarter, no carryover</p>	<p><b>Over-the-Counter:</b> \$40 per quarter, no carryover</p>
<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>	<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>

<b>AARP Medicare Advantage HMO-POS (H5253-108-002)</b>	<b>AARP Medicare Advantage HMO-POS (H5253-108-003)</b>
<p align="center"><i>UnitedHealthcare of Wisconsin, Inc</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p align="center"><i>UnitedHealthcare of Wisconsin, Inc</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>
<p><b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Mahaska, Marion, Mitchell, Monroe, Muscatine, Palo Alto, Pocahontas, Poweshiek, Ringgold, Sac, Scott, Tama, Taylor, Union, Van Buren, Wapello, Washington, Wayne, Webster, Winnebago, Winneshiek, Worth and Wright</p>	<p><b>Service Area:</b> Dallas, Jasper, Madison, Marshall, Polk, Story and Warren</p>
<p><b>Monthly Premium:</b> \$34, plus Part B monthly premium</p>	<p><b>Monthly Premium:</b> \$34, plus Part B monthly premium</p>
<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,400, (Includes only Medicare Part A and Part B-covered services)</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,300, (Includes only Medicare Part A and Part B-covered services)</p>
<p><b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist</p>	<p><b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist</p>
<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p><b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay</p>	<p><b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay</p>
<p><b>Outpatient Services/Surgery:</b> \$0-\$325 per visit</p>	<p><b>Outpatient Surgery:</b> \$0-\$295 per visit</p>
<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-38; \$0 for days 39-100</p>	<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-37; \$0 for days 38-100</p>
<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>	<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>
<p><b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies</p>	<p><b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies</p>
<p><b>Additional Benefits:</b></p>	<p><b>Additional Benefits:</b></p>
<p><b>Annual Physical Exam:</b> \$0 (1exam/year)</p>	<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>
<p><b>Virtual Visits:</b> \$0</p>	<p><b>Virtual Visits:</b> \$0</p>
<p><b>Dental:</b> \$0; preventive &amp; diagnostic up to \$1,000/year</p>	<p><b>Dental:</b> \$0; preventive &amp; diagnostic up to \$2,000/year</p>
<p><b>Vision:</b> \$0 (1 routine exam/year); Eyewear: \$300 combined, contact lenses and frames every 2 years</p>	<p><b>Vision:</b> \$0 (1 routine exam/year); Eyewear: \$300 for frames or contact lenses every year</p>
<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid: limited to 2 devices per year</p>	<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid: limited to 2 per year</p>
<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>	<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>
<p><b>Podiatry:</b> \$35 (6 routine visits per year)</p>	<p><b>Podiatry:</b> \$25, (6 routine visits per year)</p>
<p><b>Personal Emergency Response System:</b> \$0, (PERS)</p>	<p><b>Personal Emergency Response System:</b> \$0, (PERS)</p>
<p><b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled nursing facility stay, unlimited times per year</p>	<p><b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled nursing facility stay, unlimited times per year</p>
<p><b>Fitness Benefit:</b> \$0 Renew Active</p>	<p><b>Fitness Benefit:</b> \$0 Renew Active/Fitbit</p>
<p><b>Over-the-Counter:</b> \$50 per quarter, no carryover</p>	<p><b>Over-the-Counter:</b> \$60 per quarter, no carryover</p>
<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>	<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>

<b>Aetna Medicare Eagle HMO-POS (H1609-058)</b>	<b>Aetna Medicare Premier HMO-POS (H1609-001)</b>
<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com	<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
<b>Service Area:</b> 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, 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, Winneshiek, Woodbury and Wright	<b>Service Area:</b> 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, Decatur, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, 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, Winneshiek, Woodbury and Wright
<b>Monthly Premium:</b> \$0, plus Part B monthly premium, plan pays \$25 towards Part B premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist
<b>Emergency Room Visit:</b> \$95 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$225/day for days 1-7 per stay	<b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$225 per visit/\$200 each surgery in ambulatory surgery center	<b>Outpatient Services/Surgery:</b> \$350 per visit/\$250 each surgery in ambulatory surgery center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$184 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$184 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Continuous Glucose Monitors	<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$2,000 annual benefit for routine & comprehensive services	<b>Dental:</b> \$1,500 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year) \$300 annual allowance for contacts, frames, lenses	<b>Vision:</b> \$0 (1 routine exam/year), \$350 annual allowance for contacts, frames, lenses
<b>Hearing:</b> \$0 (1 routine exam/year), \$1,250 hearing aid benefit per ear each year	<b>Hearing:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following inpatient hospital or skilled nursing facility stay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital or skilled nursing facility stay
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Over-the-Counter:</b> \$90 quarterly, no carry over	<b>Over-the-Counter:</b> \$105 quarterly, no carry over
<b>Medicare Prescription Drug Coverage:</b> No. If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage.	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible, Tier 1 & Tier 2 \$0 cost share at preferred pharmacies

<b>Blue Medicare Advantage HMO (H8095-010)</b>	<b>Health Alliance Medicare Guide Rx HMO (H1463-021) or (H1737-001)</b>
<i>Wellmark Advantage Health Plan.</i> 1-855-716-2544 (TTY/TDD 711) www.wellmarkadvantagehealthplan.com	<i>Health Alliance Medicare</i> 1-877-925-0424 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org
<b>Service Area:</b> Adair, Adams, 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, Delaware, 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, 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, Sac Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Woodbury, Worth and Wright	<b>Service Area:</b> Scott
<b>Monthly Premium:</b> \$0, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,450 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$5,600 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital immediately) Worldwide Coverage
<b>Inpatient Hospital:</b> \$360/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay
<b>Outpatient Surgery:</b> \$200 for ambulatory surgical center; \$0 Arthroplasty hip & knee surgical services	<b>Outpatient Services/Surgery:</b> \$425 co-pay per surgery
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$184 each day for days 21-55; \$0 for days 56-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$5 for each office lab service	<b>Diagnostic Lab Tests:</b> 20% of the cost; \$0 for A1C lab
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for diabetic lancets and test strips	<b>Durable Medical Equipment:</b> 20% of the cost \$0 for Abbott diabetic testing strips and Monitors
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance for comprehensive services up to \$1,000 annual benefit	<b>Dental:</b> \$0 annual exam; help with other dental expense such as cleanings and X-rays up to \$2,000/annually
<b>Vision:</b> \$0 (1 routine exam/year); \$175 allowance for eyewear or contact lenses every 12 months	<b>Vision:</b> \$0 copay for annual routine exam; \$150 eyewear allowance
<b>Hearing:</b> \$0 (1 routine exam/year) \$1,000 hearing aid allowance per ear, every year	<b>Hearing:</b> \$0 copay for 1 routine hearing exam/ yr with TruHearing provider; \$699 to \$999 copay per aid (up to two TruHearing hearing aids every year, one per ear)
<b>Chiropractic:</b> \$25 copay up to 14 routine visits per year; \$0 for one annual set of X-rays	<b>Companion Benefit:</b> up to 30 hours of in-home support yearly which includes; grocery shopping, help with pet, transportation and more; call plan for details
<b>Podiatry:</b> \$35 copay	<b>Acupuncture:</b> \$10 copay per visit up to 15 visits/year
<b>Meal Benefit:</b> 28 meals for 14 days, following inpatient or skilled nursing facility stay; two times per/yr	<b>Be Fit Fitness Benefit:</b> Reimbursement for gym membership or fitness classes (up to \$360 per year)
<b>Wellness Benefit:</b> SilverSneakers Fitness Program	<b>Over-the-Counter Items:</b> \$40 per quarter (must use Health Alliance mail-order catalog), limit 1 order per quarter, balance will rollover to next quarter
<b>Over-the-Counter:</b> \$55 per quarter; no roll over	
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)

<b>Humana Gold Plus HMO (H0028-053-001)</b>	<b>Humana Gold Plus HMO (H0028-053-002)</b>
<i>Humana Insurance Company.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare	<i>Humana Insurance Company.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> Boone, Buena Vista, Cerro Gordo, Cherokee, Dallas, Hamilton, Hardin, Jasper, Lyon, Madison, Marion, Marshall, Mills, Plymouth, Polk, Pottawattamie, Sioux, Story, Warren, Webster, Winnebago, Woodbury and Worth	<b>Service Area:</b> Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Clinton, Delaware, Des Moines, Floyd, Grundy, Henry, Jackson, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Mahaska, Mitchell, Muscatine, Poweshiek, Scott, Tama, Wapello and Washington
<b>Monthly Premium:</b> \$0, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,600 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,600 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital immediately) Worldwide Coverage	<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital immediately) Worldwide Coverage
<b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay	<b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$250 co-pay per surgery; \$200 for Ambulatory Surgical Center visit	<b>Outpatient Surgery:</b> \$250 co-pay per surgery; \$200 for Ambulatory Surgical Center visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$25 for each service	<b>Diagnostic Lab Tests:</b> \$0-\$25 for each service
<b>Durable Medical Equipment:</b> 20% of the cost, 0%-20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; \$0-20% for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 for exam and cleaning up to 2/year; \$1,000 maximum benefit/ year for preventive & comprehensive benefits	<b>Dental:</b> \$0 for exam and cleaning up to 2/year; \$1,000 maximum benefit year preventive and comprehensive benefits.
<b>Vision:</b> \$0 for 1 routine exam per year; \$200 annual limit for eyeglasses or contact lenses	<b>Vision:</b> \$0 for 1 routine vision exam, refraction/year; \$200 annual limit for eyeglasses or contact lenses
<b>Hearing:</b> \$0 for 1 routine exam per year; \$299 or \$599 co-pay per aid up to 1 per ear per year	<b>Hearing:</b> \$0 for 1 routine exam per year; \$299 or \$599 co-pay per aid up to 1 per ear per year
<b>Well Dine Meal Program:</b> meal program following inpatient stay in hospital or nursing facility	<b>Well Dine Meal Program:</b> meal program following inpatient stay in hospital or nursing facility
<b>Worry Free Meals for Chronically Ill:</b> Members diagnosed with COPD, Diabetes or CHF may qualify for 2 meals a day for 12 weeks up to 2 times a year.	<b>Worry Free Meals for Chronically Ill:</b> Members diagnosed with COPD, Diabetes or CHF may qualify for 2 meals a day for 12 weeks up to 2 times a year.
<b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes	<b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Over-the-Counter Items:</b> \$50 per quarter	<b>Over-the-Counter:</b> \$50 every quarter
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 (insulin savings program)

<b>Medica Advantage Solution with CHI Health HMO (H0798-001)</b>	<b>MediGold MercyOne Medicare Plan No Premium HMO (H3668-025)</b>
<i>Medica Community Health Plan</i> 1-800-906-5432 www.medica.com	<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com
<b>Service Area:</b> Harrison, Mills and Pottawattamie	<b>Service Area:</b> Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Jackson, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Monona, Monroe, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,500 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist
<b>Emergency Room Visit:</b> \$90 per admission (waived if admitted to hospital in 1 day) Worldwide Coverage 20%	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay
<b>Outpatient Surgery/Services:</b> \$350 hospital service/observation; \$395 hospital outpatient surgeries; \$295 ambulatory surgical center per visit	<b>Outpatient Services/Surgery:</b> \$0 - \$275 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 for days 21-41; \$0 for days 42-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 for days 21-58; \$0 for days 59-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$600 annual reimbursement for dental services	<b>Virtual Visits:</b> \$0
<b>Vision:</b> \$0 (1 routine exam/ year); Plan pays up to \$150 for eyeglasses, contacts or upgrades every yr.	<b>Dental:</b> \$0 cleanings, x-rays and exams; 50% for minor restorative and extractions. \$1,000 combined annual maximum. <b>Optional Dental:</b> \$14 or \$34 monthly premium
<b>Hearing:</b> \$0 (1 routine exam/year); \$549-\$799 copay per hearing aid from EPIC providers	<b>Vision:</b> \$0 (1 routine exam/year); Plan pays up to \$200 for eyewear every year
<b>Chiropractic:</b> \$20 per visit	<b>Hearing:</b> \$0 (1 routine exam/year); \$599 -\$899 copay (up to 2 hearings aids every year)
<b>Podiatry:</b> \$45 per visit	<b>Acupuncture:</b> \$20 (6 visits every year)
<b>Transportation:</b> up to 12 one-way trips/year for medical or pharmacy care within plan service area	<b>Meal Benefit:</b> 2 meals per day for 7 days, following a qualifying discharge
<b>Over-the-Counter:</b> \$50 per quarter	<b>Visitor Travel Allowance:</b> \$2,500
<b>Meals Program:</b> 14 meals delivered to home following an inpatient hospital stay; limit 4 times/year	<b>Fitness Benefit:</b> \$0 per month for membership
<b>Wellness Benefit:</b> \$0 One Pass fitness program includes access to an expansive network of fitness locations, online fitness classes (both live and on demand)	<b>Over-the-Counter:</b> \$105 per quarter, no carry over
<b>Visitor Travel Coverage:</b> In-network coverage for all services while traveling up to 6 consecutive months	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)
<b>Medicare Prescription Drug Coverage:</b> Yes, \$245 deductible for tiers 4 & 5 only (insulin savings program)	

<b>MediGold MercyOne Medicare Plan Plus HMO (H3668-026)</b>	<b>MediGold MercyOne Medicare Plan Cash Back HMO (H3668-031)</b>
<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com	<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com
<b>Service Area:</b> Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Jackson, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Monona, Monroe, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth, Wright	<b>Service Area:</b> Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Jackson, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Monona, Monroe, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth, Wright
<b>Monthly Premium:</b> \$29, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium Plan pays \$50 towards monthly Part B premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,200 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,900 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$285/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$370/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$0-\$250 copay	<b>Outpatient Services/Surgery:</b> \$10-\$350 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 for days 21-58; \$0 for days 59-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 for days 21-58; \$0 for days 59-100
<b>Diagnostic Lab Tests:</b> \$0 copay	<b>Diagnostic Lab Tests:</b> \$10 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$0 cleanings, x-rays and exams; 50% for minor restorative and extractions. 70% for endodontics and periodontics; \$1,000 combined annual maximum. <b>Optional Dental:</b> \$14 or \$34 monthly premium	<b>Dental:</b> \$0 cleanings, x-rays and exams; 50% for simple restorative and extractions; \$1,000 combined annual maximum. <b>Optional Dental:</b> N/A
<b>Vision:</b> \$0 (1 routine exam/year); Plan pays up to \$250 for eyewear every year	<b>Vision:</b> \$0 (1 routine exam/year); Plan pays up to \$150 for eyewear every year
<b>Hearing:</b> \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year)	<b>Hearing:</b> \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year)
<b>Acupuncture:</b> \$20 (12 visits every year)	<b>Acupuncture:</b> \$20 (6 visits every year)
<b>Meal Benefit:</b> 2 meals per day for 7 days, following a qualifying discharge	<b>Meal Benefit:</b> 2 meals per day for 7 days, following a qualifying discharge
<b>Visitor Travel Allowance:</b> \$3,000	<b>Visitor Travel Allowance:</b> \$1,500
<b>Fitness Benefit:</b> \$0 per month for membership	<b>Fitness Benefit:</b> \$0 per month for membership
<b>Over-the-Counter:</b> \$110 per quarter, no carry over	<b>Over-the-Counter:</b> \$100 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> Yes, \$150 deductible for tiers 3, 4 and 5 (insulin savings program)

<b>MediGold MeryOne Medicare Plan Cash Back HMO (H3668-029)</b>	<b>Quartz Medicare Advantage Core D HMO (H5262-021)</b>
<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Adair, Appanoose, Benton, Black hawk, Boone, Bremer, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Jackson, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Monona, Monroe, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright counties	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties
<b>Monthly Premium:</b> \$0, plus Part B monthly premium Plan pays \$50 towards monthly Part B premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$5,900 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist	<b>Doctor Office Visit:</b> \$25 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$225/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$270/day for days 1-6 per stay; limit \$1,620
<b>Outpatient Services/Surgery:</b> \$0 - \$225 copay	<b>Outpatient Services/Surgery:</b> \$315 copay for each surgery; \$0 copay for minor surgical procedures
<b>Skilled Nursing Care:</b> \$0/days 1-20; \$196/days 21-58	<b>Skilled Nursing Care:</b> \$0/days 1-20; \$178/days 21-100
<b>Diagnostic Lab Tests:</b> \$0 copay	<b>Diagnostic Lab Tests:</b> \$20 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$0 cleanings, x-rays, and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; \$1,000 combined annual maximum. <b>Optional Dental:</b> \$14 or \$34 monthly premium	<b>Dental:</b> up to \$350 for combined preventative & comprehensive dental services; <b>Optional Dental:</b> \$38 monthly premium
<b>Hearing:</b> \$0 (1 routine exam/yr); \$399 -\$699 copay (up to 2 hearings aids every year)	<b>Hearing:</b> \$10 (1 routine exam/year) \$600 available using the Quartz CashCard can be used for 2 aids per/yr
<b>Vision:</b> \$0 (1 routine exam/year); Plan pays up to \$200 for eyewear every year	<b>Vision:</b> \$0 (1 routine exam/year); Up to \$600/yr available w/Quartz CashCard can be used for eyeglasses (frames, lenses and upgrades)
<b>Meal Benefit:</b> 2 meals per day for 7 days, following a qualifying discharge	<b>Massage Therapy for Chronic Conditions:</b> \$20 copay each 60-minute visit (6 visits per year)
<b>Acupuncture:</b> \$20 (12 visits every year)	<b>Post Discharge Meal program:</b> 20 home-delivered meals following inpatient hospital stay; 4 times per/yr
<b>Visitor Travel Allowance:</b> \$3,000	<b>Travel Benefit:</b> up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI
<b>Fitness Benefit:</b> \$0 per month for membership	<b>Non-Emergent Transportation:</b> \$600 available w/ Quartz CashCard: transportation to medical appointments
<b>Over-the-Counter:</b> \$75 per quarter, no carry over	<b>Fitness Benefit:</b> \$600 for fitness memberships
<b>Medicare Prescription Drug Coverage:</b> No. If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage.	<b>Over-the-Counter:</b> \$25 per quarter
	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)

<b>Quartz Medicare Advantage Elite D HMO (H5262-001)</b>	<b>Quartz Medicare Advantage Elite HMO (H5262-005)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek
<b>Monthly Premium:</b> \$162, plus Part B monthly premium	<b>Monthly Premium:</b> \$130, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$5 primary care; \$30 specialist	<b>Doctor Office Visit:</b> \$5 primary care; \$30 specialist
<b>Emergency Room Visit:</b> \$110 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 3 days)Worldwide Coverage
<b>Inpatient Hospital:</b> \$250 per admission; limit \$750	<b>Inpatient Hospital:</b> \$250 per admission; limit \$750
<b>Outpatient Service/Surgery:</b> \$100 for each visit; \$0 copay for minor surgical procedures	<b>Outpatient Services/Surgery:</b> \$100 for each visit; \$0 copay for minor surgical procedures
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$150 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$150 for days 21-100
<b>Diagnostic Lab Tests:</b> \$4 copay per day	<b>Diagnostic Lab Tests:</b> \$4 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> up to \$550 for combined preventative & comprehensive dental services; <b>Optional Additional Dental:</b> \$38 monthly premium	<b>Dental:</b> up to \$550 for combined preventative & comprehensive dental services; <b>Optional Additional Dental:</b> \$38 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year); Up to \$1,000/yr available through Quartz CashCard for eyeglasses (frames, lenses and upgrades)	<b>Vision:</b> \$0 (1 routine exam/year); Up to \$1,000/yr available through Quartz CashCard for eyeglasses (frames, lenses and upgrades)
<b>Hearing:</b> \$0 (1 routine exam/year); \$1,000 available through Quartz CashCard can be used for 2 aids per/yr	<b>Hearing:</b> \$0 (1 routine exam/year); \$1,000 available through Quartz CashCard can be used for 2 aids per/yr
<b>Massage Therapy for Chronic Conditions:</b> \$0 copay each 60-minute visit (12 visits per year)	<b>Massage Therapy for Chronic Conditions:</b> \$0 copay each 60 minute visit (12 visits per year)
<b>Post Discharge Meal program:</b> 20 home delivered meals following inpatient hospital stay; limit 4 times/yr	<b>Post Discharge Meal program:</b> 20 home delivered meals following inpatient hospital stay; limit 4 times/yr
<b>Travel Benefit:</b> up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI Call plan for details	<b>Travel Benefit:</b> up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI Call plan for details
<b>Fitness Benefit:</b> \$1,000 available using Quartz CashCard toward fitness memberships	<b>Fitness Benefit:</b> \$1,000 available through the Quartz CashCard can be used toward fitness memberships
<b>Over-the-Counter:</b> \$25 per quarter	<b>Over-the-Counter:</b> \$25 per quarter
<b>Non-Emergent Transportation:</b> \$1,000 available using Quartz CashCard toward non-emergent transportation to medical appointments	<b>Non-Emergent Transportation:</b> \$1,000 available using Quartz CashCard toward non-emergent transportation to medical appointments
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> No. If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage.

<b>Quartz Medicare Advantage Value D HMO (H5262-003)</b>	<b>Quartz Medicare Advantage Value HMO (H5262-004)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek
<b>Monthly Premium:</b> \$40, plus Part B monthly premium	<b>Monthly Premium:</b> \$59, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,450 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,450 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$15 primary care; \$40 specialist	<b>Doctor Office Visit:</b> \$15 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 3 days)Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 3 days)Worldwide Coverage
<b>Inpatient Hospital:</b> \$225/day for days 1-5 per hospital stay; limit \$1,125	<b>Inpatient Hospital:</b> \$225/day for days 1-5 per hospital stay; limit \$1,125
<b>Outpatient Services/Surgery:</b> \$150 for each visit; \$0 copay for minor surgical procedures	<b>Outpatient Services/Surgery:</b> \$150 for each visit; \$0 copay for minor surgical procedures
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$150 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$150 for days 21-100
<b>Diagnostic Lab Tests:</b> \$8 copay per day	<b>Diagnostic Lab Tests:</b> \$8 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> up to \$350 for combined preventative & comprehensive dental services; <b>Optional Additional Dental:</b> \$38 monthly premium	<b>Dental:</b> up to \$350 for combined preventative & comprehensive dental services; <b>Optional Additional Dental:</b> \$38 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year); Up to \$750/year available through the Quartz CashCard can be used for eyeglasses (frames, lenses and upgrades)	<b>Vision:</b> \$0 (1 routine exam/year); Up to \$750/yr available through the Quartz CashCard can be used for eyeglasses (frames, lenses and upgrades)
<b>Hearing:</b> \$0 (1 routine exam/yr); \$750 available using the Quartz CashCard can be used toward 2 aids per year	<b>Hearing:</b> \$0 (1 routine exam/yr); \$750 available using the Quartz CashCard can be used toward 2 aids per year
<b>Massage Therapy for Chronic Conditions:</b> \$15 copay each 60 minute visit (12 visits per year)	<b>Massage Therapy for Chronic Conditions:</b> \$15 copay each 60 minute visit (12 visits per year)
<b>Post Discharge Meal program:</b> 20 home delivered meals following inpatient hospital stay (limited to 4 times per year)	<b>Post Discharge Meal program:</b> 20 home delivered meals following inpatient hospital stay (limited to 4 times per year)
<b>Travel Benefit:</b> up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI	<b>Travel Benefit:</b> up to 6 months in-network coverage when traveling in the U.S. outside of IA, IL, MN, WI
<b>Fitness Benefit:</b> \$750 available through the Quartz CashCard can be used toward fitness memberships	<b>Fitness Benefit:</b> \$750 available through the Quartz CashCard can be used toward Fitness memberships
<b>Over-the-Counter:</b> \$25 per quarter	<b>Over-the-Counter:</b> \$25 per quarter
<b>Non-Emergent Transportation:</b> \$750 available using Quartz CashCard toward non-emergent transportation to medical appointments	<b>Non-Emergent Transportation:</b> \$750 available using Quartz CashCard toward non-emergent transportation to medical appointments
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage.

Preferred Provider Organization- PPO	AARP Medicare Advantage Choice Plan 1 PPO (H8768-017-001)
<p>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.</p> <p>Providers who are not part of the plan’s network can decide if they want to accept the plan, except in emergency situations.</p> <p><b>You should check with your doctor (s) and hospital to see if they will treat patients covered by the plan before you enroll.</b></p> <p>The PPO manages your Medicare Part A and Part B health insurance benefits. <b>You do not need a Medicare supplement.</b> If you have a policy, it will not pay when you are enrolled in a PPO.</p> <p>Most PPOs offer some type of prescription drug coverage. Some plans also offer additional benefits, such as vision and hearing screenings, disease management and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.</p> <p><b>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.</b></p> <p>Each PPO plan gives you the flexibility to go to specialists without a referral or prior authorization from another doctor.</p> <p>The following charts show what you pay when you enroll in a Medicare Advantage PPO plan and some of the additional benefits provided by the plan.</p>	<p><i>UnitedHealthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a></p>
	<p><b>Service Area:</b> Dallas, Jasper, Madison, Marshall, Polk, Story and Warren</p>
	<p><b>Monthly Premium:</b> \$0 plus Part B monthly premium</p>
	<p><b>Cost shares and out-of-pocket maximum listed are for in-network providers</b></p>
	<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)</p>
	<p><b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist</p>
	<p><b>Inpatient Hospital:</b> \$325/day for days 1-6 per stay</p>
	<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
	<p><b>Outpatient Surgery:</b> \$0-\$325 per visit</p>
	<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-40; \$0 for days 41-100</p>
	<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>
	<p><b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies</p>
	<p><b>Additional Benefits:</b></p>
	<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>
	<p><b>Virtual Visit:</b> \$0</p>
	<p><b>Dental:</b> \$1,000 annual benefit for preventive and comprehensive dental services</p>
	<p><b>Vision:</b> \$0 (1 routine exam/year); \$200 for contact lenses or frames every two years</p>
	<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175- \$1,225 for each hearing aid; limited to 2 devices per year</p>
	<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>
	<p><b>Podiatry:</b> \$40 (6 routine visits/year)</p>
<p><b>Personal Emergency Response System:</b> \$0 (PERS)</p>	
<p><b>Mom’s Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year</p>	
<p><b>Fitness Benefit:</b> \$0 Renew Active/Fitbit</p>	
<p><b>Over-the-Counter:</b> \$50 per quarter, no carryover</p>	
<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>	

<b>AARP Medicare Advantage Choice Plan 1 PPO (H8768-017-002)</b>	<b>AARP Medicare Advantage Choice PPO Plan 1 (H1278-001)</b>
<p style="text-align: center;"><i>United Healthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a></p>	<p style="text-align: center;">Care Improvement Plus South Central Insurance Co. 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a></p>
<p><b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Mahaska, Marion, Mitchell, Monroe, Muscatine, Palo Alto, Pocahontas, Poweshiek, Ringgold, Sac, Scott, Tama, Taylor, Union, Van Buren, Wapello, Washington, Wayne, Webster, Winnebago, Winneshiek, Worth and Wright</p>	<p><b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby</p>
<p><b>Monthly Premium:</b> \$0 plus Part B monthly premium</p>	<p><b>Monthly Premium:</b> \$19 plus Part B monthly premium</p>
<b>Cost shares and out-of-pocket maximum listed are for in-network providers</b>	
<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)</p>
<p><b>Annual Deductible:</b> \$1,000 deductible applies to inpatient and outpatient Part A and B services (in and out of network)</p>	
<p><b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist</p>	<p><b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist</p>
<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p><b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p><b>Inpatient Hospital:</b> \$250 /day for days 1-6 per stay</p>	<p><b>Inpatient Hospital:</b> \$350 /day for days 1-5 per stay</p>
<p><b>Outpatient Surgery:</b> \$0-\$250 per visit</p>	<p><b>Outpatient Surgery:</b> \$0-\$325 per visit</p>
<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21- 40; \$0 for days 41-100</p>	<p><b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21- 40; \$0 for days 41-100</p>
<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>	<p><b>Diagnostic Lab Tests:</b> \$0 for each lab service</p>
<p><b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies</p>	<p><b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies</p>
<b>Additional Benefits:</b>	
<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>	<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>
<p><b>Virtual Visit:</b> \$0</p>	<p><b>Virtual Visit:</b> \$0</p>
<p><b>Dental:</b> \$1,000 annual benefit for covered preventive and comprehensive dental services</p>	<p><b>Dental:</b> \$1,500 annual benefit for covered preventive and comprehensive dental services</p>
<p><b>Vision:</b> \$0 (1 routine exam/year); \$300 for contact lenses or frames every two years</p>	<p><b>Vision:</b> \$0 (1 routine exam/year); \$200 for contact lenses or frames every year</p>
<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid; limited to 2 devices per year</p>	<p><b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid; limited to 2 devices every year</p>
<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>	<p><b>Chiropractic:</b> \$10 copay, 18 visits per year</p>
<p><b>Podiatry:</b> \$30 (6 routine visits/year)</p>	<p><b>Podiatry:</b> \$35 (6 routine visits/year)</p>
<p><b>Personal Emergency Response System:</b> \$0 (PERS)</p>	<p><b>Personal Emergency Response System:</b> \$0 (PERS)</p>
<p><b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled facility stay, unlimited times per year</p>	<p><b>Mom's Meals:</b> Up to 28 meals for 14 days following inpatient or skilled facility stay, unlimited times per year</p>
<p><b>Fitness Benefit:</b> \$0, Renew Active/Fitbit</p>	<p><b>Fitness Benefit:</b> \$0 Renew Active</p>
<p><b>Over-the-Counter:</b> \$60 per quarter, no carryover</p>	<p><b>Over-the-Counter:</b> \$50 per quarter, no carryover</p>
<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>	<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)</p>

<b>AARP Medicare Advantage Choice PPO (H1278-007)</b>	<b>AARP Medicare Advantage Choice PPO Plan 2 (H1278-020)</b>
Care Improvement Plus South Central Insurance Co 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	Care Improvement Plus South Central Insurance Co 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Cherokee, Ida, Lyon, Monona, O'Brien, Osceola, Plymouth, Sioux, and Woodbury	<b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby
<b>Monthly Premium:</b> \$0, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,500 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$370/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$395/day for days 1-5 per stay
<b>Outpatient Surgery:</b> \$0-\$350 per visit	<b>Outpatient Surgery:</b> \$0-\$350 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-40; \$0 for days 41-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-43; \$0 for days 44-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0	<b>Virtual Visit:</b> \$0
<b>Dental:</b> \$1,000 annual benefit for preventive and comprehensive dental services	<b>Dental:</b> \$1,000 annual benefit for preventive and comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$150 for contact lenses and frames every 2 years	<b>Vision:</b> \$0 (1 routine exam/year); \$100 for contact lenses and frames every year
<b>Hearing:</b> \$0 (1 routine exam/year); \$175- \$1,225 for each hearing aid; limited to 2 devices every year	<b>Hearing:</b> \$0 (1 routine exam/year); \$175- \$1,225 for each hearing aid; limited to two per year
<b>Chiropractic:</b> \$10 copay, 18 visits per year	<b>Chiropractic:</b> \$10 copay, 12 visits per year
<b>Podiatry:</b> \$30 (6 routine visits/year)	<b>Podiatry:</b> \$45 (six routine visits/year)
<b>Personal Emergency Response System:</b> \$0 (PERS)	<b>Personal Emergency Response System:</b> \$0 Phillips Lifeline
<b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled facility stay, unlimited times per year	<b>Mom's Meals:</b> Up to 28 meals for 14 days, unlimited times per year
<b>Fitness Benefit:</b> Renew Active	<b>Fitness Benefit:</b> Renew Active
<b>Over-the-Counter:</b> \$40 per quarter, no carryover	<b>Over-the-Counter:</b> \$50 per quarter, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)

<b>AARP Medicare Advantage Choice PPO Plan 2 (H8768-032)</b>	<b>AARP Medicare Advantage Patriot PPO (H1278-018)</b>
<i>United Healthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a>	Care Improvement Plus South Central Insurance Co 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a>
<b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Mahaska, Marion, Mitchell, Monroe, Muscatine, Palo Alto, Pocahontas, Poweshiek, Ringgold, Sac, Scott, Tama, Taylor, Union, Van Buren, Wapello, Washington, Wayne, Webster, Winnebago, Winneshiek, Worth and Wright	<b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby
<b>Monthly Premium:</b> \$0, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium. Plan pays \$60 towards Part B premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$390/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay
<b>Outpatient Surgery:</b> \$0-\$390 per visit	<b>Outpatient Surgery:</b> \$0-\$295 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21- 40; \$0 for days 41-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21- 55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0	<b>Virtual Visit:</b> \$0
<b>Dental:</b> \$0 for preventive & diagnostic up to \$1,000 per year	<b>Dental:</b> \$2,000 annual benefit for covered preventive and comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$100 for contact lenses or eyeglasses (lenses/frames) every year	<b>Vision:</b> \$0 (1 routine exam/year); \$300 for contact lenses or frames every year
<b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid; limited to two devices per year	<b>Hearing:</b> \$0 (1 routine exam/year); \$175-\$1,225 for each hearing aid; limited to two per year
<b>Chiropractic:</b> \$10 copay, 18 visits per year	<b>Chiropractic:</b> \$10 copay, 18 visits per year
<b>Podiatry:</b> \$45 (6 routine visits/year)	<b>Podiatry:</b> \$40 (6 routine visits/year)
<b>Personal Emergency Response System:</b> \$0 (PERS)	<b>Personal Emergency Response System:</b> \$0 (PERS)
<b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled facility stay, unlimited times per year	<b>Mom's Meals:</b> Up to 28 meals for 7 days following an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0 Renew Active	<b>Fitness Benefit:</b> \$0 Renew Active
<b>Over-the-Counter:</b> \$40 per quarter, no carryover	<b>Over-the-Counter:</b> \$60 per quarter, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> No Coverage. For Medicare Part D drug coverage, you must choose a PPO that includes prescription drug coverage.

<b>AARP Medicare Advantage Patriot PPO (H1278-019)</b>	<b>AARP Medicare Advantage Patriot PPO (H8768-018)</b>
<i>Care Improvement Plus South Central Insurance Co</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>United Healthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a>
<b>Service Area:</b> Cherokee, Ida, Lyon, Monona, O'Brien, Osceola, Plymouth, Sioux and Woodbury	<b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monroe, Muscatine, Palo Alto, Pocahontas, Polk, Poweshiek, Ringgold, Sac, Scott, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Worth and Wright
<b>Monthly Premium:</b> \$0, plus Part B monthly premium. Plan pays \$60 towards Part B premium	<b>Monthly Premium:</b> 0, plus Part B monthly premium. Plan pays \$60 towards Part B premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$4,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay	<b>Inpatient Hospital:</b> \$295/day for days 1-5 per stay
<b>Outpatient Surgery:</b> \$0-\$295 per visit	<b>Outpatient Surgery:</b> \$0-\$275 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-45; \$0 for days 46-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0	<b>Virtual Visit:</b> \$0
<b>Dental:</b> \$2,000 annual benefit for preventive and comprehensive dental services	<b>Dental:</b> \$2,000 annual benefit for preventive and comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$200 for contact lenses or frames every year	<b>Vision:</b> \$0 (1 routine exam/year); \$300 for contact lenses and frames every year
<b>Hearing:</b> \$0 (1 routine exam/year); \$175- \$1,225 for each hearing aid; limited to two per year	<b>Hearing:</b> \$0 (1 routine exam/year); \$175- \$1,225 for each hearing aid; limited to two per year
<b>Chiropractic:</b> No coverage	<b>Chiropractic:</b> \$10 copay, 18 visits per year
<b>Podiatry:</b> \$45 (6 routine visits/year)	<b>Podiatry:</b> \$40 (6 routine visits/year)
<b>Personal Emergency Response System:</b> \$0 (PERS)	<b>Personal Emergency Response System:</b> \$0 (PERS)
<b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled facility stay, unlimited times a year	<b>Mom's Meals:</b> Up to 28 meals for 14 days following an inpatient or skilled facility stay, unlimited times per year
<b>Over-the-Counter:</b> \$60 per quarter, no carryover	<b>Over-the-Counter:</b> \$50 per quarter, no carryover
<b>Fitness:</b> \$0 Renew Active	<b>Fitness Benefit:</b> \$0, Renew Active/Fitbit
<b>Medicare Prescription Drug Coverage:</b> No Coverage. For Medicare Part D drug coverage, you must choose a PPO that includes prescription drug coverage.	<b>Medicare Prescription Drug Coverage:</b> No Coverage. For Medicare Part D drug coverage, you must choose a PPO that includes prescription drug coverage.

<b>Aetna Medicare Elite PPO (H1608-037)</b>	<b>Aetna Medicare Premier PPO (H1608-001)</b>
<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com	<i>Coventry Health &amp; Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
<b>Service Area:</b> 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, 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, Winneshiek, Woodbury and Wright	<b>Service Area:</b> 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, 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, Winneshiek, Woodbury and Wright
<b>Monthly Premium:</b> \$0 plus Part B monthly premium	<b>Monthly Premium:</b> \$0 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$4,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,000 (Includes only Medicare Part A and Part B covered services)
<b>Annual Deductible:</b> \$1,000; applies to some in-network services and most out-of-network services	
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> Annual deductible applies; \$390/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay
<b>Outpatient Surgery/Services:</b> Annual deductible applies; \$400 per visit/\$300 each surgery in Ambulatory Surgery Center	<b>Outpatient Surgery/Services:</b> \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> Annual deductible applies; \$0 for days 1-20; \$184 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$184 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies and Continuous Glucose Monitors	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies & continuous glucose meters
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 routine exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,000 annual benefit for routine & comprehensive services	<b>Dental:</b> \$1,000 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year); \$370 annual allowance for contacts, frames, lenses	<b>Vision:</b> \$0 (1 routine exam/year); \$260 annual allowance for contacts, frames, lenses
<b>Hearing:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year	<b>Hearing:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear every year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital or skilled facility stay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital or skilled facility stay
<b>Wellness Benefit:</b> Health Club Membership	<b>Over-the-Counter:</b> \$45 quarterly, no carry over
<b>Over-the-Counter:</b> \$45 quarterly, no carry over	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible, Tier 1 & Tier 2 \$0 cost share at preferred pharmacies

<b>Aetna Medicare Premier Plus PPO (H1608-048)</b>	<b>Blue Medicare Advantage Valor PPO (H5900-006)</b>
Coventry Health and Life Insurance Company 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com	Wellmark Advantage Health Plan 1-800-855-716-2544 (TTY/TDD 711) www.WellmarkAdvantageHealthPlan.com
<b>Service Area:</b> Boone, Dallas, Jasper, Madison, Marion, Marshall, Polk, Story and Warren	<b>Service Area:</b> 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, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties
<b>Monthly Premium:</b> \$0 plus Part B monthly premium	<b>Monthly Premium:</b> \$0 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$4,300 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,500 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$390/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$380/day for days 1-4 per stay
<b>Outpatient Surgery:</b> \$400 per visit/\$300 each surgery in an Ambulatory Surgery Center	<b>Outpatient Surgery:</b> \$200 for Ambulatory surgical center; \$0 Arthroplasty hip & knee surgical services
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$184 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$187 each day for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$5 for each office lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies; \$0/continuous glucose meters	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,000 annual benefit for routine & comprehensive services	<b>Virtual Visit:</b> \$0 copay
	<b>Dental:</b> \$0 (2 routine exams/year); 25% of cost up to \$1,000 annual benefit for comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$225 annual allowance for contacts, frames, lenses	<b>Podiatry:</b> \$40 copay
	<b>Routine Chiropractic Care:</b> \$30 copay, 14 visits a yr; \$0 copay for one annual set of x-rays
<b>Hearing:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear every year	<b>Meal Benefit:</b> Up to 28 meals for 14 days, following inpatient or skilled facility stay; limited to two times per year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital or skilled facility stay	
<b>Wellness Benefit:</b> Health Club Membership	<b>Vision:</b> \$0 (1 routine exam/year); \$150 annual allowance for eyewear or contact lenses every 12/mo
<b>Over-the-Counter:</b> \$45 quarterly, no carryover	<b>Hearing:</b> \$0 (1 routine exam/year); \$1,000 hearing aid benefit per ear, per year
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible	<b>Wellness Benefit:</b> SilverSneakers Fitness Program
	<b>Over-the-Counter:</b> \$50 quarterly, no carry over
	<b>Personal Emergency Response System:</b> \$0
	<b>Medicare Prescription Drug Coverage:</b> No coverage For Medicare Part D drug coverage, you must choose a PPO that includes prescription drug coverage.

<b>Blue Medicare Advantage PPO (H5900-001)</b>	<b>Blue Medicare Advantage Enhanced PPO (H5900-002)</b>
<i>Wellmark Advantage Health Plan</i> 1-855-716-2544 (TTY/TDD 711) www.wellmarkadvantagehealthplan.com	<i>Wellmark Advantage Health Plan</i> 1-855-716-2544 (TTY/TDD 711) www.wellmarkadvantagehealthplan.com
<b>Service Area:</b> 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, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright	<b>Service Area:</b> 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, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 plus Part B monthly premium	<b>Monthly Premium:</b> \$49 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,750 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,650 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$370/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$325/day for days 1-4 per stay
<b>Outpatient Surgery:</b> \$225 for ambulatory surgical center; \$0 for Arthroplasty hip and knee surgical services	<b>Outpatient Surgery:</b> \$200 for ambulatory surgical center; \$0 for Arthroplasty hip and knee surgical services
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$184 each day for days 21-55	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$150 each day for days 21-48
<b>Diagnostic Lab Tests:</b> \$5 for each office lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0 copay	<b>Virtual Visit:</b> \$0 copay
<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance for \$1,000 comprehensive dental services	<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance for \$1,500 comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$175 allowance for eyewear or contact lenses every 12 months	<b>Vision:</b> \$0 (1 routine exam/year); \$200 allowance for eyewear or contact lenses every 12 months
<b>Hearing:</b> \$0 (1 routine exam/year); \$1,000 hearing aid allowance per ear, per year	<b>Hearing:</b> \$0 (1 routine exam/year); \$1,250 hearing aid allowance per ear, per year
<b>Chiropractic:</b> \$20 copay; 14 routine visits per year; \$0 copay for one annual set of X-rays	<b>Chiropractic:</b> \$25 copay; 14 routine visits per year; \$0 copay for one annual set of X-rays
<b>Podiatry:</b> \$45 copay	<b>Podiatry:</b> \$35 copay
<b>Meal Benefit:</b> Up to 28 meals for 14 days, following an inpatient or skilled facility stay; two times per year limit	<b>Meal Benefit:</b> Up to 28 meals for 14 days, following an inpatient or skilled facility stay; two times per year limit
<b>Wellness Benefit:</b> SilverSneakers Fitness Program	<b>Wellness Benefit:</b> SilverSneakers Fitness Program
<b>Over-the-Counter:</b> \$55 per quarter, no rollover	<b>Over-the-Counter:</b> \$75 per quarter, no rollover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible	<b>Personal Emergency Response System:</b> \$0
	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>HealthPartners UnityPoint Health Align PPO (H3416-001-006) (H3416-001-007)</b>	<b>HealthPartners UnityPoint Health Symmetry PPO (H3416-002-004) (H3416-002-005)</b>
<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.oneplanforme.com	<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.oneplanforme.com
<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cherokee, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Greene, Grundy, Guthrie, Hamilton, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Madison, Mahaska, Marion, Marshall, Muscatine, Plymouth, Polk, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Webster, Woodbury and Wright	<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cherokee, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Greene, Grundy, Guthrie, Hamilton, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Madison, Mahaska, Marion, Marshall, Muscatine, Plymouth, Polk, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Webster, Woodbury and Wright
<b>Monthly Premium:</b> \$0 plus Part B monthly premium	<b>Monthly Premium:</b> \$49 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In and Out of Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,300 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$20 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$345/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$300/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$250 for each surgery in hospital or Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> \$150 for each surgery in hospital or Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$175 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0-\$35 copay	<b>Virtual Visit:</b> \$0-\$20 copay
<b>Dental:</b> \$1,200 annual dental maximum benefit amount for preventive & comprehensive services	<b>Dental:</b> \$1,700 annual dental maximum benefit amount for preventive & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year); \$35 (1 diagnostic exam/year); \$200 annual allowance for non-Medicare covered eyewear	<b>Vision:</b> \$0 (1 routine exam/year); \$20 (1 diagnostic exam/year); \$200 annual allowance for non-Medicare covered eyewear
<b>Hearing:</b> \$0 (1 routine exam/year); \$35 diagnostic exam; \$499, \$699, or \$999 copay per hearing aid through TruHearing®, up to two per year	<b>Hearing:</b> \$0 (1 routine exam/year); \$20 diagnostic exam; \$499, \$699, or \$999 copay per hearing aid through TruHearing®, up to two per year
<b>Wellness Benefit:</b> SilverSneakers®; fitness membership, online and in-person fitness class options, and one home fitness kit per year	<b>Wellness Benefit:</b> SilverSneakers®; fitness membership, online and in-person fitness class options, and one home fitness kit per year
<b>Travel Benefit:</b> In-network cost-sharing for up to 9 months outside of plan service area with Medicare providers. Contact the plan to activate this benefit.	<b>Travel Benefit:</b> In-network cost-sharing for up to 9 months outside of plan service area with Medicare providers. Contact the plan to activate this benefit.
<b>Over-the-Counter:</b> \$60 per quarter to use on non-prescription medications and health-related items.	<b>Over-the-Counter:</b> \$80 per quarter to use on non-prescription medications and health-related items.
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (insulin savings program)

<b>HumanaChoice PPO (H5216-014)</b>	<b>HumanaChoice PPO (H5216-254)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> Allamakee, Audubon, Benton, Black Hawk, Boone Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright	<b>Service Area:</b> 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, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$59 plus Part B monthly premium	<b>Monthly Premium:</b> \$0 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700, (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,900, (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$5 primary care; \$40 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$95 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$360/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$325/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgical center per visit	<b>Outpatient Services/Surgery:</b> \$325 per hospital visit; \$275 per visit in Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$188 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 to \$25 per lab service
<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20%; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 for exam and cleaning up to 2/year; additional preventive and comprehensive benefits (call plan for details) <b>Optional Dental Packages:</b> \$33, \$40.60 or \$51.30 monthly	<b>Dental:</b> \$0 for exam and cleaning up to 2 per year; \$3,000 maximum benefit per year
<b>Vision:</b> \$0 (1 routine exam, refraction/year) \$75 max benefit; \$100 benefit for contact lenses or eyeglasses and frames/year	<b>Vision:</b> \$0 (1 routine exam, refraction/year); \$75 max benefit; \$200 benefit for contact lenses or eyeglasses & frames/year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$599 or \$899 co-pay for hearing aid 1 per ear per year	<b>Hearing:</b> \$0 for 1 routine exam per year; \$299 or \$599 co-pay for hearing aid 1 per ear per year
<b>Well Dine Meal Program:</b> Meal program following inpatient hospital or nursing facility stay	<b>Well Dine Meal Program:</b> Meal program following inpatient hospital or nursing facility stay
<b>Worry Free Meals for Chronically Ill:</b> Members diagnosed with COPD, Diabetes or CHF may qualify for 2 meals a day for 12 weeks up to 2 times a year.	<b>Wellness Benefit:</b> SilverSneakers basic fitness club membership including fitness classes
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes	<b>Transportation:</b> \$0 for up to 24 one-way trips to plan approved locations (50-mile limit)
<b>Over-the-Counter:</b> \$50 every 3 months	<b>Over-the-Counter:</b> \$50 every quarter
<b>Medicare Prescription Drug Coverage:</b> Yes; \$350 deductible for tier 4 and 5 drugs only. (insulin savings program)	<b>Medicare Prescription Drug Coverage:</b> Yes; \$0 deductible (insulin savings program)

<b>Humana Honor PPO (H5216-278-2)</b>	<b>Humana Value Plus PPO (H5216-171)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> 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, 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, Muscatine, Montgomery, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright	<b>Service Area:</b> 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, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0, plus Part B monthly premium; Plan pays \$50 towards Part B premium	<b>Monthly Premium:</b> \$38.80, plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$5,900, (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700, (Includes only Medicare Part A and Part B-covered services)
	<b>Annual Deductible:</b> \$226 Part B deductible for some in-network and out-of-network Part B services
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist	<b>Doctor Office Visit:</b> \$20 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$95 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$250/day for days 1-6 per stay	<b>Inpatient Hospital:</b> \$2,019 per stay
<b>Outpatient Services/Surgery:</b> \$250 per hospital visit; \$200 per visit in Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> 20% of the cost
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$184 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to \$50 per lab service	<b>Diagnostic Lab Tests:</b> \$0 to 20% of the cost
<b>Durable Medical Equipment:</b> 15% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Routine Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$4,000 benefit per year	<b>Dental:</b> \$0 for oral exam & cleanings up to 2 per year; \$2,000 benefit per year (call plan for details)
<b>Vision:</b> \$0 (1 routine exam per year, \$40 maximum benefit); \$300 for contact lenses or eyeglasses-lenses and frames/year	<b>Vision:</b> \$0 (1 routine exam per year); \$100 benefit for contact lenses or eyeglasses-lenses and frames per year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$99 or \$399 co-pay for hearing aid 1 per ear per year	<b>Hearing:</b> \$0 (1 routine exam/year); \$0 copay for hearing aid up to 1 per ear every 3 years
	<b>Personal Emergency Response System:</b> \$0
	<b>Transportation:</b> \$0 for up to 24 one-way trips to plan approved locations (50-mile limit)
<b>Well Dine Meal Program:</b> Meal program following inpatient hospital or nursing facility stay	<b>Well Dine Meal Program:</b> Meal program following inpatient hospital or nursing facility stay
<b>Wellness Benefit:</b> SilverSneakers membership	<b>Wellness Benefit:</b> SilverSneakers membership
<b>Over-the-Counter:</b> \$100 every 3 months	<b>Over-the-Counter:</b> \$175 every 3 months- mail order
<b>Medicare Prescription Drug Coverage:</b> No coverage. For drug coverage choose a PPO with that includes coverage.	<b>Medicare Prescription Drug Coverage:</b> Yes, \$505 deductible for tier 3, 4, and 5 drugs

<b>Humana Honor PPO (H5216-329)</b>	<b>Humana Choice PPO (H5216-340)</b>
<p align="center"><i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</p>	<p align="center"><i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</p>
<p><b>Service Area:</b> 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, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright</p>	<p><b>Service Area:</b> 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, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright</p>
<p><b>Monthly Premium:</b> \$0, plus Part B monthly premium; Plan pays \$100 towards Part B premium</p>	<p><b>Monthly Premium:</b> \$0 plus Part B monthly premium; Plan pays \$84 towards Part B premium</p>
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<p><b>Yearly Out-of-Pocket Maximum:</b> \$6,700, (Includes only Medicare Part A and Part B-covered services)</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$7,900, (Includes only Medicare Part A and Part B-covered services)</p>
<p><b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist</p>	<p><b>Doctor Office Visit:</b> \$10 primary care; \$50 specialist</p>
<p><b>Emergency Room Visit:</b> \$95 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p><b>Emergency Room Visit:</b> \$95 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p><b>Inpatient Hospital:</b> \$425/day for days 1-5 per stay</p>	<p><b>Inpatient Hospital:</b> \$425/day for days 1-5 per stay</p>
<p><b>Outpatient Services/Surgery:</b> \$325 per hospital visit; \$275 per visit Ambulatory Surgery Center</p>	<p><b>Outpatient Services/Surgery:</b> \$400 per hospital visit; \$350 per visit in Ambulatory Surgery Center</p>
<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-100</p>	<p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 each day for days 21-100</p>
<p><b>Diagnostic Lab Tests:</b> \$0 to \$35 per lab service</p>	<p><b>Diagnostic Lab Tests:</b> \$0 to \$50 per lab service</p>
<p><b>Durable Medical Equipment:</b> 15% of cost; 0% to 20% for diabetic supplies</p>	<p><b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies</p>
<b>Additional Benefits:</b>	
<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>	<p><b>Annual Physical Exam:</b> \$0 (1 exam/year)</p>
<p><b>Dental:</b> \$1,000 benefit per year</p>	<p><b>Dental:</b> \$0 for oral exam &amp; cleanings up to 2 per year;</p>
<p><b>Transportation:</b> \$0 for up to 24 one-way trips to plan approved locations (75-mile limit)</p>	<p><b>Optional Dental Packages:</b> \$33, \$40.60 or \$51.30 monthly premium (call plan for details)</p>
<p><b>Vision:</b> \$0 for (1 routine exam, refraction/year) \$75 max benefit; \$100 for eyeglasses and frames or contact lenses/year</p>	<p><b>Vision:</b> \$0 (1 routine vision exam, refraction/year) \$75 max benefit; \$100 for eyeglasses &amp; frames or contact lenses/year</p>
<p><b>Hearing:</b> \$0 for 1 routine exam per year; \$399 or \$699 co-pay per aid up to 1 per ear per year</p>	<p><b>Hearing:</b> \$0 (1 routine exam/year); \$499 or \$799 co-pay per aid up to 1 per ear per year</p>
<p><b>Well Dine Meal Program:</b> Meal program following inpatient hospital or nursing facility stay</p>	<p><b>Well Dine Meal Program:</b> Meal program following an inpatient hospital or nursing facility stay</p>
<p><b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes</p>	<p><b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes</p>
<p><b>Medicare Prescription Drug Coverage:</b> No. For Medicare Part D drug coverage, you must choose a PPO that includes prescription drug coverage.</p>	<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$300 deductible for tier 3, 4 and 5 drugs only (Insulin Savings Program)</p>

<b>Medica Advantage Solution PPO (H3632-001)</b>	<b>MediGold MercyOne Medicare Plan No Premium Choice PPO (H1846-007)</b>
<i>Medica Community Health Plan</i> 1-800-906-5432 www.medica.com/medicare	<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) MercyOne.org/Medicare
<b>Service Area:</b> Harrison, Mills and Pottawattamie	<b>Service Area:</b> Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Butler, Cedar, Cerro Gordo, Chickasaw, Clarke, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Jackson, Jasper, Kossuth, Lucas, Madison, Mahaska, Marion, Monona, Monroe, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth, Wright
<b>Monthly Premium:</b> \$16 plus Part B monthly premium	<b>Monthly Premium:</b> \$0 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,700, (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,900, (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 1 day) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$360/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$325 hospital services/observation; \$345 outpatient hospital surgeries; \$245 Ambulatory Surgical Center per visit	<b>Outpatient Services/Surgery:</b> \$0-\$300 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 each day for days 21-40; \$0 for days 41-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$196 for days 21-58; \$0 for days 59-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 copay
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic testing supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Podiatry:</b> \$35 per visit	<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$1,100 reimbursement for dental services/year	<b>Dental:</b> \$0 cleanings, x-rays and exams; 50% for minor restorative and extractions; 70% for endodontics and periodontics; \$1,000 combined annual maximum. <b>Optional Dental:</b> \$13 or \$34 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year), \$200 benefit for eyeglasses, contacts or upgrades per year	
<b>Hearing:</b> \$0 (1 routine exam/year); \$549 or \$799 copay for hearing aids from EPIC providers	
<b>Transportation:</b> up to 12 one-way trips/yr for medical or pharmacy care within plan service area	<b>Vision:</b> \$0 (1 routine exam/year); Plan pays up to \$150 for eyewear every year
<b>Visitor Travel Coverage:</b> In-network coverage for all services while traveling up to 6 consecutive months	<b>Hearing:</b> \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year)
<b>Chiropractic:</b> \$20 per visit	<b>Acupuncture:</b> \$20 (6 visits every year)
<b>Meal Benefit:</b> 14 meals delivered to home following an inpatient hospital or nursing facility stay (limit 4/ year)	<b>Meal Benefit:</b> 2 meals per day for 7 days, following a qualifying discharge
<b>Wellness Benefit:</b> \$0 One Pass fitness includes access to expansive network of fitness locations, online fitness classes (both live and on demand) & 24-hour nurse line	<b>Fitness Benefit:</b> \$0 per month for membership
	<b>Visitor Travel Allowance:</b> \$1,500
<b>Over-the-Counter:</b> \$75 per quarter	<b>Over-the-Counter:</b> \$100 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (Part D Senior Savings Model)	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible (Part D Senior Savings Model)

<b>Sanford Health ChoiceElite PPO (H8385-001)</b>	<b>Sanford Health AlignChoice Plus PPO (H8385-003)</b>
<i>Sanford Health</i> 1-888-605-9277 (TTY/TDD 711) www.sanfordhealthplan.com	<i>Sanford Health</i> 1-888-605-9277 (TTY/TDD 711) www.sanfordhealthplan.com
<b>Service Area:</b> Lyon, O'Brien, Osceola, and Sioux	<b>Service Area:</b> Lyon, O'Brien, Osceola, and Sioux
<b>Monthly Premium:</b> \$49 plus Part B monthly premium	<b>Monthly Premium:</b> \$0 plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,750, (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$5,000, (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist
<b>Emergency Room Visit:</b> \$75 each visit (waived if admitted to hospital within 1 day) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350 per stay	<b>Inpatient Hospital:</b> \$450 per stay
<b>Outpatient Services/Surgery:</b> \$150 for each surgery in the hospital or Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> \$200 for each surgery in the hospital or Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$184 for days 21-42	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$184 for days 21-42
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost	<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b>	<b>Virtual Visit:</b>
<b>Dental:</b> \$0 Cleaning & Exam 2 times/year; \$0 x-rays 1 time/year; \$1,300 (Comprehensive)	<b>Dental:</b> \$0 Cleaning & Exam 2 times/year; \$0 x-rays 1 time/year; \$1,300 (Comprehensive)
<b>Vision:</b> \$0 annual exam; \$200 eyewear allowance	<b>Vision:</b> \$0 annual exam; \$100 eyewear allowance
<b>Hearing:</b> \$0 annual exam; \$1,000 hearing aid allowance	<b>Hearing:</b> \$0 Annual Exam; \$1,000 hearing aid allowance
<b>Wellness Benefit:</b> \$0 or discounted gym membership	<b>Wellness Benefit:</b> \$0 or discounted gym membership
<b>Travel Benefit:</b> 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	<b>Travel Benefit:</b> 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
<b>Over-the-Counter:</b> \$75 per quarter	<b>Over-the-Counter:</b> \$55 per quarter, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$150 deductible for tiers 3, 4 and 5	<b>Medicare Prescription Drug Coverage:</b> Yes, \$200 deductible for tiers 2, 4 and 5

Private Fee-For -Service - PFFS	Humana Gold Choice PFFS (H8145-089)
<p>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. <b>You should check with your doctor (s) and hospital to see if they will treat patients covered by the plan before you enroll.</b></p> <p>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.</p> <p>The PFFS plan manages your Medicare Part A and Part B health insurance benefits. <b>You do not need a Medicare supplement.</b> If you have a policy, it will not pay when you are enrolled in an PFFS plan.</p> <p>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.</p> <p>PFFS plans must provide all Medicare-covered services and may provide additional benefits that Original Medicare does not cover. Additional coverage could include an annual physical, vision and hearing screenings and wellness programs.</p> <p>If you enroll in a PFFS plan that does not include Medicare Part D drug coverage you can enroll in one of the stand-alone Medicare drug plans.</p> <p>The following charts show what <b>you pay</b> when you enroll in a Medicare Advantage PFFS plan and some of the additional benefits provided by the plan.</p>	<p><i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</p> <p><b>Service Area:</b> Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Van Buren, Washington and Webster</p> <p><b>Monthly Premium:</b> \$95 plus Part B monthly premium</p> <p><b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b></p> <p><b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)</p> <p><b>Doctor Office Visit:</b> \$20 primary care; \$50 specialist</p> <p><b>Emergency Room Visit:</b> \$95 each visit</p> <p><b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay</p> <p><b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgical center per visit</p> <p><b>Skilled Nursing Care:</b> \$0 each day for days 1-20, \$196 each day for days 21-55</p> <p><b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service</p> <p><b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies</p> <p><b>Additional Benefits:</b></p> <p><b>Dental:</b> \$1,500 benefit per year</p> <p><b>Optional Packages:</b> MyOption Dental \$45.70 monthly premium; (call plan for details)</p> <p><b>Vision:</b> MyOption Vision \$16.10 monthly premium (call plan for details)</p> <p><b>Well Dine Meal Program:</b> Meal program after inpatient stay in hospital or nursing facility</p> <p><b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes</p> <p><b>Over-the-Counter:</b> \$225 every quarter</p> <p><b>Medicare Prescription Drug Coverage:</b> Yes, \$465 deductible</p>

<b>Medicare Cost Plan</b>	<b>Central Iowa Health Senior Plan Cost Plan (H1651-011)</b>
<p>A Medicare Cost Plan is a type of Medicare health plan. The plan has a network of providers. When you use plan providers the services you receive are billed to the Cost Plan. Plan providers do not bill for excess charges. When you do not use plan providers Medicare will pay, but the plan pays nothing 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.</p>	<p><i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com</p>
<p>Cost Plans have different enrollment rules than all of the other Medicare Advantage Plans. They are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year. People with permanent kidney failure are not eligible to join.</p>	<p><b>Service Area:</b> Adair, Boone, Clarke, Greene, Guthrie, Jasper, Lucas, Madison, Marion, Marshall, Poweshiek, Ringgold, Union and Warren</p>
<p>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.</p>	<p><b>Monthly Premium:</b> \$147, plus Part B monthly premium</p>
<p>Some plans also offer additional benefits, such as vision and hearing screenings and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> None</p>
<p><b>You do not need a Medicare supplement.</b> If you have a policy, it will not pay when you are enrolled in a Medicare Cost Plan.</p>	<p><b>Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</b></p>
<p><b>If you are interested in a Medicare Cost plan and you want to receive Medicare drug coverage, you can enroll in a Medicare stand-alone drug plan.</b></p>	<p><b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist</p>
<p>The following charts show what you pay when you enroll in a Medicare Cost plan.</p>	<p><b>Emergency Room Visit:</b> \$0</p>
	<p><b>Inpatient Hospital:</b> \$0</p>
	<p><b>Outpatient Surgery:</b> \$0 per visit</p>
	<p><b>Skilled Nursing Care:</b> \$0</p>
	<p><b>Diagnostic Lab Tests:</b> \$0</p>
	<p><b>Durable Medical Equipment:</b> \$0</p>
	<p><b>Additional Benefits:</b></p>
	<p><b>Routine Physical:</b> \$0 (1 exam/year)</p>
	<p><b>Dental:</b> No additional benefits</p>
	<p><b>Vision:</b> \$0 (1 exam/year)</p>
	<p><b>Podiatry:</b> \$0, routine care (up to 6 visits a year)</p>
	<p><b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit</p>
	<p><b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>

<b>Medica Prime Solution Core Cost Plan (H2450-045)</b>	<b>Medica Prime Solution Premier Cost Plan (H2450-042)</b>
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com	<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Adair, Audubon, Adams, Allamakee, Boone, Carroll, Cass, Clay, Crawford, Dickinson, Emmet, Fremont, Greene, Guthrie, Howard, Kossuth, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Palo Alto, Plymouth, Shelby, Sioux, Union, Winnebago and Worth	<b>Service Area:</b> Adair, Audubon, Adams, Allamakee, Boone, Carroll, Cass, Clay, Crawford, Dickinson, Emmet, Fremont, Greene, Guthrie, Howard, Kossuth, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Palo Alto, Plymouth, Shelby, Sioux, Union, Winnebago and Worth
<b>Monthly Premium:</b> \$76 plus Part B monthly premium	<b>Monthly Premium:</b> \$130 plus Part B monthly premium
<b>Deductible:</b> \$0	<b>Deductible:</b> \$0
<b>Yearly Out-of-Pocket Maximum:</b> \$4,000	<b>Yearly Out-of-Pocket Maximum:</b> \$3,000
<b>Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)</b>	
<b>Doctor Office Visit:</b> \$0 primary care; \$15 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist
<b>Emergency Room Visit:</b> \$50 Worldwide Coverage	<b>Emergency Room Visit:</b> \$0 Worldwide Coverage
<b>Inpatient Hospital:</b> \$300 per stay	<b>Inpatient Hospital:</b> \$100 per stay
<b>Outpatient Surgery:</b> \$150 per visit or surgery	<b>Outpatient Surgery:</b> \$50
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$50 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$25 per day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to \$15 copay	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20%	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Dental:</b> \$300 annual reimbursement for dental services	<b>Dental:</b> \$400 annual reimbursement for dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$100 annual eyewear reimbursement for glasses or contacts	<b>Vision:</b> \$0 (1 routine exam/year); \$200 annual eyewear reimbursement for glasses or contacts
<b>Hearing:</b> \$0 (1 routine exam/year); hearing aid benefit up to \$400 a year	<b>Hearing:</b> \$0 (1 routine exam/year); hearing aid benefit up to \$400 a year
<b>Extended Absence Benefit:</b> Members can travel anywhere in the US and receive in-network benefits with any provider that accepts Original Medicare	<b>Extended Absence Benefit:</b> Members can travel anywhere in the US and receive in-network benefits with any provider that accepts Original Medicare
<b>Wellness Benefit:</b> \$0 One Pass fitness program includes access to expansive network of fitness locations, online fitness classes (both live and on demand)	<b>Wellness Benefit:</b> \$0 One Pass fitness program includes access to expansive network of fitness locations, online fitness classes (both live and on demand)
<b>Over-the-Counter:</b> \$50 quarterly, no rollover	<b>Over-the-Counter:</b> \$50 quarterly, no rollover
<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>Medica Prime Solution Thrift Cost Plan (H2450-030)</b>	<b>Medical Associates Health Plans (MAHP) MAHP Smart Plan (Cost) (H1651-001) MAHP Community Plan (Cost) (H1651-004) MAHP Freedom Plan (Cost) (H1651-008)</b>
<p style="text-align: center;"><i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com</p>	<p style="text-align: center;"><i>Medical Associates Health Plans</i> 1-800-747-8900 <a href="http://www.mahealthplans.com">www.mahealthplans.com</a></p>
<p><b>Service Area:</b> Adair, Audubon, Adams, Allamakee, Boone, Carroll, Cass, Clay, Crawford, Dickinson, Emmet, Fremont, Greene, Guthrie, Howard, Kossuth, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Palo Alto, Plymouth, Shelby, Sioux, Union, Winnebago and Worth</p>	<p><b>Service Area:</b> Clayton, Delaware, Dubuque, Jackson, and Jones</p>
<p><b>Monthly Premium:</b> \$40 plus Part B monthly premium <b>Deductible:</b> \$50</p>	<p><b>Monthly Premium:</b> Plus, Part B monthly premium <b>H1651-001</b> - \$125 includes provider network benefit <b>H1651-004</b> - \$150 includes expanded provider network benefit within service area <b>H1651-008</b> - \$188 includes expanded provider network plus out-of-network benefit</p>
<p><b>Yearly Out-of-Pocket Maximum:</b> \$6,700</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> None</p>
<p><b>Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)</b></p>	
<p><b>Doctor Office Visit:</b> 20% primary care; 20% specialist</p>	<p><b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist</p>
<p><b>Emergency Room Visit:</b> \$50</p>	<p><b>Emergency Room Visit:</b> \$0</p>
<p><b>Inpatient Hospital:</b> \$300/day for days 1-4 per stay</p>	<p><b>Inpatient Hospital:</b> \$0</p>
<p><b>Outpatient Surgery:</b> 20% per visit</p>	<p><b>Outpatient Surgery:</b> \$0 per visit</p>
<p><b>Skilled Nursing Care:</b> \$0 for days 1-20; \$194.50 for days 21-100 (These are 2022 amounts and may change in 2023)</p>	<p><b>Skilled Nursing Care:</b> \$0</p>
<p><b>Diagnostic Lab Tests:</b> 20%</p>	<p><b>Diagnostic Lab Tests:</b> \$0</p>
<p><b>Durable Medical Equipment:</b> 20%</p>	<p><b>Durable Medical Equipment:</b> \$0</p>
<p><b>Additional Benefits:</b></p>	
<p><b>Extended Absence Benefit:</b> Members can travel anywhere in the US and receive in-network benefits with any provider that accepts Original Medicare</p>	<p><b>Routine Physical:</b> \$0 (1 exam/year)</p>
<p><b>Wellness Benefit:</b> \$0 for 24-hour nurse line</p>	<p><b>Dental:</b> No additional benefits</p>
<p><b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	<p><b>Vision:</b> \$0 (1 exam/year)</p>
	<p><b>Podiatry:</b> \$0 routine care (up to 6 visits a year)</p>
	<p><b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit</p>
	<p><b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>

<b>Mercy Cedar Rapids Senior Plan Cost Plan (H1651-014)</b>	<b>Mercy Iowa City Senior Plan Cost Plan (H1651-016)</b>
<i>Medical Associates Health Plans 1-800-747-8900 www.mahealthplans.com</i>	<i>Medical Associates Health Plans 1-800-747-8900 www.mahealthplans.com</i>
<b>Service Area:</b> Cedar, Delaware, Jones and Linn	<b>Service Area:</b> Cedar and Muscatine
<b>Monthly Premium:</b> \$147 plus Part B monthly premium	<b>Monthly Premium:</b> \$147 plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)</b>	
<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefit	<b>Dental:</b> No additional benefits
<b>Vision:</b> \$0 (1 exam/year)	<b>Vision:</b> \$0 (1 exam/year)
<b>Podiatry:</b> \$0 Routine care (up to 6 visits a year)	<b>Podiatry:</b> \$0 Routine care (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>MercyOne Cedar Valley Senior Plan Cost Plan (H1651-010)</b>	<b>MeryOne Clinton Community Senior Plan Cost Plan (H1651-012)</b>
<i>Medical Associates Health Plans 1-800-747-8900 www.mahealthplans.com</i>	<i>Medical Associates Health Plans 1-800-747-8900 www.mahealthplans.com</i>
<b>Service Area:</b> Tama	<b>Service Area:</b> Cedar, Clinton, Jackson and Scott
<b>Monthly Premium:</b> \$147 plus Part B monthly premium	<b>Monthly Premium:</b> \$147 plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)</b>	
<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Dental:</b> No additional benefits
<b>Vision:</b> \$0 (1 exam/year)	<b>Vision:</b> \$0 (1 exam/year)
<b>Podiatry:</b> \$0 Routine care (up to 6 visits a year)	<b>Podiatry:</b> \$0 Routine care (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>MercyOne North Iowa Senior Plan Cost Plan (H1651-015)</b>	<b>Quad Cities Community Senior Plan Cost Plan (H1651-013)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com	<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Cerro Gordo, Franklin, Floyd, Hancock, Kossuth, Mitchell, Winnebago and Worth	<b>Service Area:</b> Cedar, Clinton, Jackson, Muscatine and Scott
<b>Monthly Premium:</b> \$147 plus Part B monthly premium	<b>Monthly Premium:</b> \$147 plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Cost shares listed are what you pay for Network Providers (costs may vary for out-of-network services)</b>	
<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist	<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialist
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Dental:</b> No additional benefits
<b>Vision:</b> \$0 (1 exam/year)	<b>Vision:</b> \$0 (1 exam/year)
<b>Podiatry:</b> \$0 Routine care (up to 6 visits a year)	<b>Podiatry:</b> \$0 Routine care (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> No Coverage. If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>Special Needs Plans- SNP</b>	<b>Aetna Medicare Assure Premier SNP HMO (H5593-001)</b>
<p>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.</p>	<p>Aetna Health of Iowa Inc. 1-833-258-3032 (TTY/TDD 711) <i>www.aetnamedicare.com</i></p>
<p>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.</p>	<p><b>Service Area:</b> Black Hawk, Boone, Clinton, Dallas, Jasper, Johnson, Linn, Madison, Marion, Marshall, Monona, Muscatine, Plymouth, Polk, Pottawattamie, Scott, Story, Wapello, Webster and Woodbury</p>
<p>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.</p>	<p><b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in enrolled in a full Medicaid program or QMB.</p>
<p>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.</p>	<p><b>Monthly Premium:</b> \$0</p>
<p>A Medicare Special Needs Plan may help manage and coordinate the many services and providers its members use to help them stay healthy and follow their doctor's orders related to diet and prescription drugs and help coordinate coverage for the member.</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$0 (Includes only Medicare Part A and Part B covered services)</p>
<p>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.</p>	<p><b>Doctor Office Visit:</b> \$0</p>
<p>The plan cannot have a waiting period for pre-existing conditions. The exception to this rule is those with End-Stage Renal Disease.</p>	<p><b>Inpatient Hospital:</b> \$0 unlimited days</p>
<p>The following chart shows what <b>you pay</b> when you enroll in a Special Needs Plan.</p>	<p><b>Emergency Room Visit:</b> \$0 Worldwide Coverage</p>
	<p><b>Outpatient Surgery:</b> \$0</p>
	<p><b>Skilled Nursing Care:</b> \$0</p>
	<p><b>Diagnostic Lab Tests:</b> \$0</p>
	<p><b>Durable Medical Equipment:</b> \$0</p>
	<p><b>Additional Benefits:</b></p>
	<p><b>Annual Physical Exam:</b> \$0</p>
	<p><b>Dental:</b> \$3,250 annual benefit for preventive and comprehensive</p>
	<p><b>Vision:</b> \$0 (1 routine exam/year); \$500 annual benefit for contacts, frames and lenses</p>
	<p><b>Hearing:</b> \$0 (1 routine exam/year); \$2,000 hearing aid benefit per ear every year</p>
	<p><b>Podiatry:</b> \$0, limited to 12 visits</p>
	<p><b>Transportation:</b> 50 one-way trips per year; up to 100 miles each way</p>
	<p><b>Personal Emergency Response System:</b> \$0 Lifestation</p>
	<p><b>Post Discharge Meal program:</b> Up to 42 meals delivered to home following inpatient hospital, or skilled facility stay</p>
	<p><b>Wigs:</b> \$400 benefit for cancer patients</p>
	<p><b>Fall Prevention:</b> \$150 annually</p>
	<p><b>Wellness Benefit:</b> SilverSneakers (health club membership)</p>
	<p><b>Extra Benefits Card:</b> \$300 quarterly for healthy foods, utilities and transportation</p>
	<p><b>Over-the-Counter:</b> \$255 quarterly, no carry over</p>
	<p><b>Medicare Prescription Drug Coverage:</b> Yes, \$0 copay for Tier 1 to Tier 5</p>

<b>Amerivantage Dual Coordination SNP HMO (H0907-001)</b>	<b>HumanaChoice SNP-DE PPO (H5216-268)</b>
<p style="text-align: center;"><i>Amerigroup Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.amerigroup.com/medicare</p>	<p style="text-align: center;"><i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</p>
<p><b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena, Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright</p>	<p><b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clinton, Dallas, Delaware, Des Moines, Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, Woodbury and Worth</p>
<p><b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in enrolled in a full Medicaid program or QMB.</p>	<p><b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in enrolled in a full Medicaid program or QMB</p>
<p><b>Monthly Premium:</b> \$0, plus Part B monthly premium</p>	<p><b>Monthly Premium:</b> \$0 plus Part B monthly premium</p>
<p><b>Yearly Out-of-Pocket Maximum:</b> \$0, (Includes only Medicare Part A and Part B covered services)</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$0, (Includes only Medicare Part A and Part B covered services)</p>
<p><b>Doctor Office Visit:</b> \$0</p>	<p><b>Doctor Office Visit:</b> \$0</p>
<p><b>Emergency Room Visit:</b> \$0 each visit, Worldwide Coverage</p>	<p><b>Emergency Room Visit:</b> \$0 each visit, Worldwide Coverage</p>
<p><b>Inpatient Hospital:</b> \$0 up to (\$90 days)</p>	<p><b>Inpatient Hospital:</b> \$0 up to unlimited days</p>
<p><b>Outpatient Surgery:</b> \$0</p>	<p><b>Outpatient Services/Surgery:</b> \$0</p>
<p><b>Skilled Nursing Care:</b> \$0</p>	<p><b>Skilled Nursing Care:</b> \$0</p>
<p><b>Diagnostic Lab Tests:</b> \$0</p>	<p><b>Diagnostic Lab Tests:</b> \$0</p>
<p><b>Durable Medical Equipment:</b> \$0</p>	<p><b>Durable Medical Equipment:</b> \$0</p>
<p><b>Additional Benefits:</b></p>	<p><b>Additional Benefits:</b></p>
<p><b>Annual Physical:</b> \$0</p>	<p><b>Annual Physical:</b> \$0</p>
<p><b>Podiatry:</b> \$0; for unlimited routine foot care</p>	<p><b>Virtual Visits:</b> \$0</p>
<p><b>Dental:</b> \$0 for preventive and comprehensive dental, up to \$6,000 in covered comprehensive services per year</p>	<p><b>Dental:</b> \$5,000 benefit for preventive and comprehensive services per year</p>
<p><b>Hearing:</b> \$0 for 1 routine exam per year; with up to \$3,000 for hearing aids every year</p>	<p><b>Hearing:</b> \$0 for 1 routine exam per year; \$0 for hearing aids 1 per ear every 3 years</p>
<p><b>Vision:</b> \$0 for 1 routine exam per year; up to \$500 for eyeglasses or contact lenses every year</p>	<p><b>Vision:</b> \$0 for 1 routine exam per year; \$300 annual benefit for contacts, frames, lenses</p>
<p><b>Transportation:</b> \$0; for 60 one-way approved rides per year</p>	<p><b>Transportation:</b> \$0; 48 one-way approved trips per year</p>
<p><b>Personal Emergency Response System (PERS):</b> \$0</p>	<p><b>Personal Emergency Response System:</b> \$0</p>
<p><b>Over-the-Counter + Healthy Groceries:</b> \$175 per month</p>	<p><b>Healthy Options Card:</b> \$175/ mo for rent, utilities, grocery, etc.</p>
<p><b>Healthy Meals-Post Discharge:</b> \$0, Up to 2 meals/ day for 21 days following hospital or skilled nursing facility stay</p>	<p><b>Well Dine Meal Program:</b> home-delivered meals following an inpatient hospital or nursing facility stay</p>
<p><b>Everyday Extra Benefits:</b> Personal Home Helper, Assistive Devices, Health, and Fitness Tracker, Pest Control <b>Flex Account – Dental, Vision, Hearing, and In-Home Support.</b> Call plan for details and how to qualify <b>Flex Account-</b> Utilities: \$50 monthly to be used toward gas, electric, water, or sewer; also use for internet and cell phone</p>	<p><b>Wigs:</b> \$500-year benefit related to chemotherapy  <b>Worry Free Meals for Chronically Ill:</b> Those with COPD, Diabetes or CHF may qualify for 2 meals/ day for 12 weeks up to 2 times a year.</p>
<p><b>Wellness Benefit:</b> SilverSneakers Fitness program</p>	<p><b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes</p>
<p><b>Medicare Prescription Drug Coverage:</b> Yes</p>	<p><b>Medicare Prescription Drug Coverage:</b> Yes</p>

<b>Humana Gold Plus – Diabetes and Heart HMO C-SNP (H0028-057)</b>	<b>Iowa Health Advantage HMO-ISNP (H6765-001)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare	<i>American Health Plans</i> 1-866-327-0523 (TTY/TDD 711) amhealthplans.com
<b>Service Area:</b> Dallas, Johnson, Linn and Polk	<b>Service Area:</b> Adams, Appanoose, Benton, Black Hawk, Boone, Butler, Calhoun, Carroll, Cedar, Cherokee, Clarke, Decatur, Dubuque, Guthrie, Hamilton, Hardin, Henry, Jasper, Johnson, Kossuth, Linn, Mahaska, Marion, Marshall, Monroe, Plymouth, Pocahontas, Polk, Poweshiek, Sac, Story, Union, Wapello, Wayne, Woodbury, and Worth
<b>Eligibility to enroll in this plan:</b> You must be diagnosed with Cardiovascular Disorder, Chronic Heart Failure, and /or Diabetes Mellitus	<b>Eligibility to enroll in this plan:</b> You must reside in a Medicare contracted Skilled Nursing Facility receiving skilled or nursing home level of care.
<b>Monthly Premium:</b> \$0, plus Part B monthly premium	<b>Monthly Premium:</b> \$0 for those w/Medicare and Medicaid, \$39.90 w/o Medicaid, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,600 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$0 for those with Medicaid; \$8,300 for those without Medicaid (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialists	<b>Doctor Office Visit:</b> \$0 primary care; 20% specialists
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours)	<b>Emergency Room Visit:</b> \$90 max per visit
<b>Inpatient Hospital:</b> \$295 copay per day for days 1-6	<b>Inpatient Hospital:</b> \$0 for days 1-60
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgery center	<b>Outpatient Services/Surgery:</b> 20% coinsurance
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$196 per day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-100; no hospital stay required
<b>Diagnostic Lab Tests:</b> \$0 to \$25	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 or 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0	<b>Coordinated Clinical Care:</b> Iowa Health Advantage offers the services of TruHealth, a team of dedicated clinical experts who assist member in accessing and navigating the continuum of care.
<b>Virtual Visits:</b> \$0	
<b>Dental:</b> \$1,000 benefit per year for preventive and comprehensive benefits	<b>Support &amp; Supervisory Services:</b> \$0 up to 68 hours yearly for 1-on-1 services delivered by a qualified individual
<b>Vision:</b> \$0 (1 routine exam per year); Plan pays \$100 per year for contact lenses or eyeglasses-lenses and frames	<b>Vision:</b> \$0 (1 routine exam per year); \$235/year for contact lenses, eyeglasses, frames, upgrades
<b>Hearing:</b> \$0 (1 routine exam/year); \$299 or \$599 copay per hearing aid up to 1 per ear per year	<b>Hearing:</b> \$0 for 1 routine exam/year and \$0 for hearing aid evaluations/fittings; 2 hearing aids/year, up to \$500/ear
<b>Podiatry Services:</b> \$0 (up to 6 visits per year)	<b>Podiatry Services:</b> \$0 (up to 6 visits per year)
<b>Transportation:</b> \$0 for 48 one-way trips per year (limit 50 miles per trip)	<b>Transportation:</b> \$0 for 24 one-way, non-emergent, trips to any health-related location.
<b>Well Dine Meal Program:</b> home-delivered meals following an inpatient hospital or nursing facility stay	<b>OT/PT/ST:</b> \$0 and no prior authorization for services delivered within a contracted long-term care facility.
<b>Wellness Benefit:</b> SilverSneakers fitness membership	<b>Transportation:</b> \$0 for 24 one-way, non-emergent trips to any health-related location
<b>Healthy Options Card:</b> \$35 with monthly rollover for rent, utilities, grocery, ride share, pet supplies and more.	<b>Medicare Prescription Drug Coverage:</b> Yes, \$505 deductible
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible	

<b>Nursing Home Plan I-SNP PPO (H0710-046)</b>	<b>UnitedHealthcare Assisted Living Plan I-SNP PPO (H0710-060)</b>
<i>Sierra Health and Life Insurance Company, Inc</i> 1-888-834-3721 (TTY/TDD 711) UHC.com/Medicare	<i>Sierra Health and Life Insurance Company, Inc</i> 1-888-834-3721 (TTY/TDD 711) UHC.com/Medicare
<b>Service Area:</b> Black Hawk, Bremer, Buchanan, Butler, Clinton, Dallas, Fayette, Grundy, Jasper, Johnson, Linn, Polk, Scott, Story, Tama and Warren	<b>Service Area:</b> Black Hawk and Scott
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you live in a nursing home or skilled facility (nursing home must be a licensed skilled facility) for 90 days or longer.	<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you live in a licensed assisted living facility and receive nursing home level of care
<b>Monthly Premium:</b> \$39.90, plus Part B monthly premium	<b>Monthly Premium:</b> \$39.90, plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$1,500 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$1,600 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$0 specialists in nursing home or 20% outside of nursing home	<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 24 hours)	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 24 hours), Worldwide Coverage
<b>Inpatient Hospital:</b> \$1,556 per stay	<b>Inpatient Hospital:</b> \$200 a day for days 1-7
<b>Outpatient Services/Surgery:</b> \$0 - 20% per visit	<b>Outpatient Services/Surgery:</b> \$0 - \$175
<b>Skilled Nursing Care:</b> \$0 each day for days 1-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost	<b>Durable Medical Equipment:</b> 20% of the cost; \$0 diabetic monitoring supplies
<b>Additional Benefits:</b>	
<b>Annual Physical:</b> \$0	<b>Annual Physical:</b> \$0
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$3,500 limit for certain comprehensive and preventive dental services	<b>Dental:</b> \$2,400 limit for preventive and comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam per year; \$250 for contact lenses or frames every year)	<b>Vision:</b> \$0 1 routine exam per year; \$200 combined for contact lenses or frames every year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$2,000 hearing aid allowance every year for 2 hearing aids	<b>Hearing:</b> \$0 for 1 routine exam per year; \$2,000 allowance for hearing aids every year
<b>Podiatry Services:</b> \$0 (up to 6 visits per year)	<b>Podiatry Services:</b> \$0 (up to 6 visits per year)
<b>Transportation:</b> \$0; 48 one-way approved trips per year	<b>Transportation:</b> \$0; 36 one-way approved trips/year
<b>Over-the-Counter:</b> \$310/quarter for debit card or mail order, amount expires annually	<b>Over-the-Counter:</b> \$195 per quarter for debit card or mail order, amount expires annually
<b>Renal Dialysis:</b> \$0 in a nursing home	<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible
<b>Medicare Prescription Drug Coverage:</b> Yes, \$505 deductible	

<b>UnitedHealthcare Chronic Complete Assure C-SNP PPO (H0271-049)</b>	<b>UnitedHealthcare Dual Complete SNP HMO (H0169-001)</b>
<i>Care Improvement Plus South-Central Insurance Co.</i> 1-800-555-5757 UHC.com/Medicare	<i>UnitedHealthcare of the Midwest, Inc</i> 1-888-834-3721 (TTY/TDD 711) www.UHCCommunityPlan.com
<b>Service Area:</b> Adair, Adams, 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, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright	<b>Service Area:</b> 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
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you have one or more of the following conditions: Cardiovascular Disorders, Chronic Heart Failure & Diabetes	<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in enrolled in a full Medicaid program or QMB
<b>Monthly Premium:</b> \$15, plus Part B monthly premium	<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	<b>Yearly Out-of-Pocket Maximum:</b> \$0 (Includes only Medicare Part A and Part B covered services)
<b>Yearly Out-of-Pocket Maximum:</b> \$8,300 (Includes only Medicare Part A and Part B covered services)	
<b>Doctor Office Visit:</b> 20% primary care; 20% specialist	<b>Doctor Office Visit:</b> \$0
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 24 hours), Worldwide Coverage	<b>Emergency Room Visit:</b> \$0 each visit, Worldwide Coverage
<b>Inpatient Hospital:</b> \$1,556 per stay	<b>Inpatient Hospital:</b> \$0 per stay
<b>Outpatient Services/Surgery:</b> 20% per visit	<b>Outpatient Services/Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for days 1-20; up to \$200 a day for days 21-100	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 diabetic testing supplies	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0	<b>Annual Physical:</b> \$0
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$3,000 per year limit for certain comprehensive and preventive dental services	<b>Dental:</b> \$4,000 per year limit for certain comprehensive and preventive dental services
<b>Vision:</b> \$0 (1 routine exam per year: \$200 for frames or contact lenses every year.	<b>Vision:</b> \$0 (1 routine exam per year); \$600 for contact lenses or frames every year
<b>Hearing:</b> \$0 for 1 routine exam per year: \$3,600 hearing aid allowance every year	<b>Hearing:</b> \$0 for 1 routine exam per year: Plan pays up to \$3,600 for 2 hearing aids every year
<b>Podiatry Services:</b> \$0 (up to 6 visits per year)	<b>Podiatry Services:</b> \$0 (up to 6 visits per year)
<b>Personal Emergency Response System:</b> \$0 (PERS)	<b>Personal Emergency Response System:</b> \$0 (PERS)e
<b>Transportation:</b> \$0; 48 one-way approved trips/year	<b>Transportation:</b> \$0; 48 one-way approved trips/year
<b>Fitness Benefit:</b> \$0 Renew Active/Fitbit	<b>Fitness Benefit:</b> \$0 Renew Active/Fitbit
<b>Mom's Meals:</b> \$0, Up to 28 home-delivered meals for 14 days following an inpatient or skilled facility stay	<b>Mom's Meals:</b> \$0, Up to 28 home-delivered meals for 14 days following an inpatient or skilled facility stay
<b>Over-the-Counter:</b> \$65 per month for healthy foods and OTC items, no carryover	<b>Over-the-Counter:</b> \$205 per month to pay for healthy foods, OTC items and certain utility bills, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$505 deductible	<b>Medicare Prescription Drug Coverage:</b> Yes

## Worksheet for Comparing Health Care Choices

Recording Your Out-Of-Pocket Costs: Look at your health care experiences from the past year, or look ahead at health care you may need in the future. Estimate the costs you pay out-of-pocket.

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

## 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 an Extra Help Low Income Subsidy, or a Medicare Savings Program, you can complete a simple screening on the SHIIP-SMP website: <https://shiip.iowa.gov/eligibility-survey>

### Extra Help Low Income Subsidy

The Extra Help Low Income Subsidy (LIS) is a Federal program provided through Social Security. If you have limited income and resources, you may qualify for “Extra Help” to pay monthly premiums, annual deductibles, and co-payments related to Medicare prescription drug coverage.

If you are on Medicare, you automatically qualify for Extra help if any of the following are true:

- You qualify for Medicaid benefits
- You get help from the state Medicaid program paying your Medicare Part B premium (a Medicare Savings Program)
- You get Supplemental Security Income (SSI) benefits

If you don’t automatically qualify for Extra Help, you can apply at any time. SHIIP-SMP Counselors can assist you with the Extra Help application process. Call 1-800-351-4664 to identify a counselor near you and schedule an appointment.

You can also apply for Extra Help at any time by calling the Social Security Administration at 1-800-772-1213 or visiting their website here:

<https://www.ssa.gov/benefits/medicare/prescriptionhelp>

### Medicare Savings Program

**If you have limited income and resources, you may be able to get help paying some of your Medicare expenses through Medicare Savings Programs, which are provided through the Iowa Department of Human Services. To be eligible for a Medicare Savings Program, you must be enrolled in or eligible for Medicare Part A and meet the income and resource guidelines.**

Individuals qualifying for either the Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) programs can get assistance paying Medicare Part A and Part B premiums, deductibles and coinsurance. Eligibility for QMB support can also make available some Medicare Advantage Special Needs Plans, which are outlined in pages 42-46 in this MA Guide.

SHIIP-SMP Counselors can assist you with the Medicare Savings Program application process. Call 1-800-351-4664 to identify a counselor near you and schedule an appointment.

You can also apply through the Iowa Department of Human Services by calling: 515-256-4606 or visiting the DHS Services Portal: <https://dhsservices.iowa.gov/apspsp/spp.portal>

## Find Your Closest SHIIP/ SMP Site

Choosing Medicare and related health care coverage can be challenging. That's why SHIIP/ SMP offers confidential, free, one-on-one counseling throughout Iowa from trained volunteers. Search the table below by county to find counselors near you, or visit <https://shiip.iowa.gov/find-a-shiip-counselor>. Then call and set up an appointment.

County	SHIIP/ SMP Sponsor Site	Phone Number
Adair	Adair County Memorial Hospital	(641) 743-7266
Allamakee	Veteran's Memorial Hospital	(563) 568-3411
Audubon	Audubon County Memorial Hospital	(712) 563-5309
Benton	Virginia Gay Hospital	(319) 361-7357
Black Hawk	MercyOne - Waterloo Medical Center	(319) 272-7857
Bremer	Waverly Health Center	(319) 483-1300
Buena Vista	Buena Vista Regional Medical Center	(712) 213-8683
Carroll	Manning Regional Healthcare Center	(712) 655-2072
Carroll	St. Anthony's Regional Hospital	(712) 794-5801
Cass	Cass County Memorial Hospital	(712) 243-3250
Cedar	Tipton Senior Center	(563) 886-3293
Cerro Gordo	MercyOne North Iowa Medical Center	(641) 428-7158
Cherokee	Cherokee Regional Medical Center	(712) 225-6265, ext. 2
Chickasaw	Mercy Medical Center - New Hampton	(641) 394-4121
Clay	Spencer Hospital	(712) 264-6198
Clayton	Family Resource Center Guttenberg Hospital	(563) 252-3215
Clayton	MercyOne - Elkader Medical Center	(563) 245-7023
Clinton	Genesis Medical Center--DeWitt	(563) 659-4221
Clinton	RSVP of Clinton County	(563) 243-7787
Crawford	Crawford County Memorial Hospital	(712) 265-2509
Dallas	Dallas County Hospital	(515) 465-7578
Dallas	Dallas County Public Health	(515) 993-3750
Decatur	Decatur County Hospital	(641) 446-4871
Delaware	Regional Medical Center - Manchester	(563) 927-7405
Des Moines	Community Health Centers of Southeastern Iowa	(319) 768-5858
Des Moines	Southeast Iowa Regional Medical Center	(319) 768-3342
Dickinson	Lakes Regional Healthcare	(712) 336-6698
Dubuque	MercyOne - Dubuque Medical Center	(563) 589-9002
Dubuque	UnityPoint Health - Delhi Medical Center	(563) 589-2673
Emmet	Avera Holy Family Health	(712) 362-2631
Fayette	Gundersen Palmer Lutheran Hospital & Clinics	(563) 422-3817
Floyd	Floyd County Medical Center	(641) 228-6830
Franklin	Franklin General Hospital	(641) 456-5074
Greene	Greene County Medical Center	(515) 386-2114
Grundy	Grundy County Memorial Hospital - UnityPoint Health	(319) 824-5081

County	SHIIP/ SMP Sponsor Site	Phone Number
Guthrie	Bayard Public Library	(712) 651-2238
Hamilton	Van Diest Medical Center	(515) 832-7769
Hancock	Hancock County Health System, Britt	(641) 843-5156
Hancock	Hancock County Health System, Garner	(641) 843-5156
Harrison	CHI Health Missouri Valley- Barnes Wellness Center	(712) 642-9240
Henry	Henry County Health Center	(319) 385-6774
Howard	Regional Health Services of Howard County	(563) 547-6345
Humboldt	Humboldt County Memorial Hospital	(515) 332-4200
Ida	Horn Memorial Hospital	(712) 364-8046
Iowa	Compass Memorial Health Care	(319) 642-8046
Jackson	Jackson County Regional Health Center	(563) 652-4000
Jasper	MercyOne - Newton Medical Center	(641) 791-4899
Jefferson	Jefferson County Health Center	(641) 472-4111
Johnson	Iowa City Senior Center	(319) 356-5220
Johnson	Mercy Hospital Iowa City	(319) 339-3658
Jones	Jones County Volunteer Center	(319) 560-0811
Keokuk	Keokuk County Health Center	(641) 622-2720
Kossuth	Kossuth Regional Health Center, Algona	(515) 295-4658
Kossuth	Kossuth Regional Health Center - Bancroft Clinic	(515) 295-4658
Lee	Great River Health Clinic, Keokuk	(319) 376-2249
Lee	Southeast Iowa Regional Medical Center - Fort Madison	(319) 376-2249
Linn	Mercy Medical Center - Cedar Rapids	(319) 861-7887
Linn	UnityPoint Health - St. Luke's Hospital	(319) 369-7475
Louisa	Great River Health Systems, Wapello Clinic	(319) 768-3342
Lucas	Lucas County Health Center Volunteer Services	(641) 774-3226
Lyon	Sanford Health Rock Rapids	(712) 472-3333
Madison	Madison County Hospital	(515) 462-5370
Marion	Crossroads of Pella	(641) 628-1212
Marion	Knoxville Area Community Hospital	(641) 842-1488
Marshall	UnityPoint Health - Marshalltown	(641) 754-5399
Mills	Mills County Public Health	(712) 527-9699
Mitchell	Mitchell County Regional Health Center	(641) 732-6000
Monona	Burgess Health Center	(712) 423-2311
Monroe	Monroe County Hospital	(641) 932-1703
Muscatine	Senior Resources	(563) 263-7292
O,Brien	MercyOne - Primghar Family Practice Clinic	(712) 957-5579
Osceola	Osceola Regional Health Center	(712) 754-4611
Page	Azria Health Clarinda	(712) 542-5161
Page	Shenandoah Medical Center	(712) 246-7258
Plymouth	Floyd Valley Healthcare	(712) 546-3385
Polk	Broadlawns Medical Center	(515) 282-8120
Polk	Des Moines University Clinic	(515) 271-1703
Polk	Methodist West Hospital	(515) 343-1645

County	SHIIP/ SMP Sponsor Site	Phone Number
Polk	Peer Advocates	(515) 286-3679
Polk	UnityPoint Health - Internal Medicine Methodist Plaza	(515) 241-8221
Polk	UnityPoint Health - Iowa Lutheran Hospital	(515) 263-2202
Polk	UnityPoint Health - Prairie Trail	(515) 964-6999
Polk	Urbandale Senior Recreation Center	(515) 278-3907
Pottawattamie	Connections Area Agency on Aging - Council Bluffs	(800) 432-9209
Poweshiek	UnityPoint Health - Grinnell Regional Medical Center	(641) 236-2588
Ringgold	Ringgold County Senior Citizens Activity Center	(641) 464-8970
Sac	Loring Hospital	(712) 662-7105
Scott	Centers for Active Seniors, Inc. (CASI)	(563) 386-7477 ext. 221
Scott	Genesis Medical Center	(563) 421-1096
Scott	Milestones Area Agency on Aging - Davenport	(855) 410-6222
Shelby	Harlan Senior Center	(800) 432-9209
Sioux	Sioux Center Health	(712) 722-8309
Story	Green Hills Retirement Community	(515) 357-5000
Story	Mary Greeley Medical Center	(515) 239-2322
Tama	UnityPoint Health - Marshalltown/Tama-Toledo Clinic	(641) 754-5399
Union	Greater Regional Medical Center	(641) 782-3848
Van Buren	Van Buren County Hospital	(800) 873-8224
Wapello	Milestones Area Agency on Aging - Ottumwa	(855) 410-6222
Warren	Indianola Activity Center	(515) 962-5375
Washington	Washington County Hospital & Clinics	(319) 863-2085
Wayne	Wayne County Hospital	(641) 872-2260
Webster	Community Health Center - Fort Dodge	(515) 576-6500 ext. 1067
Webster	Friendship Haven	(515) 573-6764
Winnebago	Forest City Public Library	(641) 585-4542
Winneshiek	Winneshiek Medical Center	(563) 387-3036
Woodbury	Connections Area Agency on Aging - Sioux City	(712) 279-6900
Woodbury	Siouxland Center for Active Generations	(712) 255-1729
Woodbury	Siouxland Community Health Center	(712) 252-2477
Wright	Iowa Specialty Hospital - Belmond	(641) 444-5681
Wright	Iowa Specialty Hospital - The Meadows - Clarion	(641) 444-5681

# SMP

## Senior Medicare Patrol

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 mistakes by comparing them to your personal records for health care services received.



### REPORT

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

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

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

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