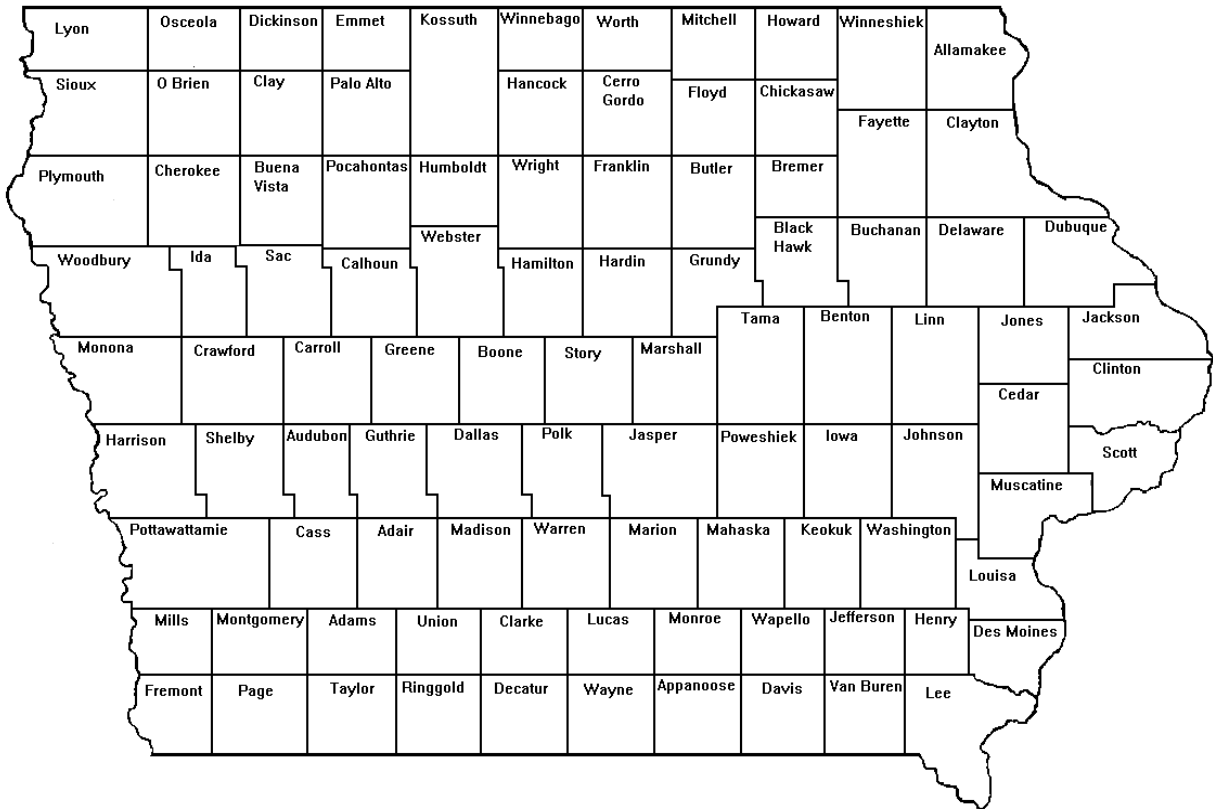


# Medicare Advantage & Other Health Plans in Iowa 2025



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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, and other plan options, such as Cost Plans (see page 39 for an explanation of Cost Plans).

Currently, Medicare Advantage and/or Cost Plans are available in all 99 counties in Iowa. Original Medicare continues to be a choice in all areas. No matter which option you choose, you are still in the Medicare program. Understanding the options available will help you to make an informed decision.

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

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

Each Medicare Advantage plan sold in Iowa has an **annual contract** with Medicare. Medicare pays a set amount of money each month to these private health plans to manage your Part A and Part B benefits. Each year the contract with Medicare may or may not be renewed, so plan 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 the insurance company** that sold you the plan – cancelling a Medicare supplement cannot be done by the Medicare Advantage plan.

## Enrollment or Disenrollment

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

- **When you 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 (every year)** – If you are enrolled in a Medicare Advantage plan on January 1, you can enroll in another Medicare Advantage plan or disenroll from your Medicare Advantage plan and return to Original Medicare and enroll in a Part D plan. You can make one election during this time. This does not apply to Cost Plans (see page 39).
- **April 1 to October 14** – You will not be able to disenroll from a Medicare Advantage plan until October 15<sup>th</sup> unless you qualify for a Special Enrollment Period (SEP). See the Special Enrollment Period bullet on this page for more details.
- **October 15 to December 7 (Annual Fall Open Enrollment Period)** – You can **join, switch, or disenroll** from a Medicare Advantage or Cost Plan. You can also add or drop prescription drug coverage. Your new coverage will be effective January 1<sup>st</sup> of the following year.
- **Special Enrollment Periods (SEP)** – In certain situations, such a change of address or current coverage, you could be eligible for a Special Enrollment Period to disenroll, join, or switch to a different plan. Call SHIP at 1-800-351-4664 for information about whether you qualify for a Special Enrollment Period.
- **5-Star Special Enrollment** – You can enroll in a 5-star Medicare Advantage plan or Cost Plan once from December 8, 2023 to November 30, 2024. 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 for this reason, 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 Medicare Select or high deductible choices).

### Exceptions

- You can join or disenroll from a Cost Plan anytime during the year. If you are enrolled in a Medicare Advantage plan and you want to enroll in a Cost plan, you must have a valid enrollment period to disenroll from your Medicare Advantage plan.
- You are eligible for full Medicaid benefits, receive help from the state paying your Part B premiums, or qualify for Medicare prescription drug coverage “Extra Help.” If this applies to you, you 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 Plan 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 Medicare Select or high deductible choices).

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

2. You enroll in a Medicare Advantage plan the first time you enroll in Medicare Part B **at age 65** during your **Initial Enrollment Period\*** and you disenroll **within the first 12 months**.

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

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

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

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

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

In both of the situations described above, if you are disenrolling from a Medicare Advantage plan with drug coverage, you will also get a special enrollment period to enroll in a Part D drug plan.

### **Financial Assistance to Cover Costs**

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

### **Medicare Advantage and Medicaid**

If you have full Medicaid benefits (or are enrolled in the QMB Medicare Savings Program) **and** are enrolled in a Medicare Advantage plan, your providers cannot bill you for the cost of deductibles and copayments for Medicare Part A and Part B covered services in Iowa. The provider needs to submit a bill to the Medicare Advantage plan and Medicaid (which may be one of the Medicaid Managed Care Organizations). Special Needs Plans start on page 44.



## 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 prescription 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. **Regarding insulin:** Effective January 1, 2023, plans cannot charge more than a \$35 copay for a one-month supply of insulin if it is included on the plan's formulary. There is no deductible for **covered** insulin.

To compare Medicare Advantage plan drug benefits, you can go to [www.medicare.gov](http://www.medicare.gov) and select "Find Plans Now." SHIP/SMP counselors are also available to help you compare plans.

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

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- Your Medicare benefits are provided by the Medicare Advantage plan, rather than the traditional Medicare program. You will use your Medicare Advantage card when you receive services instead of your Medicare card.
- **You need to check to see if your doctors, hospitals, and other providers accept the plan. Ask if they are in-network or out-of-network. Your costs may be more if your provider accepts a plan but is out-of-network.**
- You must live in the service area (based on county) and be enrolled in Medicare Part A **and** Part B.
- **You still need to pay the Medicare Part B premium, in addition to plan premiums.**
- You usually will pay deductibles, copayments, or coinsurance for the services you get.
- 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.
- You can change plans if you change your mind, but changes can only happen during certain times of the year.
- You should 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.
- You still need to be sure your drugs are covered by the plan and your pharmacy is in the plan's network (if the plan includes a prescription drug benefit). SHIP can help you run a comparison to see which plans cover your drugs at the lowest cost.
- You will be notified about any changes (i.e., coverage and cost) via mail, once you enroll. Make sure to review the Annual Notice of Change your plan sends you each fall.

## Checklist for People Considering a Medicare Advantage Plan

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

- 1- Which providers/facilities do you use?**
  - How important is it for you to continue with them?
  - Do they participate in any Medicare Advantage plan networks?
  - If you are enrolled in a Medicaid Managed Care Organization (MCO), do your providers accept both your MCO and the Medicare Advantage plan?
- 2 - What medications do you take?**
  - Are all of your prescriptions covered by the Medicare Advantage plan?
  - Which Medicare Advantage plans offer your drugs at the lowest cost with the least restrictions?
  - Is your pharmacy part of the plan's network? Or do you care if you have to change pharmacies?
  - 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 (copays, coinsurance, etc.) cause you financial difficulty?
  - Did you compare the maximum out-of-pocket cost to the annual cost of a Medicare supplement?
  - Does the potential responsibility of meeting the plan maximum out-of-pocket concern you?
- 6 - How important are any of the extra benefits provided by the Medicare Advantage plan? (e.g., dental, vision, health club membership, etc.)**
- 7 - Do you know your options if you want to switch 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
  - What about 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

## Original Medicare

-OR-

## Medicare Advantage (MA)

<p><b>Coverage</b></p>	<p>Original Medicare is made up of Part A (hospital insurance) and Part B (medical insurance). Most people do not pay a premium for Part A, but there is a monthly premium for Part B.*</p> <p>Part A &amp; Part B also have a yearly deductible. Once the Part B deductible is met, Part B usually covers 80% of the Medicare-approved amount for the doctor or outpatient service. Many beneficiaries will pay for a Medicare supplement (aka Medigap) to fill in the "gaps" that Original Medicare doesn't cover, like yearly deductibles or the remaining 20% Part B coinsurance. Medicare supplements have their own premium based on the policy and the insurance company.</p> <p>Employer, union, or VA retirement plans may also include some coverage to fill in the gaps of Medicare Part A and Part B. Check with plan administrators before purchasing any separate Medicare supplement plans to avoid issues with your other insurance benefits.</p>	<p>Medicare Advantage (MA) plans, also called Part C plans, are run by private companies approved by Medicare. MA plans must cover all medically necessary services that Original Medicare covers.</p> <p>You will get most of your Part A and Part B coverage from your Medicare Advantage (MA) plan, not Original Medicare. You will use your MA card to get Medicare-covered services, not your Original Medicare card.</p> <p>You must be eligible for Medicare Part A <b>and</b> Part B to enroll in a Medicare Advantage (MA) plan.</p> <p>MA plans are pay as you go, and out of pocket costs vary depending on plan and services received. Costs may include monthly premiums, deductibles, co-pays and co-insurance.</p> <p>If you enroll in a MA plan, a Medicare Supplement plan will not pay any benefits.</p> <p>Many MA plans offer additional benefits such as vision, dental, and hearing.</p> <p>To sign up for an MA plan, you must live in their service area. Costs and rules vary by plan.</p>
<p><b>Doctor &amp; Hospital Choice</b></p>	<p>You can go to any provider (doctor/ hospital) that accepts Medicare in the United States.</p> <p>Most of the time, you do not need a referral to see a specialist or pre-authorization or approval for a medically-necessary procedure.</p>	<p>In many cases, you can only use doctors and other providers who are in the plan's network and service area (for non-emergency care). Doctors, hospitals and other providers may or may not accept the plan. If you use providers outside of the network, or those who do not accept the plan, you could face extra costs or have to pay costs yourself.</p> <p>You may need a referral to see a specialist and pre-authorization (approval) for procedures &amp; services. MA plans are approved by Medicare but are run by private companies, so the plan manages patient care and decides whether certain treatments are covered or not.</p>

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

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

## Medicare Advantage Plans available in Iowa

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

**HMO (Health Maintenance Organization):** manages your Medicare Part A and Part B health insurance benefits and provides services through a network of contracted hospitals, doctors, and other providers. Most plans have strict “lock-in” requirements. This means you generally must receive all covered care from the plan providers or through referrals by the plan. **If you go outside the network without a referral, neither the Medicare HMO nor Medicare will pay.** Emergencies and urgent care are covered when you cannot reach a plan location. More information available on page 10.

**PPO (Preferred Provider Organization):** has a list, or “network,” of doctors, hospitals and other providers that you can visit. You may go to doctors, specialists or hospitals that aren’t part of the plan’s network, but it will cost you more. Providers who are not part of the plan’s network can decide if they want to accept the plan, except in emergency situations. **You should check with your doctor(s) and hospital(s) to see if they will treat patients covered by the plan before you enroll.** More information available on page 23.

**PFFS (Private Fee-For-Service):** may or may not have a network of providers. For plans with networks costs will be higher if you receive care out-of-network. For plans without networks beneficiaries can go to any provider or hospital as long as the provider agrees to bill the PFFS plan instead of Medicare. **You should check with your doctor(s) and hospital(s) to see if they will treat patients covered by the plan before you enroll.** More information available on page 38.

**Cost Plan:** has a network of providers. When you use plan providers, the services you receive are billed to the Cost Plan. Plan providers do not bill for excess charges. When you do not use plan providers, Medicare will pay, but the plan pays nothing unless you are **referred** by the Cost plan. **You pay the Medicare deductible, coinsurance, as well as any excess charges and noncovered services.** The Plan will pay non-plan providers if you need emergency or urgent care. Cost Plans are only available in limited areas of the State. More information available on page 39.

**SNP (Special Needs Plan):** designed to meet the needs of people who receive Medicare and Medicaid (or QMB) benefits or reside in a licensed nursing home or skilled facility. These plans must provide all Medicare Part A and Part B health care and services. They also must provide Medicare prescription drug coverage (Part D). Generally, they offer extra benefits and have lower copayments than Original Medicare. Medicare Special Needs Plans (SNP) offer services through a network of contracted hospitals, doctors, and other providers. More information available on page 44.

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

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

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

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

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

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

The following tables show what **you pay** when you enroll in an HMO or HMO-POS plan and use providers in the plan’s network.

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

*UnitedHealthcare of the Midlands, Inc.*  
1-844-867-3487 (TTY/TDD 711)  
www.AARPMedicarePlans.com

<b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie & Shelby
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,800 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist (except psychiatry)
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$350 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive & diagnostic services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$300 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every 2 years
<b>Podiatry:</b> \$35 (6 visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$40 per quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$340 deductible for Tier 3-5

<b>AARP Medicare Advantage Extras from UHC NE-5 HMO-POS (H2802-074)</b>
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie & Shelby
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,900 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$445/day for days 1-6 (per stay); \$0 for days 7-unlimited
<b>Outpatient Surgery:</b> \$0-\$445 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 for each day days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive & diagnostic; \$0-50% comprehensive, for up to \$3,000 per year for covered dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$300 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices/year
<b>Podiatry:</b> \$40 copay (6 visits per year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$70/quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$420 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0001 HMO-POS (H5253-107-001)</b>
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Dallas, Jasper, Madison, Marshall, Polk, Story and Warren
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<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; \$30 specialist
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$450/day for days 1-6 (per stay); \$0 for days 7-unlimited
<b>Outpatient Surgery:</b> \$0-\$450 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 for each day days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive & diagnostic; \$0-50% comprehensive, for up to \$1,250 per year for covered dental services
<b>Vision:</b> \$0 (1 routine exam/year); eyewear: \$0 copay for standard lenses; \$300 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$30 copay (6 visits per year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$25 per quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$420 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0001 HMO-POS (H5253-107-002)</b>
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Muscatine, Palo Alto, Pocahontas, Poweshiek, Sac, Scott, Tama, Washington, Webster, Winnebago, Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<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 (except psychiatry)
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted within 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$405/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Services/Surgery:</b> \$0-\$405 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 for each day days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic; \$0-50% comprehensive, up to \$1,000 per year for covered services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 for standard lenses and \$300 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$40 (6 routine visits per year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$40 per quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$420 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0001 HMO-POS (H5253-107-003)</b>
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Bremer, Buchanan, Chickasaw, Clarke, Davis, Decatur, Greene, Guthrie, Howard, Jefferson, Lucas, Mahaska, Marion, Mitchell, Monroe, Ringgold, Taylor, Union, Van Buren, Wapello, Wayne, Winneshiek, Worth
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<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; \$40 specialist
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$415/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$415 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 for each day days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive & diagnostic services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$200 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$30 copay (6 visits per year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$420 deductible for Tier 3-5



**AARP Medicare Advantage from UHC  
IA-0002 HMO-POS (H5253-108-002)**

*UnitedHealthcare of Wisconsin, Inc.*  
1-844-867-3487 (TTY/TDD 711)  
www.AARPMedicarePlans.com

**Service Area:** Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Muscatine, Palo Alto, Pocahontas, Poweshiek, Sac, Scott, Tama, Washington, Webster, Winnebago, Wright

**Monthly Premium:** \$46 + Part B monthly premium

**Yearly Out-of-Pocket Maximum:** \$3,800 (Includes only Medicare Part A and Part B-covered services)

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

**Emergency Room Visit:** \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage

**Inpatient Hospital:** \$325/day for days 1-5 (per stay); \$0 for days 6-unlimited

**Outpatient Services/Surgery:** \$0-\$325 per visit

**Skilled Nursing Care:** \$0 each day for days 1-20; \$203 for each day days 21-100

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

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

**Additional Benefits:**

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

**Virtual/Telehealth Visit:** \$0

**Dental:** \$0 copay for preventive & diagnostic; \$0-50% comprehensive, up to \$1,000 per year for covered services

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

**Hearing:** \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every year

**Podiatry:** \$35 (6 routine visits per year)

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

**Fitness Benefit:** \$0, Renew Active

**Over-the-Counter:** \$50/quarter for debit card or catalog, no carryover

**Medicare Prescription Drug Coverage:** Yes, \$0 deductible for Tier 1-2; \$340 deductible for Tier 3-5

**AARP Medicare Advantage from UHC  
IA-0002 HMO-POS (H5253-108-003)**

*UnitedHealthcare of Wisconsin, Inc.*  
1-844-867-3487 (TTY/TDD 711)  
www.AARPMedicarePlans.com

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

**Monthly Premium:** \$45 + Part B monthly premium

**Yearly Out-of-Pocket Maximum:** \$3,300 (Includes only Medicare Part A and Part B-covered services)

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

**Emergency Room Visit:** \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage

**Inpatient Hospital:** \$295/day for days 1-6 (per stay); \$0 for days 7-unlimited

**Outpatient Surgery:** \$0-\$295 per visit

**Skilled Nursing Care:** \$0 each day for days 1-20; \$203 for each day days 21-100

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

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

**Additional Benefits:**

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

**Virtual/Telehealth Visit:** \$0

**Dental:** \$0 copay for preventive & diagnostic; \$0-50% comprehensive, up to \$2,250 per year for covered services

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

**Hearing:** \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every year

**Podiatry:** \$25 (6 routine visits per year)

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

**Fitness Benefit:** \$0, Renew Active/Fitbit

**Over-the-Counter:** \$55/quarter for debit card or catalog, no carryover

**Medicare Prescription Drug Coverage:** Yes, \$0 deductible for Tier 1-2; \$340 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0002 HMO-POS (H5253-108-004)</b>
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Bremer, Buchanan, Chickasaw, Clarke, Davis, Decatur, Greene, Guthrie, Howard, Jefferson, Lucas, Mahaska, Marion, Mitchell, Monroe, Ringgold, Taylor, Union, Van Buren, Wapello, Wayne, Winneshiek, Worth
<b>Monthly Premium:</b> \$44 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,800 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted within 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$325/day for days 1-7 (per stay); \$0 for days 8-unlimited
<b>Outpatient Surgery:</b> \$0-\$325 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 for each day days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$200 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99-1,249 copay for each hearing aid device; limited to 2 devices/year
<b>Podiatry:</b> \$35 (6 routine visits per year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$25/quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$340 deductible for Tier 3-5

<b>Aetna Medicare Eagle HMO-POS (H1609-058)</b>
<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, 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
<b>Monthly Premium:</b> \$0 + Part B premium; plan pays \$90 towards Part B premium
<b>Yearly Out-of-Pocket Maximum:</b> \$6,750 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$325/day for days 1-6; \$0/day for days 7-90
<b>Outpatient Services/Surgery:</b> \$325 per visit; \$250 each surgery in Ambulatory Surgery Ctr
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,500 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year); \$200 annual allowance for contacts, frames, lenses
<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 after inpatient hospital or SNF stay
<b>Wellness Benefit:</b> Health Club Membership
<b>Over-the-Counter:</b> \$90 quarterly, no carry over
<b>Medicare Prescription Drug Coverage:</b> No. If you want Medicare Part D drug coverage, you must choose another HMO that has prescription drug coverage.

<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
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright
<b>Monthly Premium:</b> \$0 + Part B premium
<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; \$25 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$350 per visit; \$250 each surgery in Ambulatory Surgery Ctr
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,400 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year), \$325 annual allowance for contacts, frames, lenses
<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 after an inpatient hospital or SNF stay
<b>Wellness Benefit:</b> Health Club Membership
<b>Over-the-Counter:</b> \$45 quarterly, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes; \$0 cost share for Tier 1 & Tier 2 at preferred pharmacies; \$590 deductible Tier 3-5

<b>Aetna Medicare SmartFit HMO-POS (H1609-069)</b>
<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, 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
<b>Monthly Premium:</b> \$0 + Part B premium
<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; \$25 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 (per stay)
<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; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,300 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year); \$325 annual allowance for contacts, frames, lenses
<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 after inpatient hospital or SNF stay
<b>Over-the-Counter:</b> \$45 quarterly, no carry over
<b>Wigs:</b> \$400 benefit for cancer patients
<b>Wellness Benefit:</b> Health Club Membership
<b>Fitness Reimbursement Benefit:</b> \$90 quarterly for fitness and activity fees and select supplies
<b>Medicare Prescription Drug Coverage:</b> Yes; \$0 cost share for Tier 1 & Tier 2 at preferred pharmacies; \$590 deductible Tier 3-5

<b>Aetna Medicare Value Plus HMO-POS (H1609-068)</b>
<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, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright
<b>Monthly Premium:</b> \$49.50 + Part B premium
<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; \$20 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$300/day for days 1-5 (per stay)
<b>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; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$2,000 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year), \$305 annual allowance for contacts, frames, lenses
<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 after an inpatient hospital or SNF stay
<b>Over-the-Counter:</b> \$30 monthly, no carry over
<b>Wigs:</b> \$400 benefit for cancer patients
<b>Wellness Benefit:</b> Health Club Membership
<b>Aetna Medicare Extra Benefits food card – for members with LIS:</b> \$30 quarterly ( <i>LIS eligible members will receive \$0 premium, \$0 drug deductible/copay, and the Extra Benefits food card</i> )
<b>Medicare Prescription Drug Coverage:</b> Yes; \$0 cost share for Tier 1 & Tier 2 at preferred pharmacies; \$590 deductible Tier 3-5

<b>Blue Medicare Advantage HMO (H8095-001)</b>
<i>Wellmark Advantage Health Plan</i> 1-855-716-2555 (TTY/TDD 711) www.WellmarkAdvantageHealthPlan.com
<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>Monthly Premium:</b> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,000 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist; \$45 Urgent Care
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted within 24 hours); \$300 copay ambulance; Worldwide - \$120 copay; \$50,000 lifetime max;
<b>Inpatient Hospital:</b> \$350/day for days 1-6 per stay; \$0 days 7+
<b>Outpatient Surgery:</b> \$200 for Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$5 copay depending on location
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> covered like in-office visit of same type; \$0 copay for some Doctor on Demand; \$35 copay specialist
<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance for comprehensive services up to \$1,500 annual benefit
<b>Vision:</b> \$0 (1 routine exam/year); \$150 allowance for eyewear or contact lenses every 12 months
<b>Hearing:</b> \$0 (1 routine exam/year); \$500 hearing aid allowance per ear, per year
<b>Chiropractic:</b> \$20 copay up to 14 routine visits per year; \$0 for one annual set of X-rays
<b>Podiatry:</b> \$35 copay
<b>Meal Benefit:</b> 2 meals/day for 14 days after inpatient or SNF stay (within 30 days of stay); limited to 2x/year
<b>Wellness Benefit:</b> SilverSneakers Fitness Program
<b>OTC:</b> \$55/quarter from NationsOTC; no rollover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Health Alliance Medicare Guide Rx HMO (H1463-021) or (H1737-001)</b>
<i>Health Alliance Medicare</i> 1-877-925-0424 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org
<b>Service Area:</b> Scott
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,300 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$10 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital immediately) Worldwide Coverage
<b>Inpatient Hospital:</b> \$275/day for days 1-10; \$0 days 11+
<b>Outpatient Services/Surgery:</b> \$425 copay per surgery
<b>Skilled Nursing Care:</b> \$10 for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$40; \$0 for A1C lab
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for Abbott diabetic testing strips and Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0 (Telehealth PCP & SPEC \$0)
<b>Dental:</b> \$0 annual exam; help with other dental expenses such as cleanings and X-rays up to \$2,000/annually
<b>Vision:</b> \$0 copay for annual routine exam; \$150 eyewear allowance
<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>Flex Card:</b> Prepaid card that allows you to immediately pay for certain benefits if you have funds available. Please refer to your plan materials for benefits that are covered by your Flex Card. For questions about the card, visit HealthAlliance.NationsBenefits.com.
<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>Acupuncture:</b> \$10 copay per visit up to 15 visits/year
<b>Be Fit Fitness Benefit:</b> Reimbursement for gym membership or fitness classes (up to \$360 per year)
<b>Over-the-Counter Items:</b> \$40/quarter (must use Health Alliance mail-order catalog). Limit 1 order per quarter. Balance will rollover to next quarter.
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Humana Gold Plus HMO (H0028-053-001)</b>
<i>Humana Insurance Company.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clinton, Dallas, Delaware; Des Moines; Dubuque; Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Jefferson, Jones, Keokuk, Lee, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Winnebago, Woodbury and Worth
<b>Monthly Premium:</b> \$0 + Part B monthly premium; \$4 Part B premium reduction
<b>Yearly Out-of-Pocket Maximum:</b> \$4,200 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital immediately) Worldwide Coverage
<b>Inpatient Hospital:</b> \$395/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$350 copay per surgery; \$250 for Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$10 for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 all services
<b>Durable Medical Equipment:</b> 20% of the cost, 0%-20% for diabetic supplies; 20% place of treatment pharmacy
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 copay for most necessary services; \$1,000 maximum benefit/year for all preventive & comprehensive benefits
<b>Vision:</b> \$0 for 1 routine exam per year; \$50-100 annual limit for eyeglasses or contact lenses
<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 copay per aid (up to 1 per ear per year)
<b>Well Dine Meal Program:</b> meal program after inpatient stay in hospital or nursing facility
<b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Over-the-Counter Items:</b> \$50/quarter with OTC mail order; quarterly rollover; amt expires end of yr
<b>Medicare Prescription Drug Coverage:</b> Yes, \$590 deductible

<b>MercyOne Health Plan Glory No RX HMO (H3668-029)</b>
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyone
<b>Service Area:</b> Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$100 towards monthly Part B premium
<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; \$25 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$250/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$0-\$275 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$214 for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<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>*Hearing:</b> \$0 (1 routine exam/yr); \$399 -\$699 copay (up to 2 hearings aids every year)
<b>*Vision:</b> \$0 (1 routine exam/year); plan pays up to \$200 for eyewear every year + \$500/year allowance for covered vision/hearing services
<b>Meal Benefit:</b> 2 meals per day for 7 days, after a qualifying discharge
<b>Acupuncture:</b> \$20 (12 visits every year)
<b>Visitor Travel Allowance:</b> \$3,000
<b>Fitness Benefit:</b> \$0 per month for membership + Mental Fitness with CogniFit
<b>Over-the-Counter:</b> \$75 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose another HMO that has drug coverage.

<b>MercyOne Health Plan Cash Back HMO (H3668-031)</b>
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyone
<b>Service Area:</b> Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$111.90 towards monthly Part B premium
<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; \$40 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$395/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$10-\$400 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$214 for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$10 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$0 cleanings, x-rays and exams; 50% for simple restorative and extractions; \$1,000 combined annual maximum
<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) + \$250/year allowance for covered vision/hearing services
<b>Acupuncture:</b> \$20 (6 visits every year)
<b>Meal Benefit:</b> 2 meals per day for 7 days, after a qualifying discharge
<b>Visitor Travel Allowance:</b> \$1,500
<b>Fitness Benefit:</b> \$0 per month for membership + Mental Fitness with CogniFit
<b>Over-the-Counter:</b> \$50 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, \$275 deductible for Tier 3-5

<b>MercyOne Health Plan No Premium HMO (H3668-025)</b>
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyone
<b>Service Area:</b> Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$14.70 towards monthly Part B premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,700 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist
<b>Emergency Room Visit:</b> \$110 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>Outpatient Services/Surgery:</b> \$0 - \$275 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$214 for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<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>*Vision:</b> \$0 (1 routine exam/year); plan pays up to \$200 for eyewear every year
<b>*Hearing:</b> \$0 (1 routine exam/year); \$599 -\$899 copay (up to 2 hearings aids every year) + \$500/year for covered vision/hearing services
<b>Acupuncture:</b> \$20 (6 visits every year)
<b>Meal Benefit:</b> 2 meals per day for 7 days, after a qualifying discharge
<b>Visitor Travel Allowance:</b> \$2,500
<b>Fitness Benefit:</b> \$0 per month for membership + Mental Fitness with CogniFit
<b>Over-the-Counter:</b> \$105 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>MercyOne Health Plan Plus HMO (H3668-026)</b>
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) www.thpmedicare.org/mercyone
<b>Service Area:</b> Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$16 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$25 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$300/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$0-\$275 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$214 for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<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>*Vision:</b> \$0 (1 routine exam/year); Plan pays up to \$250 for eyewear every year
<b>*Hearing:</b> \$0 (1 routine exam/yr); \$599 -\$899 copay (up to 2 hearings aids every year) + \$500/year for covered vision/hearing services
<b>Acupuncture:</b> \$20 (12 visits every year)
<b>Meal Benefit:</b> 2 meals per day for 7 days, after a qualifying discharge
<b>Visitor Travel Allowance:</b> \$3,000
<b>Fitness Benefit:</b> \$0 per month for membership + Mental Fitness with CogniFit
<b>Over-the-Counter:</b> \$110 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Quartz Medicare Advantage Core D HMO (H5262-021)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$5,900 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$25 primary care; \$55 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly for all worldwide coverage, including ER, Urgent care & ambulance
<b>Inpatient Hospital:</b> \$270/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$350 copay for each surgery; \$0 copay for minor surgical procedures
<b>Skilled Nursing Care:</b> \$0/days 1-20; \$178/days 21-100
<b>Diagnostic Lab Tests:</b> \$20 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0
<b>Dental:</b> up to \$350 for combined preventative & comprehensive dental services; <b>Optional Dental:</b> \$44 monthly premium
<b>Hearing:</b> \$10 (1 routine exam/year); \$1,000 available every 2 years for 2 aids
<b>Vision:</b> \$0 (1 routine exam/year); up to \$150/yr available w/Quartz CashCard can be used for eyeglasses (frames, lenses and upgrades)
<b>Massage Therapy for Chronic Conditions:</b> \$20 copay each 60-minute visit (6 visits per year)
<b>Post Discharge Meal program:</b> 20 home-delivered meals after inpatient hospital stay; 4 times per/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>Fitness Benefit:</b> \$150 for fitness memberships
<b>Over-the-Counter:</b> \$15 per quarter
<b>Medicare Prescription Drug Coverage:</b> Yes, \$225 deductible for Tier 3-5

<b>Quartz Medicare Advantage Elite HMO (H5262-005)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek
<b>Monthly Premium:</b> \$130 + Part B monthly premium
<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; \$35 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly for all worldwide coverage, including ER, Urgent care & ambulance
<b>Inpatient Hospital:</b> \$300 per stay; \$900 limit
<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>Diagnostic Lab Tests:</b> \$5 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0
<b>Dental:</b> up to \$550 for combined preventative & comprehensive dental services; <b>Optional Dental:</b> \$44 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year); up to \$250/yr available through Quartz CashCard for eyeglasses (frames, lenses and upgrades)
<b>Hearing:</b> \$0 (1 routine exam/year); \$1,500 available every 2 years for 2 aids
<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 after 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>Fitness Benefit:</b> \$250 available through the Quartz CashCard can be used toward fitness memberships
<b>Over-the-Counter:</b> \$20 per quarter
<b>Medicare Prescription Drug Coverage:</b> No. If you want Medicare Part D drug coverage you must choose another HMO that has prescription drug coverage.



<b>Quartz Medicare Advantage Elite D HMO (H5262-001)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek
<b>Monthly Premium:</b> \$167 + Part B monthly premium
<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; \$35 specialist
<b>Emergency Room Visit:</b> \$140 per admission (waived if admitted to hospital in 3 days); \$20,000 max benefit yearly for all worldwide coverage, including ER, Urgent care & ambulance
<b>Inpatient Hospital:</b> \$300 per stay; \$900 limit
<b>Outpatient Service/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>Diagnostic Lab Tests:</b> \$5 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0
<b>Dental:</b> up to \$550 for combined preventative & comprehensive dental services; <b>Optional Dental:</b> \$44 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year); up to \$250/yr available through Quartz CashCard for eyeglasses (frames, lenses and upgrades)
<b>Hearing:</b> \$0 (1 routine exam/year); \$1,500 available every 2 years for 2 aids
<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 after inpatient hospital stay; limit 4x/year
<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> \$250 available using Quartz CashCard toward fitness memberships
<b>Over-the-Counter:</b> \$15 per quarter
<b>Medicare Prescription Drug Coverage:</b> Yes, \$200 deductible for Tier 3-5

<b>Quartz Medicare Advantage Value HMO (H5262-004)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek
<b>Monthly Premium:</b> \$40 + Part B monthly premium
<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; \$45 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly for all worldwide coverage, including ER, Urgent care & ambulance
<b>Inpatient Hospital:</b> \$225/day for days 1-6 per hospital stay
<b>Outpatient Services/Surgery:</b> \$200 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>Diagnostic Lab Tests:</b> \$10 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0
<b>Dental:</b> Up to \$350 for combined preventative & comprehensive dental services; <b>Optional Additional Dental:</b> \$44 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year); up to \$200/yr available through the Quartz CashCard can be used for eyeglasses (frames, lenses and upgrades)
<b>Hearing:</b> \$0 (1 routine exam/yr); \$1,250 available every 2 years for 2 aids
<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 after 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. Call plan for details.
<b>Fitness Benefit:</b> \$200 available through the Quartz CashCard can be used toward Fitness memberships
<b>Over-the-Counter:</b> \$20 per quarter
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose another HMO that has drug coverage.

<b>Quartz Medicare Advantage Value D HMO (H5262-003)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.QuartzBenefits.com/MedicareAdvantage
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek
<b>Monthly Premium:</b> \$64 + Part B monthly premium
<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; \$45 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital within 3 days); \$20,000 max benefit yearly for all worldwide coverage, including ER, Urgent care & ambulance
<b>Inpatient Hospital:</b> \$225/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$200 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>Diagnostic Lab Tests:</b> \$10 copay per day
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visits:</b> \$0
<b>Dental:</b> Up to \$350 for combined preventive & comprehensive dental services; <b>Optional Additional Dental:</b> \$44 monthly premium
<b>Vision:</b> \$0 (1 routine exam/year); up to \$200/year available through the Quartz CashCard can be used for eyeglasses (frames, lenses and upgrades)
<b>Hearing:</b> \$0 (1 routine exam/yr); \$1,250 available every 2 years for 2 aids
<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 after 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>Fitness Benefit:</b> \$200 available through the Quartz CashCard can be used toward fitness memberships
<b>Over-the-Counter:</b> \$15 per quarter
<b>Medicare Prescription Drug Coverage:</b> Yes, \$225 deductible for Tier 3-5

<b>Wellcare Simple HMO-POS (H1862-005)</b>
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
<b>Service Area:</b> Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Grundy, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Monona, Monroe, Montgomery, Muscatine, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<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; \$20 specialist
<b>Emergency Room Visit:</b> \$140 per visit
<b>Inpatient Hospital:</b> \$350/day for days 1-5
<b>Outpatient Services/Surgery:</b> \$300/visit
<b>Skilled Nursing Care:</b> \$0/day for days 1-20; \$214/day for days 21-50; \$0/day for days 51-100
<b>Diagnostic Lab Tests:</b> \$0-\$50
<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>
<b>Annual Wellness Visit:</b> \$0
<b>Dental:</b> \$0 preventive; \$3,000 comprehensive allowance, including dentures (in-network: \$0 copay; out-of-network: 25%)
<b>Vision:</b> \$0 routine eye exam; \$300 eyewear allowance for unlimited glasses, lenses and/or frames
<b>Hearing:</b> \$0 routine hearing exam and hearing aid fitting per year; \$1,000 per year, per ear for hearing aids (total \$2,000 per year)
<b>Post Discharge Meal Program:</b> \$0 for 3 meals per day for 14 days (total 42 meals)
<b>Transportation:</b> medically necessary 12 one-way trips (up to 75 miles per way) per year
<b>Fitness Benefit:</b> \$0
<b>Wellcare Spendables:</b> \$132/quarter for covered items
<b>Digital Social Support:</b> 24/7 tailored online programs for well-being, peer and expert support, and personalized digital health tools
<b>Medicare Prescription Drug Coverage:</b> \$0 deductible for Tier 1-2; \$420 deductible Tier 3-5

## Preferred Provider Organization (PPO)

A Medicare Preferred Provider Organization (PPO) has a list (or “network”) of doctors, hospitals, and other providers that you can visit. You may go to doctors, specialists, or hospitals that aren’t part of the plan’s network, but it will cost you more.

Providers who are not part of the plan’s network can decide if they want to accept the plan, except in emergency situations.

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

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

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

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

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

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

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

*Care Improvement Plus South Central Insurance Co.*  
1-844-867-3487 (TTY/TDD 711)  
www.AARPMedicarePlans.com

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

**Monthly Premium:** \$0 + Part B monthly premium

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

**Yearly Out-of-Pocket Maximum:** \$4,100 in-network (Includes only Medicare Part A and Part B covered services); \$6,200 in and out-of-network

**Doctor Office Visit:** \$0 primary care; \$40 specialist

**Emergency Room Visit:** \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage

**Inpatient Hospital:** \$425/day for days 1-6 (per stay); \$0 for days 7-unlimited

**Outpatient Surgery:** \$0-\$425 per visit

**Skilled Nursing Care:** \$0 each day for days 1-20; \$203 each day for days 21-100

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

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

**Additional Benefits:**

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

**Virtual/Telehealth Visit:** \$0

**Dental:** \$0 copay for preventive & diagnostic services

**Vision:** \$0 (1 routine exam/year); \$0 copay for standard lenses; \$100 credit for frames or contact lenses every 2 years

**Hearing:** \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year

**Podiatry:** \$40 (6 routine visits/year)

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

**Fitness Benefit:** \$0, Renew Active

**Over-the-Counter:** \$40 per quarter for debit card or catalog, no carryover

**Medicare Prescription Drug Coverage:** Yes, \$0 deductible for Tier 1-2; \$495 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0003 PPO (H8768-017-002)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Muscatine, Palo Alto, Pocahontas, Poweshiek, Sac, Scott, Tama, Washington, Webster, Winnebago & Wright
<b>Monthly Premium:</b> \$0 + 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> \$4,100 in-network (Includes only Medicare Part A and Part B covered services); \$6,200 in and out-of-network
<b>Annual Deductible:</b> \$1,250 deductible applies to inpatient and outpatient Part A and B services (in and out of network)
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$310/day for days 1-6 (per stay); \$0 for days 7-unlimited
<b>Outpatient Surgery:</b> \$0-\$310 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive and diagnostic dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$200 credit for frames or contacts every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$40 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$50/quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$495 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0003 PPO (H8768-017-003)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Bremer, Buchanan, Chickasaw, Clarke, Davis, Decatur, Greene, Guthrie, Howard, Jefferson, Lucas, Mahaska, Marion, Mitchell, Monroe, Ringgold, Taylor, Union, Van Buren, Wapello, Wayne, Winneshiek & Worth
<b>Monthly Premium:</b> \$0 + 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> \$3,800 in-network (Includes only Medicare Part A and Part B covered services); \$6,200 in and out-of-network
<b>Annual Deductible:</b> \$1,250 deductible applies to inpatient and outpatient Part A and B services (in and out of network)
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$250/day for days 1-6 (per stay); \$0 for days 7-unlimited
<b>Outpatient Surgery:</b> \$0-\$250 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive and diagnostic dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$200 credit for frames or contacts every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$40 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$495 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC SI-0001 PPO (H1278-007)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Cherokee, Ida, Lyon, Monona, O'Brien, Osceola, Plymouth, Sioux, and Woodbury
<b>Monthly Premium:</b> \$24 + 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 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$465/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$465 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive and diagnostic dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay for standard lenses; \$300 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$40 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$25/quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$495 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC NE-0002 PPO (H1278-020)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby
<b>Monthly Premium:</b> \$35 + 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 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$395/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$395 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay, \$300 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$45 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$40 per quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$420 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0004 PPO (H8768-052-001)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Muscatine, Palo Alto, Pocahontas, Poweshiek, Sac, Scott, Tama, Washington, Webster, Winnebago & Wright
<b>Monthly Premium:</b> \$0 + 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> \$4,100 in-network (Includes only Medicare Part A and Part B covered services) \$6,200 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted within 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$440/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$390 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 for preventive & diagnostic
<b>Vision:</b> \$0 (1 routine exam/year); eyewear - \$0 copay, \$200 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$45 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$25 per quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$495 deductible for Tier 3-5

<b>AARP Medicare Advantage from UHC IA-0004 PPO (H8768-052-002)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Adair, Adams, Allamakee, Appanoose, Audubon, Bremer, Buchanan, Chickasaw, Clarke, Davis, Decatur, Greene, Guthrie, Howard, Jefferson, Lucas, Mahaska, Marion, Mitchell, Monroe, Ringgold, Taylor, Union, Van Buren, Wapello, Wayne, Winneshiek & Worth
<b>Monthly Premium:</b> \$0 + 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 in-network (Includes only Medicare Part A and Part B covered services) \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$415/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$390 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 for preventive & diagnostic
<b>Vision:</b> \$0 (1 routine exam/year); eyewear - \$0 copay, \$200 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices each year
<b>Podiatry:</b> \$35 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$495 deductible for Tier 3-5

<b>AARP Medicare Advantage Patriot No Rx NE-MA01 PPO (H1278-018)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie and Shelby
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$125 towards Part B premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Provider</b>
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist (except psychiatry)
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$425/day for days 1-7 (per stay); \$0 for days 8-unlimited
<b>Outpatient Surgery:</b> \$0-\$425 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic; \$0-50% comprehensive, up to \$1,000 per year for covered services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay standard lenses, \$300 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Chiropractic:</b> \$10 copay (18 visits/year)
<b>Podiatry:</b> \$45 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Fitness Benefit:</b> \$0, Renew Active
<b>OTC:</b> \$50/quarter for debit card or catalog, no carryover
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose another PPO that has drug coverage.

<b>AARP Medicare Advantage Patriot No Rx SI-MA01 PPO (H1278-019)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Cherokee, Ida, Lyon, Monona, O'Brien, Osceola, Plymouth, Sioux and Woodbury
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$100 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> \$6,700 in-network (Includes only Medicare Part A and Part B covered services); \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$125 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$445/day for days 1-6 (per stay); \$0 for days 7-unlimited
<b>Outpatient Surgery:</b> \$0-\$445 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic; \$0-50% comprehensive, up to \$1,000 per year for covered services
<b>Vision:</b> \$0 (1 routine exam/year); \$0 copay, \$100 credit for contact lenses or eyeglasses (lenses/frames) every year
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$45 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>OTC:</b> \$25/quarter for debit card or catalog, no carryover
<b>Fitness:</b> \$0, Renew Active
<b>Medicare Prescription Drug Coverage:</b> None. For Medicare Part D drug coverage, you must choose another PPO that has prescription drug coverage.

<b>AARP Medicare Advantage Patriot No Rx IA-MA01 PPO (H8768-018)</b>
<i>Care Improvement Plus South Central Insurance Co.</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<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, Dubuque, 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 + Part B monthly premium; plan pays \$110 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> \$7,900 both in-network & in and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$55 specialist
<b>Emergency Room Visit:</b> \$110 copay each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$475/day for days 1-5 (per stay); \$0 for days 6-unlimited
<b>Outpatient Surgery:</b> \$0-\$475 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic; \$0-50% comprehensive, up to \$2,000 per year for covered services
<b>Vision:</b> \$0 (1 routine exam/year); eyewear - \$0 copay, \$200 credit for contact lenses or eyeglasses (lenses/frames) every 2 years
<b>Hearing:</b> \$0 (1 routine exam/year); \$99 - \$1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$45 (6 routine visits/year)
<b>Meals:</b> Up to 28 meals for 14 days after an inpatient or skilled facility stay, unlimited times per year
<b>Over-the-Counter:</b> \$40 per quarter for debit card or catalog, no carryover
<b>Fitness Benefit:</b> \$0, Renew Active/Fitbit
<b>Medicare Prescription Drug Coverage:</b> None. For Medicare Part D drug coverage, you must choose another PPO that has prescription drug coverage.

<b>Aetna Medicare Elite PPO (H1608-037)</b>
<i>Coventry Health and 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, 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
<b>Monthly Premium:</b> \$0, plus 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 in-network (Includes only Medicare Part A and Part B covered services); \$8,000 in and out-of-network
<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; \$40 specialist
<b>Emergency Room Visit:</b> \$125 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>Outpatient Surgery/Services:</b> Annual deductible applies; \$400 per visit/\$300 each surgery in Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> Annual deductible applies; \$0 for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for certain diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 routine exam/year)
<b>Dental:</b> \$750 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year); \$205 annual allowance for contacts, frames, lenses
<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 after an inpatient hospital or SNF stay
<b>Over-the-Counter:</b> \$30 quarterly, no carry over
<b>Wigs:</b> \$400 benefit for cancer patients
<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage:</b> Yes, Tier 1-2 \$0 cost share at preferred pharmacies; \$590 deductible Tier 3-5



<b>Aetna Medicare Premier PPO (H1608-001)</b>
<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, 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
<b>Monthly Premium:</b> \$0 + 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 in-network (Includes only Medicare Part A and Part B covered services); \$6,200 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$140 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay
<b>Outpatient Surgery/Services:</b> \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<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 exam/year)
<b>Dental:</b> \$1,200 annual benefit for routine & comprehensive services
<b>Vision:</b> \$0 (1 routine exam/year); \$210 annual allowance for contacts, frames, lenses
<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 after an inpatient hospital or skilled facility stay
<b>Wigs:</b> \$400 benefit for cancer patients
<b>Wellness Benefit:</b> Health Club Membership
<b>Over-the-Counter:</b> \$30 quarterly, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, Tier 1-2 \$0 cost share at preferred pharmacies; \$590 deductible Tier 3-5

<b>Blue Medicare Advantage PPO (H5900-001)</b>
<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, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + 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 in-network (Includes only Medicare Part A and Part B covered services); \$5,500 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist; \$50 Urgent Care
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted within 24 hours); \$350 copay ambulance; Worldwide Coverage \$120 copay; \$50,000 lifetime max
<b>Inpatient Hospital:</b> \$375/day for days 1-6 (per stay)
<b>Outpatient Surgery:</b> \$200 for Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$10 copay depending on location
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> covered like same in-office visit; \$0 copay for some Doctor on Demand; \$40 specialist
<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance for \$1,500 comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$100 allowance for eyewear or contact lenses every 12 months
<b>Hearing:</b> \$0 (1 routine exam/year); \$500 hearing aid allowance per ear, per year
<b>Chiropractic:</b> \$30 copay in-network; 14 routine visits per year; \$0 copay annual set of X-rays
<b>Podiatry:</b> \$40 copay
<b>Meal Benefit:</b> 2 meals/day for 14 days after inpatient or SNF stay (within 30 days of stay); limited to 2x/year
<b>Wellness Benefit:</b> SilverSneakers Fitness Program
<b>OTC:</b> \$50/quarter from NationsOTC, no rollover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Blue Medicare Advantage Avera PPO (H5900-005)</b>
<i>Wellmark Advantage Health Plan</i> 1-855-716-2544 (TTY/TDD 711) www.WellmarkAdvantageHealthPlan.com
<b>Service Area:</b> Clay, Emmet, Dickinson, Lyon, O'Brien, Osceola
<b>Monthly Premium:</b> \$0 + 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> \$4,500 in-network (includes only Medicare Part A and Part B covered services); \$9,000 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$30 Avera; \$60 PPO network specialist; \$45 Urgent Care
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted within 24 hours); \$350 copay ambulance; Worldwide Coverage \$120 copay; \$50,000 lifetime max
<b>Inpatient Hospital:</b> \$500 Avera/\$1,000 PPO network per stay
<b>Outpatient Surgery:</b> \$150 for Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0/day for days 1-20, \$214/day for days 21-100
<b>Diagnostic Lab Tests:</b> \$5 copay Avera; \$15 copay other in-network facilities
<b>Durable Medical Equipment:</b> 20% coinsurance (Avera) or 30% coinsurance (PPO network); \$0 for Continuous Glucose Monitors
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam per year)
<b>Virtual Visit:</b> covered like in-office visit of same type; \$0 copay for some Doctor on Demand services
<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance to \$1,150 annual benefit for comprehensive services
<b>Podiatry:</b> \$30 copay
<b>Chiropractic Care:</b> \$30 copay, 14 visits/year; \$0 copay for one annual set of x-rays
<b>Meal Benefit:</b> 2 meals/day for 14 days after inpatient or SNF stay (within 30 days of stay); limited to 2x/year
<b>Vision:</b> \$0 (1 routine exam/year); \$100 annual allowance for eyewear or contact lenses every 12 months
<b>Hearing:</b> \$0 (1 routine exam/year); \$500 hearing aid benefit per year, per ear
<b>Wellness Benefit:</b> SilverSneakers Fitness Program
<b>OTC:</b> \$50/quarter from NationsOTC, no rollover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<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
<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, 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
<b>Monthly Premium:</b> \$63 + 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> \$3,650 in-network (Includes only Medicare Part A and Part B covered services); \$5,450 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$30 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted within 24 hours); \$300 copay ambulance; Worldwide Coverage \$120 copay; \$50,000 lifetime max
<b>Inpatient Hospital:</b> \$300/day for days 1-6 (per stay)
<b>Outpatient Surgery:</b> \$200 for Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0/day days 1-20; \$190/day days 21-100
<b>Diagnostic Lab Tests:</b> \$0 copay depending on location
<b>Durable Medical Equipment:</b> 20% coinsurance
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> covered like same in-office visit; \$0 copay for some Doctor on Demand; \$30 specialist
<b>Dental:</b> \$0 (2 routine exams/year); 25% coinsurance for \$2,000 allowance comprehensive dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$100 allowance for eyewear or contact lenses every 12 months
<b>Hearing:</b> \$0 (1 routine exam/year); \$500 hearing aid allowance per ear, per year
<b>Chiropractic:</b> \$25 copay in-network; 14 visits per year; \$0 copay for one annual set of X-rays
<b>Podiatry:</b> \$40 copay
<b>Meal Benefit:</b> 2 meals/day for 14 days after inpatient or SNF stay (within 30 days of stay); limited to 2x/year
<b>Wellness Benefit:</b> SilverSneakers Fitness Program
<b>OTC:</b> \$50/quarter from NationsOTC; no rollover
<b>Personal Emergency Response System:</b> \$0, NationsResponse
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Blue Medicare Advantage Valor PPO (H5900-006)</b>
Wellmark Advantage Health Plan 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, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + 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> \$5,000 both in-network <i>and</i> in and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted within 24 hours); \$400 copay ambulance; Worldwide Coverage \$120 copay; \$50,000 lifetime max
<b>Inpatient Hospital:</b> \$380/day for days 1-6 (per stay)
<b>Outpatient Surgery:</b> \$300 for Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0/day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$15 copay depending on location
<b>Durable Medical Equipment:</b> 20% coinsurance
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> covered like same in-office visit; \$0 copay for some Doctor on Demand; \$50 specialist
<b>Dental:</b> \$0 (2 routine exams/year); 25% of cost up to \$1,500 annual benefit for comprehensive dental services
<b>Podiatry:</b> \$40 copay
<b>Chiropractic Care:</b> \$30 copay, 14 visits/yr; \$0 copay for one annual set of x-rays
<b>Meal Benefit:</b> 2 meals/day for 14 days after inpatient or SNF stay (within 30 days of stay); limited to 2x/year
<b>Vision:</b> \$0 (1 routine exam/year); \$100 annual allowance for eyewear or contact lenses every 12 months
<b>Hearing:</b> \$0-50 copay for diagnostic hearing exam
<b>Wellness Benefit:</b> SilverSneakers Fitness Program
<b>OTC:</b> \$50/quarter from NationsOTC, no rollover
<b>Personal Emergency Response System:</b> \$0
<b>Medicare Prescription Drug Coverage:</b> None. For Medicare drug coverage, you must choose another plan.

<b>HumanaChoice PPO (H5216-014)</b>
<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>Monthly Premium:</b> \$39 + 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> \$9,350 in-network (Includes only Medicare Part A and Part B-covered services); \$10,000 in and out-of-network
<b>Doctor Office Visit:</b> \$5 primary care; \$40 specialist
<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>Outpatient Services/Surgery:</b> \$350 outpatient hospital; \$250 ambulatory surgical center per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies; 20% place of treatment pharmacy
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$500 allowance for non-Medicare covered preventive & comprehensive dental coverage
<b>Vision:</b> \$0 (1 routine exam, refraction/year) \$75-100 benefit for contact lenses or eyeglasses & frames/year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
<b>Well Dine Meal Program:</b> Meal program after inpatient hospital or nursing facility stay
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Medicare Prescription Drug Coverage:</b> Yes; \$400 deductible for Tier 4-5 drugs only

<b>Humana Full Access PPO (H5216-411)</b>
<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, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Humboldt, Ida, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
<b>Monthly Premium:</b> \$0 + 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> \$4,400 in-network (Includes only Medicare Part A and Part B-covered services); \$10,100 in and out-of-network
<b>Deductible:</b> \$500 medical deductible for some services
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours); Worldwide Coverage
<b>Inpatient Hospital:</b> \$395/day for days 1-7 per stay
<b>Outpatient Services/Surgery:</b> \$325 outpatient hospital; \$275 ambulatory surgical center per visit
<b>Skilled Nursing Care:</b> \$10/day for days 1-20; \$203/day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-350, depending on service
<b>Durable Medical Equipment:</b> 2% of cost; \$0 copay diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 copay some services; \$3,000 combined maximum benefit for all preventive & comprehensive services/year
<b>Vision:</b> \$0 routine exam; \$100-150 maximum benefit for contacts or lenses & frames
<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
<b>Well Dine Meal Program:</b> 2 meals/day for 7 days after inpatient hospital or nursing facility stay
<b>Wellness Benefit:</b> \$0 copay for SilverSneakers basic fitness membership at participating centers & classes
<b>Medicare Prescription Drug Coverage:</b> Yes; \$250 deductible for Tier 3-5 drugs only

<b>Humana USAA Honor Giveback with Rx PPO (H5216-340)</b>
<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, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + 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> \$5,500 in-network (Includes only Medicare Part A and Part B-covered services); \$9,550 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$45 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$440/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$400 per hospital visit; \$350 per visit in Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$10 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to \$50 per lab service
<b>Durable Medical Equipment:</b> 2% of cost; 0% to 20% for diabetic supplies; 2% place of treatment pharmacy
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 copay for most necessary services; \$4,000 maximum benefit/year for all preventive & comprehensive benefits
<b>Vision:</b> \$0 (1 routine vision exam, refraction/year); \$200-250 benefit for eyeglasses/frames or contact lenses
<b>Hearing:</b> \$0 (1 routine exam/year); \$699 or \$999 copay per aid up to 1 per ear per year; includes some batteries & warranty
<b>Well Dine Meal Program:</b> Meal program after an inpatient hospital or nursing facility stay
<b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Over-the-Counter:</b> \$75/quarter allowance for select health and wellness products
<b>Medicare Prescription Drug Coverage:</b> Yes, \$400 deductible for Tier 3-5 drugs only

<b>Humana USAA Honor Giveback PPO (H5216-278-001)</b>
<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, 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, 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>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$70 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 in-network (Includes only Medicare Part A and Part B-covered services); \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$15 primary care; \$65 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$360/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$350 per hospital visit; \$300 per visit in Ambulatory Surgery Ctr
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to \$40 per lab service
<b>Durable Medical Equipment:</b> 3% of cost; \$0 to 20% for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$4,000 benefit per year
<b>Vision:</b> \$0 (1 routine exam per year, \$75 maximum benefit); \$200 for contact lenses or eyeglass lenses and frames/year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
<b>Well Dine Meal Program:</b> Meal program after inpatient hospital or nursing facility stay
<b>Wellness Benefit:</b> SilverSneakers membership
<b>Over-the-Counter:</b> \$125 every 3 months
<b>Medicare Prescription Drug Coverage:</b> None. For drug coverage, choose another PPO that has drug coverage.

<b>Humana USAA Honor Giveback PPO (H5216-329)</b>
<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, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$110 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> \$6,700 in-network (Includes only Medicare Part A and Part B-covered services); \$10,100 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; \$40 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$425/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$325 per hospital visit; \$275 per visit Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$10 each day for days 1-20; \$203 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to \$35 per lab service
<b>Durable Medical Equipment:</b> 15% of cost; 0% to 10% for diabetic supplies; 15% place of treatment pharmacy
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,000 benefit per year
<b>Vision:</b> \$0 for (1 routine exam, refraction/year); \$75-150 for eyeglasses and frames or contact lenses/year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$399 or \$699 co-pay per aid up to 1 per ear per year; includes some batteries & warranty
<b>Well Dine Meal Program:</b> Meal program after inpatient hospital or nursing facility stay
<b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose another PPO that has drug coverage.

<b>Humana Value Plus PPO (H5216-171)</b>
<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, 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, 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> \$46.40 + 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> \$9,350 in-network (Includes only Medicare Part A and Part B-covered services); \$14,400 in and out-of-network
<b>Annual Deductible:</b> \$240 Part B deductible for some in-network and out-of-network Part B services
<b>Doctor Office Visit:</b> 20% primary care or specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$2,185 per stay
<b>Outpatient Services/Surgery:</b> 20% of the cost
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$214 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-30 copay or 20% of the cost
<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies; 20% place of treatment pharmacy
<b>Additional Benefits:</b>
<b>Routine Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 copayment for certain services; \$2,000 maximum coverage benefit per year.
<b>Vision:</b> \$0 (1 routine exam per year); \$75-100 benefit for contact lenses or eyeglasses & frames; once per year
<b>Hearing:</b> \$0 (1 routine exam, evaluation & fitting); \$299, \$599, or \$899 copayment hearing aid (1 per ear per year)
<b>Well Dine Meal Program:</b> Meal program after inpatient hospital or nursing facility stay
<b>Wellness Benefit:</b> SilverSneakers membership
<b>Over-the-Counter:</b> \$100 every quarter; mail order
<b>Medicare Prescription Drug Coverage:</b> Yes, \$590 deductible for Tier 1-5

<b>Medica Advantage Preferred PPO (H8889-011)</b>
<i>Medica Health Plans</i> (866) 398-7374 (TTY: 711) www.medica.com/medicare
<b>Service Area:</b> Harrison, Mills, and Pottawattamie
<b>Monthly Premium:</b> \$137/month
<b>Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>
<b>Yearly Out-of-Pocket Maximum:</b> \$2,500 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$10 specialist
<b>Emergency Room Visit:</b> \$120 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
<b>Inpatient Hospital:</b> \$100/stay
<b>Outpatient Services/Surgery:</b> \$0 for diagnostic colonoscopy; \$150 for outpatient hospital surgery; \$75 for surgery at Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0/day for days 1-20; \$150/day for days 21-40; \$0/day for days 41-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for LifeScan or Roche diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (one exam/year)
<b>Dental:</b> \$1,500 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
<b>Vision:</b> \$0 (1 routine exam/year); \$300 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
<b>Hearing:</b> \$0 (1 routine exam/year); \$549, \$799, or \$1,299 copay for hearing aids from EPIC providers.
<b>Visitor Travel Coverage:</b> In-network coverage for all services while traveling up to 6 consecutive months
<b>Fitness Benefit:</b> \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
<b>Over-the-Counter:</b> \$75 twice per year, no carryover through Health+ by Medica benefit card
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Medica Advantage Select PPO (H8889-015)</b>
<i>Medica Health Plans</i> (866) 398-7374 (TTY: 711) www.medica.com/medicare
<b>Service Area:</b> Harrison, Mills, and Pottawattamie
<b>Monthly Premium:</b> \$37/month
<b>Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>
<b>Yearly Out-of-Pocket Maximum:</b> \$3,500 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
<b>Inpatient Hospital:</b> \$295/day, days 1-5
<b>Outpatient Services/Surgery:</b> \$0 for diagnostic colonoscopy; \$345 for outpatient hospital surgery; \$245 for surgery at Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0/day for days 1-20; \$214/day for days 21-37; \$0/day for days 38-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for LifeScan or Roche diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (one exam/year)
<b>Dental:</b> \$700 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
<b>Vision:</b> \$0 (1 routine exam/year); \$200 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
<b>Hearing:</b> \$0 (1 routine exam/year); \$549, \$799, or \$1,299 copay for hearing aids from EPIC providers.
<b>Visitor Travel Coverage:</b> In-network coverage for all services while traveling up to 6 consecutive months
<b>Fitness Benefit:</b> \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
<b>Over-the-Counter:</b> \$50 twice per year, no carryover through Health+ by Medica benefit card
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>Medica Advantage Solution PPO (H8889-009)</b>
<i>Medica Health Plans</i> 866-269-6804 (TTY: 711) www.medica.com/medicare
<b>Service Area:</b> Harrison, Mills, and Pottawattamie
<b>Monthly Premium:</b> \$0 premium with a Part B buy-down of \$85/month
<b>Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>
<b>Yearly Out-of-Pocket Maximum:</b> \$4,900 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day, days 1-6
<b>Outpatient Services/Surgery:</b> \$0 for diagnostic colonoscopy; \$395 for outpatient hospital surgery; \$295 for surgery at Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$0/day for days 1-20; \$214/day for days 21-43; \$0/day for days 44-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for LifeScan or Roche diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (one exam/year)
<b>Dental:</b> \$1,000 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
<b>Vision:</b> \$0 (1 routine exam/year); \$200 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
<b>Hearing:</b> \$0 (1 routine exam/year); ); \$549, \$799, or \$1,299 copay for hearing aids from EPIC providers.
<b>Visitor Travel Coverage:</b> In-network coverage for all services while traveling up to 6 consecutive months
<b>Fitness Benefit:</b> \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
<b>Over-the-Counter:</b> \$75 twice per year, no carryover through Health+ by Medica benefit card
<b>Medicare Prescription Drug Coverage:</b> None. For drug coverage, choose another PPO that has drug coverage.

<b>Medica Advantage Value PPO (H8889-010)</b>
<i>Medica Health Plans</i> (866) 398-7374 (TTY: 711) www.medica.com/medicare
<b>Service Area:</b> Harrison, Mills, and Pottawattamie
<b>Monthly Premium:</b> \$0/month
<b>Cost shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 both in-network and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$125 each visit (waived if admitted to hospital in 24 hours) 20% coinsurance Worldwide Coverage
<b>Inpatient Hospital:</b> \$425/day, days 1-5
<b>Outpatient Services/Surgery:</b> \$0 for diagnostic colonoscopy; \$450 for outpatient hospital surgery; \$350 for surgery at Ambulatory Surgical Ctr
<b>Skilled Nursing Care:</b> \$10/day for days 1-20; \$214/day for days 21-38; \$0/day for days 39-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 for LifeScan or Roche diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (one exam/year)
<b>Dental:</b> \$600 allowance for preventive and comprehensive dental services through Health+ by Medica benefit card. No network.
<b>Vision:</b> \$0 (1 routine exam/year); \$150 allowance for contact lenses or eyeglasses (lenses & frames) through Health+ by Medica benefit card. No network.
<b>Hearing:</b> \$0 (1 routine exam/year); \$549, \$799, or \$1,299 copay for hearing aids from EPIC providers.
<b>Visitor Travel Coverage:</b> In-network coverage for all services while traveling up to 6 consecutive months
<b>Fitness Benefit:</b> \$0 One Pass fitness includes access to expansive gym network, online fitness classes (live & on-demand)
<b>Over-the-Counter:</b> \$50 twice per year, no carryover through Health+ by Medica benefit card
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible

<b>MercyOne Health Plan Choice PPO (H1846-007)</b>
<i>MercyOne Health Plan</i> 1-800-964-4525 (TTY/TDD 711) <a href="https://www.thpmedicare.org/mercyone">https://www.thpmedicare.org/mercyone</a>
<b>Service Area:</b> Adair, Adams, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Ida, Jackson, Jasper, Jones, Keokuk, Kossuth, Louisa, Lucas, Madison, Mahaska, Marion, Mitchell, Monona, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Ringgold, Scott, Sioux, Tama, Union, Warren, Wayne, Winnebago, Woodbury, Worth and Wright
<b>Monthly Premium:</b> \$0 + Part B monthly premium; plan pays \$15.60 towards monthly 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 both in-network and in and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$35 specialist
<b>Emergency Room Visit:</b> \$110 each visit (waived if admitted within 48 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$360/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$0-\$300 copay
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$214 for days 21-55; \$0 for days 56-100
<b>Diagnostic Lab Tests:</b> \$0 copay
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for diabetic testing supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<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> \$12 or \$34 monthly premium
<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) <i>*\$500/year for covered vision/hearing services</i>
<b>Acupuncture:</b> \$20 (6 visits every year)
<b>Meal Benefit:</b> 2 meals per day for 7 days, after a qualifying discharge
<b>Fitness Benefit:</b> \$0 per month for membership + Mental Fitness with CogniFit
<b>Visitor Travel Allowance:</b> \$1,500
<b>Over-the-Counter:</b> \$110 per quarter, no carry over
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible



<b>Align ChoiceElite PPO (H8385-001)</b>
<i>Sanford Health Plan</i> 1-888-605-9277 (TTY/TDD 711) www.sanfordhealthplan.com
<b>Service Area:</b> Lyon, O'Brien, Osceola, and Sioux
<b>Monthly Premium:</b> \$64 + 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> \$3,000 both in-network and in and out-of-network (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 1 day); Worldwide Coverage
<b>Inpatient Hospital:</b> \$150/day for days 1-4; \$0/day for days 5-90
<b>Outpatient Services/Surgery:</b> \$150 for each surgery in the hospital or Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$204/day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0.00 preventive care virtual visit
<b>*Dental:</b> \$0 Cleaning, Exam & X-Rays
<b>*Vision:</b> \$0 annual exam; \$200 eyewear allowance
<b>*Hearing:</b> \$0 annual exam <i>*\$1,000 annual allowance for dental; \$1,000 annual allowance for hearing &amp; vision</i>
<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>Over-the-Counter:</b> \$80 per quarter
<b>Medicare Prescription Drug Coverage:</b> Yes, \$150 deductible for Tier 3-5

<b>Align ChoicePlus PPO (H8385-003)</b>
<i>Sanford Health Plan</i> 1-888-605-9277 (TTY/TDD 711) www.sanfordhealthplan.com
<b>Service Area:</b> Lyon, O'Brien, Osceola, and Sioux
<b>Monthly Premium:</b> \$0 + 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 both in-network and in and out-of-network (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; \$50 specialist
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$175/day for days 1-4, \$0/day for days 5-90
<b>Outpatient Services/Surgery:</b> \$200-400, depending on service
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$204/day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Virtual Visit:</b> \$0.00 for preventive care
<b>*Dental:</b> \$0 cleaning, exam & x-rays 2 times/year
<b>*Vision:</b> \$0 annual exam; \$100 eyewear allowance
<b>*Hearing:</b> \$0 Annual Exam <i>*\$750 annual allowance for dental; \$1,000 annual allowance hearing &amp; vision</i>
<b>Wellness Benefit:</b> \$5 monthly fee
<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> \$70 per quarter, no carryover
<b>Medicare Prescription Drug Coverage:</b> Yes, \$200 deductible for Tier 3-5

## Private Fee-For-Service (PFFS)

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

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

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

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

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

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

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

## Humana Gold Choice PFFS (H8145-006)

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

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

**Monthly Premium:** \$38 + Part B monthly premium

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

**Yearly Out-of-Pocket Maximum:** \$7,000 (Includes only Medicare Part A and Part B covered services)

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

**Emergency Room Visit:** \$110 each visit

**Inpatient Hospital:** \$230/day for days 1-7 per stay

**Outpatient Services/Surgery:** \$350 outpatient hospital; \$300 Ambulatory Surgical Ctr

**Skilled Nursing Care:** \$0 each day for days 1-20, \$203 each day for days 21-100

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

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

### Additional Benefits:

**Dental:** \$3,000 benefit per year

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

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

**Wellness Benefit:** SilverSneakers basic fitness center membership including fitness classes

**Medicare Prescription Drug Coverage:** Yes, \$590 deductible for Tier 3-5

## Medicare Cost Plan

A Medicare Cost Plan is a type of Medicare health plan with a network of providers. When you use plan providers, the services you receive are billed to the Cost Plan. Plan providers do not bill for excess charges. When you do *not* use plan providers, Medicare will pay, but the plan pays nothing *unless* you are referred by the Cost Plan. You pay the Medicare deductible, coinsurance, any excess charges, and noncovered services. The Plan will pay non-plan providers if you need emergency or urgent care. Cost Plans are only available in limited areas of the State.

Cost Plans have different enrollment rules than 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.

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

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

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

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

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

## Central Iowa Health Senior Plan Cost Plan (H1651-011)

*Medical Associates Health Plans*

1-800-747-8900

www.mahealthplans.com

**Service Area:** Adair, Boone, Clarke, Greene, Guthrie, Jasper, Lucas, Madison, Marion, Marshall, Poweshiek, Ringgold, Union and Warren

**Monthly Premium:** \$154 + Part B monthly premium

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

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

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

**Emergency Room Visit:** \$0

**Inpatient Hospital:** \$0

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

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

**Additional Benefits:**

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

**Dental:** No additional benefits

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

**Podiatry:** \$0, routine care (up to 6 visits a year)

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

**Medicare Prescription Drug Coverage:** None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>Medica Prime Solution Core Cost Plan (H2450-046)</b>
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, Mitchell, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, Winnebago, and Worth
<b>Monthly Premium:</b> \$99 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,000
<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> \$10 primary care; \$25 specialist
<b>Emergency Room Visit:</b> 125 each visit (waived if admitted to hospital in 24 hrs); Worldwide Coverage
<b>Inpatient Hospital:</b> \$400 per stay
<b>Outpatient Surgery:</b> \$150 per visit or surgery
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$50/day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% coinsurance; \$0 copay for diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$300 annual reimbursement for dental services
<b>Vision:</b> \$0 (1 routine exam/year); \$100 annual eyewear reimbursement for glasses or contacts
<b>Hearing:</b> \$0 (1 routine exam/year); hearing aid benefit up to \$400 a year, includes OTC hearing aids
<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>Fitness 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 twice per year, no rollover
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

<b>Medica Prime Solution Premier Cost Plan (H2450-043)</b>
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, Mitchell, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, Winnebago, and Worth
<b>Monthly Premium:</b> \$152 + Part B monthly premium
<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; \$0 specialist
<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital in 24 hrs); Worldwide Coverage
<b>Inpatient Hospital:</b> \$200 per stay
<b>Outpatient Surgery:</b> \$100 per visit or surgery
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$100 per day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> \$0 copay for DME or diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$400 annual reimbursement for dental services
<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, includes OTC hearing aids
<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>Fitness 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 twice per year, no rollover
<b>Medicare Prescription Drug Coverage:</b> None. 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>
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Allamakee, Clay, Dickinson, Emmet, Howard, Kossuth, Lyon, Mitchell, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, Winnebago, and Worth
<b>Monthly Premium:</b> \$47 + Part B monthly premium
<b>Deductible:</b> \$50
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700
<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> 20% primary care; 20% specialist
<b>Emergency Room Visit:</b> \$50/visit
<b>Inpatient Hospital:</b> \$300/day for days 1-4 per stay
<b>Outpatient Surgery:</b> 20% per visit or surgery
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$214/day for days 21-100
<b>Diagnostic Lab Tests:</b> 20% coinsurance
<b>Durable Medical Equipment:</b> 20% coinsurance for DME or diabetic supplies
<b>Additional Benefits:</b>
<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 for 24-hour nurse line
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

<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>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Clayton, Delaware, Dubuque, Jackson, and Jones
<b>Monthly Premium:</b> amount plus Part B monthly premium <b>H1651-001</b> - \$131 includes provider network benefit <b>H1651-004</b> - \$154 includes expanded provider network benefit within service area <b>H1651-008**</b> - \$203 includes expanded provider network plus out-of-network benefit
<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>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits
<b>Vision:</b> \$0 (1 exam/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 maximum benefit
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

\*\*MAHP Freedom Plan has some out-of-network benefits (not available for the other MAHP plans) where members can go to any doctor/provider who accepts Medicare with some copays:

- \$25 doctor office visit & \$25 outpatient rehab service (physical, speech, occupational)
- \$500 copay or Medicare allowable charge (whichever is less) per outpatient surgery at certain facilities
- \$500 inpatient copay per benefit period
- \$100 copay per test/image in outpatient setting
- Non-Medicare Preventive Services not covered out-of-network (routine eye exam, etc.)

Some Medicare-eligible services require a prior authorization first, even with a referral. For more details, visit [www.mahealthplans.com](http://www.mahealthplans.com).

<b>Mercy Cedar Rapids Senior Plan Cost Plan (H5256-005)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Benton, Cedar, Delaware, Jones and Linn
<b>Monthly Premium:</b> \$154 + Part B monthly premium
<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>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefit
<b>Vision:</b> \$0 (1 exam/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 maximum benefit
<b>Medicare Prescription Drug Coverage:</b> None. 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>
<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>Monthly Premium:</b> \$160 + Part B monthly premium
<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>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits
<b>Vision:</b> \$0 (1 exam/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 maximum benefit
<b>Medicare Prescription Drug Coverage:</b> None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

**Quad Cities Community Health  
Senior Plan Cost Plan (H1651-013)**

*Medical Associates Health Plans*

1-800-747-8900

www.mahealthplans.com

**Service Area:** Cedar, Clinton, Jackson, Muscatine and Scott

**Monthly Premium:** \$154 + Part B monthly premium

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

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

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

**Emergency Room Visit:** \$0

**Inpatient Hospital:** \$0

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

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

**Additional Benefits:**

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

**Dental:** No additional benefits

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

**Podiatry:** \$0 Routine care (up to 6 visits a year)

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

**Medicare Prescription Drug Coverage:** None. If you want Medicare Part D drug coverage, you must choose and enroll in one of the stand-alone Medicare drug plans.

## Special Needs Plans (SNP)

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

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

Medicare Special Needs Plans available in Iowa are designed to meet the needs of people who receive Medicare and Medicaid benefits, reside in a licensed nursing home or skilled facility, or have certain chronic health conditions.

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

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

**Beneficiaries must be enrolled in Medicare Part A and Part B to enroll in a Special Needs Plan.** This includes those on Medicare due to a disability. **You must also meet the plan's specific enrollment criteria.**

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

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

## Aetna Medicare Assure Premier D-SNP HMO (H5593-001)

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

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

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

**Monthly Premium:** \$0

**Yearly Out-of-Pocket Maximum:** \$0 (Includes only Medicare Part A and Part B covered services)

**Doctor Office Visit:** \$0

**Inpatient Hospital:** \$0 unlimited days

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

**Outpatient Surgery:** \$0

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

### Additional Benefits:

**Annual Physical Exam:** \$0

**Dental:** \$3,500 annual benefit for preventive and comprehensive

**Vision:** \$0 (1 routine exam/year); \$400 annual benefit for contacts, frames and lenses

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

**Podiatry:** \$0, limited to 12 visits

**Transportation:** 50 one-way trips per year; up to 100 miles each way

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

**Wigs:** \$400 benefit for cancer patients

**Fall Prevention:** \$150 annually

**Wellness Benefit:** SilverSneakers (health club membership)

**Aetna Medicare Extra Benefits Card:** \$160 monthly for healthy foods, utilities, transportation, gas (pay at pump only), over-the-counter (OTC), and personal care items

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



<b>HumanaChoice SNP-DE PPO (H5216-268)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cherokee, Clinton, Dallas, Delaware, Des Moines, Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Webster, Winnebago, Woodbury, and Worth
<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> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$0 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0
<b>Emergency Room Visit:</b> \$0 each visit, Worldwide Coverage
<b>Inpatient Hospital:</b> \$0 up to unlimited days
<b>Outpatient Services/Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0
<b>Virtual Visits:</b> \$0
<b>Dental:</b> \$5,000 benefit for preventive and comprehensive services per year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$0 for each advanced-level hearing aid 1 per ear every 3 years; includes 80 batteries/aid & 3-yr warranty
<b>Vision:</b> \$0 for 1 routine exam per year; \$450-500 annual benefit for contacts, frames, lenses
<b>Transportation:</b> \$0; 100 one-way approved trips per year (not over 50 miles/trip)
<b>Healthy Foods Card:</b> \$100/month prepaid card for essentials to support your health
<b>Well Dine Meal Program:</b> home-delivered meals after an inpatient hospital or nursing facility stay
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Medicare Prescription Drug Coverage:</b> Yes. \$0 deductible for members in Extra Help.

<b>Humana Together in Health PPO I-SNP (H5216-413)</b>
<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, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright
<b>Eligibility to enroll in this plan:</b> You must reside in a Humana-contracted nursing home & need certain levels of care
<b>Monthly Premium:</b> \$0 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$9,350 in-network (Includes only Medicare Part A and Part B-covered services); \$14,000 in and out-of-network
<b>Doctor Office Visit:</b> \$0 primary care; 20% specialist
<b>Emergency Room Visit:</b> \$110 each visit
<b>Inpatient Hospital:</b> \$598/day for days 1-4
<b>Outpatient Services/Surgery:</b> 20% of the cost
<b>Skilled Nursing Care:</b> \$0 for days 1-100
<b>Diagnostic Lab Tests:</b> 20% of the cost
<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0
<b>Dental:</b> \$2,000 combined maximum benefit per year for all preventive and comprehensive benefits
<b>Hearing:</b> \$0 for 1 routine exam per year; \$99, \$399, or \$699 copay for hearing aids, 1 per ear per year
<b>Vision:</b> \$0 for 1 routine exam per year; \$300-350 annual benefit for contacts or frames & lenses
<b>Transportation:</b> \$0 for 36 one-way approved trips per year (not over 75 miles/trip)
<b>OTC allowance:</b> \$75/quarter for select over-the-counter health and wellness products
<b>Medicare Prescription Drug Coverage:</b> Yes, \$590 deductible

<b>Iowa Health Advantage HMO I-SNP (H6765-001)</b>
<i>American Health Plans</i> 1-866-327-0523 (TTY/TDD 711) amhealthplans.com
<b>Service Area:</b> Adair, Adams, Audubon, Appanoose, Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Dallas, Decatur, Delaware, Dickinson, Dubuque, Emmet, Fayette, Floyd, Guthrie, Grundy, Hamilton, Hardin, Harrison, Henry, Ida, Jackson, Jasper, Johnson, Jones, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Montgomery, Osceola, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac Shelby, Scott, Story, Union, Wapello, Warren, Washington, Wayne, Winnebago, Winneshiek, Woodbury, and Worth
<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 for those w/Medicare and Medicaid, \$50.60 w/o Medicaid, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$0 for those with Medicaid; \$9,350 for those without Medicaid (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; 20% specialists
<b>Emergency Room Visit:</b> \$110 max per visit
<b>Inpatient Hospital:</b> \$0 for days 1-60
<b>Outpatient Services/Surgery:</b> 20% coinsurance
<b>Skilled Nursing Care:</b> \$0 each day for days 1-100; no hospital stay required
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>
<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>Support &amp; Supervisory Services:</b> \$0 up to 40 hours yearly for 1-on-1 services delivered by a qualified individual
<b>Vision:</b> \$0 (1 routine exam per year; \$300/year for contact lenses, eyeglasses, frames, upgrades)
<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>Transportation:</b> \$0 for 32 one-way, non-emergent trips to any health-related location.
<b>OT/PT/ST:</b> \$0 and no prior authorization for services delivered within a contracted long-term care facility.
<b>Medicare Prescription Drug Coverage:</b> Yes, \$590 deductible

<b>Iowa Health Advantage Choice HMO I-SNP (H6765-002)</b>
<i>American Health Plans</i> 1-866-327-0523 (TTY/TDD 711) amhealthplans.com
<b>Service Area:</b> Adair, Adams, Audubon, Appanoose, Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Chickasaw, Clarke, Clay, Clayton, Dallas, Decatur, Delaware, Dickinson, Dubuque, Emmet, Fayette, Floyd, Guthrie, Grundy, Hamilton, Hardin, Harrison, Henry, Ida, Jackson, Jasper, Johnson, Jones, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Montgomery, Osceola, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac Shelby, Scott, Story, Union, Wapello, Warren, Washington, Wayne, Winnebago, Winneshiek, Woodbury, and Worth
<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 for those w/Medicare and Medicaid, \$50.60 w/o Medicaid, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$0 for those with Medicaid; \$9,350 for those without Medicaid (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care; 20% specialists
<b>Emergency Room Visit:</b> \$110 max per visit
<b>Inpatient Hospital:</b> \$0 for days 1-60
<b>Outpatient Services/Surgery:</b> 20% coinsurance
<b>Skilled Nursing Care:</b> \$0 each day for days 1-100; no hospital stay required
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>
<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>Support &amp; Supervisory Services:</b> \$0 up to 40 hours yearly for covered Supervisory Assistance services
<b>Vision:</b> \$0 (1 routine exam per year; \$225/year for contact lenses, eyeglasses, frames, upgrades)
<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 4 visits per year)
<b>Transportation:</b> \$0 for 32 one-way, non-emergent trips to any health-related location.
<b>OTC &amp; Food Benefit:</b> up to \$105/month OTC; up to \$110/month food card
<b>Medicare Prescription Drug Coverage:</b> Yes, \$590 deductible

<b>UHC Complete Care IA-5 C-SNP HMO-POS (H5253-180)</b>
<i>UnitedHealthcare of Wisconsin</i> 1-844-867-3487 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Benton, Black Hawk, Boone, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Clay, Clayton, Clinton, Crawford, Dallas, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Marshall, Muscatine, Palo Alto, Pocahontas, Polk, Poweshiek, Sac, Scott, Story, Tama, Warren
<b>Eligibility to enroll in this plan:</b> You must be diagnosed with Cardiovascular Disorder, Chronic Heart Failure, and/or Diabetes.
<b>Monthly Premium:</b> \$0 + 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>Doctor Office Visit:</b> \$0 primary care; \$30 specialist (except psychiatry)
<b>Emergency Room Visit:</b> \$140 copay each visit (waived if admitted within 24 hours); Worldwide coverage
<b>Inpatient Hospital:</b> \$475/day for days 1-6 (per stay); \$0 for days 7-unlimited
<b>Outpatient Services/Surgery:</b> \$0 - \$475
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$203/day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 diabetic supplies
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0 (1 exam/year)
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 copay for preventive & diagnostic
<b>Vision:</b> \$0 (1 routine exam per year); eyewear: \$0 copay for standard lenses & \$250 credit for frames or contact lenses every 2 years
<b>Hearing:</b> \$0 (1 routine exam per year); \$99-1,249 copay for each hearing aid device; limited to 2 devices every year
<b>Podiatry:</b> \$30 (6 routine visits per year)
<b>Meals:</b> Up to 28 meals for 14 days after inpatient or SNF stay, unlimited times per year
<b>Fitness:</b> \$0, Renew Active
<b>Over-the-Counter:</b> \$47/month OTC & food allowance (combined credit, expires monthly)
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for Tier 1-2; \$420 deductible for Tier 3-5

<b>UHC Dual Complete IA-S001 D-SNP HMO-POS (H0169-001)</b>
<i>UnitedHealthcare of Wisconsin, Inc.</i> 1-844-368-6883 (TTY/TDD 711) www.UHCCommunityPlan.com
<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 are in Full Medicaid program or QMB
<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>Doctor Office Visit:</b> \$0, including specialists
<b>Emergency Room Visit:</b> \$0 copay; Worldwide Coverage
<b>Inpatient Hospital:</b> \$0 per stay
<b>Outpatient Services/Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for days 1-100
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0, includes \$0 copay for diabetic monitoring supplies
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0
<b>Virtual/Telehealth Visit:</b> \$0
<b>Dental:</b> \$0 preventive & diagnostic; \$4,000 per year limit for certain comprehensive and preventive dental services
<b>Vision:</b> exam - \$0 (1 per year); \$400 combined allowance for contact lenses or eyeglasses (lenses/frames) once/year
<b>Hearing:</b> \$0 for 1 routine exam per year; \$2,500 allowance for hearing aids every year
<b>Podiatry Services:</b> \$0 (up to 6 visits per year)
<b>Transportation:</b> \$0; 24 one-way approved trips/year (medically necessary & filed supplemental benefits)
<b>Fitness Benefit:</b> \$0, Renew Active
<b>Meals:</b> \$0, up to 28 home-delivered meals for 14 days after an inpatient or skilled facility stay (unlimited times)
<b>Over-the-Counter:</b> \$219/month OTC, food allowance, and utilities (combined credit, amount expires monthly)
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 deductible for all Tiers

<b>Wellcare Dual Access HMO-POS D-SNP (H1862-004)</b>
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
<b>Service Area:</b> Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Grundy, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Monona, Monroe, Montgomery, Muscatine, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in Full Medicaid or QMB
<b>Monthly Premium:</b> \$0
<b>Yearly Out-of-Pocket Maximum:</b> \$9,350 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 (primary care & specialist)
<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0/day up to 90 days per stay
<b>Outpatient Services/Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for up to 100 days per year
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Annual Wellness Visit:</b> \$0
<b>Dental:</b> \$0 preventive; \$4,000/year for comprehensive services, including dentures (in-network: \$0 copay; out-of-network: 25%)
<b>Vision:</b> \$0 routine exam; \$300 eyewear allowance for glasses, lenses, and/or frames
<b>Hearing:</b> \$0 routine exam & hearing aid fitting per year; \$1,000 per ear every year for hearing aids (\$2,000 total/year)
<b>Medicare-covered Podiatry:</b> \$0
<b>Post Discharge Meal Program:</b> \$0 for 3 meals per day for 14 days (total 42 meals)
<b>Transportation:</b> medically necessary 24 one-way trips (up to 75 miles each way) per year
<b>Fitness Benefit:</b> \$0. Call plan for details.
<b>Wellcare Spendables:</b> \$180/month allowance for OTC, pay-at-pump, healthy food, utilities/rent, etc.
<b>Digital Social Support:</b> 24/7 tailored online programs for wellbeing, peer and expert support and personalized digital health tools
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 for covered prescriptions

<b>Wellcare Dual Liberty HMO-POS D-SNP (H1862-003)</b>
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
<b>Service Area:</b> Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Grundy, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Monona, Monroe, Montgomery, Muscatine, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in Full Medicaid or QMB
<b>Monthly Premium:</b> \$0
<b>Yearly Out-of-Pocket Maximum:</b> \$9,350 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 (primary care & specialist)
<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0/day up to 90 days per admission
<b>Outpatient Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for up to 100 days/year
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Annual Wellness Visit:</b> \$0
<b>Dental:</b> \$0 preventive; \$5,000/year for comprehensive services, including dentures (in-network: \$0 copay; out-of-network: 25%)
<b>Vision:</b> \$0 routine exam; \$500 eyewear allowance for glasses, lenses, and/or frames
<b>Hearing:</b> \$0 routine exam & hearing aid fitting per year; \$1,500 per ear every year for hearing aids (\$3,000 total/year)
<b>Medicare-covered Podiatry:</b> \$0
<b>Post Discharge Meal Program:</b> \$0 for 3 meals per day for 14 days (total 42 meals)
<b>Transportation:</b> medically necessary 24 one-way trips (up to 75 miles each way) per year
<b>Fitness Benefit:</b> \$0. Call plan for details.
<b>Wellcare Spendables:</b> \$220/month allowance for OTC, pay-at-pump, healthy food, utilities/rent, etc.
<b>Digital Social Support:</b> 24/7 tailored online programs for wellbeing, peer and expert support and personalized digital health tools
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 for covered prescriptions

<b>Wellcare Dual Reserve HMO-POS (H1862-006)</b>
<i>Wellcare Health Plans</i> 1-844-599-0139 www.wellcare.com
<b>Service Area:</b> Adair, Adams, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Butler, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Fremont, Grundy, Hancock, Hardin, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Madison, Mahaska, Marion, Mills, Monona, Monroe, Montgomery, Muscatine, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Tama, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Woodbury, Worth, Wright
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in Full Medicaid, QMB, or SLMB.
<b>Monthly Premium:</b> \$0
<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; \$20 specialist
<b>Emergency Room Visit:</b> \$140
<b>Inpatient Hospital:</b> \$300/day for days 1-5
<b>Outpatient Services/Surgery:</b> \$250
<b>Skilled Nursing Care:</b> \$0/day for days 1-20; \$214/day for days 21-50; \$0/day for days 51-100
<b>Diagnostic Lab Tests:</b> \$0-\$50 per test
<b>Durable Medical Equipment:</b> 20% of the cost
<b>Additional Benefits:</b>
<b>Annual Wellness Visit:</b> \$0
<b>Dental:</b> \$0 preventive; \$3,000 comprehensive allowance including dentures (in-network: \$0 copay; out-of-network: 25%)
<b>Vision:</b> \$0 routine exam; \$300 eyewear allowance for glasses, lenses, and/or frames
<b>Hearing:</b> \$0 routine hearing exam and hearing aid fitting per year; \$1,000 per ear every year for hearing aids (total \$2,000 per year)
<b>Post Discharge Meal Program:</b> \$0 for 3 meals per day for 14 days (Total 42 meals)
<b>Transportation:</b> medically necessary 24 one-way trips (up to 75 miles each way) per year
<b>Fitness Benefit:</b> \$0. Call plan for details.
<b>Wellcare Spendables:</b> \$60/month allowance for OTC, pay-at-pump, healthy food, utilities/rent, etc.
<b>Digital Social Support:</b> 24/7 tailored online programs for wellbeing, peer and expert support and personalized digital health tools
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 for covered prescriptions

<b>Wellpoint Full Dual Advantage D-SNP HMO-POS (H0907-001)</b>
<i>Wellpoint Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.wellpoint.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, 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
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in Full Medicaid or QMB.
<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$0 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0
<b>Emergency Room Visit:</b> \$0 each visit, Worldwide Coverage
<b>Inpatient Hospital:</b> \$0 up to 90 days
<b>Outpatient Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0
<b>Podiatry:</b> \$0; for unlimited routine foot care
<b>Dental:</b> \$0 for preventive and comprehensive dental, up to \$6,000 per year
<b>Hearing:</b> \$0 for 1 routine exam per year: with \$300 for OTC hearing aid OR \$3,000 for prescription hearing aids every year
<b>Vision:</b> \$0 for 1 routine exam per year; up to \$500 for eyeglasses or contact lenses every year
<b>Transportation:</b> \$0; 150 one-way approved rides per year
<b>Personal Emergency Response System (PERS):</b> \$0
<b>Over-the-Counter + Healthy Groceries:</b> \$140 per month
<b>Healthy Meals-Post Discharge:</b> \$0, Up to 2 meals/ day for 21 days after hospital or SNF stay
<b>Essential Extra Benefits:</b> Choice of 1 – Dental, Vision, Hearing allowance, Transportation, Assistive Devices, Utilities. Call plan for details.
<b>Wellness Benefit:</b> SilverSneakers Fitness program
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 for all covered Part D drugs.

<b>Wellpoint Dual Advantage D-SNP HMO-POS (H0907-002)</b>
<i>Wellpoint Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.wellpoint.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, 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
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in Full Medicaid, QMB, or SLMB.
<b>Monthly Premium:</b> \$0-\$6.80 + Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,151 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0-\$30
<b>Emergency Room Visit:</b> \$0-\$110 each visit; Worldwide Coverage
<b>Inpatient Hospital:</b> \$0- \$295/day (days 1-5)
<b>Outpatient Surgery:</b> \$0-\$295
<b>Skilled Nursing Care:</b> \$0 days 1-20; \$0-\$214 days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$25
<b>Durable Medical Equipment:</b> \$0-20%
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0
<b>Podiatry:</b> \$0-\$30, for unlimited routine foot care
<b>Dental:</b> \$0 for preventive & comprehensive, up to \$2,000 per year
<b>Hearing:</b> \$0 for 1 routine exam per year; with \$300 for OTC hearing aid OR \$2,000 for prescription hearing aids every year
<b>Vision:</b> \$0 for 1 routine exam per year; up to \$250 for eyeglasses or contact lenses every year
<b>Transportation:</b> \$0; for 24 one-way approved rides/year
<b>Personal Emergency Response System (PERS):</b> \$0
<b>Over-the-Counter + Healthy Groceries:</b> \$25 per month
<b>Healthy Meals-Post Discharge:</b> \$0, Up to 2 meals/day for 10 days after hospital or SNF stay
<b>Essential Extra Benefits:</b> Choice of 1 – Dental, Vision, Hearing allowance, Transportation, Assistive Devices, Utilities. Call plan for details.
<b>Wellness Benefit:</b> SilverSneakers Fitness program
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 for all covered Part D drugs.

<b>Wellpoint Full Dual Advantage 2 D-SNP HMO-POS (H0907-003)</b>
<i>Wellpoint Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.wellpoint.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, 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
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in enrolled in Full Medicaid or QMB.
<b>Monthly Premium:</b> \$0, plus Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$0 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0
<b>Emergency Room Visit:</b> \$0 each visit, Worldwide Coverage
<b>Inpatient Hospital:</b> \$0 up to 90 days
<b>Outpatient Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0
<b>Podiatry:</b> \$0; for unlimited routine foot care
<b>Dental:</b> \$0 for preventive and comprehensive dental, up to \$6,000 per year
<b>Hearing:</b> \$0 1 routine exam per year; \$300 OTC hearing aid OR \$3,000 for prescription hearing aids each year
<b>Vision:</b> \$0 for 1 routine exam per year; up to \$650 for eyeglasses or contact lenses every year
<b>Transportation:</b> \$0; 150 one-way approved rides/year
<b>Personal Emergency Response System (PERS):</b> \$0
<b>Assistive Devices, Healthy Groceries Over-the-Counter, &amp; Utilities:</b> \$145 per month
<b>Healthy Meals-Post Discharge:</b> \$0, up to 2 meals/day for 21 days after hospital or SNF stay
<b>Essential Extra Benefits:</b> Choice of 1 – Dental, Vision, Hearing allowance, Transportation, Assistive Devices, Utilities. Call plan for details.
<b>Wellness Benefit:</b> SilverSneakers Fitness program
<b>Medicare Prescription Drug Coverage:</b> Yes, \$0 for all covered Part D drugs.

## Worksheet for Comparing Health Care Choices

Recording Your Out-Of-Pocket Costs: To help you make a decision, look at your health care experiences from the past year, or look ahead at health care you may need in the future. Estimate the costs you pay out-of-pocket based on different plans.

Annual Health Care Services	Option 1: Original Medicare & Supplemental Plan	MA Plan Option 2:	MA Plan Option 3:	MA Plan Option 4:
<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				

# Senior Medicare Patrol (SMP)

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



## PREVENT

**Prevent Medicare Fraud:**

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



## DETECT

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

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



## REPORT

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

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

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

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