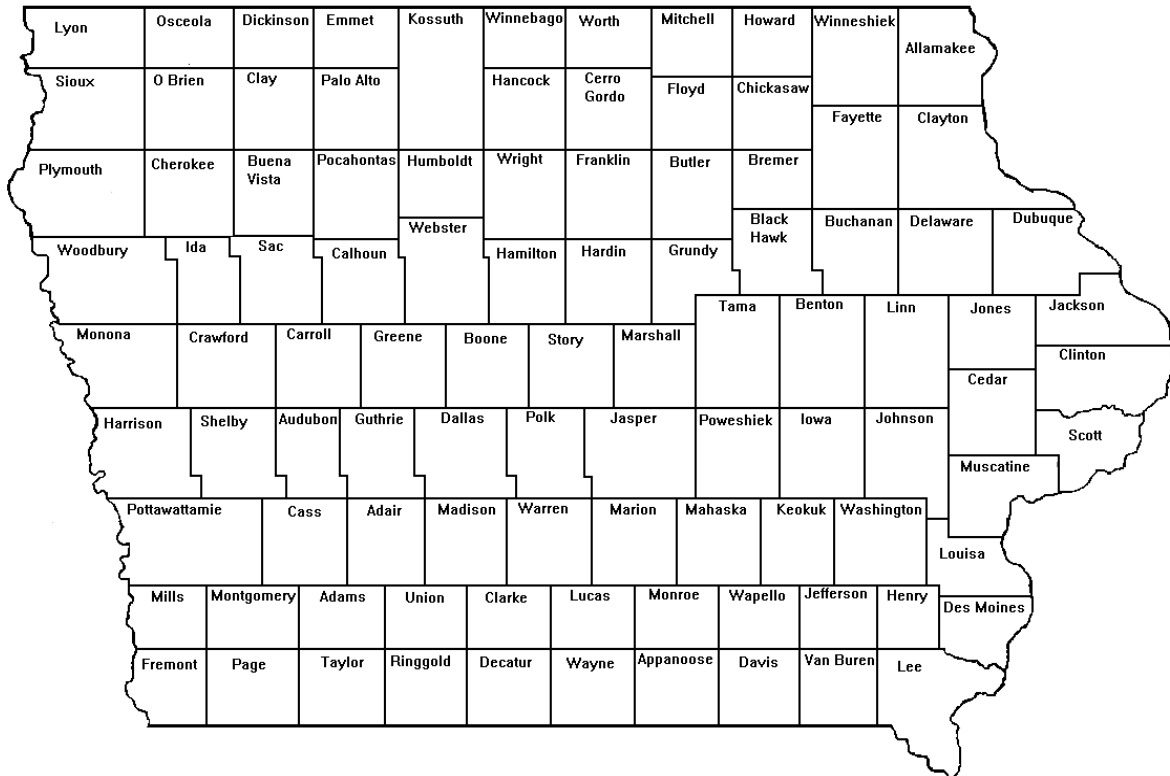


# Medicare Advantage & Other Health Plans in Iowa 2020



LOCAL HELP FOR PEOPLE WITH MEDICARE

**SHIIP**  
Iowa Insurance Division  
Two Ruan Center  
601 Locust - 4<sup>th</sup> Floor  
Des Moines, IA 50309-3738

1-800-351-4664  
(TTY 1-800-735-2942)  
[www.shiip.iowa.gov](http://www.shiip.iowa.gov)

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

# Decide How to Get Your Medicare

## Decide if You Want

### Original Medicare

OR

### Medicare Advantage Plan

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

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

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

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

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

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

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

## Decide if You Want Supplemental Coverage

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

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

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

## Medicare Advantage Basics

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

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

Currently, Medicare Advantage plan options are available in 97 Iowa counties. Original fee-for service Medicare also continues to be a choice in all areas. No matter which option you choose, you are still in the Medicare program. Understanding the options available will help you to make an informed decision. The Senior Health Insurance Information Program (SHIIP) has prepared this guide to help you understand these plans.

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

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

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

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

## Enrollment or Disenrollment

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

- ◆ **First become eligible for Medicare** - You can join during the 7-month period that begins three months before you turn 65, includes the month you turn 65, and ends three months after. If you get Medicare due to disability, you can join three months before to three months after your Medicare is effective. If your Medicare effective date is made retroactive, you can join a plan the month you are notified of your Medicare effective date and for three months after your notification.
- ◆ **January 1, to March 31** – If you are enrolled in a Medicare Advantage plan on January 1, you can enroll in another Medicare Advantage plan or disenroll from your Medicare Advantage plan and return to Original Medicare and enroll in a Part D plan. You can make one election during this time. This does not apply to Cost plans.
- ◆ **After March 31** – You will not be able to disenroll from a Medicare Advantage plan until October 15 to December 7 unless you qualify for a Special Enrollment Period.
- ◆ **October 15 to December 7** - You can **join, switch** or **disenroll** from a Medicare Advantage or Cost plan. You can add or drop drug coverage. Your new coverage will be effective January 1 of the following year.
- **Special Enrollment Periods** - In certain situations, such as a change in residence, you would be eligible for a Special Enrollment Period (SEP) to disenroll, join or switch to a different plan. Call SHIIP at 1-800-351-4664 for information about other Special Enrollment Periods.
- **5-Star Special Enrollment** – You can enroll in a 5-star Medicare Advantage plan or Cost plan once from December 8, 2019 to November 30, 2020. If you are currently enrolled in a Medicare Advantage or Cost plan with a 5-star overall rating, you may switch to a different plan with a 5-star overall rating. You can find the plan ratings on the Medicare Plan Finder at [www.medicare.gov](http://www.medicare.gov)
- **Non-Renewal** – If your Medicare Advantage or Cost plan does not renew its annual contract with Medicare you will be able to change to a different plan or return to Original Medicare. If you return to Original Medicare you must be allowed to enroll in a Medicare supplement plan A, B, C, F, K or L (including Medicare Select or High Deductible choices) if you are eligible for Medicare prior to January 1, 2020. For those who are eligible for Medicare after January 1,

2020 you will be allowed to enroll in Medicare supplement plan A, B, D, G, K or L (including Select or High Deductible choices).

◆ **Exceptions:**

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

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

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

1. You **drop** your Medicare supplement to enroll in a Medicare Advantage plan or Cost plan for the **first time** and then you **disenroll** within the **first 12 months**. You must be allowed to
  - **Re-enroll** in the Medicare supplement policy you were most recently enrolled in if it is available from the same insurance company, **OR**
  - If the policy is not available, **enroll** in any Medicare supplement Plan A, B, C, F, K or L (including Medicare Select or high deductible choices) from ANY COMPANY selling these plans in Iowa if you are eligible for Medicare prior to January 1, 2020. For those who are eligible for Medicare after January 1, 2020 you will be allowed to enroll in Medicare supplement plan A, B, D, G, K or L (including Select or High Deductible choices).
  - If you are **under age 65**, you can buy only from companies selling to those under 65.
2. You enroll in a Medicare Advantage plan the first time you enroll in Medicare Part B **at age 65** during your **Initial Enrollment Period**.<sup>\*</sup> Then 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, F, G, K, L, M or N** sold in Iowa.
  - **Age 65 after January 1, 2020:** You must be allowed to enroll in ANY Medicare supplement plan, **A, B, D, G, K, L, M or N** sold in Iowa.
  - Includes Medicare Select or high deductible choices

- Individuals entitled to Medicare prior to age 65 are not eligible for this special enrollment.

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

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

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

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

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

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

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

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

## **Medicare Advantage and Medicaid:**

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

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

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



# Checklist for People Considering a Medicare Advantage Plan

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

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

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

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

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

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

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

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

- How often and for how long?

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

# Comparing Health Care Choices

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## Recording Your Out-Of-Pocket Costs:

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

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

## Guide to Medicare Advantage Plan Chart

The chart on pages 13-16 lists the Medicare Advantage plans available in Iowa. The chart includes:

**Plan Name:**

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

**Phone Number:**

The phone number listed is for prospective members.

**Company Name:**

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

**Service Area:**

To be eligible to enroll in a Medicare Advantage plan you must live in the “service area”, or counties, served by the plan. For a complete list of the counties served refer to the individual plan summaries found on pages 17 to 44.

**Options:**

Many of the plans offer more than one option. Each option may not be available in every county of the plan’s service area. Refer to the plan benefit summaries on pages 17 to 44.

**Premium:**

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

**Part D:**

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

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

## Medicare Advantage Plans available in Iowa

HMO – POS - Health Maintenance Organization with Point-of-Service Option			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
<b>AARP Medicare Advantage HMO-POS</b> 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 17-19	H2802-001	\$0	Yes
	Plan 1 H5253-106-001	\$29	Yes
	Plan 1 H5253-106-002	\$39	Yes
	Plan 2 H5253-107-001	\$0	Yes
	Plan 2 H5253-107-002	\$0	Yes
HMO – Health Maintenance Organization			
<b>Aetna Premier Advantra HMO</b> 1-855-275-6627 <i>Aetna Health Inc. (FL)</i> Service Area: See page 20	H1609-001	\$0	Yes
<b>Aetna Medicare Prime HMO</b> 1-855-275-6627 <i>Aetna Health Inc. (FL)</i> Service Area: See pages 20	Mercy-HVN H1609-009	\$0	Yes
<b>Health Alliance Medicare HMO</b> 1-877-925-0424 <i>Health Alliance Medicare</i> Service Area: See page 21	Guide Rx H1737-001	\$0	Yes
<b>Humana Gold Plus HMO</b> 1-800-833-2364 <i>CHA HMO, Inc.</i> Service Area: See pages 21	H0028-011	\$0	Yes
<b>Senior Preferred HMO</b> 1-800-394-5566 <i>Quartz Health Plan Corporation</i> Service Area: See pages 22-24	Value H5262-004	\$20	No
	Value D H5262-003	\$37	Yes
	Elite H5262-005	\$110	No
	Elite D H5262-001	\$141.20	Yes
	Core D H5262-021	\$0	Yes

HMO – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
<b>Medica Advantage Solution HMO</b> 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 24	H0798-001	\$0	Yes
Cost Contract Plan			
<b>Medical Associates Health Plan (MAHP)</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 25	Smart Plan H1651-001	\$120	No
	Community Plan H1651-004	\$145	No
	Freedom Plan H1651-008	\$175	No
<b>MercyOne Cedar Valley Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 26	Cedar Valley Plan H1651-010	\$145	No
<b>Central Iowa Health Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 26	Central Iowa Plan H1651-011	\$145	No
<b>MercyOne Clinton Community Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 27	Clinton Community Plan H1651-012	\$145	No
<b>Quad Cities Community Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 27	Quad Cities Plan H1651-013	\$145	No
<b>Mercy Cedar Rapids Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 28	Mercy Cedar Rapids Plan H1651-014	\$145	No
<b>Mercy Iowa City Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 28	Mercy Iowa City Plan H1651-016	\$145	No
<b>MercyOne Siouxland Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 29	Siouxland Plan H1651-024	\$145	No

Cost Contract Plan			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
<b>Omaha Community Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 29	Omaha Plan H1651-022	\$145	No
<b>MercyOne North Iowa Senior Plan</b> 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 30	North Iowa Plan H1651-015	\$145	No
<b>Medica Insurance Company</b> 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 30 - 31	Prime Solution Thrift H2450-030	\$49	No
	Prime Solution Core H2450-045	\$69	No
	Prime Solution Premier H2450-042	\$125	No
PPO – Preferred Provider Organization			
<b>AARP Medicare Complete Choice PPO</b> 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 32-34	H8768-017-001	\$0	Yes
	H8768-017-002	\$0	Yes
	H1278-001	\$19	Yes
	H1278-007	\$0	Yes
<b>Aetna Medicare Premier Advantra PPO</b> 1-855-275-6627 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 34-35	Premier Plus H1608-048	\$0	Yes
	Premier H1608-001	\$0	Yes
	Elite H1608-037	\$0	Yes
<b>Aetna Medicare Prime PPO</b> 1-855-275-6627 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 36	McFarland HVN H1608-007	\$0	Yes
	Patient Preferred H1608-008	\$0	Yes

PPO – Preferred Provider Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
<b>HealthPartners UnityPoint Health PPO</b> 1-888-360-0796 <i>HealthPartners UnityPoint Health, Inc.</i> Service Area: See page 37	Align H3416-001	\$0	Yes
	Symmetry H3416-002	\$39	Yes
<b>Humana PPO</b> 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 38-40	Choice H5216-085	\$107	Yes
	Choice H5216-086	\$0	No
	Value Plus H5216-171	\$30	Yes
	Choice H5216-014	\$58	Yes
	Choice H5216-091	\$96	Yes
<b>Medica Advantage Solution PPO</b> 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 40	H3632-001	\$45	Yes
PFFS - Private-Fee-For-Service Plans			
<b>Humana Gold Choice PFFS</b> 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See page 42	H8145-155	\$0	No
	H8145-089	\$116	Yes
SNP – Special Needs Plan			
<b>Aetna Medicare Assure Premier SNP HMO</b> 1-855-275-6627 <i>Aetna Health of Iowa Inc.</i> Service Area: See page 43	H5593-001	\$0	Yes
<b>Dual Complete SNP HMO</b> 1-888-834-3721 <i>UnitedHealthcare of the Midwest, Inc</i> Service Area: See page 44	H0169-001	\$0	Yes
<b>Nursing Home SNP PPO</b> 1-855-544-4432 <i>UnitedHealthcare</i> Service Area: See page 44	H0710-046	\$0	Yes



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

**AARP Medicare Advantage HMO-POS (H2802-001)**

*UnitedHealthcare of the Midlands, Inc*  
 1-800-555-5757 (TTY/TDD 711)  
 www.AARPMedicarePlans.com

Medicare Health Maintenance Organization (HMOs) and Point-of-Service (POS) plans are both types of Medicare managed care plans.

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

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

If you 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 charts show what **you pay** when you enroll in a Medicare Advantage HMO or HMO- POS plan.

**Service Area:** Cass, Mills and Pottawattamie County

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

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

**Doctor Office Visit:**  
 \$5 primary care visit; \$45 specialist visit

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

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

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

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

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

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

**Additional Benefits:**

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

**Dental:** \$0 copay for preventive and comprehensive up to \$1,000 per year

**Vision Services:** \$0 (1 routine exam/year); \$200 combined for contact lenses and frames once every 2 years

**Chiropractic Services:** \$10 copay, 10 visits per year

**Podiatry Services:** \$45 copay, 6 visits per year

**Hearing Services:** \$0 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to 2 devices every two years

**Virtual Visit:** \$0

**Personal Emergency Response System:** \$0, Philips Lifeline

**Over-the-Counter:** \$50 per quarter, no rollover

**Wellness Benefit:** Health Club Membership

**Medicare Prescription Drug Coverage:** Yes

- \$250 deductible for tiers 4 and 5 only

<b>AARP Medicare Advantage HMO-POS Plan 1 (H5253-106-001)</b>	<b>AARP Medicare Advantage HMO-POS Plan 1 (H5253-106-002)</b>
<i>UnitedHealthcare of Wisconsin, Inc</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>UnitedHealthcare of Wisconsin, Inc</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Dallas, Jasper, Madison, Marshall, Polk, Story and Warren counties	<b>Service Area:</b> Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Poweshiek, Scott, Tama, Van Buren, Wapello, Washington, Wayne and Webster counties
<b>Monthly Premium:</b> \$29 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$39 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,300 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$30 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$30 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$295/day for days 1-6 per stay	<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay
<b>Outpatient Surgery:</b> \$195-\$295 per visit	<b>Outpatient Services/Surgery:</b> \$195-\$295 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-41; \$0 for days 42-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-42; \$0 for days 43-100
<b>Diagnostic Lab Tests:</b> \$5 for each lab service	<b>Diagnostic Lab Tests:</b> \$10 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1exam/year)
<b>Dental:</b> \$0 for preventive & diagnostic up to \$1,500 per year	<b>Dental:</b> \$0 for preventive & diagnostic up to \$500 per year (Additional coverage for \$36 per month)
<b>Vision Services:</b> \$20 (1 routine exam/year); Eyewear: \$300 combined, contact lenses and frames once every 2 years	<b>Vision Services:</b> \$0 (1 routine exam/yr); Eyewear: \$300 combined, contact lenses and frames once every 2 years
<b>Chiropractic Services:</b> \$10 copay, 18 visits per year	<b>Chiropractic Services:</b> \$10 copay, 18 visits per year
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years	<b>Hearing Services:</b> \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Podiatry Services:</b> \$30, six visits per year	<b>Podiatry Services:</b> \$35 (six routine visits/year)
<b>Personal Emergency Response System:</b> \$0, Philips Lifeline	<b>Personal Emergency Response System:</b> \$0, Philips Lifeline
<b>Over-the-Counter:</b> \$80 per quarter, no carryover	<b>Over-the-Counter:</b> \$60 per quarter, no carryover
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>AARP Medicare Advantage HMO-POS Plan 2 (H5253-107-001)</b>	<b>AARP Medicare Advantage HMO-POS Plan 2 (H5253-107-002)</b>
<i>UnitedHealthcare of Wisconsin, Inc</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>UnitedHealthcare of Wisconsin, Inc</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
<b>Service Area:</b> Dallas, Jasper, Madison, Marshall, Polk, Story and Warren counties	<b>Service Area:</b> Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Poweshiek, Scott, Tama, Van Buren, Wapello, Washington, Wayne and Webster counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,700 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,100 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$35 specialist visit	<b>Doctor Office Visit:</b> \$5 primary care visit; \$40 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$375/day for days 1-5 per stay
<b>Outpatient Surgery:</b> \$250-\$350 per visit	<b>Outpatient Services/Surgery:</b> \$250-\$350 per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-44; \$0 for days 45-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-46; \$0 for days 47-100
<b>Diagnostic Lab Tests:</b> \$5 for each lab service	<b>Diagnostic Lab Tests:</b> \$10 for each lab service
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 for preventive & diagnostic up to \$1,000 per year	<b>Dental:</b> \$0 for preventive & diagnostic up to \$500 per year (Additional coverage for \$36 per month)
<b>Vision Services:</b> \$0 (1 routine exam/year); Eyewear: \$300 combined, contact lenses and frames once every 2 years	<b>Vision Services:</b> \$0 (1 routine exam/year); Eyewear: \$100 combined, contact lenses and frames once every 2 years
<b>Chiropractic Services:</b> \$10 copay, 18 visits per year	<b>Chiropractic Services:</b> \$10 copay, 18 visits per year
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years	<b>Hearing Services:</b> \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Podiatry Services:</b> \$35, six visits per year	<b>Podiatry Services:</b> \$40 (six routine visits/year)
<b>Personal Emergency Response System:</b> \$0, Philips Lifeline	<b>Personal Emergency Response System:</b> \$0, Philips Lifeline
<b>Over-the-Counter:</b> \$40 per quarter, no carryover	<b>Over-the-Counter:</b> \$40 per quarter, no carryover
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>Aetna Premier Advantra HMO (H1609-001)</b>	<b>Aetna Medicare Prime HMO Mercy HVN (H1609-009)</b>
<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com	<i>Aetna Health Inc. (FL)</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
<b>Service Area:</b> Adair, Alamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clay, Clayton, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright counties	<b>Service Area:</b> Dallas, Polk and Warren counties  <b>Network Providers:</b> Mercy Medical Center facilities and physicians only
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$4,100 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$40 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$25 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$120 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$390/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$380/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$300 per visit/\$200 each surgery in ambulatory surgery center	<b>Outpatient Services/Surgery:</b> \$250 per visit/\$150 each surgery in an ambulatory surgery center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$10	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for LifeScan diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; \$0 for LifeScan diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$500 annual allowance for routine & comprehensive services	<b>Dental:</b> \$1,000 allowance for routine & comprehensive services
<b>Vision Services:</b> \$0 (1 routine exam/year) \$80 annual allowance for contacts, frames, lenses	<b>Vision Services:</b> \$0 (1 routine exam/year); \$270 annual allowance for contacts, frames, lenses
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year	<b>Hearing Services:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Over-the-Counter:</b> \$25 monthly, no carry over	<b>Over-the-Counter:</b> \$25 monthly, no carry over
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>Health Alliance Medicare Guide Rx HMO (H1737-001)</b>	<b>Humana Gold Plus HMO (H0028-011)</b>
<i>Health Alliance Medicare</i> 1-877-925-0424 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org	<i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> Scott county	<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clinton, Dallas, Delaware, Des Moines, Fayette, Floyd, Franklin, Grundy, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Montgomery, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, Woodbury and Worth counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$5,900 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,200 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$50 specialist visit;	<b>Doctor Office Visit:</b> \$0 primary care visit; \$45 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital immediately) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital immediately) Worldwide Coverage
<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$350/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> \$425 co-pay per surgery	<b>Outpatient Surgery:</b> \$250 co-pay per surgery; \$200 for Ambulatory Surgical Center visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$168 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> 20% of the cost	<b>Diagnostic Lab Tests:</b> \$0-\$25 for each service
<b>Durable Medical Equipment:</b> 20% of the cost \$0 for diabetic testing strips	<b>Durable Medical Equipment:</b> 20% of the cost; \$0-20% for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Acupuncture:</b> \$10 copay per up to 15 visits/year	<b>Dental:</b> \$0 for oral exam and cleaning up to 2 per year; \$1,000 maximum benefit per year for preventive and comprehensive benefits (call plan for details)
<b>Dental:</b> \$0 copay/annual exam; all other dental reimbursed up to \$325/annually	<b>MyOption Enhanced Dental:</b> \$25.20 monthly premium for additional dental benefits
<b>Vision:</b> \$0 copay for annual routine exam	<b>Vision:</b> \$0 for 1 routine vision exam, refraction/year; \$100 annual limit for eyeglasses or contact lenses
<b>Virtual Visits:</b> \$0	<b>Hearing:</b> \$0 for 1 routine exam per year; \$699 or \$999 co-pay per aid up to 1 per ear per year
<b>Hearing:</b> \$45 copay for routine hearing exam with TruHearing provider (1 exam per year); \$699 to \$999 copay per aid (up to two TruHearing hearing aids every year, one per ear)	<b>Well Dine Meal Program:</b> meal program following inpatient stay in hospital or nursing facility
<b>Be Fit Fitness Benefit:</b> Reimbursement for gym membership or fitness classes (up to \$360 per year)	<b>Gym/Fitness Membership:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Over-the-Counter Items:</b> \$40 per quarter (must use Health Alliance mail-order catalog), limit 1 order per quarter, balance will rollover to next quarter	<b>Over-the-Counter:</b> \$25 every 3 months
<b>Medicare Prescription Drug Coverage:</b> Yes No deductible	<b>Medicare Prescription Drug Coverage:</b> Yes \$150 deductible for tier 4 and 5 drugs only

<b>Senior Preferred Value HMO (H5262-004)</b>	<b>Senior Preferred Value D HMO (H5262-003)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) <a href="http://www.seniorpreferred.org">www.seniorpreferred.org</a>	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) <a href="http://www.seniorpreferred.org">www.seniorpreferred.org</a>
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties
<b>Monthly Premium:</b> \$20 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$37 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$25 primary care visit; \$25 specialist visit	<b>Doctor Office Visit:</b> \$25 primary care visit; \$25 specialist visit
<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$200/day for days 1-8 per hospital stay	<b>Inpatient Hospital:</b> \$200/day for days 1-8 per hospital stay
<b>Outpatient Services/Surgery:</b> \$100 for each visit and 10% of the cost for tests	<b>Outpatient Services/Surgery:</b> \$100 for each visit and 10% of the cost for tests
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100
<b>Diagnostic Lab Tests:</b> 10% of the cost	<b>Diagnostic Lab Tests:</b> 10% of the cost
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)
<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year	<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Massage Therapy for Chronic Conditions:</b> \$15 copay each 60 minute visit (12 visits per year)	<b>Massage Therapy for Chronic Conditions:</b> \$15 copay each 60 minute visit (12 visits per year)
<b>Post Discharge Meal program:</b> 20 home delivered meals for 10 days following inpatient hospital stay (limited to 4 times per year)	<b>Post Discharge Meal program:</b> 20 home delivered meals for 10 days following inpatient hospital stay (limited to 4 times per year)
<b>Virtual Visits - \$0</b>	<b>Virtual Visits - \$0</b>
<b>Over-the-Counter:</b> \$25 per quarter	<b>Over-the-Counter:</b> \$25 per quarter
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>No deductible</li> </ul>

<b>Senior Preferred Elite HMO (H5262-005)</b>	<b>Senior Preferred Elite D HMO (H5262-001)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) <a href="http://www.seniorpreferred.org">www.seniorpreferred.org</a>	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) <a href="http://www.seniorpreferred.org">www.seniorpreferred.org</a>
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties	<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties
<b>Monthly Premium:</b> \$110 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$141.20 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,000 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$10 primary care visit; \$10 specialist visit	<b>Doctor Office Visit:</b> \$10 primary care visit; \$10 specialist visit
<b>Emergency Room Visit:</b> \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	<b>Emergency Room Visit:</b> \$100 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage
<b>Inpatient Hospital:</b> \$250 per admission	<b>Inpatient Hospital:</b> \$250 per admission
<b>Outpatient Services/Surgery:</b> \$0	<b>Outpatient Service/Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$125 for days 21-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 10% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 10% of the cost; 0% of cost for preferred diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$0 copay 2 exams and 2 cleanings per year and 1 set of bitewing	<b>Dental:</b> \$0 copay 2 exams and 2 cleanings per year and 1 set of bitewing
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)
<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$300 for eyeglasses every year	<b>Vision Services:</b> \$0 (1 routine exam per year); Plan pays up to \$300 for eyeglasses every year
<b>Massage Therapy for Chronic Conditions:</b> \$0 copay each 60 minute visit (12 visits per year)	<b>Massage Therapy for Chronic Conditions:</b> \$0 copay each 60 minute visit (12 visits per year)
<b>Post Discharge Meal program:</b> 20 home delivered meals for 10 days following inpatient hospital stay (limited to 4 times per year)	<b>Post Discharge Meal program:</b> 20 home delivered meals for 10 days following inpatient hospital stay (limited to 4 times per year)
<b>Virtual Visits - \$0</b>	<b>Virtual Visits - \$0</b>
<b>Over-the-Counter:</b> \$25 per quarter	<b>Over-the-Counter:</b> \$25 per quarter
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose a HMO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>No deductible</li> </ul>

<b>Senior Preferred Core D HMO (H5262-021)</b>	<b>Medica Advantage Solution HMO (H0798-001)</b>
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) <a href="http://www.seniorpreferred.org">www.seniorpreferred.org</a>	<i>Medica Insurance Company</i> 1-800-906-5432 <a href="http://www.medica.com">www.medica.com</a>
<b>Service Area:</b> Allamakee, Clayton, Fayette, Howard and Winneshiek counties	<b>Service Area:</b> Harrison, Mills and Pottawattamie counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> \$5,000 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,500 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$25 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$50 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage 20%
<b>Inpatient Hospital:</b> \$270/day for days 1-8 per stay	<b>Inpatient Hospital:</b> \$350 per admission
<b>Outpatient Services/Surgery:</b> \$350 for each visit and 20% of the cost for tests	<b>Outpatient Surgery/Services:</b> \$295 per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$178 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$178 for days 21-100
<b>Diagnostic Lab Tests:</b> 20%	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20% of the cost; 0% of cost for preferred diabetic supplies	<b>Durable Medical Equipment:</b> 20% of the cost;
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Hearing Services:</b> \$10 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	<b>Dental:</b> \$400 annual reimbursement for dental services
<b>Vision Services:</b> \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$599 -\$899 copay per hearing aid (unlimited hearing aids per year)
<b>Massage Therapy for Chronic Conditions:</b> \$20 copay each 60 minute visit (6 visits per year)	<b>Vision Services:</b> \$35 (1 routine exam per year); Plan pays up to \$100 combined for eyeglasses or contacts every year
<b>Virtual Visits - \$0</b>	<b>Chiropractic Services:</b> \$15 per visit
<b>Over-the-Counter:</b> \$25 per quarter	<b>Podiatry Services:</b> \$40 per visit
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Transportation:</b> up to 12 one-way trips/yr for medical care within plan service area
	<b>Meals Program:</b> 14 meals delivered to home following an inpatient hospital stay; limit 4 times/yr
	<b>Over-the-Counter:</b> \$50 per quarter
	<b>Wellness Benefit:</b> SilverSneakers
<b>Medicare Prescription Drug Coverage: Yes</b> • \$350 deductible for tiers 2, 3, 4 and 5 only	



## Medicare Cost Plan

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

*Medical Associates Health Plans*  
 1-800-747-8900  
[www.mahealthplans.com](http://www.mahealthplans.com)

A Medicare Cost Plan is a type of Medicare health plan. The plan has a network of providers. When you use plan providers the services you receive are billed to the Cost Plan. Plan providers do not bill for excess charges. When you do not use plan providers Medicare will pay, but the plan pays nothing 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 have different enrollment rules than all of the other Medicare Advantage Plans. They are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year.

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

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

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

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

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

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

**Monthly Premium:**

**H1651-001** - \$120 includes provider network benefit

**H1651-004** - \$145 includes expanded provider network benefit within service area

**H1651-008** - \$175 includes expanded provider network plus out-of network benefit

You also pay Part B monthly premium

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

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

**Doctor Office Visit:**

\$0 primary care visit; \$0 specialist visit

**Emergency Room Visit:** \$0

**Inpatient Hospital:** \$0

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

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

**Additional Benefits:**

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

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

**Dental:** No additional benefits

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

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

**Medicare Prescription Drug Coverage:**

- No Coverage

If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

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

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

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

<b>MercyOne Siouxland Senior Plan Cost Plan (H1651-024)</b>	<b>Omaha Community Senior Plan Cost Plan (H1651-022)</b>
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com	<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com
<b>Service Area:</b> Cherokee, Ida, Plymouth, Sioux and Woodbury counties	<b>Service Area:</b> Adams, Cass, Fremont, Harrison, Mills, Montgomery and Shelby counties
<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$145 You also pay Part B monthly premium
<b>Yearly Out-of-Pocket Maximum:</b> None	<b>Yearly Out-of-Pocket Maximum:</b> None
<b>Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</b>	<b>Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</b>
<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit
<b>Emergency Room Visit:</b> \$0	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$0	<b>Inpatient Hospital:</b> \$0
<b>Outpatient Surgery:</b> \$0 per visit	<b>Outpatient Surgery:</b> \$0 per visit
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Routine Physical:</b> \$0 (1 exam/year)	<b>Routine Physical:</b> \$0 (1 exam/year)
<b>Vision Services:</b> \$0 (1 exam/year)	<b>Vision Services:</b> \$0 (1 exam/year)
<b>Dental:</b> No additional benefits	<b>Dental:</b> No additional benefits
<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)	<b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)
<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	<b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<p align="center"><b>MercyOne North Iowa Senior Plan Cost Plan (H1651-015)</b></p>	<p align="center"><b>Medica Prime Solution Thrift Cost Plan (H2450-030)</b></p>
<p align="center"><i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com</p>	<p align="center"><i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com</p>
<p><b>Service Area:</b> Butler, Cerro Gordo, Chickasaw, Franklin, Floyd, Hancock, Hardin, Howard, Kossuth, Mitchell, Winnebago, Worth and Wright counties</p>	<p><b>Service Area:</b> Adams, Allamakee, Clay, Dickinson, Emmet, Fremont, Howard, Lyon, Mitchell, O’Brien, Osceola, Plymouth, Sioux, Winnebago and Worth counties</p>
<p><b>Monthly Premium:</b> \$145 You also pay Part B monthly premium</p>	<p><b>Monthly Premium:</b> \$49 You also pay Part B monthly premium</p>
<p><b>Yearly Out-of-Pocket Maximum:</b> None</p>	<p><b>Yearly Out-of-Pocket Maximum:</b> \$6,700</p>
<p align="center">Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</p>	<p align="center">Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</p>
<p><b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit</p>	<p><b>Doctor Office Visit:</b> \$20% primary care visit; 20% specialist visit</p>
<p><b>Emergency Room Visit:</b> \$0</p>	<p><b>Emergency Room Visit:</b> \$50</p>
<p><b>Inpatient Hospital:</b> \$0</p>	<p><b>Inpatient Hospital:</b> \$300/day for days 1-4 per hospital stay</p>
<p><b>Outpatient Surgery:</b> \$0 per visit</p>	<p><b>Outpatient Surgery:</b> 20% per visit</p>
<p><b>Skilled Nursing Care:</b> \$0</p>	<p><b>Skilled Nursing Care:</b> \$0 for days 1-20; \$170.50 for days 21-100</p>
<p><b>Diagnostic Lab Tests:</b> \$0</p>	<p><b>Diagnostic Lab Tests:</b> 20%</p>
<p><b>Durable Medical Equipment:</b> \$0</p>	<p><b>Durable Medical Equipment:</b> 20%</p>
<p><b>Additional Benefits:</b></p>	<p><b>Additional Benefits:</b></p>
<p><b>Routine Physical:</b> \$0 (1 exam/year)</p>	<p><b>Extended Absence Benefit:</b> Allows members to travel anywhere in the US and receive in-network benefits with any Medicare provider that will accept Original Medicare</p>
<p><b>Vision Services:</b> \$0 (1 exam/year)</p>	
<p><b>Dental:</b> No additional benefits</p>	
<p><b>Routine Podiatric Care:</b> \$0 (up to 6 visits a year)</p>	<p><b>Medicare Prescription Drug Coverage:</b></p> <ul style="list-style-type: none"> <li>• No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>
<p><b>Foreign Travel:</b> \$250 annual deductible; 20% coinsurance \$50,000 lifetime limit</p>	
<p><b>Medicare Prescription Drug Coverage:</b></p> <ul style="list-style-type: none"> <li>• No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	

<b>Medica Prime Solution Core Cost Plan (H2450-045)</b>	<b>Medica Prime Solution Premier Cost Plan (H2450-042)</b>
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com	<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
<b>Service Area:</b> Adams, Allamakee, Clay, Dickinson, Emmet, Fremont, Howard, Lyon, Mitchell, O'Brien, Osceola, Plymouth, Sioux, Winnebago and Worth counties	<b>Service Area:</b> Adams, Allamakee, Clay, Dickinson, Emmet, Fremont, Howard, Lyon, Mitchell, O'Brien, Osceola, Plymouth, Sioux, Winnebago and Worth counties
<b>Monthly Premium:</b> \$69 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$125 You also pay Part B monthly premium
<b>Deductible:</b> \$0	<b>Deductible:</b> \$0
<b>Yearly Out-of-Pocket Maximum:</b> \$4,000	<b>Yearly Out-of-Pocket Maximum:</b> \$3,000
<b>Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</b>	<b>Cost shares listed are what you pay for Network Providers (costs may vary for some out-of-network services)</b>
<b>Doctor Office Visit:</b> \$10 primary care visit; \$20 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 specialist visit
<b>Emergency Room Visit:</b> \$50	<b>Emergency Room Visit:</b> \$0
<b>Inpatient Hospital:</b> \$350 per stay	<b>Inpatient Hospital:</b> \$100 per stay
<b>Outpatient Surgery:</b> \$100 per visit or surgery	<b>Outpatient Surgery:</b> \$0
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$50 for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$25 per day for days 21-100
<b>Diagnostic Lab Tests:</b> \$10 to \$30 copay	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> 20%	<b>Durable Medical Equipment:</b> \$0
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Dental:</b> \$300 annual reimbursement for dental services	<b>Dental:</b> \$400 annual reimbursement for dental services
<b>Vision Services:</b> \$0 (1 exam/year); \$75 annual eyewear reimbursement for glasses or contacts	<b>Vision Services:</b> \$0 (1 exam/year); \$125 annual eyewear reimbursement for glasses or contacts
<b>Hearing:</b> \$0 (1 exam/year); hearing aid benefit up to \$400 a year	<b>Hearing:</b> \$0 (1 exam/year); hearing aid benefit up to \$400 a year
<b>Virtual Visits:</b> \$0	<b>Virtual Visits:</b> \$0
<b>Foreign Travel:</b> \$50 Worldwide coverage	<b>Foreign Travel:</b> \$0 Worldwide coverage
<b>Wellness Benefit:</b> SilverSneakers health club membership and exercise classes; 24 hour nurseline \$0	<b>Wellness Benefit:</b> SilverSneakers health club membership and exercise classes; 24 hour nurseline \$0
<b>Extended Absence Benefit:</b> Allows members to travel anywhere in the US and receive in-network benefits with any Medicare provider that will accept Original Medicare	<b>Extended Absence Benefit:</b> Allows members to see any Medicare provider, hospital or clinic in the US and receive in-network benefits
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

## Preferred Provider Organization- PPO

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

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

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

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

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

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

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

### AARP Medicare Advantage Choice PPO (H8768-017-001)

*UnitedHealthcare of the River Valley*  
1-800-555-5757 (TTY/TDD 711)

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

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

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

**Yearly Out-of-Pocket Maximum:** \$3,900  
(Includes only Medicare Part A and Part B covered services)

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

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

**Inpatient Hospital:** \$350/day for days 1-5 per stay

**Outpatient Surgery:** \$250-\$350 per visit

**Skilled Nursing Care:** \$0 each day for days 1-20; \$160 each day for days 21-45; \$0 for days 46-100

**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)

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

**Dental:** \$1,000 annual benefit for routine and comprehensive dental services

**Vision Services:** \$0 (1 routine exam/year); \$200 for contact lenses and eyeglass frames every two years

**Hearing Services:** \$10 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to 2 devices every two years

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

**Virtual Visit:** \$0

**Personal Emergency Response System:** \$0 Phillips Lifeline

**Over-the-Counter:** \$50 per quarter, no rollover

**Wellness Benefit:** Health Club Membership

**Medicare Prescription Drug Coverage:** Yes

- No deductible



<b>AARP Medicare Advantage Choice PPO (H8768-017-002)</b>	<b>AARP Medicare Advantage Choice PPO (H1278-001)</b>
<i>United Healthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a>	<i>Harken Health Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a>
<b>Service Area:</b> Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Poweshiek, Scott, Tama, Van Buren, Wapello, Washington, Wayne, and Webster Counties	<b>Service Area:</b> Cass, Mills and Pottawattamie County
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$19 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$4,100 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$4,500 (Includes only Medicare Part A and Part B covered services)
<b>Annual Deductible:</b> \$1,000 deductible applies to some Part A and B services ( in and out of network)	<b>Doctor Office Visit:</b> \$0 primary care visit; \$40 specialist visit
<b>Doctor Office Visit:</b> \$0 primary care visit; \$40 specialist visit	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Inpatient Hospital:</b> \$395/day for days 1-4 per stay
<b>Inpatient Hospital:</b> \$750 per admission	<b>Outpatient Surgery:</b> \$295-\$395 per visit
<b>Outpatient Surgery:</b> \$150-\$300 per visit	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$160 each day for days 21-49; \$0 for days 50-100
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$160 each day for days 21- 46; \$0 for days 47-100	<b>Diagnostic Lab Tests:</b> \$10 for each lab service
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Additional Benefits:</b>
<b>Additional Benefits:</b>	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Vision Services:</b> \$0 (1 routine exam/year); \$300 for contact lenses and frames every 2 years
<b>Vision Services:</b> \$0 (1 routine exam/year); \$300 for contact lenses and frames every two years	<b>Chiropractic Care:</b> \$10 copay, 18 visits per year
<b>Chiropractic Care:</b> \$10 copay, 18 visits per year	<b>Virtual Visit:</b> \$0
<b>Virtual Visit:</b> \$0	<b>Dental:</b> \$1,500 annual benefit for routine and comprehensive dental services
<b>Dental:</b> \$1,500 annual benefit for routine and comprehensive dental services	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years
<b>Hearing Services:</b> \$10 (1 routine exam/year); \$300-\$375-\$2,075 copay for each hearing aid; limited to two devices every two years	<b>Podiatry Services:</b> \$40 (six routine visits/year)
<b>Podiatry Services:</b> \$40 (six routine visits/year)	<b>Personal Emergency Response System:</b> \$0 Phillips Lifeline
<b>Personal Emergency Response System:</b> \$0 Phillips Lifeline	<b>Over-the-Counter:</b> \$60 per quarter
<b>Over-the-Counter:</b> \$60 per quarter, no rollover	<b>Wellness Benefit:</b> Health Club Membership
<b>Wellness Benefit:</b> Health Club Membership	<b>Medicare Prescription Drug Coverage: Yes</b> \$250 deductible for tiers 4 and 5 only
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	

<b>AARP Medicare Advantage Choice PPO (H1278-007)</b>	<b>Aetna Medicare Premier Advantra PPO Premier Plus (H1608-048)</b>
<i>Harken Health Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) <a href="http://www.AARPMedicarePlans.com">www.AARPMedicarePlans.com</a>	<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
<b>Service Area:</b> Plymouth, Sioux, and Woodbury counties	<b>Service Area:</b> Boone, Dallas, Jasper, Madison, Marion, Marshall, Polk, Story and Warren counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,700 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$30 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$30 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$370/day for days 1-5 per stay	<b>Inpatient Hospital:</b> \$325/day for days 1-6 per stay
<b>Outpatient Surgery:</b> \$300-\$400 per visit	<b>Outpatient Surgery:</b> \$300 per visit/\$200 each surgery in an Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$160 each day for days 21- 45; \$0 for days 46-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$10 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Vision Services:</b> \$0 (1 routine exam/year); \$150 for contact lenses and frames every two years	<b>Vision Services:</b> \$0 (1 routine exam/year); \$170 annual allowance for contacts, frames, lenses
<b>Chiropractic Care:</b> \$20 copay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Virtual Visit:</b> \$0	
<b>Dental:</b> \$1,000 annual benefit for routine and comprehensive dental services	<b>Dental:</b> \$1,000 annual allowance for routine & comprehensive services
<b>Hearing Services:</b> \$10 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years	<b>Hearing Services:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
<b>Podiatry Services:</b> \$40 (six routine visits/year)	<b>Over-the-Counter:</b> \$25 monthly, no carry over
<b>Personal Emergency Response System:</b> \$0 Phillips Lifeline	<b>Wellness Benefit:</b> Health Club Membership
<b>Over-the-Counter:</b> \$50 per quarter, no rollover	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible
<b>Wellness Benefit:</b> Health Club Membership	
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	

<b>Aetna Medicare Premier Advantra PPO (H1608-001)</b>	<b>Aetna Medicare Elite Advantra PPO (H1608-037)</b>
<i>Coventry Health &amp; Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com	<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
<b>Service Area:</b> Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clay, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright Counties	<b>Service Area:</b> Adair, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clay, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Hardin, Harrison, Henry, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright Counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,900 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,300 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$10 primary care visit; \$40 specialist visit	<b>Annual Deductible:</b> \$1,000; applies to some in-network services and most out-of-network services
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Doctor Office Visit:</b> \$0 primary care visit; \$20 specialist visit
<b>Inpatient Hospital:</b> \$325/day for days 1-6 per stay	<b>Emergency Room Visit:</b> \$120 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Outpatient Surgery/Services:</b> \$400 per visit/\$300 each surgery in an Ambulatory Surgery Center	<b>Inpatient Hospital:</b> Annual deductible applies; \$350/day for days 1-7 per stay
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100	<b>Outpatient Surgery/Services:</b> Annual deductible applies; \$250 per visit/\$150 each surgery in an Ambulatory Surgery Center
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Skilled Nursing Care:</b> Annual deductible applies; \$0 for days 1-20; \$178 each day for days 21-100
<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Additional Benefits:</b>	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Additional Benefits:</b>
<b>Dental:</b> \$150 annual allowance for routine & comprehensive services	<b>Annual Physical Exam:</b> \$0 (1 routine exam/year)
<b>Vision Services:</b> \$0 (1 routine exam/year); \$85 annual allowance for contacts, frames, lenses	<b>Dental:</b> \$1,000 annual benefit for routine & comprehensive services
<b>Hearing Services:</b> \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year	<b>Vision Services:</b> \$0 (1 routine exam/year); \$320 annual allowance for contacts, frames, lenses
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$1,250 hearing aid benefit per ear each year
<b>Over-the-Counter:</b> \$25 monthly, no carry over	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Wellness Benefit:</b> Health Club Membership	<b>Over-the-Counter:</b> \$25 monthly, no carry over
<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible	<b>Wellness Benefit:</b> Health Club Membership
	<b>Medicare Prescription Drug Coverage: Yes</b> • No deductible

<b>Aetna Medicare Prime PPO McFarland HVN (H1608-007)</b>	<b>Aetna Medicare Prime PPO Patient Preferred HVN (H1608-008)</b>
<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com	<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
<b>Service Area:</b> Story and Marshall counties	<b>Service Area:</b> Ida, Monona, Plymouth and Woodbury Counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,100 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,400 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$25 specialist visit	<b>Doctor Office Visit:</b> \$5 primary care visit; \$30 specialist visit
<b>Emergency Room Visit:</b> \$120 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$120 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$280/day for days 1-6; \$0 for days 7 and beyond	<b>Inpatient Hospital:</b> \$280/day for days 1-6 per stay
<b>Outpatient Surgery/Services:</b> \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center	<b>Outpatient Surgery/Services:</b> \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$5 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost \$0 for LifeScan diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; \$0 for LifeScan diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$500 annual allowance for routine & comprehensive services	<b>Dental:</b> \$1,000 annual allowance for routine & comprehensive services
<b>Vision Services:</b> \$0 (1 routine exam/year); \$120 annual allowance for contacts, frames, lenses	<b>Vision Services:</b> \$0 (1 routine exam/year); \$180 annual allowance for contacts, frames, lenses
<b>Hearing Services:</b> \$0 (1 routine exam/year); \$1,250 hearing aid benefit per ear each year	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$1,250 hearing aid benefit per ear each year
<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay	<b>Post Discharge Meal program:</b> 14 meals delivered to home following an inpatient hospital stay
<b>Over-the-Counter:</b> \$25 monthly, no carry over	<b>Over-the-Counter:</b> \$25 monthly, no carry over
<b>Wellness Benefit:</b> Health Club Membership	<b>Wellness Benefit:</b> Health Club Membership
<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>• No deductible</li> </ul>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>• No deductible</li> </ul>

<b>HealthPartners UnityPoint Health Align PPO (H3416-001)</b>	<b>HealthPartners UnityPoint Health Symmetry PPO (H3416-002)</b>
<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.healthpartnersunitypointhealth.com	<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.healthpartnersunitypointhealth.com
<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Iowa, Jackson, Jones, Linn, Marshall, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Warren, Webster and Wright counties	<b>Service Area:</b> Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Iowa, Jackson, Jones, Linn, Marshall, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Warren, Webster and Wright counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$39 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$3,700 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,300 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0 primary care visit; \$35 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$20 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$325/day for days 1-5 per stay; \$0 for days 6 and beyond	<b>Inpatient Hospital:</b> \$300/day for days 1-5 per stay, \$0 for days 6 and beyond
<b>Outpatient Services/Surgery:</b> \$250 each surgery in hospital or Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> \$200 each surgery in hospital or Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$172 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$155 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost	<b>Durable Medical Equipment:</b> 20% of cost
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Dental:</b> \$1,000 annual allowance for preventive & comprehensive services	<b>Dental:</b> \$1,000 annual allowance for preventive & comprehensive services
<b>Vision Services:</b> \$0 (1 routine exam/year); \$35 (1 diagnostic exam/year); \$100 annual allowance for non-Medicare covered eyewear	<b>Vision Services:</b> \$0 (1 routine exam/year); \$20 (1 diagnostic exam/year); \$100 annual allowance for non-Medicare covered eyewear
<b>Hearing Services:</b> \$0 (1 routine exam/year); \$35 diagnostic exam; \$699 or \$999 copay for hearing aid, 1 per ear per year from TruHearing	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$35 diagnostic exam; \$699 or \$999 copay for hearing aid, 1 per ear per year from TruHearing
<b>Wellness Benefit:</b> Silver&Fit-Exercise & Healthy Aging Program; Health Club Membership or up to 2 Home Fitness kits per year	<b>Wellness Benefit:</b> Silver&Fit-Exercise & Healthy Aging Program; Health Club Membership or up to 2 Home Fitness kits per year
<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>• No deductible</li> </ul>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>• No deductible</li> </ul>

<b>HumanaChoice PPO (H5216-085)</b>	<b>HumanaChoice PPO (H5216-086)</b>
<i>Humana Insurance Company 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</i>	<i>Humana Insurance Company 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</i>
<b>Service Area:</b> Pottawattamie county	<b>Service Area:</b> Adair, Allamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clayton, Clinton Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, PaloAlto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Union, VanBuren, Wapello, Waarren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties
<b>Monthly Premium:</b> \$107 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium; Plan pays \$20 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 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$15 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$10 primary care visit; \$45 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$270/day for days 1-6 per stay
<b>Outpatient Services/Surgery:</b> \$250 per hospital visit; \$200 per visit in Ambulatory Surgery Center	<b>Outpatient Services/Surgery:</b> \$250 per hospital visit; \$200 per visit in Ambulatory Surgery Center
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to \$40 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 to \$40 per lab service
<b>Durable Medical Equipment:</b> 20% of cost; \$0 to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 3% to 20%; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	
<b>Annual Physical Exam:</b> \$0 (1 exam/year)	<b>Annual Physical Exam:</b> \$0 (1 exam/year)
<b>Over-the-Counter:</b> \$50 every 3 months	<b>Over-the-Counter:</b> \$50 every 3 months
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes	<b>Wellness Benefit:</b> SilverSneakers basic fitness club membership including fitness classes
<b>Well Dine Meal Program:</b> Meal program following inpatient stay in hospital or nursing facility	<b>Dental:</b> \$1,000 maximum benefit per year; optional dental package available (Call the plan for details)
<b>Medicare Prescription Drug Coverage: Yes</b> \$350 deductible for tier 4 and 5 drugs only	<b>Vision Services:</b> \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eyeglasses per year
<b>Optional Packages:</b> MyOption Dental - \$20.50 monthly premium; MyOption Plus (dental) - \$22.60 monthly premium; MyOption Vision - \$15.30 monthly premium (call plan for details)	<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 following inpatient stay in hospital or nursing facility
	<b>Weight Management:</b> Weekly one-on-one consultations to help with losing or managing weight
	<b>Enhanced Nutrition Therapy:</b> Additional one-on-one nutrition therapy counseling
	<b>Medicare Prescription Drug Coverage: No</b> You cannot enroll in a separate stand-alone drug plan when you enroll in this plan.

<b>Humana Value Plus PPO (H5216-171)</b>	<b>HumanaChoice PPO (H5216-014)</b>
<i>Humana Insurance Company 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</i>	<i>Humana Insurance Company 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare</i>
<b>Service Area:</b> Adair, Alamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright counties	<b>Service Area:</b> Benton, Black Hawk, Boone Buchanan, Cedar, Dallas, Delaware, Iowa, Jasper, Johnson, Jones, Linn, Madison, Marion, Marshall, Muscatine, Polk, Scott, Story, Warren and Washington counties
<b>Monthly Premium:</b> \$30 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$58 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B-covered services)
<b>Annual Deductible:</b> \$185 Part B deductible for some some in-network and out-of-network Part B services	<b>Doctor Office Visit:</b> \$15 primary care visit; \$45 specialist visit
<b>Doctor Office Visit:</b> \$20 primary care visit; \$50 specialist visit	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours)
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Worldwide Coverage
<b>Inpatient Hospital:</b> \$1,969 per stay	<b>Inpatient Hospital:</b> \$360/day for days 1-5 per stay
<b>Outpatient Services/Surgery:</b> 20% of the cost	<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgical center per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0 to 20% of the cost	<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service
<b>Durable Medical Equipment:</b> 18 to 20% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	
<b>Over-the-Counter:</b> \$300 every 3 months	<b>Over-the-Counter:</b> \$50 every 3 months
<b>Vision Services:</b> \$75 (1 routine exam, refraction/year); \$200 benefit for contact lenses or eyglasses per year	<b>Well Dine Meal Program:</b> Meal program following inpatient stay in hospital or nursing facility
<b>Dental:</b> \$0 for oral exam & cleanings up to 2 per year; \$2,000 benefit per year (call plan for details)	<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Hearing Services:</b> \$0 (1 routine exam/year); \$0 copay for hearing aid up to 1 per ear per year	<b>Medicare Prescription Drug Coverage: Yes</b> \$350 Deductible for tier 4 and 5 drugs only.
<b>Transportation:</b> \$0 for up to 24 one-way trips to plan approved locations (50 mile limit)	<b>Optional Packages:</b> MyOption Dental - \$15.30 or \$21.40 monthly premium; MyOption Vision - \$15.30 monthly premium (call plan for details)
<b>Enhanced Nutrition Therapy:</b> Additional one-on one nutrition therapy counseling	
<b>Well Dine Meal Program:</b> Meal program following inpatient stay in hospital or nursing facility	
<b>Personal Emergency Response System:</b> \$0	
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes	
<b>Medicare Prescription Drug Coverage: Yes</b> \$435 Deductible for tier 2, 3, 4 and 5 drugs only	

<b>HumanaChoice PPO (H5216-091)</b>	<b>Medica Advantage Solution PPO (H3632-001)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare	<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com/medicare
<b>Service Area:</b> Adair, Allamakee, Audubon, Buena Vista, Butler, Calhoun, Carroll, Cass, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Davis, Decatur, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Jackson, Jefferson, Keokuk, Kossuth, Lee, Lucas, Lyon, Mahaska, Mills, Monona, Monroe, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Poweshiek, Ringgold, Sac, Sioux, Tama, Union, Van Buren, Wapello, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties	<b>Service Area:</b> Harrison, Mills and Pottawattamie counties
<b>Monthly Premium:</b> \$96 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$45 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$3,500 (Includes only Medicare Part A and Part B-covered services)
<b>Doctor Office Visit:</b> \$15 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$0 primary care visit; \$35 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage 20%
<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$100/day for days 1-7 per stay
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 Ambulatory Surgical Center per visit	<b>Outpatient Services/Surgery:</b> \$100 outpatient hospital; \$50 Ambulatory Surgical Center per visit
<b>Skilled Nursing Care:</b> \$0 each day for days 1-20; \$178 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$150 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service	<b>Diagnostic Lab Tests:</b> \$0 for each lab service
<b>Durable Medical Equipment:</b> 20% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 20% of cost;
<b>Additional Benefits:</b>	
<b>Over-the-Counter:</b> \$50 every 3 months	<b>Annual Physical Exam:</b> \$0
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes	<b>Over-the-Counter:</b> \$50 every 3 months <b>Vision Services:</b> \$35 (1 routine exam/year), \$150 benefit for contact lenses or eye glasses per year
<b>Well Dine Meal Program:</b> Meal program following inpatient stay in hospital or nursing facility	<b>Transportation:</b> \$0 up to 12 one-way plan approved trips per year for medical care within the plan service area
<b>Medicare Prescription Drug Coverage: Yes</b> • \$350 Deductible for tier 4 and 5 drugs only	<b>Hearing Services:</b> \$0 (1 routine exam/year); \$599 to \$899 copay for hearing aids from EPIC providers
	<b>Meal Program:</b> 14 meals delivered to home following an inpatient hospital or nursing facility stay (limit 4 times per year)
<b>Optional Packages:</b> MyOption Dental \$15.30 or \$21.40 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)	<b>Wellness Benefit:</b> Silver Sneakers <b>Medicare Prescription Drug Coverage: Yes</b> \$350 Deductible for tier 2, 3, 4 and 5 drugs only



## Private-Fee-For-Service - PFFS

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

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

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

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

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

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

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

<b>Humana Gold Choice PFFS (H8145-155)</b>	<b>Humana Gold Choice PFFS (H8145-089)</b>
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
<b>Service Area:</b> Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties	<b>Service Area:</b> Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$116 You also pay Part B monthly premium
<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>	
<b>Deductible:</b> \$500 combined in and out-of network for some hospital and medical services	<b>Deductible:</b> \$500 combined in and out-of network for some hospital and medical services
<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$6,700 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$20 primary care visit; \$50 specialist visit	<b>Doctor Office Visit:</b> \$20 primary care visit; \$50 specialist visit
<b>Emergency Room Visit:</b> \$90 each visit Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit Worldwide Coverage
<b>Inpatient Hospital:</b> \$405/day for days 1-4 per stay	<b>Inpatient Hospital:</b> \$454/day for days 1-4 per stay
<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 Ambulatory Surgical Center per visit	<b>Outpatient Services/Surgery:</b> \$250 outpatient hospital; \$200 ambulatory surgical center per visit
<b>Skilled Nursing Care:</b> \$0 for days 1-20; \$172 each day for days 21-100	<b>Skilled Nursing Care:</b> \$0 each day for days 1-20, \$178 each day for days 21-100
<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service	<b>Diagnostic Lab Tests:</b> \$0-\$40 for each lab service
<b>Durable Medical Equipment:</b> 17% to 20% of cost; 0% to 20% for diabetic supplies	<b>Durable Medical Equipment:</b> 9% to 20% of cost; 0% to 20% for diabetic supplies
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes	<b>Wellness Benefit:</b> SilverSneakers basic fitness center membership including fitness classes
<b>Well Dine Meal Program:</b> Meal program following inpatient stay in hospital or nursing facility	<b>Well Dine Meal Program:</b> Meal program following inpatient stay in hospital or nursing facility
<b>Medicare Prescription Drug Coverage:</b> <ul style="list-style-type: none"> <li>No Coverage</li> </ul> <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	<b>Medicare Prescription Drug Coverage: Yes</b> <ul style="list-style-type: none"> <li>\$385 Deductible</li> </ul>
<b>Optional Packages:</b> MyOption Dental \$15.30 or \$21.40 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)	<b>Optional Packages:</b> MyOption Dental \$30.10 or \$29.20 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)

## Special Needs Plans - SNP

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

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

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

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

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 are those with End-Stage Renal Disease.

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

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

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

**Service Area:** Black Hawk, Clinton, Johnson, Linn, Marshall, Muscatine, Polk, Pottawattamie, Scott, Story, Webster and Woodbury counties

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

**Monthly Premium:** \$0

You also pay Part B monthly premium

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

**Doctor Office Visit:** \$0

**Emergency Room Visit:** \$0

Worldwide coverage

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

**Outpatient Surgery:** \$0

**Skilled Nursing Care:** \$0

**Diagnostic Lab Tests:** \$0

**Durable Medical Equipment:** \$0

#### **Additional Benefits:**

**Annual Physical Exam:** \$0

**Dental:** \$3,000 benefit for preventive and comprehensive services

**Hearing:** \$0 for 1 routine exam per year; \$1,250 hearing aid benefit per ear each year

**Vision:** \$0 (1 routine exam per year); \$500 annual benefit for contacts, frames, lenses

**Transportation:** Unlimited one-way trips for medical services

**Podiatry Services:** \$0

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

**Over-the-Counter:** \$360 per quarter to order approved health products online or by catalog.

**Wellness Benefit:** Health Club Membership

**Post Discharge Meal program:** Up to 42 meals delivered to home following an inpatient hospital stay

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

**Medicare Prescription Drug Coverage:** Yes

<b>Dual Complete SNP HMO</b> <b>Health Plan for People with Medicare and Medicaid (H0169-001)</b>	<b>Nursing Home SNP PPO</b> <b>Health Plan for People with Medicare and Medicaid (H0710-046)</b>
<i>UnitedHealthcare of the Midwest, Inc</i> 1-888-834-3721 (TTY/TDD 711) www.UHCCommunityPlan.com	UnitedHealthcare 1-855-544-4342 www.UHCMedicareSolutions.com
<b>Service Area:</b> Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster and Woodbury counties	<b>Service Area:</b> Black Hawk, Bremer, Butler, Clinton, Fayette, Linn, Scott, and Tama counties
<b>Monthly Premium:</b> \$0 You also pay Part B monthly premium	<b>Monthly Premium:</b> \$35.40 You also pay Part B monthly premium
	<b>Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</b>
<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you are in enrolled in a full Medicaid program.	<b>Eligibility to enroll in this plan:</b> You can enroll in this plan if you live in a nursing home or skilled facility (nursing home must be a licensed skilled facility) for 90 days or longer
<b>Yearly Out-of-Pocket Maximum:</b> \$0 (Includes only Medicare Part A and Part B covered services)	<b>Yearly Out-of-Pocket Maximum:</b> \$1,800 (Includes only Medicare Part A and Part B covered services)
<b>Doctor Office Visit:</b> \$0	<b>Doctor Office Visit:</b> \$0 primary care visit; \$0 in nursing home or 20% outside or nursing home
<b>Emergency Room Visit:</b> \$0 each visit Worldwide Coverage	<b>Emergency Room Visit:</b> \$90 each visit
<b>Inpatient Hospital:</b> \$0 up to unlimited days	<b>Inpatient Hospital:</b> \$1,300 per stay
<b>Outpatient Surgery:</b> \$0	<b>Outpatient Services/Surgery:</b> 20% per visit except for diagnostic colonoscopy which is \$0
<b>Skilled Nursing Care:</b> \$0	<b>Skilled Nursing Care:</b> \$0 each day for days 1-100
<b>Diagnostic Lab Tests:</b> \$0	<b>Diagnostic Lab Tests:</b> \$0
<b>Durable Medical Equipment:</b> \$0	<b>Durable Medical Equipment:</b> 0% to 20% of cost
<b>Additional Benefits:</b>	<b>Additional Benefits:</b>
<b>Annual Physical:</b> \$0	<b>Annual Physical:</b> \$0
<b>Dental:</b> \$1,000 benefit for preventive and comprehensive services per year	<b>Dental:</b> \$3,500 limit for certain comprehensive and preventive dental services
<b>Hearing:</b> \$0 for 1 routine exam per year: \$2,000 for hearing aids every two years	<b>Hearing:</b> \$0 for 1 routine exam per year: \$2,000 hearing aid benefit per ear each year
<b>Transportation:</b> \$0; 36 one-way approved trips/yr	<b>Transportation:</b> \$0; 48 one-way approved trips/year
<b>Podiatry Services:</b> \$0 (up to 6 visits per year)	<b>Podiatry Services:</b> \$0 (up to six visits per year)
<b>Wellness Benefit:</b> Health Club Membership	<b>Renal Dialysis:</b> \$0 in a nursing home
<b>Personal Medical Emergency Response System:</b> \$0 Philips Lifetime	<b>Vision:</b> \$0 (1 routine exam per year); \$250 for contact lenses or frames. Standard lenses (single, bifocal, trifocal or progressive) lenses are covered in full
<b>Over-the-Counter:</b> \$250 per quarter	<b>Over-the-Counter:</b> \$220/quarter for approved items
<b>Virtual Visits:</b> \$0	<b>Medicare Prescription Drug Coverage:</b> Yes
<b>Support for Caregivers Package:</b> \$0	<ul style="list-style-type: none"> <li>• \$435 Deductible</li> </ul>
<b>Mom's Meals:</b> \$0, Up to 28 meals for 14 days, two times a year following inpatient stay in hospital	
<b>Medicare Prescription Drug Coverage:</b> Yes	





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



## **PROTECT**

**Protect yourself against Medicare Fraud.**

Treat your Medicare and Social Security numbers like your credit cards.  
Never give these numbers to a stranger



## **DETECT**

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

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



## **REPORT**

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

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

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

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