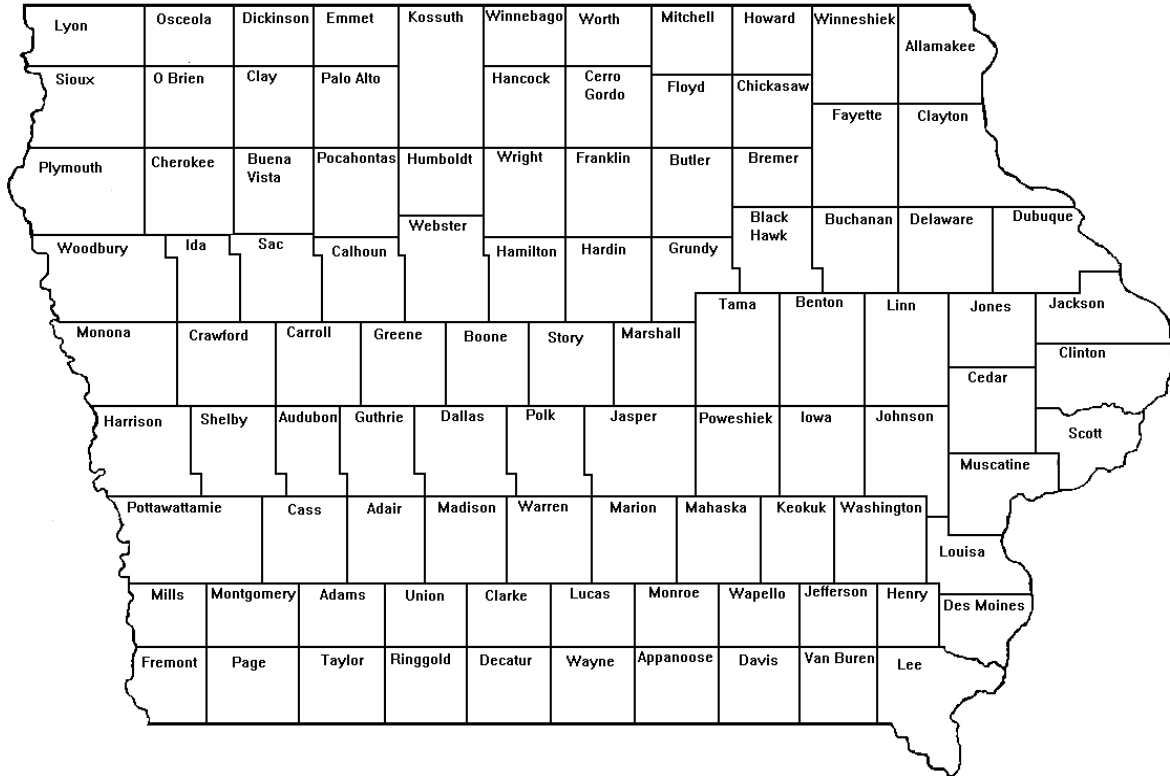


Medicare Advantage & Other Health Plans in Iowa 2021



LOCAL HELP FOR PEOPLE WITH MEDICARE

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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. Revised 2/25/2021

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. 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, 2020 to November 30, 2021. 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
- **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**.* 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, F, K, L or M** 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 or M** 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. 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

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

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

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 46.

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 46.

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. A dollar sign in the Part D column (\$) indicates the plan participates in the insulin savings program in 2021. This means that the copay for some of the most common insulins will be no more than \$35 for a 30-day supply.

For more information on a specific Medicare Advantage plan go 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
AARP Medicare Advantage HMO-POS 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 17-19	H2802-001	\$0	Yes (\$)
	H5253-108-003	\$29	Yes (\$)
	H5253-108-002	\$36	Yes (\$)
	H5253-107-001	\$0	Yes (\$)
	H5253-107-002	\$0	Yes (\$)
HMO – Health Maintenance Organization			
Aetna Medicare Premier HMO 1-855-275-6627 <i>Aetna Health Inc. (FL)</i> Service Area: See page 20	H1609-001	\$0	Yes
Aetna Medicare Prime HMO 1-855-275-6627 <i>Aetna Health Inc. (FL)</i> Service Area: See pages 20	Mercy-HVN H1609-009	\$0	Yes
Health Alliance Medicare HMO 1-877-925-0424 <i>Health Alliance Medicare</i> Service Area: See page 21	Guide Rx H1463-021	\$0	Yes (\$)
	H1737-001	\$0	Yes (\$)
Humana Gold Plus HMO 1-800-833-2364 <i>Humana Health Insurance Company.</i> Service Area: See pages 21	H0028-011	\$0	Yes (\$)
Quartz Medicare Advantage HMO 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	\$40	Yes
	Elite H5262-005	\$110	No
	Elite D H5262-001	\$143	Yes
	Core D H5262-021	\$0	Yes
Medica Advantage Solution HMO 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 24	H0798-001	\$0	Yes

HMO – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
MediGold HMO 1-800-964-4525 <i>MediGold Health Insurance Company</i> Service Area: See page 25-27	Essential H3668-025	\$0	Yes (\$)
	H3668-027	\$0	Yes (\$)
	True Advantage H3668-026	\$29	Yes (\$)
	H3668-028	\$29	Yes (\$)
	Medical Only H3668-029	\$19	No
Cost Contract Plan			
Medical Associates Health Plan (MAHP) 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 28	Smart Plan H1651-001	\$122	No
	Community Plan H1651-004	\$147	No
	Freedom Plan H1651-008	\$180	No
MercyOne Cedar Valley Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 28	Cedar Valley Plan H1651-010	\$147	No
Central Iowa Health Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 29	Central Iowa Plan H1651-011	\$147	No
MercyOne Clinton Community Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 29	Clinton Community Plan H1651-012	\$147	No
Quad Cities Community Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 30	Quad Cities Plan H1651-013	\$147	No
Mercy Cedar Rapids Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 30	Mercy Cedar Rapids Plan H1651-014	\$147	No
Mercy Iowa City Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 31	Mercy Iowa City Plan H1651-016	\$147	No

Cost Contract Plan			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
MercyOne North Iowa Senior Plan 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 31	North Iowa Plan H1651-015	\$147	No
	Thrift H2450-030	\$34	No
Medica Prime Solution Cost Plan 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 32 - 33	Core H2450-045	\$69	No
	Premier H2450-042	\$125	No
PPO – Preferred Provider Organization			
AARP Medicare Advantage PPO 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 34-37	Choice H8768-017-001	\$0	Yes (\$)
	H8768-017-002	\$0	Yes (\$)
	H1278-001	\$19	Yes (\$)
	H1278-007	\$0	Yes (\$)
	Patriot H8768-018	\$0	No
	H1278-018	\$0	No
	H1278-019	\$0	No
Aetna Medicare Premier PPO 1-855-275-6627 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 37-38	Premier Plus H1608-048	\$0	Yes
	Premier H1608-001	\$0	Yes
	Elite H1608-037	\$0	Yes
Aetna Medicare Prime PPO 1-855-275-6627 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 39	McFarland HVN H1608-007	\$0	Yes
	Patient Preferred H1608-008	\$0	Yes
HealthPartners UnityPoint Health PPO 1-888-360-0796 <i>HealthPartners UnityPoint Health, Inc.</i> Service Area: See page 40	Align H3416-001	\$0	Yes (\$)
	Symmetry H3416-002	\$39	Yes (\$)

PPO – Preferred Provider Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
Humana PPO 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 41-42	Choice H5216-254	\$0	Yes
	Choice H5216-014	\$59	Yes
	Honor H5216-086	\$0	No
	Value Plus H5216-171	\$27.80	Yes
Medica Advantage Solution PPO 1-800-906-5432 <i>Medica Insurance Company</i> Service Area: See page 43	H3632-001	\$39	Yes (\$)
PFFS - Private-Fee-For-Service Plans			
Humana Gold Choice PFFS 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See page 44	H8145-089	\$95	Yes
SNP – Special Needs Plan			
Aetna Medicare Assure Premier SNP HMO 1-833-258-30325 <i>Aetna Health of Iowa Inc.</i> Service Area: See page 45	H5593-001	\$0	Yes
Amerivantage Dual Coordination SNP HMO 1-833-557-0950 <i>Amerigroup Iowa, Inc</i> Service Area: See page 45	H0907-001	\$0	Yes
Dual Complete SNP HMO 1-888-834-3721 <i>UnitedHealthcare of the Midwest, Inc</i> Service Area: See page 46	H0169-001	\$0	Yes
Nursing Home SNP PPO 1-855-544-4432 <i>UnitedHealthcare</i> Service Area: See page 46	H0710-046	\$38	Yes

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

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.

AARP Medicare Advantage HMO-POS (H2802-001)

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

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: \$0 -\$395 per visit

Skilled Nursing Care:

\$0 each day for days 1-20; \$184 each day for days 21-47; \$0 for days 48-100

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, 12 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 (insulin savings program)

AARP Medicare Advantage HMO-POS (H5253-108-003)	AARP Medicare Advantage HMO-POS (H5253-108-002)
<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
Service Area: Adair, Buena Vista, Calhoun, Crawford, Dallas, Franklin, Hancock, Humboldt, Jasper, Madison, Marshall, Pocahontas, Polk, Sac Story, Warren, Winnebago and Wright counties	Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Pocahontas, Poweshiek, Sac, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Webster and Wright counties
Monthly Premium: \$29 You also pay Part B monthly premium	Monthly Premium: \$36 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,300 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care visit; \$30 specialist visit	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	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$295/day for days 1-6 per stay	Inpatient Hospital: \$325/day for days 1-5 per stay
Outpatient Surgery: \$0-\$295 per visit	Outpatient Services/Surgery: \$0-\$325 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-38; \$0 for days 39-100	Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-41; \$0 for days 42-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1exam/year)
Dental: \$0 for preventive & diagnostic up to \$1,500 per year	Dental: \$0 for preventive & diagnostic up to \$1,000 per year
Vision Services: \$20 (1 routine exam/year); Eyewear: \$300 combined, contact lenses and frames once every 2 years	Vision Services: \$0 (1 routine exam/yr); Eyewear: \$300 combined, contact lenses and frames once every 2 years
Chiropractic Services: \$10 copay, 18 visits per year	Chiropractic Services: \$10 copay, 18 visits per year
Hearing Services: \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years	Hearing Services: \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years
Virtual Visits: \$0	Virtual Visits: \$0
Podiatry Services: \$30, six visits per year	Podiatry Services: \$40 (six routine visits/year)
Personal Emergency Response System: \$0, Philips Lifeline	Personal Emergency Response System: \$0, Philips Lifeline
Over-the-Counter: \$80 per quarter, no carryover	Over-the-Counter: \$50 per quarter, no carryover
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)	Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

AARP Medicare Advantage HMO-POS (H5253-107-001)	AARP Medicare Advantage HMO-POS (H5253-107-002)
<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
Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story and Warren counties	Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buena Vista, Buchanan, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hancock, Hamilton, Hardin, Henry, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Pocahontas, Poweshiek, Sac, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Webster, Winnebago and Wright counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,700 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,900 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care visit; \$35 specialist visit	Doctor Office Visit: \$5 primary care visit; \$40 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$325/day for days 1-6 per stay	Inpatient Hospital: \$375/day for days 1-5 per stay
Outpatient Surgery: \$0-\$350 per visit	Outpatient Services/Surgery: \$0-\$375 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-41; \$0 for days 42-100	Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-42; \$0 for days 43-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 for preventive & diagnostic up to \$1,000 per year	Dental: \$0 for preventive & diagnostic up to \$500 per year (Additional coverage for \$38.00 per month)
Vision Services: \$0 (1 routine exam/year); Eyewear: \$300 combined, contact lenses and frames once every 2 years	Vision Services: \$0 (1 routine exam/year); Eyewear: \$100 combined, contact lenses and frames once every 2 years
Chiropractic Services: \$10 copay, 18 visits per year	Chiropractic Services: \$10 copay, 18 visits per year
Hearing Services: \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years	Hearing Services: \$0 (1 routine exam/year) \$375-\$2,075 for each hearing aid device: limited to 2 devices every two years
Virtual Visits: \$0	Virtual Visits: \$0
Podiatry Services: \$35, six visits per year	Podiatry Services: \$40 (six routine visits/year)
Personal Emergency Response System: \$0, Philips Lifeline	Personal Emergency Response System: \$0, Philips Lifeline
Over-the-Counter: \$40 per quarter, no carryover	Over-the-Counter: \$40 per quarter, no carryover
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)	Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

Aetna Medicare Premier HMO (H1609-001)	Aetna Medicare Prime HMO Mercy HVN (H1609-009)
<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
Service Area: Adair, Alamakee, 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, Page, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Wapello, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright counties	Service Area: Dallas, Polk and Warren counties Network Providers: Mercy Medical Center facilities and physicians only
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$4,500 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$4,400 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care visit; \$30 specialist visit	Doctor Office Visit: \$0 primary care visit; \$30 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	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	Inpatient Hospital: \$390/day for days 1-5 per stay
Outpatient Services/Surgery: \$350 per visit/\$250 each surgery in ambulatory surgery center	Outpatient Services/Surgery: \$350 per visit/\$250 each surgery in an ambulatory surgery center
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,200 annual allowance for routine & comprehensive services	Dental: \$1,000 allowance for routine & comprehensive services
Vision Services: \$0 (1 routine exam/year) \$250 annual allowance for contacts, frames, lenses	Vision Services: \$0 (1 routine exam/year); \$270 annual allowance for contacts, frames, lenses
Hearing Services: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year	Hearing Services: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay	Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay
Over-the-Counter: \$75 every 3 months, no carry over	Over-the-Counter: \$75 every 3 months, no carry over
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: Yes • No deductible	Medicare Prescription Drug Coverage: Yes • No deductible

Health Alliance Medicare Guide Rx HMO (H1463-021) or (H1737-001)	Humana Gold Plus HMO (H0028-011)
<i>Health Alliance Medicare</i> 1-877-925-0424 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org	<i>Humana Insurance Company.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Scott county	Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clinton, Dallas, Delaware, Des Moines, Floyd, Grundy, Hamilton, Hardin, Henry, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Muscatine, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, Woodbury and Worth counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,600 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,850 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care visit; \$50 specialist visit;	Doctor Office Visit: \$0 primary care visit; \$45 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital immediately) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital immediately) Worldwide Coverage
Inpatient Hospital: \$350/day for days 1-5 per stay	Inpatient Hospital: \$350/day for days 1-5 per stay
Outpatient Services/Surgery: \$425 co-pay per surgery	Outpatient Surgery: \$250 co-pay per surgery; \$200 for Ambulatory Surgical Center visit
Skilled Nursing Care: \$0 for days 1-20; \$168 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$184 each day for days 21-100
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: \$0-\$25 for each service
Durable Medical Equipment: 20% of the cost \$0 for diabetic testing strips	Durable Medical Equipment: 20% of the cost; \$0-20% for diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Acupuncture: \$10 copay per up to 15 visits/year	Dental: \$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)
Dental: \$0 copay/annual exam; all other dental reimbursed up to \$325/annually	MyOption Enhanced Dental: \$25.60 monthly premium for additional dental benefits
Vision: \$0 copay for annual routine exam	Vision: \$0 for 1 routine vision exam, refraction/year; \$100 annual limit for eyeglasses or contact lenses
Virtual Visits: \$0	Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay per aid up to 1 per ear per year
Hearing: \$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)	Well Dine Meal Program: meal program following inpatient stay in hospital or nursing facility
Be Fit Fitness Benefit: Reimbursement for gym membership or fitness classes (up to \$360 per year)	Gym/Fitness Membership: SilverSneakers basic fitness center membership including fitness classes
Over-the-Counter Items: \$40 per quarter (must use Health Alliance mail-order catalog), limit 1 order per quarter, balance will rollover to next quarter	Over-the-Counter: \$25 every 3 months
Medicare Prescription Drug Coverage: Yes No deductible (insulin savings program)	Medicare Prescription Drug Coverage: Yes • \$150 deductible for tier 4 and 5 drugs only (insulin savings program)

Quartz Medicare Advantage Value HMO (H5262-004)	Quartz Medicare Advantage Value D HMO (H5262-003)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$20 You also pay Part B monthly premium	Monthly Premium: \$40 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,450 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$15 primary care visit; \$45 specialist visit	Doctor Office Visit: \$15 primary care visit; \$40 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-8 per hospital stay	Inpatient Hospital: \$200/day for days 1-8 per hospital stay
Outpatient Services/Surgery: \$100 for each visit; \$0 copay for minor surgical procedures	Outpatient Services/Surgery: \$100 for each visit; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0 for days 1-20; \$150 for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$150 for days 21-100
Diagnostic Lab Tests: \$4 copay	Diagnostic Lab Tests: \$4 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies	Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: up to \$350 for combined preventative & comprehensive dental services; \$48.10 monthly premium for additional \$1,000 of dental coverage	Dental: up to \$350 for combined preventative & comprehensive dental services; \$48.10 monthly premium for additional \$1,000 of dental coverage
Hearing Services: \$0 (1 routine exam/yr); \$675 - \$1,200 copay per hearing aid (limit 1 aid per ear/yr)	Hearing Services: \$0 (1 routine exam/yr); \$675 - \$1,200 copay per hearing aid (limit 1 aid per ear/yr)
Vision Services: \$0 (1 routine exam/year); Plan pays up to \$150 for eyeglasses every year	Vision Services: \$0 (1 routine exam/year); Plan pays up to \$150 for eyeglasses every year
Virtual Visits: \$0	Virtual Visits: \$0
Massage Therapy for Chronic Conditions: \$15 copay each 60 minute visit (12 visits per year)	Massage Therapy for Chronic Conditions: \$15 copay each 60 minute visit (12 visits per year)
Post Discharge Meal program: 20 home delivered meals following inpatient hospital stay (limited to 4 times per year)	Post Discharge Meal program: 20 home delivered meals following inpatient hospital stay (limited to 4 times per year)
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. Call plan for details	Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. Call plan for details
Virtual Visits - \$0	Virtual Visits - \$0
Over-the-Counter: \$25 per quarter	Over-the-Counter: \$25 per quarter
Fitness Benefit: \$25 per month for membership	Fitness Benefit: \$25 per month for membership
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage.	Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> No deductible

Quartz Medicare Advantage Elite HMO (H5262-005)	Quartz Medicare Advantage Elite D HMO (H5262-001)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage	<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$110 You also pay Part B monthly premium	Monthly Premium: \$143 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,000 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$5 primary care visit; \$30 specialist visit	Doctor Office Visit: \$10 primary care visit; \$30 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$90 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage
Inpatient Hospital: \$250 per admission	Inpatient Hospital: \$250 per admission
Outpatient Services/Surgery: \$100 for each visit; \$0 copay for minor surgical procedures	Outpatient Service/Surgery: \$100 for each visit; \$0 copay for minor surgical procedures
Skilled Nursing Care: \$0 for days 1-20; \$150 for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$150 for days 21-100
Diagnostic Lab Tests: \$4 copay	Diagnostic Lab Tests: \$4 copay
Durable Medical Equipment: 10% of the cost; 0% of cost for preferred diabetic supplies	Durable Medical Equipment: 10% of the cost; 0% of cost for preferred diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: up to \$550 for combined preventative & comprehensive dental services; \$48.10 monthly premium for additional \$1,000 of dental coverage	Dental: up to \$350 for combined preventative & comprehensive dental services; \$48.10 monthly premium for additional \$1,000 of dental coverage
Hearing Services: \$0 (1 routine exam/year) \$675 -\$1,200 copay per hearing aid (limit 1 aid per ear per year)	Hearing Services: \$0 (1 routine exam/year); \$675 -\$1,200 copay per hearing aid (limit 1 aid per ear per year)
Vision Services: \$0 (1 routine exam/year); Up to \$300/yr for eyeglasses (frames, lenses and upgrades)	Vision Services: \$0 (1 routine exam/year); Up to \$300/yr for eyeglasses (frames, lenses and upgrades)
Massage Therapy for Chronic Conditions: \$0 copay each 60 minute visit (12 visits per year)	Massage Therapy for Chronic Conditions: \$0 copay each 60 minute visit (12 visits per year)
Post Discharge Meal program: 20 home delivered meals following inpatient hospital stay (limited to 4 times per year)	Post Discharge Meal program: 20 home delivered meals following inpatient hospital stay (limited to 4 times per year)
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. Call plan for details	Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. Call plan for details
Virtual Visits - \$0	Virtual Visits - \$0
Over-the-Counter: \$25 per quarter	Over-the-Counter: \$25 per quarter
Fitness Benefit: \$25 per month for membership	Fitness Benefit: \$25 per month for membership
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage If you want Medicare Part D drug coverage you must choose a HMO that includes Prescription drug coverage.	Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> No deductible

Quartz Medicare Advantage Core D HMO (H5262-021)	Medica Advantage Solution with CHI Health HMO (H0798-001)
<i>Quartz Health Plan Corporation</i> 1-800-394-5566 (TTY/TDD 800-947-3529) QuartzBenefits.com/MedicareAdvantage	<i>Medica Community Health Plan</i> 1-800-906-5432 www.medica.com
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Harrison, Mills and Pottawattamie counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,900 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$5,500 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$25 primary care visit; \$50 specialist visit	Doctor Office Visit: \$0 primary care visit; \$50 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$90 per admission (waived if admitted to hospital in 1 days) Worldwide Coverage 20%
Inpatient Hospital: \$270/day for days 1-8 per stay	Inpatient Hospital: \$360/day for days 1-5 per stay
Outpatient Services/Surgery: \$250 copay for each surgery; \$0 copay for minor surgical procedures	Outpatient Surgery/Services: \$295 per visit
Skilled Nursing Care: \$0 for days 1-20; \$178 for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$184 for days 21-100
Diagnostic Lab Tests: \$8 copay	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; 0% of cost for preferred diabetic supplies	Durable Medical Equipment: 20% of the cost;
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: up to \$250 for combined preventative & comprehensive dental services; \$48.10 monthly premium for additional \$1,000 of dental coverage	Dental: \$400 annual reimbursement for dental services
Hearing Services: \$10 (1 routine exam/year) \$675 -\$1,200 copay per hearing aid (limit 1 aid per ear per year)	Hearing Services: \$0 (1 routine exam/year); \$549 -\$799 copay per hearing aid (unlimited hearing aids form EPIC providers)
Vision Services: \$0 (1 routine exam/year); Up to \$100/yr for eyeglasses (frames, lenses and upgrades)	Vision Services: \$0 (1 routine exam per year); Plan pays up to \$100 for eyeglasses, contacts or upgrades every year
Virtual Visits - \$0	Chiropractic Services: \$15 per visit
Massage Therapy for Chronic Conditions: \$20 copay each 60 minute visit (6 visits per year)	Podiatry Services: \$40 per visit
Travel Benefit: up to 6 months in-network coverage when traveling in the U.S. Call plan for details	Transportation: up to 12 one-way trips/yr for medical or pharmacy care within plan service area
Over-the-Counter: \$25 per quarter	Meals Program: 14 meals delivered to home following an inpatient hospital stay; limit 4 times/yr
Fitness Benefit: \$25 per month for membership	Over-the-Counter: \$50 per quarter
Medicare Prescription Drug Coverage: Yes	Wellness Benefit: SilverSneakers
<ul style="list-style-type: none"> No deductible 	Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> \$250 deductible for tiers 3, 4 and 5 only

MediGold Essential Care HMO (H3668-025)	MediGold Essential Care HMO (H3668-027)
<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com	<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com
Service Area: Benton, Dallas, Jasper, Madison, Polk and Warren counties	Service Area: Cerro Gordo and Worth counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,500 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,500 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care visit; \$30 specialist visit	Doctor Office Visit: \$0 primary care visit; \$30 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
Inpatient Hospital: \$340/day for days 1-5 per hospital stay	Inpatient Hospital: \$340/day for days 1-5 per hospital stay
Outpatient Services/Surgery: \$30 - \$275 copay	Outpatient Services/Surgery: \$30 - \$275
Skilled Nursing Care: \$0 for days 1-20; \$184 for days 21-53; \$0 for days 54-100	Skilled Nursing Care: \$0 for days 1-20; \$184 for days 21-53; \$0 for days 54-100
Diagnostic Lab Tests: \$0 copay	Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies	Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 (up to 2 oral exams per year) \$0 (up to 2 cleanings per year) \$0 copay dental X-rays	Dental: \$0 (up to 2 oral exams per year) \$0 (up to 2 cleanings per year) \$0 copay dental X-rays
Optional Dental:: \$19 or \$32 monthly premium	Optional Dental:: \$19 or \$32 monthly premium
Hearing Services: \$0 (1 routine exam/yr); \$699 - \$999 copay (up to 2 hearings aids every year)	Hearing Services: \$0 (1 routine exam/yr); \$699 - \$999 copay (up to 2 hearings aids every year)
Vision Services: \$0 (1 routine exam/year); Plan pays up to \$150 for eyewear every year	Vision Services: \$0 (1 routine exam/year); Plan pays up to \$150 for eyewear every year
Accupuncture: \$20 (6 visits every year)	Accupuncture: \$20 (6 visits every year)
Virtual Visits: \$0	Virtual Visits: \$0
Visitor Travel Allowance: \$2,500	Visitor Travel Allowance: \$2,500
Over-the-Counter: \$50 per quarter, no carry over	Over-the-Counter: \$50 per quarter, no carry over
Fitness Benefit: \$0 per month for membership	Fitness Benefit: \$0 per month for membership
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)	Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

MediGold True Advantage HMO (H3668-026)	MediGold True Advantage HMO (H3668-028)
<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com	<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com
Service Area: Benton, Dallas, Jasper, Madison, Polk and Warren counties	Service Area: Cerro Gordo and Worth counties
Monthly Premium: \$29 You also pay Part B monthly premium	Monthly Premium: \$29 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,200 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,200 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care visit; \$25 specialist visit	Doctor Office Visit: \$0 primary care visit; \$25 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
Inpatient Hospital: \$290/day for days 1-5 per hospital stay	Inpatient Hospital: \$290/day for days 1-5 per hospital stay
Outpatient Services/Surgery: \$25-\$250 copay	Outpatient Services/Surgery: \$25-\$250 copay
Skilled Nursing Care: \$0 for days 1-20; \$184 for days 21-53; \$0 for days 54-100	Skilled Nursing Care: \$0 for days 1-20; \$184 for days 21-53; \$0 for days 54-100
Diagnostic Lab Tests: \$0 copay	Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies	Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 (up to 2 oral exams per year) \$0 (up to 2 cleanings per year) \$0 copay dental X-rays	Dental: \$0 (up to 2 oral exams per year) \$0 (up to 2 cleanings per year) \$0 copay dental X-rays
Optional Dental:: \$19 or \$32 monthly premium	Optional Dental:: \$19 or \$32 monthly premium
Hearing Services: \$0 (1 routine exam/yr); \$699 - \$999 copay (up to 2 hearings aids every year)	Hearing Services: \$0 (1 routine exam/yr); \$699 - \$999 copay (up to 2 hearings aids every year)
Vision Services: \$0 (1 routine exam/year); Plan pays up to \$200 for eyewear every year	Vision Services: \$0 (1 routine exam/year); Plan pays up to \$200 for eyewear every year
Accupuncture: \$20 (6 visits every year)	Accupuncture: \$20 (6 visits every year)
Virtual Visits: \$0	Virtual Visits: \$0
Visitor Travel Allowance: \$3,000	Visitor Travel Allowance: \$3,000
Over-the-Counter: \$60 per quarter, no carry over	Over-the-Counter: \$60 per quarter, no carry over
Fitness Benefit: \$0 per month for membership	Fitness Benefit: \$0 per month for membership
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)	Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

MediGold Medical Only HMO (H3668-029)
<i>MediGold Health Insurance Company</i> 1-800-964-4525 (TTY/TDD 711) www.medigold.com
Service Area: Benton, Cerro Gordo, Dallas, Jasper, Madison, Polk, Warren and Worth counties
Monthly Premium: \$19 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care visit; \$25 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 48 hours) Worldwide Coverage
Inpatient Hospital: \$225/day for days 1-5 per hospital stay
Outpatient Services/Surgery: \$25 - \$225 copay
Skilled Nursing Care: \$0 for days 1-20; \$184 for days 21-53; \$0 for days 54-100
Diagnostic Lab Tests: \$0 copay
Durable Medical Equipment: 20% of the cost; 0% of cost for diabetic testing supplies
Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 (up to 2 oral exams per year) \$0 (up to 2 cleanings per year) \$0 copay dental X-rays
Optional Dental: \$19 or \$32 monthly premium
Hearing Services: \$0 (1 routine exam/yr); \$499 - \$799 copay (up to 2 hearings aids every year)
Vision Services: \$0 (1 routine exam/year); Plan pays up to \$200 for eyewear every year
Accupuncture: \$20 (6 visits every year)
Virtual Visits: \$0
Visitor Travel Allowance: \$3,000
Over-the-Counter: \$60 per quarter, no carry over
Fitness Benefit: \$0 per month for membership
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage <p>If you want Medicare Part D drug coverage you must choose a HMO that includes prescription drug coverage.</p>

Medicare Cost Plan

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. People with permanent kidney failure are not eligible to join.

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.

MAHP Smart Plan (Cost) (H1651-001) MAHP Community Plan (Cost) (H1651-004) MAHP Freedom Plan (Cost) (H1651-008)	MercyOne Cedar Valley Senior Plan Cost Plan (H1651-010)
<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
Service Area: Clayton, Delaware, Dubuque, Jackson, and Jones Counties	Service Area: Benton, Bremer, Butler, Black Hawk, Buchanan, Chickasaw, Grundy, Fayette and Tama counties
Monthly Premium: H1651-001 - \$122 includes provider network benefit H1651-004 - \$147 includes expanded provider network benefit within service area H1651-008 - \$180 includes expanded provider network plus out-of network benefit You also pay Part B monthly premium	Monthly Premium: \$147 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: None	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	Doctor Office Visit: \$0 primary care visit; \$0 specialist visit
Emergency Room Visit: \$0	Emergency Room Visit: \$0
Inpatient Hospital: \$0	Inpatient Hospital: \$0
Outpatient Surgery: \$0 per visit	Outpatient Surgery: \$0 per visit
Skilled Nursing Care: \$0	Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0	Durable Medical Equipment: \$0
Additional Benefits:	
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam/year)	Vision Services: \$0 (1 exam/year)
Dental: No additional benefits	Dental: No additional benefits
Routine Podiatric Care: \$0 (up to 6 visits a year)	Routine Podiatric Care: \$0 (up to 6 visits a year)
Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<p align="center">Central Iowa Health Senior Plan Cost Plan (H1651-011)</p>	<p align="center">MeryOne Clinton Community Senior Plan Cost Plan (H1651-012)</p>
<p align="center"><i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com</p>	<p align="center"><i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com</p>
<p>Service Area: Adair, Boone, Clarke, Dallas, Greene, Guthrie, Hamilton, Humboldt, Jasper, Lucas, Madison, Marion, Marshall, Polk, Poweshiek, Ringgold, Story, Union, Warren, and Webster counties</p>	<p>Service Area: Cedar, Clinton, Jackson and Scott counties</p>
<p>Monthly Premium: \$147 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$147 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: None</p>	<p>Yearly Out-of-Pocket Maximum: None</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>Doctor Office Visit: \$0 primary care visit; \$0 specialist visit</p>	<p>Doctor Office Visit: \$0 primary care visit; \$0 specialist visit</p>
<p>Emergency Room Visit: \$0</p>	<p>Emergency Room Visit: \$0</p>
<p>Inpatient Hospital: \$0</p>	<p>Inpatient Hospital: \$0</p>
<p>Outpatient Surgery: \$0 per visit</p>	<p>Outpatient Surgery: \$0 per visit</p>
<p>Skilled Nursing Care: \$0</p>	<p>Skilled Nursing Care: \$0</p>
<p>Diagnostic Lab Tests: \$0</p>	<p>Diagnostic Lab Tests: \$0</p>
<p>Durable Medical Equipment: \$0</p>	<p>Durable Medical Equipment: \$0</p>
<p>Additional Benefits:</p>	
<p>Routine Physical: \$0 (1 exam/year)</p>	<p>Routine Physical: \$0 (1 exam/year)</p>
<p>Vision Services: \$0 (1 exam/year)</p>	<p>Vision Services: \$0 (1 exam/year)</p>
<p>Dental: No additional benefits</p>	<p>Dental: No additional benefits</p>
<p>Routine Podiatric Care: \$0 (up to 6 visits a year)</p>	<p>Routine Podiatric Care: \$0 (up to 6 visits a year)</p>
<p>Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit</p>	<p>Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No Coverage <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>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>

Quad Cities Community Senior Plan Cost Plan (H1651-013)	Mercy Cedar Rapids Senior Plan Cost Plan (H1651-014)
<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
Service Area: Cedar, Clinton, Jackson, Muscatine and Scott counties	Service Area: Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, Jones and Linn counties
Monthly Premium: \$147 You also pay Part B monthly premium	Monthly Premium: \$147 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: None	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	Doctor Office Visit: \$0 primary care visit; \$0 specialist visit
Emergency Room Visit: \$0	Emergency Room Visit: \$0
Inpatient Hospital: \$0	Inpatient Hospital: \$0
Outpatient Surgery: \$0 per visit	Outpatient Surgery: \$0 per visit
Skilled Nursing Care: \$0	Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0	Durable Medical Equipment: \$0
Additional Benefits:	
Routine Physical: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$0 (1 exam/year)	Vision Services: \$0 (1 exam/year)
Dental: No additional benefits	Dental: No additional benefits
Routine Podiatric Care: \$0 (up to 6 visits a year)	Routine Podiatric Care: \$0 (up to 6 visits a year)
Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit	Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <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 align="center">Mercy Iowa City Senior Plan Cost Plan (H1651-016)</p>	<p align="center">MercyOne North Iowa Senior Plan Cost Plan (H1651-015)</p>
<p align="center"><i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com</p>	<p align="center"><i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthplans.com</p>
<p>Service Area: Cedar, Iowa, Johnson, Muscatine and Washington counties</p>	<p>Service Area: Bremer, Butler, Cerro Gordo, Chickasaw, Franklin, Floyd, Hancock, Hardin, Humboldt, Kossuth, Mitchell, Winnebago, Worth and Wright counties</p>
<p>Monthly Premium: \$147 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$147 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: None</p>	<p>Yearly Out-of-Pocket Maximum: None</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>Doctor Office Visit: \$0 primary care visit; \$0 specialist visit</p>	<p>Doctor Office Visit: \$0 primary care visit; \$0 specialist visit</p>
<p>Emergency Room Visit: \$0</p>	<p>Emergency Room Visit: \$0</p>
<p>Inpatient Hospital: \$0</p>	<p>Inpatient Hospital: \$0</p>
<p>Outpatient Surgery: \$0 per visit</p>	<p>Outpatient Surgery: \$0 per visit</p>
<p>Skilled Nursing Care: \$0</p>	<p>Skilled Nursing Care: \$0</p>
<p>Diagnostic Lab Tests: \$0</p>	<p>Diagnostic Lab Tests: \$0</p>
<p>Durable Medical Equipment: \$0</p>	<p>Durable Medical Equipment: \$0</p>
<p>Additional Benefits:</p>	
<p>Routine Physical: \$0 (1 exam/year)</p>	<p>Routine Physical: \$0 (1 exam/year)</p>
<p>Vision Services: \$0 (1 exam/year)</p>	<p>Vision Services: \$0 (1 exam/year)</p>
<p>Dental: No additional benefits</p>	<p>Dental: No additional benefits</p>
<p>Routine Podiatric Care: \$0 (up to 6 visits a year)</p>	<p>Routine Podiatric Care: \$0 (up to 6 visits a year)</p>
<p>Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit</p>	<p>Foreign Travel: \$250 annual deductible; 20% coinsurance; \$50,000 lifetime limit</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No Coverage <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>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>

Medica Prime Solution Core Cost Plan (H2450-045)	Medica Prime Solution Premier Cost Plan (H2450-042)
<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com	<i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com
Service Area: Adams, Allamakee, Cass, Clay, Dickinson, Emmet, Fremont, Howard, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Plymouth, Shelby, Sioux, Winnebago and Worth counties	Service Area: Adams, Allamakee, Cass, Clay, Dickinson, Emmet, Fremont, Howard, Lyon, Mitchell, Monona, Montgomery, O'Brien, Osceola, Plymouth, Shelby, Sioux, Winnebago and Worth counties
Monthly Premium: \$69 You also pay Part B monthly premium	Monthly Premium: \$125 You also pay Part B monthly premium
Deductible: \$0	Deductible: \$0
Yearly Out-of-Pocket Maximum: \$4,000	Yearly Out-of-Pocket Maximum: \$3,000
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; \$20 specialist visit	Doctor Office Visit: \$0 primary care visit; \$0 specialist visit
Emergency Room Visit: \$50 Worldwide Coverage	Emergency Room Visit: \$0 Worldwide Coverage
Inpatient Hospital: \$350 per stay	Inpatient Hospital: \$100 per stay
Outpatient Surgery: \$100 per visit or surgery	Outpatient Surgery: \$0
Skilled Nursing Care: \$0 for days 1-20; \$50 for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$25 per day for days 21-100
Diagnostic Lab Tests: \$0 to \$30 copay	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20%	Durable Medical Equipment: \$0
Additional Benefits:	
Dental: \$300 annual reimbursement for dental services	Dental: \$400 annual reimbursement for dental services
Vision Services: \$0 (1 routine exam/year); \$100 annual eyewear reimbursement for glasses or contacts	Vision Services: \$0 (1 routine exam/year); \$200 annual eyewear reimbursement for glasses or contacts
Hearing: \$0 (1 routine exam/year); hearing aid benefit up to \$400 a year	Hearing: \$0 (1 routine exam/year); hearing aid benefit up to \$400 a year
Foreign Travel: \$50 Worldwide coverage for emergency care	Foreign Travel: \$0 Worldwide coverage for emergency care
Wellness Benefit: SilverSneakers health club membership and exercise classes; 24 hour nurseline \$0	Wellness Benefit: SilverSneakers health club membership and exercise classes; 24 hour nurseline \$0
Extended Absence Benefit: Allows members to travel anywhere in the US and receive in-network benefits with any provider that will accept Original Medicare	Extended Absence Benefit: Allows members to travel anywhere in the US and receive in-network benefits with any provider that will accept Original Medicare
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <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>Medica Prime Solution Thrift Cost Plan (H2450-030)</p>
<p><i>Medica Insurance Company</i> 1-800-906-5432 www.medica.com</p>
<p>Service Area: Adams, Allamakee, Cass, Clay, Dickinson, Emmet, Fremont, Howard, Lyon, Mitchell, Monona, Montgomery, O’Brien, Osceola, Plymouth, Shelby, Sioux, Winnebago and Worth counties</p>
<p>Monthly Premium: \$34 You also pay Part B monthly premium</p>
<p>Deductible: \$50</p>
<p>Yearly Out-of-Pocket Maximum: \$6,700</p>
<p>Doctor Office Visit: \$20% primary care visit; 20% specialist visit</p>
<p>Emergency Room Visit: \$50</p>
<p>Inpatient Hospital: \$300/day for days 1-4 per hospital stay</p>
<p>Outpatient Surgery: 20% per visit</p>
<p>Skilled Nursing Care: \$0 for days 1-20; \$176 for days 21-100 (These are 2020 amounts and may change in 2021)</p>
<p>Diagnostic Lab Tests: 20%</p>
<p>Durable Medical Equipment: 20%</p>
<p>Additional Benefits:</p>
<p>Extended Absence Benefit: Allows members to travel anywhere in the US and receive in-network benefits with any provider that will accept Original Medicare</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>

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)	AARP Medicare Advantage Choice PPO (H8768-017-002)
<i>UnitedHealthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>United Healthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story and Warren counties	Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Pocahontas, Poweshiek, Sac, Scott, Tama, Van Buren, Wapello, Washington, Wayne, Winnebago, Wright and Webster Counties
Monthly Premium: \$0 You also pay Part B monthly premium	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)	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	Annual Deductible: \$1,000 deductible applies to some Part A and B services (in and out of network)
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Doctor Office Visit: \$0 primary care visit; \$30 specialist visit
Inpatient Hospital: \$325/day for days 1-6 per stay	Inpatient Hospital: \$250 /day for days 1-6 per stay
Outpatient Surgery: \$0-\$325 per visit	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-42	Outpatient Surgery: \$0-\$300 per visit
Diagnostic Lab Tests: \$0 for each lab service	Skilled Nursing Care: \$0 for days 1-20; \$184 each day for days 21- 42
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Diagnostic Lab Tests: \$0 for each lab service
Additional Benefits:	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Additional Benefits:
Chiropractic Care: \$10 copay, 18 visits per year	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,000 annual benefit for covered preventive and comprehensive dental services	Chiropractic Care: \$10 copay, 18 visits per year
Vision Services: \$0 (1 routine exam/year); \$200 for contact lenses and eyeglass frames every two years	Dental: \$1,000 annual benefit for covered preventive and comprehensive dental services
Virtual Visit: \$0	Vision Services: \$0 (1 routine exam/year); \$300 for contact lenses and frames every two years
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
Podiatry: \$40 (six routine visits/year)	Hearing Services: \$10 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years
Personal Emergency Response System: \$0 Phillips Lifeline	Podiatry Services: \$30 (six routine visits/year)
Over-the-Counter: \$50 per quarter, no rollover	Personal Emergency Response System: \$0 Phillips Lifeline
Wellness Benefit: Health Club Membership	Over-the-Counter: \$60 per quarter, no rollover
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)	Wellness Benefit: Health Club Membership
	Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

AARP Medicare Advantage Choice PPO (H1278-007)	AARP Medicare Advantage Choice PPO (H1278-001)
<i>Harken Health Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>Harken Health Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Cherokee, Ida, Lyon, Monona, O'Brien, Plymouth, Sioux, and Woodbury counties	Service Area: Cass, Mills and Pottawattamie County
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$19 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)	Yearly Out-of-Pocket Maximum: \$3,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care visit; \$30 specialist visit	Doctor Office Visit: \$0 primary care visit; \$35 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$370/day for days 1-5 per stay	Inpatient Hospital: \$395 /day for days 1-4 per stay
Outpatient Surgery: \$0-\$400 per visit	Outpatient Surgery: \$0-\$395 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-42; \$0 for days 43-100	Skilled Nursing Care: \$0 for days 1-20; \$184 each day for days 21- 42; \$0 for days 43-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Additional Benefits:	
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$0 (1 routine exam/year); \$150 for contact lenses and frames every 2 years	Vision Services: \$0 (1 routine exam/year); \$300 for contact lenses and frames every two years
Chiropractic Care: \$10 copay, 18 visits per year	Chiropractic Care: \$10 copay, 18 visits per year
Virtual Visit: \$0	Virtual Visit: \$0
Dental: \$1,000 annual benefit for preventive and comprehensive dental services	Dental: \$1,500 annual benefit for covered preventive and comprehensive dental services
Hearing Services: \$0 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years	Hearing Services: \$10 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years
Podiatry Services: \$30 (six routine visits/year)	Podiatry Services: \$35 (six routine visits/year)
Personal Emergency Response System: \$0 Phillips Lifeline	Personal Emergency Response System: \$0 Phillips Lifeline
Over-the-Counter: \$50 per quarter, no rollover	Over-the-Counter: \$60 per quarter, no rollover
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> • No deductible (insulin savings program) 	Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> • \$250 deductible for tiers 4 and 5 only (insulin savings program)

AARP Medicare Advantage Patriot PPO (H8768-018)	AARP Medicare Advantage Patriot PPO (H1278-018)
<i>United Healthcare of the River Valley</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>Harken Health Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com
Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Chickasaw, Clarke, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Pocahontas, Polk, Poweshiek, Sac, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago and Wright counties	Service Area: Cass, Mills and Pottawattamie counties
Monthly Premium: \$0 You also pay Part B monthly premium	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: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care visit; \$45 specialist visit	Doctor Office Visit: \$10 primary care visit; \$45 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$295/day for days 1-5 per stay	Inpatient Hospital: \$295/day for days 1-6 per stay
Outpatient Surgery: \$0-\$350 per visit	Outpatient Surgery: \$0-\$295 per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-57; \$0 for days 58-100	Skilled Nursing Care: \$0 for days 1-20; \$184 each day for days 21- 57; \$0 for days 58-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Additional Benefits:	
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$0 (1 routine exam/year); \$200 for contact lenses and frames every 2 years	Vision Services: \$0 (1 routine exam/year); \$300 for contact lenses and frames every two years
Chiropractic Care: \$10 copay, 18 visits per year	Chiropractic Care: \$10 copay, 18 visits per year
Virtual Visit: \$0	Virtual Visit: \$0
Dental: \$1,000 annual benefit for preventive and comprehensive dental services	Dental: \$1,500 annual benefit for covered preventive and comprehensive dental services
Hearing Services: \$0 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years	Hearing Services: \$0 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years
Podiatry Services: \$45 (six routine visits/year)	Podiatry Services: \$45 (six routine visits/year)
Personal Emergency Response System: \$0 Phillips Lifeline	Personal Emergency Response System: \$0 Phillips Lifeline
Over-the-Counter: \$50 per quarter, no rollover	Over-the-Counter: \$60 per quarter, no rollover
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: No If you want Medicare Part D drug coverage you must choose a PPO that includes prescription drug coverage.	Medicare Prescription Drug Coverage: No If you want Medicare Part D drug coverage you must choose a PPO that includes prescription drug coverage.

AARP Medicare Advantage Patriot PPO (H1278-019)	Aetna Medicare Premier PPO Premier Plus (H1608-048)
<i>Harken Health Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com	<i>Coventry Health and Life Insurance Company</i> 1-855-275-6627 (TTY/TDD 711) www.aetnamedicare.com
Service Area: Cherokee, Ida, Lyon, Monona, O'Brien, Plymouth, Sioux and Woodbury counties	Service Area: Boone, Dallas, Jasper, Madison, Marion, Marshall, Polk, Story and Warren counties
Monthly Premium: \$0 You also pay Part B monthly premium	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: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$4,700 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care visit; \$45 specialist visit	Doctor Office Visit: \$0 primary care visit; \$30 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$295/day for days 1-6 per stay	Inpatient Hospital: \$390/day for days 1-5 per stay
Outpatient Surgery: \$0-\$295 per visit	Outpatient Surgery: \$400 per visit/\$300 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-57; \$0 for days 58-100	Skilled Nursing Care: \$0 for days 1-20; \$184 each day for days 21- 100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies
Additional Benefits:	
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$0 (1 routine exam/year); \$200 for contact lenses and frames every 2 years	Vision Services: \$0 (1 routine exam/year); \$170 annual allowance for contacts, frames, lenses
Chiropractic Care: No coverage	Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay
Virtual Visit: \$0	Dental: \$1,000 annual allowance for routine & comprehensive services
Dental: \$1,500 annual benefit for preventive and comprehensive dental services	Hearing Services: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
Hearing Services: \$0 (1 routine exam/year); \$375-\$2,075 copay for each hearing aid; limited to two devices every two years	Over-the-Counter: \$45 every 3 months, no carry over
Podiatry Services: \$35 (six routine visits/year)	Wellness Benefit: Health Club Membership
Personal Emergency Response System: \$0 Phillips Lifeline	Medicare Prescription Drug Coverage: Yes • No deductible
Over-the-Counter: \$60 per quarter, no rollover	
Wellness Benefit: Health Club Membership	
Medicare Prescription Drug Coverage: No If you want Medicare Part D drug coverage you must choose a PPO that includes prescription drug coverage.	

Aetna Medicare Premier PPO (H1608-001)	Aetna Medicare Elite PPO (H1608-037)
<i>Coventry Health & 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
Service Area: 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	Service Area: 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
Monthly Premium: \$0 You also pay Part B monthly premium	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: \$5,100 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$4,900 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$10 primary care visit; \$40 specialist visit	Annual Deductible: \$1,000; applies to some in-network services and most out-of-network services
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Doctor Office Visit: \$0 primary care visit; \$35 specialist visit
Inpatient Hospital: \$390/day for days 1-5 per stay	Diagnostic Lab Tests: \$0 for each lab service
Diagnostic Lab Tests: \$0 for each lab service	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Outpatient Surgery/Services: \$400 per visit/\$300 each surgery in an Ambulatory Surgery Center	Inpatient Hospital: Annual deductible applies; \$390/day for days 1-5 per stay
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100	Outpatient Surgery/Services: Annual deductible applies; \$400 per visit/\$300 each surgery in an Ambulatory Surgery Center
Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies	Skilled Nursing Care: Annual deductible applies; \$0 for days 1-20; \$184 each day for days 21-100
Additional Benefits:	Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Additional Benefits:
Dental: \$150 annual allowance for routine & comprehensive services	Annual Physical Exam: \$0 (1 routine exam/year)
Vision Services: \$0 (1 routine exam/year); \$85 annual allowance for contacts, frames, lenses	Dental: \$1,000 annual benefit for routine & comprehensive services
Hearing Services: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year	Vision Services: \$0 (1 routine exam/year); \$320 annual allowance for contacts, frames, lenses
Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay	Hearing Services: \$0 (1 routine exam/year) \$1,250 hearing aid benefit per ear each year
Over-the-Counter: \$45 every 3 months, no carry over	Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay
Wellness Benefit: Health Club Membership	Over-the-Counter: \$45 every 3 months, no carry over
Medicare Prescription Drug Coverage: Yes • No deductible	Wellness Benefit: Health Club Membership
	Medicare Prescription Drug Coverage: Yes • No deductible

Aetna Medicare Prime PPO McFarland HVN (H1608-007)	Aetna Medicare Prime PPO Patient Preferred HVN (H1608-008)
<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
Service Area: Story and Marshall counties	Service Area: Ida, Monona, Plymouth and Woodbury Counties
Monthly Premium: \$0 You also pay Part B monthly premium	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: \$4,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$4,400 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care visit; \$30 specialist visit	Doctor Office Visit: \$5 primary care visit; \$30 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$390/day for days 1-5 per stay	Inpatient Hospital: \$390/day for days 1-5 per stay
Outpatient Surgery/Services: \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center	Outpatient Surgery/Services: \$350 per visit/\$250 each surgery in an Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies
Additional Benefits:	
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$500 annual allowance for routine & comprehensive services	Dental: \$1,000 annual allowance for routine & comprehensive services
Vision Services: \$0 (1 routine exam/year); \$120 annual allowance for contacts, frames, lenses	Vision Services: \$0 (1 routine exam/year); \$180 annual allowance for contacts, frames, lenses
Hearing Services: \$0 (1 routine exam/year); \$1,250 hearing aid benefit per ear each year	Hearing Services: \$0 (1 routine exam/year); \$1,250 hearing aid benefit per ear each year
Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay	Post Discharge Meal program: 14 meals delivered to home following an inpatient hospital stay
Over-the-Counter: \$45 every 3 months, no carry over	Over-the-Counter: \$45 every 3 months, no carry over
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> • No deductible 	Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> • No deductible

HealthPartners UnityPoint Health Align PPO (H3416-001)	HealthPartners UnityPoint Health Symmetry PPO (H3416-002)
<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.oneplanforme.com	<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.oneplanforme.com
Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cherokee, Clarke, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Marion, Marshall, Muscatine, Plymouth, Polk, Poweshiek, Scott, Story, Tama, Warren, Webster, Woodbury and Wright counties	Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cherokee, Clarke, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Marion, Marshall, Muscatine, Plymouth, Polk, Poweshiek, Scott, Story, Tama, Warren, Webster, Woodbury and Wright counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$39 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)	Yearly Out-of-Pocket Maximum: \$3,600 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0 primary care visit; \$35 specialist visit	Doctor Office Visit: \$0 primary care visit; \$20 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$345/day for days 1-5 per stay	Inpatient Hospital: \$300/day for days 1-5 per stay
Outpatient Services/Surgery: \$250 each surgery in hospital or Ambulatory Surgery Center	Outpatient Services/Surgery: \$200 each surgery in hospital or Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$175 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Additional Benefits:	
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$1,000 annual allowance for preventive & comprehensive services	Dental: \$1,000 annual allowance for preventive & comprehensive services
Vision Services: \$0 (1 routine exam/year); \$35 (1 diagnostic exam/year); \$100 annual allowance for non-Medicare covered eyewear	Vision Services: \$0 (1 routine exam/year); \$20 (1 diagnostic exam/year); \$100 annual allowance for non-Medicare covered eyewear
Hearing Services: \$0 (1 routine exam/year); \$35 diagnostic exam; \$699 or \$999 copay per hearing aid through TruHearing®, up to two per year	Hearing Services: \$0 (1 routine exam/year); \$20 diagnostic exam; \$699 or \$999 copay per hearing aid through TruHearing®, up to two per year
Virtual Visit: \$0 copay	Virtual Visit: \$0 copay
Wellness Benefit: Silver & Fit® Healthy Aging & Exercise Program: Health Club Membership at participating fitness clubs; up to 2 Home Fitness kits and one Stay Fit Kit per year	Wellness Benefit: Silver & Fit® Healthy Aging & Exercise Program: Health Club Membership at participating fitness clubs up to 2 Home Fitness kits and one Stay Fit Kit per year
Travel Benefit: Up to 9 months of in-network cost sharing with Medicare providers for more than 30 days of travel in U.S. & outside IA. Must contact the plan to activate this benefit.	Travel Benefit: Up to 9 months of in-network cost sharing with Medicare providers for more than 30 days of travel in U.S. & outside IA. Must contact the plan to activate this benefit.
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)	Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

HumanaChoice PPO (H5216-254)	HumanaChoice PPO (H5216-014)
<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>
Service Area: Black Hawk, Boone, Cerro Gordo, Clinton, Dallas, Jasper, Johnson, Linn, Madison, Marion, Marshall, Polk, Pottawattamie, Scott, Story and Warren counties	Service Area: Allamakee, Audubon, Benton, Black Hawk, Boone Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, 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, VanBuren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$59 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: \$4,050 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care visit; \$45 specialist visit	Doctor Office Visit: \$15 primary care visit; \$45 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	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	Inpatient Hospital: \$360/day for days 1-5 per stay
Outpatient Services/Surgery: \$350 per hospital visit; \$300 per visit in Ambulatory Surgery Center	Outpatient Services/Surgery: \$250 outpatient hospital; \$200 ambulatory surgical center per visit
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100
Diagnostic Lab Tests: \$0 to \$45 per lab service	Diagnostic Lab Tests: \$0-\$40 for each lab service
Durable Medical Equipment: 20%; 0% to 20% for diabetic supplies	Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies
Additional Benefits:	
Annual Physical Exam: \$0 (1 exam/year)	Over-the-Counter: \$50 every 3 months
Over-the-Counter: \$15 every 3 months	Well Dine Meal Program: Meal program following inpatient stay in hospital or nursing facility
Dental: \$1,000 maximum benefit per year; optional dental package available (Call the plan for details)	
Optional Package: MyOption Enhanced Dental - \$25.60 or \$35.40 monthly premium	
Vision Services: \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eyeglasses per year	Wellness Benefit: SilverSneakers basic fitness center membership including fitness classes
Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year	Medicare Prescription Drug Coverage: Yes • \$350 deductible for tier 4 and 5 drugs only.
Well Dine Meal Program: Meal program following inpatient stay in hospital or nursing facility	Optional Packages: MyOption Dental - \$21.80 or \$23.60 monthly premium; MyOption Vision - \$15.30 monthly premium (call plan for details)
Wellness Benefit: SilverSneakers basic fitness club membership including fitness classes	
Medicare Prescription Drug Coverage: Yes • \$250 deductible for tier 4 and 5 drugs only	

Humana Honor PPO (H5216-086)	Humana Value Plus PPO (H5216-171)
<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>
Service Area: Adair, Allamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clinton Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, 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	Service Area: Allamakee, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright counties
Monthly Premium: \$0 You also pay Part B monthly premium; Plan pays \$30 towards Part B premium	Monthly Premium: \$27.80 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: \$6,700 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$10 primary care visit; \$45 specialist visit	Annual Deductible: \$198 Part B deductible for some in-network and out-of-network Part B services
Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Doctor Office Visit: \$20 primary care visit; \$50 specialist visit Inpatient Hospital: \$2,019 per stay
Inpatient Hospital: \$295/day for days 1-6 per stay	Emergency Room Visit: \$90 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Outpatient Services/Surgery: \$250 per hospital visit; \$200 per visit in Ambulatory Surgery Center	Diagnostic Lab Tests: \$0 to 20% of the cost
Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-10	Outpatient Services/Surgery: 20% of the cost
Diagnostic Lab Tests: \$0 to \$40 per lab service	Skilled Nursing Care: \$0 each day for days 1-20; \$184 each day for days 21-100
Durable Medical Equipment: 3% to 20%; 0% to 20% for diabetic supplies	Durable Medical Equipment: 18 to 20% of cost; 0% to 20% for diabetic supplies
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0 (1 exam/year)	Over-the-Counter: \$300 every 3 months
Dental: \$1,000 maximum benefit per year; optional dental package available (Call the plan for details)	Vision Services: \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eyglasses per year
Optional Package: MyOption Enhanced Dental Plus - \$45.20 monthly premium	Dental: \$0 for oral exam & cleanings up to 2 per year; \$2,000 benefit per year (call plan for details)
Vision Services: \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eyglasses per year	Hearing Services: \$0 (1 routine exam/year); \$0 copay for hearing aid up to 1 per ear per year
Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year	Transportation: \$0 for up to 24 one-way trips to plan approved locations (50 mile limit)
Over-the-Counter: \$50 every 3 months	Personal Emergency Response System: \$0
Well Dine Meal Program: Meal program following inpatient stay in hospital or nursing facility	Well Dine Meal Program: Meal program following inpatient stay in hospital or nursing facility
Wellness Benefit: SilverSneakers basic fitness club membership including fitness classes	Wellness Benefit: SilverSneakers basic fitness center membership including fitness classes
Medicare Prescription Drug Coverage: No You cannot enroll in a separate stand-alone drug plan when you enroll in this plan.	Medicare Prescription Drug Coverage: Yes • \$305 deductible for tier 2, 3, 4 and 5 drugs only

Medica Advantage Solution PPO (H3632-001)
<i>Medica Community Health Plan</i> 1-800-906-5432 www.medica.com/medicare
Service Area: Harrison, Mills and Pottawattamie counties
Monthly Premium: \$39 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: \$5,500 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$0 primary care visit; \$35 specialist visit
Emergency Room Visit: \$90 each visit (waived if admitted to hospital within 1 day) Worldwide Coverage 20%
Inpatient Hospital: \$325/day for days 1-5 per stay
Outpatient Services/Surgery: \$250 outpatient hospital; \$250 Ambulatory Surgical Center per visit
Skilled Nursing Care: \$0 for days 1-20; \$184 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service
Durable Medical Equipment: 20% of cost
Additional Benefits:
Annual Physical Exam: \$0
Vision Services: \$0 (1 routine exam/year), \$150 benefit for eyeglasses, contacts or upgrades per year
Transportation: \$0 up to 12 one-way plan approved trips per year for medical or pharmacy care within the plan service area
Hearing Services: \$0 (1 routine exam/year); \$549 to \$799 copay for hearing aids from EPIC providers
Meal Program: 14 meals delivered to home following an inpatient hospital or nursing facility stay (limit 4 times per year)
Over-the-Counter: \$50 every 3 months
Wellness Benefit: Silver Sneakers
Medicare Prescription Drug Coverage: Yes • No deductible (insulin savings program)

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.

Humana Gold Choice PFFS (H8145-089)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com/medicare
Service Area: Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Van Buren, Washington and Webster counties
Monthly Premium: \$95 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: \$6,700 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$20 primary care visit; \$50 specialist visit
Emergency Room Visit: \$90 each visit Worldwide Coverage
Inpatient Hospital: \$454/day for days 1-4 per stay
Outpatient Services/Surgery: \$250 outpatient hospital; \$200 ambulatory surgical center per visit
Skilled Nursing Care: \$0 each day for days 1-20, \$184 each day for days 21-100
Diagnostic Lab Tests: \$0-\$40 for each lab service
Durable Medical Equipment: 9% to 20% of cost; 0% to 20% for diabetic supplies
Additional Benefits:
Wellness Benefit: SilverSneakers basic fitness center membership including fitness classes
Well Dine Meal Program: Meal program following inpatient stay in hospital or nursing facility
Optional Packages: MyOption Dental \$28.90 or \$28 monthly premium; MyOption Vision \$15.30 monthly premium (Call the plan for details)
Over-the-Counter: \$225 every 3 months
Medicare Prescription Drug Coverage: Yes <ul style="list-style-type: none"> • \$415 deductible

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)	Amerivantage Dual Coordination SNP HMO Health Plan for People with Medicare and Medicaid (H0907-001)
<i>Aetna Health of Iowa Inc.</i> 1-833-258-3032 (TTY/TDD 711) www.aetnamedicare.com	<i>Amerigroup Iowa, Inc.</i> 1-833-557-0950 (TTY/TDD 711) www.amerigroup.com/medicare
Service Area: Black Hawk, Clinton, Johnson, Linn, Marshall, Muscatine, Polk, Pottawattamie, Scott, Story, Webster and Woodbury counties	Service Area: Benton, Cedar, Cerro Gordo, Clarke, Grundy, Guthrie, Henry, Jackson, Jasper, Jefferson, Johnson, Linn, Lucas, Madison, Polk, Tama, Union, Warren, Washington, and Winneshiek counties
Eligibility to enroll in this plan: You can enroll in this plan if you are in enrolled in a full Medicaid program or QMB.	Eligibility to enroll in this plan: You can enroll in this plan if you are in enrolled in a full Medicaid program or QMB.
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$0 (Includes only Part A and Part B-covered services from in-network providers)	Yearly Out-of-Pocket Maximum: \$0 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$0	Doctor Office Visit: \$0
Emergency Room Visit: \$0 Worldwide coverage	Emergency Room Visit: \$0 each visit Worldwide Coverage
Inpatient Hospital: \$0 up to unlimited days	Inpatient Hospital: \$0 up to (\$90 days)
Outpatient Surgery: \$0	Outpatient Surgery: \$0
Skilled Nursing Care: \$0	Skilled Nursing Care: \$0
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: \$0	Durable Medical Equipment: \$0
Additional Benefits:	Additional Benefits:
Annual Physical Exam: \$0	Annual Physical: \$0
Dental: \$3,000 benefit for preventive and comprehensive services	Dental: \$0 for preventive and comprehensive dental services with up to \$2,000 for covered comprehensive dental services every year
Hearing: \$0 for 1 routine exam per year: \$1,250 hearing aid benefit per ear each year	Hearing: \$0 for 1 routine exam per year: with up to \$3,000 for hearing aids every year
Vision: \$0 (1 routine exam per year); \$500 annual benefit for contacts, frames, lenses	Vision: \$0 for 1 routine exam per year
Transportation: 40 one-way trips for medical services	Transportation: \$0; for 48 one-way trips per year
Podiatry Services: \$0	Podiatry Services: \$0; for unlimited routine foot care every year
Personal Medical Emergency Response System: \$0 (Lifestation)	Personal Emergency Response System (PERS): \$0
Over-the-Counter: \$360 per quarter to order approved health products online or by catalog.	Over-the-Counter: \$300 per quarter; roll over to the next quarter but not the next year
Wellness Benefit: Health Club Membership	Healthy Meals-Post Discharge: \$0, Up to 2 meals/day for 21 days following an inpatient hospital stay Everday Extra Benefits: Personal Home Helper, Assistive Devices, Adult Day Center, Health and Fitness Tracker, Service Dog Support, Pest Control, Healthy Pantry and more. Call plan for details and how to qualify
Post Discharge Meal program: Up to 42 meals delivered to home following inpatient hospital stay	
Healthy Foods Allowance: \$25 every month	
Wigs: \$400 benefit for cancer patients	Wellness Benefit: Health Club Membership
Medicare Prescription Drug Coverage: Yes	Medicare Prescription Drug Coverage: Yes

UnitedHealthcare Dual Complete SNP HMO Health Plan for People with Medicare and Medicaid (H0169-001)	Nursing Home SNP PPO (H0710-046)
<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
Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Humboldt, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monroe, Muscatine, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago and Woodbury counties	Service Area: Black Hawk, Bremer, Buchanan, Butler, Clinton, Dallas, Fayette, Johnson, Linn, Polk, Scott, and Tama counties
Monthly Premium: \$0 You also pay Part B monthly premium	Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers
Eligibility to enroll in this plan: You can enroll in this plan if you are enrolled in a full Medicaid program.	Monthly Premium: \$38 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$0 (Includes only Medicare Part A and Part B covered services)	Eligibility to enroll in this plan: 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.
Doctor Office Visit: \$0	Yearly Out-of-Pocket Maximum: \$1,800 (Includes only Medicare Part A and Part B covered services)
Emergency Room Visit: \$0 each visit Worldwide Coverage	Doctor Office Visit: \$0 primary care visit; \$0 in nursing home or 20% outside of nursing home
Inpatient Hospital: \$0 up to unlimited days	Emergency Room Visit: \$90 each visit
Outpatient Services/Surgery: \$0	Inpatient Hospital: \$1,400 per stay
Skilled Nursing Care: \$0	Outpatient Services/Surgery: 20% per visit except for diagnostic mammogram which is \$0
Diagnostic Lab Tests: \$0	Skilled Nursing Care: \$0 each day for days 1-100
Durable Medical Equipment: \$0	Diagnostic Lab Tests: \$0
Additional Benefits:	Durable Medical Equipment: 20% of the cost
Annual Physical: \$0	Additional Benefits:
Dental: \$3,000 benefit for preventive and comprehensive services per year	Annual Physical: \$0
Hearing: \$0 for 1 routine exam per year: \$2,000 for hearing aids every two years	Dental: \$3,500 limit for certain comprehensive and preventive dental services
Virtual Visits: \$0	Hearing: \$0 for 1 routine exam per year: \$2,000 hearing aid benefit, up to 2 hearing aids every 2 years
Transportation: \$0; 36 one-way approved trips/yr	Virtual Visits: \$0
Podiatry Services: \$0 (up to 6 visits per year)	Transportation: \$0; 48 one-way approved trips/yr
Personal Emergency Response System: \$0 Philips Lifetime	Podiatry Services: \$0 (up to 6 visits per year)
Support for Caregivers Package: \$0	Vision: \$0 (1 routine exam pr year: \$250 for frames or contact lenses. Standard lenses (single, bifocal, trifocal or progressive) lensis are covered in full
Over-the-Counter: \$300 per quarter	Over-the-Counter: \$250/quarter for approved items
Mom's Meals: \$0, Up to 28 meals for 14 days, two times a year following inpatient stay in hospital	Renal Dialysis: \$0 in a nursing home
Wellness Benefit: Health Club Membership	Medicare Prescription Drug Coverage: Yes
Medicare Prescription Drug Coverage: Yes	• 435 deductible



**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