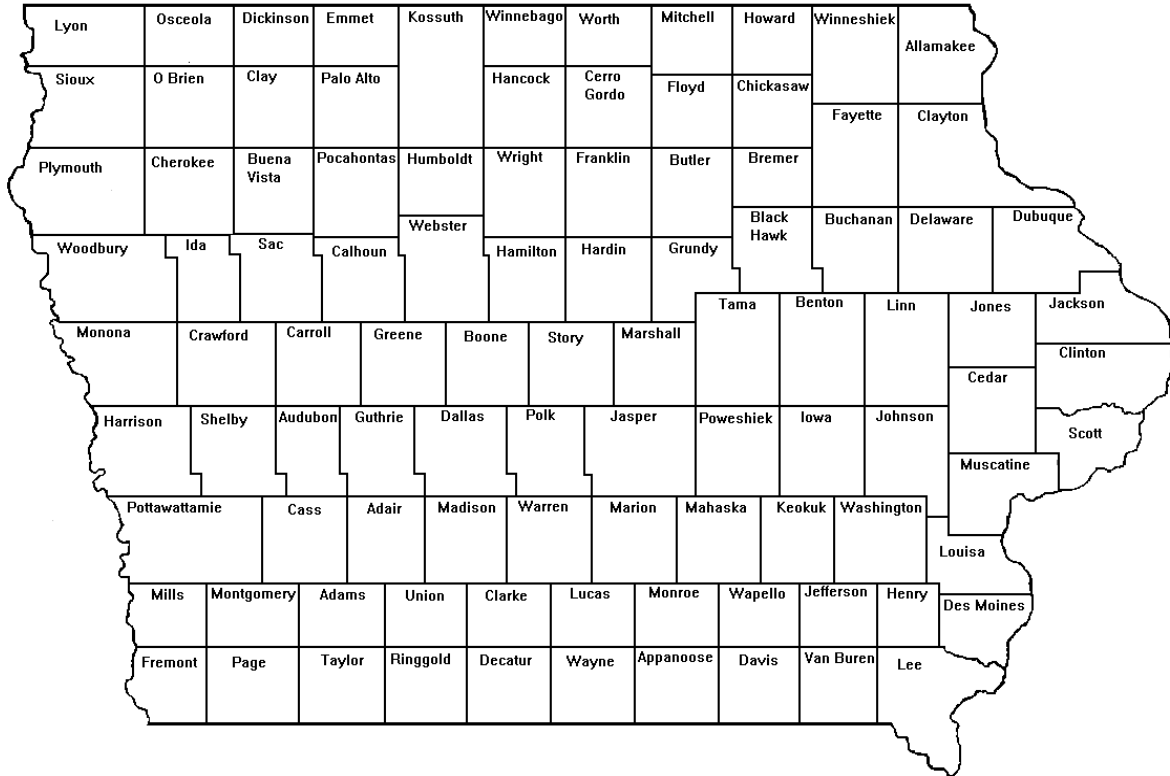


Medicare Advantage & Other Health Plans in Iowa 2018



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP
Iowa Insurance Division
Two Ruan Center
601 Locust - 4th Floor
Des Moines, IA 50309-3738

1-800-351-4664
(TTY 1-800-735-2942)

www.therightcalliowa.gov

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SHIIP The Senior Health Insurance Information Program, is part of the national network of state health insurance assistance programs. SHIIP is dedicated to providing information and assistance with questions about Medicare, Medicare supplement insurance, long-term care 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.

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

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

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

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

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

Enrollment or Disenrollment

There are specific times during the year when you can enroll, disenroll or change Medicare Advantage 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 February 14** – You can **disenroll** from a Medicare Advantage plan and return to Original Medicare. Regardless of whether your Medicare Advantage plan included Part D drug coverage you may request enrollment in a prescription drug plan at this time.
- ◆ **After February 14** – You will not be able to disenroll from a Medicare Advantage plan until October 15 to December 7.
- ◆ **October 15 to December 7** - You can **join, switch** or **disenroll** from a Medicare Advantage 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 once from December 8, 2017 to November 30, 2018. If you are currently enrolled in a Medicare Advantage 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 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).

◆ **Exceptions:**

- You can join or disenroll from a Cost Plan anytime during the year.
- Individuals eligible for full Medicaid benefits or who receive help from the state paying their Part B premiums, can join or disenroll anytime.
- Individuals who qualify for Medicare prescription drug coverage “Extra Help” can join or disenroll anytime during the year.

Protections When Enrolling in a Medicare Advantage Plan for the First Time

If you are enrolling in a Medicare Advantage plan 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 for the **first time** and then you **disenroll** from the Medicare Advantage plan 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 **under age 65**, you can buy only from companies selling to those under 65. If you bought your Medicare supplement plan before June 2010, it is no longer being sold, so you will have to buy one of the standardized plans now available
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**.
 - You must be allowed to enroll in ANY Medicare supplement plan, **A through N**, offered by ANY COMPANY selling those plans in Iowa, (including Medicare Select or high deductible choices.)
 - Individuals entitled to Medicare prior to age 65 are not eligible for this special enrollment.

^{*}There are exceptions to this if you take Part B for the first time after age 65. Call SHIIP for details.

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.

Medicare Advantage Basics

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. SHIIP 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, the State of Iowa Medicaid or Medicaid Managed Care Organization (MCO) will cover 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.

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

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
- 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

Guide to Medicare Advantage Plan Chart

The chart on pages 12-13 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 14 to 31.

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 14 to 31.

Premium:

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

Part D:

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

For more information on a specific Medicare Advantage plan go www.medicare.gov 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 – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
AARP MedicareComplete HMO 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 14-15	H2802-001	\$0	Yes
	Plan 1 H5253-044	\$34	Yes
	Plan 2 H5253-045	\$0	Yes
Coventry Advantra HMO 1-855-338-9551 <i>Coventry Health Care of Iowa</i> Service Area: See page 16	Silver H1609-001	\$0	Yes
Coventry Total Care HMO 1-855-338-9551 <i>Coventry Health Care of Iowa</i> Service Area: See pages 16	Mercy-HVN H1609-009	\$0	Yes
Health Alliance Medicare HMO 1-877-925-0424 <i>Health Alliance Medicare</i> Service Area: See page 17	Guide Rx H1737-001	\$0	Yes
Humana Gold Plus HMO 1-800-833-2364 <i>CHA HMO, Inc.</i> Service Area: See pages 17-18	H0028-008-1	\$0	Yes
	H0028-008-2	\$17	Yes
	H0028-009	\$29.10	Yes
Senior Preferred HMO 1-800-394-5566 <i>Gunderson Health Plan</i> Service Area: See pages 19-20	Value H5262-004	\$28	No
	Value D H5262-003	\$66.30	Yes
	Elite H5262-005	\$133	No
	Elite D H5262-001	\$173.20	Yes
Cost Contract Plan			
Medical Associates Health Plan (MAHP) 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 21	Smart Plan H1651-001	\$112	No
	Community Plan H1651-004	\$142	No
	Freedom Plan H1651-008	\$168	No

PPO – Preferred Provider Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
AARP Medicare Complete Choice PPO 1-800-555-5757 <i>UnitedHealthcare</i> Service Area: See pages 22-23	H8768-001	\$0	Yes
	H8768-002	\$0	Yes
Coventry Advantra PPO 1-855-338-9551 <i>Coventry Health Care of Iowa, Inc</i> Service Area: See page 23-24	Platinum H1608-001	\$0	Yes
	Elite H1608-037	\$0	Yes
Coventry Total Care PPO 1-855-338-9551 <i>Coventry Health Care of Iowa, Inc</i> Service Area: See page 24-25	McFarland HVN H1608-007	\$0	Yes
	Patient Preferred HVN H1608-008	\$0	Yes
HealthPartners UnityPoint Health PPO 1-888-360-0796 <i>HealthPartners UnityPoint Health, Inc.</i> Service Area: See page 25-26	Align H3416-001	\$0	Yes
	Symmetry H3416-002	\$39	Yes
Humana Choice PPO 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 26-28	H5216-086	\$0	No
	H5216-014	\$49	Yes
	H5216-091	\$87	Yes
	H5216-104	\$87	Yes
	H5216-085	\$108	Yes
PFFS - Private-Fee-For-Service Plans			
Humana Gold Choice PFFS 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See page 30	H8145-155	\$0	No
	H8145-089	\$97	Yes
SNP – Special Needs Plan			
Dual Complete SNP HMO 1-888-834-3721 <i>UnitedHealthcare</i> Service Area: See page 31	H0169-001	\$0	Yes

Medicare Health Maintenance Organizations (HMO)

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 are interested in a HMO and you want to receive Medicare drug coverage, you must choose a plan that includes the benefit. You cannot enroll in a Medicare HMO and enroll in a Medicare stand-alone drug plan.

Some plans also offer additional benefits, such as vision and hearing screenings, and other services not covered under the Original Medicare plan.

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

AARP Medicare Complete HMO (H2802-001)

UnitedHealthcare

1-800-555-5757 (TTY/TDD 711)

www.AARPMedicarePlans.com

Service Area: Mills and Pottawattamie County

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)

Doctor Office Visit:
\$10 primary care visit; \$45 specialist visit

Emergency Room Visit: \$80 each visit
(waived if admitted to hospital in 24 hours)
Worldwide Coverage

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

Outpatient Surgery: \$395 per visit

Skilled Nursing Care:
\$0 each day for days 1-20; \$160 each day for days 21-57; \$0 for days 58-100

Diagnostic Lab Tests: \$2 for each lab service

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

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

Dental: \$0 for 1 oral exam and cleaning every 6 months and 1 x-ray/yr

Vision Services: \$20 (1 routine exam/year);
\$0 copay for standard lenses; \$70 allowance for frames or \$105 for contacts every two years

Hearing Services: \$10 (1 routine exam/year);
\$330 copay for each over the ear device & \$380 co-pay for each inner ear device; limit of 2 devices every year

Medicare Prescription Drug Coverage:

- \$250 deductible for tiers 4 and 5
- Before total drug costs reach \$3,750, you pay:
\$3 - Tier 1: Preferred Generic Drugs
\$10 - Tier 2: Generic Drugs
\$47 - Tier 3: Preferred Brand Drugs
\$100 - Tier 4: Non-Preferred Brand Drugs
28% - Tier 5: Specialty Drugs
- Coverage in the Gap: You pay 35% for brand drugs and 44% for generics

Wellness Benefit: Health Club Membership

AARP Medicare Complete Plan 1 HMO (H5253-044)	AARP Medicare Complete 2 HMO (H5253-045)
<p style="text-align: center;"><i>UnitedHealthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p style="text-align: center;"><i>UnitedHealthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>
<p>Service Area: Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne and Webster counties</p>	<p>Service Area: Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne and Webster counties</p>
<p>Monthly Premium: \$34 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B-covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$4,100 (Includes only Medicare Part A and Part B-covered services)</p>
<p>Doctor Office Visit: \$0 primary care visit; \$30 specialist visit</p>	<p>Doctor Office Visit: \$5 primary care visit; \$35 specialist visit</p>
<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$295/day for days 1-6 per hospital stay</p>	<p>Inpatient Hospital: \$350/day for days 1-5 per hospital stay</p>
<p>Outpatient Surgery: \$275 per visit</p>	<p>Outpatient Services/Surgery: \$300 per visit</p>
<p>Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-42; \$0 for days 43-100</p>	<p>Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-46; \$0 for days 47-100</p>
<p>Diagnostic Lab Tests: \$5 for each lab service</p>	<p>Diagnostic Lab Tests: \$2 for each lab service</p>
<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>
<p>Dental: \$0 for 1 oral exam and cleaning every 6 months and 1 x-ray/year</p>	<p>Podiatry Services: \$35 (six routine visits/year)</p>
<p>Vision Services: \$20 (1 routine exam/year); \$0 copay for standard lenses; \$70 allowance for frames or \$105 for contacts every two years</p>	<p>Vision Services: \$20 (1 routine exam/year)</p>
<p>Hearing Services: \$0 (1 routine exam/year) \$380 copay for each over the ear device & \$330 copay for each inner ear device; limit to 2 devices every year</p>	<p>Hearing Services: \$5 (1 routine exam/year) \$380 copay for each over the ear device & \$330 copay for each inner ear device; limit to 2 devices every year</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$3,750, you pay: <ul style="list-style-type: none"> \$3 - Tier 1: Preferred Generic Drugs \$10 - Tier 2: Generic Drugs \$47 - Tier 3: Preferred Brand Drugs \$100 - Tier 4: Non-Preferred Drugs 33% - Tier 5: Specialty Drugs <p>Coverage in the Gap: You pay 35% for brand drugs and 44% for generics.</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • \$265 deductible for tiers 3, 4 & 5 • Before total drug costs reach \$3,750, you pay: <ul style="list-style-type: none"> \$3 - Tier 1: Preferred Generic Drugs \$10 - Tier 2: Generic Drugs \$47 - Tier 3: Preferred Brand Drugs \$100 - Tier 4: Non-Preferred Drugs 27% - Tier 5: Specialty Drugs <p>Coverage in the Gap: You pay 35% for brand drugs and 44% for generics.</p>
<p>Wellness Benefit: Health Club Membership</p>	<p>Wellness Benefit: Health Club Membership</p>

<p align="center">Coventry Advantra Silver HMO (H1609-001)</p>	<p align="center">Coventry Total Care HMO Mercy HVN (H1609-009)</p>																																				
<p align="center"><i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com</p>	<p align="center"><i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com</p>																																				
<p>Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Harrison, Henry, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Montgomery, Muscatine, Page, Plymouth, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright counties</p>	<p>Service Area: Dallas, Polk and Warren counties</p>																																				
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>																																				
<p>Yearly Out-of-Pocket Maximum: \$4,100 (Includes only Medicare Part A and Part B-covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B-covered services)</p>																																				
<p>Doctor Office Visit: \$5 primary care visit; \$35 specialist visit</p>	<p>Doctor Office Visit: \$7 primary care visit; \$35 specialist visit</p>																																				
<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>																																				
<p>Inpatient Hospital: \$350/day for days 1-5 per stay</p>	<p>Inpatient Hospital: \$400/day for days 1-5 per stay</p>																																				
<p>Outpatient Services/Surgery: \$300 per visit/\$200 each surgery in ambulatory surgery center</p>	<p>Outpatient Services/Surgery: \$250 per visit/\$150 each surgery in an ambulatory surgery center</p>																																				
<p>Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-100</p>	<p>Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-100</p>																																				
<p>Diagnostic Lab Tests: \$10</p>	<p>Diagnostic Lab Tests: \$0</p>																																				
<p>Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies</p>	<p>Durable Medical Equipment: 20% of the cost; \$0 for LifeScan diabetic supplies</p>																																				
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>																																				
<p>Vision Services: \$0 (1 routine exam/year)</p>	<p>Vision Services: \$0 (1 routine exam/year); \$250 annual allowance for contacts, frames, lenses</p>																																				
<p>Dental: \$150 annual allowance for routine services</p>	<p>Dental: \$1,000 annual benefit for routine & comprehensive services</p>																																				
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <table border="1" data-bbox="149 1577 824 1780"> <thead> <tr> <th></th> <th>Preferred Pharmacy</th> <th>Non-Preferred Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1-Preferred Generics</td> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>Tier 2-Non-Preferred Generics</td> <td>\$5</td> <td>\$15</td> </tr> <tr> <td>Tier 3-Preferred Brand</td> <td>\$42</td> <td>\$47</td> </tr> <tr> <td>Tier 4-Non-Preferred Brand</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Tier 5-Specialty Drugs</td> <td>33%</td> <td>33%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Coverage in the Gap: Tier 1 and 2 are covered in the Gap minus your copays. You pay 35% for brand drugs and 44% for generics on all other tiers. 		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$0	\$10	Tier 2-Non-Preferred Generics	\$5	\$15	Tier 3-Preferred Brand	\$42	\$47	Tier 4-Non-Preferred Brand	\$100	\$100	Tier 5-Specialty Drugs	33%	33%	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <table border="1" data-bbox="852 1577 1528 1780"> <thead> <tr> <th></th> <th>Preferred Pharmacy</th> <th>Non-Preferred Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1-Preferred Generics</td> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>Tier 2-Non-Preferred Generics</td> <td>\$5</td> <td>\$15</td> </tr> <tr> <td>Tier 3-Preferred Brand</td> <td>\$42</td> <td>\$47</td> </tr> <tr> <td>Tier 4-Non-Preferred Brand</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Tier 5-Specialty Drugs</td> <td>33%</td> <td>33%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Coverage in the Gap: Tier 1 and 2 are covered in the Gap minus your copays. You pay 35% for brand drugs and 44% for generics on all other tiers. 		Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$0	\$10	Tier 2-Non-Preferred Generics	\$5	\$15	Tier 3-Preferred Brand	\$42	\$47	Tier 4-Non-Preferred Brand	\$100	\$100	Tier 5-Specialty Drugs	33%	33%
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<p>Over-the-Counter: \$25 monthly, no carry over</p>	<p>Over-the-Counter: \$20 monthly, no carry over</p>																																				
<p>Wellness Benefit: Health Club Membership</p>	<p>Wellness Benefit: Health Club Membership</p>																																				

Health Alliance Medicare Guide Rx HMO (H1737-001)	Humana Gold Plus HMO (H0028-008-1)																												
<i>Health Alliance Medicare</i> 1-877-925-0424 (TTY/TDD 1-800-833-7352) www.healthalliancemedicare.org	<i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com																												
Service Area: Scott county	Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Cedar, Cerro Gordo, Cherokee, Clay, Dallas, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Grundy, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Jones, Keokuk, Louisa, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Montgomery, Muscatine, O'Brien, Osceola, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Sioux, Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, 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: \$5,900 (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; \$50 specialist visit	Doctor Office Visit: \$0 primary care visit; \$40 specialist visit																												
Emergency Room Visit: \$80 each visit (waived if admitted to hospital immediately) Worldwide Coverage	Emergency Room Visit: \$80 each visit (waived if admitted to hospital immediately) Worldwide Coverage																												
Inpatient Hospital: \$363/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: \$450 co-pay per surgery; \$300 for ambulatory surgical center visit																												
Skilled Nursing Care: \$0 for days 1-20; \$167.50 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$167.50 each day for days 21-100																												
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: \$0-\$10 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																												
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)																												
Hearing: TruHearing hearing aid benefit	Vision: \$0 for 1 routine vision exam, refraction/year; \$100 annual limit for eyeglasses or contact lenses																												
Dental: \$35 copay/annual exam (\$325 benefit/yr towards non-Medicare covered dental services)	Dental: \$0 for 1 oral exam and 1 cleaning and 1 fluoride treatment every six months, 3 dental x-rays every year																												
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Deductible. Before total drug costs reach \$3,750, you pay: <table data-bbox="134 1537 779 1726"> <tr> <td>Tier 1 – Preferred Generics</td> <td>\$0</td> </tr> <tr> <td>Tier 2 – Non-Preferred Generic</td> <td>\$20</td> </tr> <tr> <td>Tier 3 – Preferred Brand</td> <td>\$47</td> </tr> <tr> <td>Tier 4 – Non-Preferred Brand</td> <td>50%</td> </tr> <tr> <td>Tier 5 – Specialty Drugs</td> <td>33%</td> </tr> </table> Coverage in the Gap: You pay 35% for brand drugs and 44% for generics. 	Tier 1 – Preferred Generics	\$0	Tier 2 – Non-Preferred Generic	\$20	Tier 3 – Preferred Brand	\$47	Tier 4 – Non-Preferred Brand	50%	Tier 5 – Specialty Drugs	33%	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$150 deductible on all drugs except Tier 1 and 2 Before total drug costs reach \$3,750, you pay: <table data-bbox="834 1579 1526 1780"> <thead> <tr> <th>30-day supply</th> <th>Preferred Pharmacy</th> <th>Standard Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1 – Preferred Generics</td> <td>\$4</td> <td>\$10</td> </tr> <tr> <td>Tier 2 – Non-Preferred Generics</td> <td>\$16</td> <td>\$20</td> </tr> <tr> <td>Tier 3 – Preferred Brand</td> <td>\$47</td> <td>\$47</td> </tr> <tr> <td>Tier 4 – Non-Preferred Brand</td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Tier 5 – Specialty Drugs</td> <td>30%</td> <td>30%</td> </tr> </tbody> </table> Coverage in the Gap: You pay no more than 35% for brand and 44% for generics. 	30-day supply	Preferred Pharmacy	Standard Pharmacy	Tier 1 – Preferred Generics	\$4	\$10	Tier 2 – Non-Preferred Generics	\$16	\$20	Tier 3 – Preferred Brand	\$47	\$47	Tier 4 – Non-Preferred Brand	50%	50%	Tier 5 – Specialty Drugs	30%	30%
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Tier 3 – Preferred Brand	\$47	\$47																											
Tier 4 – Non-Preferred Brand	50%	50%																											
Tier 5 – Specialty Drugs	30%	30%																											
Be Fit Benefit: \$30/month toward fitness membership or classes (up to \$360 per year)	Optional Packages: Dental (Call the plan for details) Gym/Fitness Membership: Silversneakers and Go365																												

<p align="center">Humana Gold Plus HMO (H0028-008-2)</p>	<p align="center">Humana Value Plus HMO (H0028-009)</p>																		
<p align="center"><i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com</p>	<p align="center"><i>CHA HMO, Inc.</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com</p>																		
<p>Service Area: Clinton, Johnson, and Linn counties</p>	<p>Service Area: Black Hawk, Clinton, Johnson, Linn, Polk, Pottawattamie, Scott, Story, and Woodbury counties</p>																		
<p>Monthly Premium: \$17 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$29.10 You also pay Part B monthly premium</p>																		
<p>Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)</p>																		
<p>Doctor Office Visit: \$5 primary care visit; \$50 specialist visit</p>	<p>Deductible: \$183 deductible applies to some in-network services</p>																		
<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>																		
<p>Inpatient Hospital: \$450/day for days 1-4 per hospital stay</p>	<p>Doctor Office Visit: \$20 primary care visit; \$50 specialist visit</p>																		
<p>Outpatient Surgery: \$450 for outpatient hospital visit; \$300 for ambulatory surgical center visit</p>	<p>Inpatient Hospital: \$600/day for days 1-3 per hospital stay</p>																		
<p>Skilled Nursing Care: \$0 each day for days 1-20; \$167.50 each day for days 21-100</p>	<p>Outpatient Surgery: 20% of cost for outpatient hospital visit and ambulatory surgical center visit</p>																		
<p>Diagnostic Lab Tests: \$0-\$40 for each service</p>	<p>Diagnostic Lab Tests: \$0 to 20% for each service</p>																		
<p>Durable Medical Equipment: 20% of the cost; 0% -20% for diabetic supplies</p>	<p>Skilled Nursing Care: \$0 each day for days 1-20; \$167.50 each day for days 21-100</p>																		
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>																		
<p>Dental: \$0 for 1 oral exam and 1 cleaning and 1 fluoride treatment every six months, 3 dental x-rays every year</p>	<p>Durable Medical Equipment: 20% of the cost; 0% -20% for diabetic supplies</p>																		
<p>Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year</p>	<p>Dental: \$0 for 1 oral exam or 1 cleaning per year; \$0 for bitewing x-rays up to 1 set per year</p>																		
<p>Vision Services: \$0 for 1 routine vision exam, refraction/year and \$100 annual limit on eyewear (eyeglasses or contact lenses).</p>	<p>Hearing: \$0 for 1 routine exam per year; \$1,000 benefit per ear per year for hearing aids</p>																		
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$150 deductible on all drugs except Tier 1 and 2 Before total drug costs reach \$3,750, you pay: <table border="1" data-bbox="149 1549 824 1753"> <thead> <tr> <th>30-day supply</th> <th>Preferred Pharmacy</th> <th>Standard Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1 – Preferred Generics</td> <td>\$4</td> <td>\$10</td> </tr> <tr> <td>Tier 2 – Non-Preferred Generics</td> <td>\$16</td> <td>\$20</td> </tr> <tr> <td>Tier 3 – Preferred Brand</td> <td>\$47</td> <td>\$47</td> </tr> <tr> <td>Tier 4 – Non-Preferred Brand</td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Tier 5 – Specialty Drugs</td> <td>30%</td> <td>30%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Coverage in the Gap: You pay no more than 35% for brand and 44% for generics. 	30-day supply	Preferred Pharmacy	Standard Pharmacy	Tier 1 – Preferred Generics	\$4	\$10	Tier 2 – Non-Preferred Generics	\$16	\$20	Tier 3 – Preferred Brand	\$47	\$47	Tier 4 – Non-Preferred Brand	50%	50%	Tier 5 – Specialty Drugs	30%	30%	<p>Vision Services: \$0 for 1 routine vision exam, refraction/year and eyewear; \$200 annual limit on eyewear (eyeglasses or contact lenses).</p>
30-day supply	Preferred Pharmacy	Standard Pharmacy																	
Tier 1 – Preferred Generics	\$4	\$10																	
Tier 2 – Non-Preferred Generics	\$16	\$20																	
Tier 3 – Preferred Brand	\$47	\$47																	
Tier 4 – Non-Preferred Brand	50%	50%																	
Tier 5 – Specialty Drugs	30%	30%																	
<p>Optional Packages: Dental (Call the plan for details)</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$360 deductible on all drugs except Tier 1 Before total drug costs reach \$3,700 you pay: <table border="1" data-bbox="852 1705 1528 1906"> <thead> <tr> <th>30-day supply</th> <th>Preferred Pharmacy</th> <th>Standard Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1 – Preferred Generics</td> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>Tier 2 – Non-Preferred Generics</td> <td>\$12</td> <td>\$20</td> </tr> <tr> <td>Tier 3 – Preferred Brand</td> <td>\$47</td> <td>\$47</td> </tr> <tr> <td>Tier 4 – Non-Preferred Brand</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Tier 5 – Specialty Drugs</td> <td>25%</td> <td>25%</td> </tr> </tbody> </table>	30-day supply	Preferred Pharmacy	Standard Pharmacy	Tier 1 – Preferred Generics	\$0	\$10	Tier 2 – Non-Preferred Generics	\$12	\$20	Tier 3 – Preferred Brand	\$47	\$47	Tier 4 – Non-Preferred Brand	\$100	\$100	Tier 5 – Specialty Drugs	25%	25%
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Tier 5 – Specialty Drugs	25%	25%																	
<p>Gym/Fitness Membership: Silversneakers and Go365</p>	<ul style="list-style-type: none"> Coverage in the Gap: You pay no more than 35% for brand and 44% for generics. 																		

Senior Preferred Value HMO (H5262-004)	Senior Preferred Value D HMO (H5262-003)
<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org	<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$28 You also pay Part B monthly premium	Monthly Premium: \$66.30 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$35 primary care visit; \$35 specialist visit	Doctor Office Visit: \$35 primary care visit; \$35 specialist visit
Emergency Room Visit: \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-17 per hospital stay	Inpatient Hospital: \$200/day for days 1-17 per hospital stay
Outpatient Services/Surgery: \$150 for each visit	Outpatient Services/Surgery: \$150 for each visit
Skilled Nursing Care: \$0 for days 1-20; \$125 for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$125 for days 21-100
Diagnostic Lab Tests: 10% of the cost	Diagnostic Lab Tests: 10% of the cost
Durable Medical Equipment: 20% of the cost; 5% of cost for preferred diabetic supplies	Durable Medical Equipment: 20% of the cost; 5% of cost for preferred diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Hearing Services: \$0 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	Hearing Services: \$0 (1 routine exam/year); \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)
Vision Services: \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year	Vision Services: \$0 (1 routine exam/year); Plan pays up to \$100 for eyeglasses every year
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. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <ul style="list-style-type: none"> \$3 – Tier 1 Preferred Generics \$15 – Tier 2 Generics \$45 – Tier 3 Preferred Brand Drugs 40%- Tier 4 Non-Preferred Brand Drugs 33% -Tier 5 Specialty Drugs Coverage in the Gap: You pay 35% for brand drugs and 44% for generics

Senior Preferred Elite HMO (H5262-005)	Senior Preferred Elite D HMO (H5262-001)
<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org	<i>Gundersen Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.seniorpreferred.org
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$133 You also pay Part B monthly premium	Monthly Premium: \$173.20 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$20 primary care visit; \$20 specialist visit	Doctor Office Visit: \$20 primary care visit; \$20 specialist visit
Emergency Room Visit: \$100 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$100 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage
Inpatient Hospital: \$500 per admission	Inpatient Hospital: \$500 per admission
Outpatient Services/Surgery: \$0	Outpatient Surgery/Services: \$0
Skilled Nursing Care: \$0 for days 1-20; \$125 for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$125 for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 10% of the cost; 5% of cost for preferred diabetic supplies	Durable Medical Equipment: 10% of the cost; 5% of cost for preferred diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Hearing Services: \$0 (1 routine exam/year) \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)	Hearing Services: \$0 (1 routine exam/year); \$675 -\$2,025 copay per hearing aid (limit 1 aid per ear per year)
Vision Services: \$0 (1 routine exam/year); Plan pays up to \$300 for eyeglasses every year	Vision Services: \$0 (1 routine exam per year); Plan pays up to \$300 for eyeglasses every year
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. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <ul style="list-style-type: none"> \$3 – Preferred Generics (Tier 1) \$15 – Generics (Tier 2) \$45 – Preferred Brand drugs (Tier 3) 40%- Non-Preferred Brand drugs (Tier 4) 33% - Specialty Drugs (Tier 5) Coverage in the Gap: You pay 35% for brand drugs and 44% for generics.

Medicare Cost Plan

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

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

A Medicare Cost Plan is a type of HMO. The plan has a network of providers. When you use plan providers, the plan pays your Medicare deductible and coinsurance amounts. Plan providers do not bill for excess charges. When you do not use plan providers Medicare will pay, but the plan pays nothing. You pay the Medicare deductible, coinsurance, any excess charges and noncovered services. The Plan will pay non-plan providers if you need emergency or urgent care.

Cost Plans have different enrollment rules than all of the other Medicare Advantage Plans. They are allowed to have continuous enrollment. This means that individuals can enroll or disenroll anytime during the year.

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

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.

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

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

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

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

Monthly Premium:
H1651-001 - \$112 includes provider network benefit
H1651-004 - \$142 includes expanded provider network benefit within service area
H1651-008 - \$168 includes expanded provider network plus out-of network benefit
 You also pay Part B monthly premium

Yearly Out-of-Pocket Maximum: None

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

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

Emergency Room Visit: \$0

Inpatient Hospital: \$0

Outpatient Surgery: \$0 per visit

Skilled Nursing Care: \$0

Diagnostic Lab Tests: \$0

Durable Medical Equipment: \$0

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

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

Hearing Services: \$0 (1 exam/year)

Dental: No additional benefits

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

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

Medicare Prescription Drug Coverage:

- No Coverage
- If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

<p>Preferred Provider Organization- PPO</p>	<p>AARP Medicare Complete Choice PPO (H8768-001)</p>
	<p>A Medicare Preferred Provider Organization (PPO) has a list, or “network,” of doctors, hospitals and other providers that you can visit. You may go to doctors, specialists or hospitals that aren’t part of the plan’s network, but it will cost you more. Providers who are not part of the plan’s network can decide if they want to accept the plan, except in emergency situations.</p> <p>You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.</p> <p>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.</p> <p>Most PPOs offer some type of prescription drug coverage. Some plans also offer additional benefits, such as vision and hearing screenings, disease management and other services not covered under the Original Medicare plan. Monthly premiums and copayments will vary depending on the plan.</p> <p>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.</p> <p>Each PPO plan gives you the flexibility to go to specialists without a referral or prior authorization from another doctor.</p> <p>The following charts show what you pay when you enroll in a Medicare Advantage PPO plan and some of the additional benefits provided by the plan.</p>

AARP Medicare Complete Choice PPO (H8768-002)	Coventry Advantra Platinum PPO (H1608-001)																					
<p><i>United Healthcare</i> 1-800-555-5757 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p><i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com</p>																					
<p>Service Area: Appanoose, Black Hawk, Boone, Bremer, Buchanan, Butler, Carroll, Chickasaw, Clarke, Clayton, Davis, Delaware, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Jasper, Jefferson, Keokuk, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Polk, Poweshiek, Story, Van Buren, Wapello, Warren, Wayne, and Webster Counties</p>	<p>Service Area: Adair, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cherokee, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Greene, Grundy, Guthrie, Hamilton, Harrison, Henry, 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, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Union, Warren, Washington, Wayne, Webster, Winneshiek, Woodbury and Wright Counties</p>																					
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>																					
<p align="center">Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</p>																						
<p>Yearly Out-of-Pocket Maximum: \$4,900 (Includes only Medicare Part A and Part B covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$4,500 (Includes only Medicare Part A and Part B covered services)</p>																					
<p>Doctor Office Visit: \$10 primary care visit; \$40 specialist visit</p>	<p>Doctor Office Visit: \$10 primary care visit; \$40 specialist visit</p>																					
<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>																					
<p>Inpatient Hospital: \$395/day for days 1-4 per stay</p>	<p>Inpatient Hospital: \$400/day for days 1-4 per stay</p>																					
<p>Outpatient Surgery: \$395 per visit</p>	<p>Outpatient Surgery/Services: \$300 per visit/\$200 each surgery in an Ambulatory Surgery Center</p>																					
<p>Skilled Nursing Care: \$0 for days 1-20; \$160 each day for days 21- 51; \$0 for days 52-100</p>	<p>Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-100</p>																					
<p>Diagnostic Lab Tests: \$2 for each lab service</p>	<p>Diagnostic Lab Tests: \$0 for each lab service</p>																					
<p>Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies</p>																					
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>																					
<p>Vision Services: \$20 (1 routine exam/year)</p>	<p>Vision Services: \$0 (1 routine exam/year)</p>																					
<p>Hearing Services: \$10 (1 routine exam/year) \$380 copay for each over the ear device & \$330 copay for each inner ear device; limit to 2 devices every year</p>	<p>Dental: \$150 annual allowance for routine services</p>																					
<p>Podiatry Services: \$40 (six routine visits/year)</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <table border="1" data-bbox="862 1564 1544 1812"> <thead> <tr> <th></th> <th>Preferred Pharmacy</th> <th>Non-Preferred Pharmacy</th> </tr> </thead> <tbody> <tr> <td align="center">30 day supply</td> <td></td> <td></td> </tr> <tr> <td>Tier 1-Preferred Generics</td> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>Tier 2-Non-Preferred Generics</td> <td>\$5</td> <td>\$15</td> </tr> <tr> <td>Tier 3-Preferred Brand</td> <td>\$42</td> <td>\$47</td> </tr> <tr> <td>Tier 4-Non-Preferred Brand</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Tier 5-Specialty Drugs</td> <td>33%</td> <td>33%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Coverage in the Gap: Tiers 1 & 2 are covered minus your copays. You pay 35% for brand drugs and 44% for generics on all other tiers. 		Preferred Pharmacy	Non-Preferred Pharmacy	30 day supply			Tier 1-Preferred Generics	\$0	\$10	Tier 2-Non-Preferred Generics	\$5	\$15	Tier 3-Preferred Brand	\$42	\$47	Tier 4-Non-Preferred Brand	\$100	\$100	Tier 5-Specialty Drugs	33%	33%
	Preferred Pharmacy	Non-Preferred Pharmacy																				
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Tier 4-Non-Preferred Brand	\$100	\$100																				
Tier 5-Specialty Drugs	33%	33%																				
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: \$3 - Tier 1: Preferred Generic Drugs \$10 - Tier 2: Generic Drugs \$47 -Tier 3: Preferred Brand Drugs \$100 -Tier 4: Non-Preferred Drugs 33% -Tier 5: Specialty Drugs Coverage in the Gap: Tier 1 and 2 drugs are covered minus your copay. You pay 35% for brand drugs and 44% for generics. 	<p>Over-the-Counter: \$25 monthly, no carry over</p>																					
<p>Wellness Benefit: Health Club Membership</p>	<p>Wellness Benefit: Health Club Membership</p>																					

<p align="center">Coventry Advantra Elite PPO (H1608-037)</p>	<p align="center">Coventry Total Care PPO McFarland HVN (H1608-007)</p>																																				
<p align="center"><i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com</p>	<p align="center"><i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com</p>																																				
<p>Service Area: Black Hawk, Clinton, Linn, Polk, Pottawattamie, Scott, and Woodbury Counties</p>	<p>Service Area: Story and Marshall counties</p>																																				
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>																																				
<p align="center">Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers</p>																																					
<p>Yearly Out-of-Pocket Maximum: \$3,100 (Includes only Medicare Part A and Part B covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,100 (Includes only Medicare Part A and Part B covered services)</p>																																				
<p>Annual Deductible: \$1,000; applies to some in-network services and most out-of-network services</p>	<p>Doctor Office Visit: \$0 primary care visit; \$25 specialist visit</p>																																				
<p>Doctor Office Visit: \$0 primary care visit; \$15 specialist visit</p>	<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>																																				
<p>Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Inpatient Hospital: \$250/day for days 1-5 per stay</p>																																				
<p>Inpatient Hospital: \$285/day for days 1-7 per stay</p>	<p>Outpatient Surgery/Services: \$250 per visit/\$150 each surgery in an Ambulatory Surgery Center</p>																																				
<p>Outpatient Surgery/Services: \$250 per visit/\$150 each surgery in an Ambulatory Surgery Center</p>	<p>Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-100</p>																																				
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<p>Vision Services: \$0 (1 routine exam/year); \$300 annual allowance for contacts, frames, lenses</p>	<p>Vision Services: \$0 (1 routine exam/year); \$150 annual allowance for contacts, frames, lenses</p>																																				
<p>Dental: \$1,150 annual benefit for routine & comprehensive services</p>	<p>Dental: \$1,000 annual allowance for routine & comprehensive services</p>																																				
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <table border="1" data-bbox="155 1598 837 1808"> <thead> <tr> <th>30 day supply</th> <th>Preferred Pharmacy</th> <th>Non-Preferred Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1-Preferred Generics</td> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>Tier 2-Non-Preferred Generics</td> <td>\$5</td> <td>\$15</td> </tr> <tr> <td>Tier 3-Preferred Brand</td> <td>\$42</td> <td>\$47</td> </tr> <tr> <td>Tier 4-Non-Preferred Brand</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Tier 5 -Specialty Drugs</td> <td>33%</td> <td>33%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Coverage in the Gap: Tiers 1 & 2 are covered minus your copays. You pay 35% for brand drugs and 44% for generics on all other tiers. 	30 day supply	Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$0	\$10	Tier 2-Non-Preferred Generics	\$5	\$15	Tier 3-Preferred Brand	\$42	\$47	Tier 4-Non-Preferred Brand	\$100	\$100	Tier 5 -Specialty Drugs	33%	33%	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <table border="1" data-bbox="878 1524 1544 1766"> <thead> <tr> <th>30 day supply</th> <th>Preferred Pharmacy</th> <th>Non-Preferred Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1-Preferred Generics</td> <td>\$0</td> <td>\$10</td> </tr> <tr> <td>Tier 2-Non-Preferred Generics</td> <td>\$5</td> <td>\$15</td> </tr> <tr> <td>Tier 3-Preferred Brand</td> <td>\$42</td> <td>\$47</td> </tr> <tr> <td>Tier 4-Non-Preferred Brand</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Tier 5-Specialty Drugs</td> <td>33%</td> <td>33%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Coverage in the Gap: Tiers 1 & 2 are covered minus your copays. You pay 35% for brand drugs and 44% for generics on all other tiers. 	30 day supply	Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$0	\$10	Tier 2-Non-Preferred Generics	\$5	\$15	Tier 3-Preferred Brand	\$42	\$47	Tier 4-Non-Preferred Brand	\$100	\$100	Tier 5-Specialty Drugs	33%	33%
30 day supply	Preferred Pharmacy	Non-Preferred Pharmacy																																			
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Tier 4-Non-Preferred Brand	\$100	\$100																																			
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<p>Over-the-Counter: \$25 monthly, no carry over</p>	<p>Over-the-Counter: \$20 monthly, no carry over</p>																																				
<p>Wellness Benefit: Health Club Membership</p>	<p>Wellness Benefit: Health Club Membership</p>																																				

Coventry Total Care PPO Patient Preferred HVN (H1608-008)	HealthPartners UnityPoint Health Align PPO (H3416-001)																		
<i>Coventry Health Care of Iowa, Inc.</i> 1-855-338-9551 (TTY/TDD 711) www.coventry-medicare.com	<i>HealthPartners UnityPoint Health, Inc</i> 1-888-360-0796 (TTY/TDD 711) www.healthpartnersunitypointhealth.com																		
Service Area: Ida, Monona, Plymouth and Woodbury Counties	Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Jones, Linn, Marshall, Muscatine, Polk, Scott, Story, Warren, Webster 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: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,950 (Includes only Medicare Part A and Part B covered services)																		
Doctor Office Visit: \$5 primary care visit; \$30 specialist visit	Doctor Office Visit: \$5 primary care visit; \$35 specialist visit																		
Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage																		
Inpatient Hospital: \$375/day for days 1-5 per stay	Inpatient Hospital: \$345/day for days 1-4; \$0 for days 5 and beyond																		
Outpatient Surgery/Services: \$250 per visit/\$150 each surgery in an Ambulatory Surgery Center	Outpatient Services/Surgery: \$250 per visit/\$150 each surgery in an Ambulatory Surgery Center																		
Skilled Nursing Care: \$0 each day for days 1-20; \$160 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$167.50 each day for days 21-100																		
Diagnostic Lab Tests: \$5 for each lab service	Diagnostic Lab Tests: \$0 –\$20 for each lab service																		
Durable Medical Equipment: 20% of cost; \$0 for LifeScan diabetic supplies	Durable Medical Equipment: 20% of cost																		
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)																		
Vision Services: \$0 (1 routine exam/year); \$150 annual allowance for contacts, frames, lenses	Vision Services: \$0 (1 routine exam/year)																		
Dental: \$1,000 annual allowance for routine & comprehensive services	Dental: \$0 (1 exam and 1 cleaning/year); 1 set of bitewing x-rays/every 2 years																		
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$3,750, you pay: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">30 day supply</th> <th style="text-align: center;">Preferred Pharmacy</th> <th style="text-align: center;">Non-Preferred Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1-Preferred Generics</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$10</td> </tr> <tr> <td>Tier 2-Non-Preferred Generics</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$15</td> </tr> <tr> <td>Tier 3-Preferred Brand</td> <td style="text-align: center;">\$42</td> <td style="text-align: center;">\$47</td> </tr> <tr> <td>Tier 4-Non-Preferred Brand</td> <td style="text-align: center;">\$100</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>Tier 5 -Specialty Drugs</td> <td style="text-align: center;">33%</td> <td style="text-align: center;">33%</td> </tr> </tbody> </table> Coverage in the Gap: Tiers 1 & 2 are covered minus your copays. You pay 35% for brand drugs and 44% for generics on all other tiers. 	30 day supply	Preferred Pharmacy	Non-Preferred Pharmacy	Tier 1-Preferred Generics	\$0	\$10	Tier 2-Non-Preferred Generics	\$5	\$15	Tier 3-Preferred Brand	\$42	\$47	Tier 4-Non-Preferred Brand	\$100	\$100	Tier 5 -Specialty Drugs	33%	33%	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$100 Deductible for Tier 3, 4, and 5 drugs. Before total drug costs reach \$3,750, you pay: <ul style="list-style-type: none"> \$2 – Tier 1 Preferred Generic Drugs \$9 – Tier 2 Generic Drugs \$47 – Tier 3 Preferred Brand Drugs \$100 – Tier 4 Non-Preferred Drugs 31% - Tier 5 Specialty Drugs Coverage in the Gap: You pay 35% for brand drugs and 44% for generics.
30 day supply	Preferred Pharmacy	Non-Preferred Pharmacy																	
Tier 1-Preferred Generics	\$0	\$10																	
Tier 2-Non-Preferred Generics	\$5	\$15																	
Tier 3-Preferred Brand	\$42	\$47																	
Tier 4-Non-Preferred Brand	\$100	\$100																	
Tier 5 -Specialty Drugs	33%	33%																	
Over-the-Counter: \$20 monthly, no carry over																			
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership																		

HealthPartners UnityPoint Health Symmetry PPO (H3416-002)	HumanaChoice PPO (H5216-086)
<i>HealthPartners UnityPoint Health, Inc 1-888-360-0796 (TTY/TDD 711) www.healthpartnersunitypointhealth.com</i>	<i>Humana Insurance Company 1-800-833-2364 (TTY/TDD 711) www.humana.com</i>
Service Area: Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Jones, Linn, Marshall, Muscatine, Polk, Scott, Story, Warren, Webster and Wright counties	Service Area: Adair, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordon, Cherokee, Clayton, Clinton Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Floyd, Franklin, Fremont Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, PaloAlto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Sioux, Story, Tama, Union, VanBuren, Wapello, Waarren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties
Monthly Premium: \$39 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: \$3,500 (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: \$5 primary care visit; \$20 specialist visit	Doctor Office Visit: \$10 primary care visit; \$45 specialist visit
Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$295/day for days 1-4; \$0 for days 5 and beyond	Inpatient Hospital: \$295/day for days 1-6 per stay
Outpatient Services/Surgery: \$200 each surgery in hospital or Ambulatory Surgery Center	Outpatient Services/Surgery: \$360 per hospital visit; \$300 per visit in Ambulatory Surgery Center
Skilled Nursing Care: \$0 each day for days 1-20; \$155 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$167.50 each day for days 21-100
Diagnostic Lab Tests: \$0 for each lab service	Diagnostic Lab Tests: \$0-\$50 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 3% to 20%; 0% to 20% for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$0 (1 routine exam/year)	Hearing: \$0 for 1 routine exam per year; \$699 or \$999 co-pay for hearing aid 1 per ear per year
Dental: \$0 (1 exam and 1 cleaning/year); 1 set of bitewing x-rays/every 2 years	Vision Services: \$75 (1 routine exam, refraction/year); \$100 benefit for contact lenses or eyeglasses per year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • \$100 Deductible for Tiers 3, 4, and 5 drugs • Before total drug costs reach \$3,750, you pay: <ul style="list-style-type: none"> \$2 – Tier 1 Preferred Generic Drugs \$9 – Tier 2 Generic Drugs \$47 – Tier 3 Preferred Brand Drugs \$100 – Tier 4 Non-Preferred Drugs 31% - Tier 5 Specialty Drugs • Coverage in the Gap: Tier 1 and Tier 2 generic drugs covered minus your copays. You pay 35% for brand drugs and 44% for generics. 	Dental: \$0 for 1 oral exam & cleaning up to 2 per year; \$0 for bitewing x-rays up to 1 set per year Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage If you want Medicare Part D drug coverage you must choose a PPO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan
Wellness Benefit: Health Club Membership	Optional Packages: Dental (Call the plan for details) Wellness Benefit: Health Club Membership

HumanaChoice PPO (H5216-014)	HumanaChoice PPO (H5216-091)																																				
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com																																				
Service Area: Benton, Black Hawk, Boone Buchanan, Cedar, Dallas, Delaware, Iowa, Jasper, Johnson, Jones, Linn, Madison, Marion, Marshall, Muscatine, Polk, Scott, Story, Warren and Washington counties	Service Area: Adair, Allamakee, Appanoose, Audubon, Buena Vista, Butler, Calhoun, Carroll, Cass, Cerro Gordo, Cherokee, Clayton, Clinton, Crawford, Davis, Decatur, Dickinson, Emmet, Floyd, Franklin, Fremont, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Humboldt, Ida, Jackson, Jefferson, Keokuk, Kossuth, Lee, Lucas, Lyon, Mahaska, Mills, Monona, Monroe, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Poweshiek, Ringgold, Sac, Sioux, Tama, Union, Van Buren, Wapello, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, and Wright counties																																				
Monthly Premium: \$49 You also pay Part B monthly premium	Monthly Premium: \$87 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: \$5,900 (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: \$15 primary care visit; \$45 specialist visit	Doctor Office Visit: \$15 primary care visit; \$50 specialist visit																																				
Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage																																				
Inpatient Hospital: \$360/day for days 1-5	Inpatient Hospital: \$454/day for days 1-4 per stay																																				
Outpatient Services/Surgery: \$400 outpatient hospital; \$300 ambulatory surgical center per visit	Outpatient Services/Surgery: \$400 outpatient hospital; \$300 ambulatory surgical center per visit																																				
Skilled Nursing Care: \$0 each day for days 1-20; \$167.50 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20; \$167.50 each day for days 21-100																																				
Diagnostic Lab Tests: \$0-\$40 for each lab service	Diagnostic Lab Tests: \$0-\$40 for each lab service																																				
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HumanaChoice PPO (H5216-104)	HumanaChoice PPO (H5216-085)																																				
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com																																				
Service Area: Dallas and Polk counties	Service Area: Pottawattamie																																				
Monthly Premium: \$87 You also pay Part B monthly premium	Monthly Premium: \$108 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: \$0 primary care visit; \$20 specialist visit	Doctor Office Visit: \$15 primary care visit; \$50 specialist visit																																				
Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$80 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage																																				
Inpatient Hospital: \$100/day for days 1-7 per stay	Inpatient Hospital: \$454/day for days 1-4 per stay																																				
Outpatient Services/Surgery: \$150 outpatient hospital; \$100 ambulatory surgical center per visit	Outpatient Services/Surgery: \$450 outpatient hospital; \$300 ambulatory surgical center per visit																																				
Skilled Nursing Care: \$0 for days 1-20; \$167.50 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$167.50 each day for days 21-100																																				
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Optional Packages: Dental and Vision (Call the plan for details)	Optional Packages: Dental and Vision (Call the plan for details)																																				
Gym/Fitness Membership: SilverSneakers and Go365																																					

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 (H8145-155)	Humana Gold Choice PFFS (H8145-089)																			
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana.com																			
Service Area: Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties	Service Area: Adair, Adams, Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Dickinson, Emmet, Harrison, Humboldt, Ida, Louisa, Lyon, Madison, Pocahontas, Sac, Sioux, Union, Van Buren, Washington and Webster counties																			
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$97 You also pay Part B monthly premium																			
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers																				
Deductible: \$250 for some hospital and medical services	Deductible: No deductible 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: \$15 primary care visit; \$50 specialist visit	Doctor Office Visit: \$20 primary care visit; \$50 specialist visit																			
Emergency Room Visit: \$80 each visit (this benefit is excluded from your plan deductible) Worldwide Coverage	Emergency Room Visit: \$80 each visit Worldwide Coverage																			
Inpatient Hospital: \$454/day for days 1-4 per stay	Inpatient Hospital: \$454/day for days 1-4 per stay																			
Outpatient Services/Surgery: \$450 outpatient hospital; \$300 ambulatory surgical center per visit	Outpatient Services/Surgery: \$450 outpatient hospital; \$300 ambulatory surgical center per visit																			
Skilled Nursing Care: \$0 for days 1-20; \$167.50 each day for days 21-100	Skilled Nursing Care: \$0 each day for days 1-20, \$167.50 each day for days 21-100																			
Diagnostic Lab Tests: \$0-\$40 for each lab service	Diagnostic Lab Tests: \$0-\$40 for each lab service																			
Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies	Durable Medical Equipment: 20% of cost; 0% to 20% for diabetic supplies																			
Vision Services: \$0 (1 routine exam every year) up to \$130 maximum benefit	Vision Services: \$0 (1 routine exam every year) up to \$130 maximum benefit																			
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"> \$399 deductible on all drugs except Tier 1 and 2 Before total drug costs reach \$3,750 you pay: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">30-day supply</th> <th style="text-align: center;">Preferred Pharmacy</th> <th style="text-align: center;">Standard Pharmacy</th> </tr> </thead> <tbody> <tr> <td>Tier 1 – Preferred Generic</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$10</td> </tr> <tr> <td>Tier 2 – Generic</td> <td style="text-align: center;">\$14</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td>Tier 3 – Preferred Brand</td> <td style="text-align: center;">\$47</td> <td style="text-align: center;">\$47</td> </tr> <tr> <td>Tier 4 – Non-Preferred Drug</td> <td style="text-align: center;">\$100</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>Tier 5 – Specialty Drugs</td> <td style="text-align: center;">25%</td> <td style="text-align: center;">25%</td> </tr> </tbody> </table> Coverage in the Gap: You pay 35% for brand drugs and 44% for generics. 		30-day supply	Preferred Pharmacy	Standard Pharmacy	Tier 1 – Preferred Generic	\$5	\$10	Tier 2 – Generic	\$14	\$20	Tier 3 – Preferred Brand	\$47	\$47	Tier 4 – Non-Preferred Drug	\$100	\$100	Tier 5 – Specialty Drugs	25%	25%
30-day supply	Preferred Pharmacy	Standard Pharmacy																		
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Optional Packages: Dental, Vision and Fitness club membership (Call the plan for details)	Optional Packages: Dental, Vision and Fitness club membership (Call the plan for details)																			

Special Needs Plans - SNP

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

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

Medicare Special Needs Plans available in Iowa are designed to meet the needs of people who receive Medicare and Medicaid benefits. Individuals who are considered to be Medicare and Medicaid eligible include those enrolled in a Medicare Savings Program such as QMB, SLMB and Q1.

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 between Medicare and Medicaid.

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 which is being enrolled in Medicaid. If you meet this criteria, you can enroll in the Special Need's Plan anytime during the year. They 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.

Dual Complete SNP HMO Health Plan for People with Medicare and Medicaid (H0169-001)	
<i>UnitedHealthcare</i> 1-888-834-3721 (TTY/TDD 711) www.UHCCommunityPlan.com	
Service Area: Dallas, Jasper, Madison, Marshall, Polk, Story, and Warren counties	
Eligibility to enroll in this plan: You can enroll in this plan if you are in one of these Medicaid categories: QMB or Full Benefit Dual Eligible	
Monthly Premium: \$0 You also pay Part B monthly premium	
Yearly Out-of-Pocket Maximum: \$0 annually for Medicare Part A and Part B-covered services from in-network providers	
Premiums, copays, coinsurance, and/or deductibles may vary based on the level of Extra Help you receive. Please contact the plan for more information. Cost share listed are for in-network providers.	
Doctor Office Visit: \$0	
Emergency Room Visit: \$0 Worldwide coverage	
Inpatient Hospital: \$0 per day up to 90 days	
Outpatient Surgery: \$0	
Skilled Nursing Care: \$0	
Diagnostic Lab Tests: \$0	
Durable Medical Equipment: \$0	
Annual Physical Exam: \$0	
Podiatry Services: \$0	
Vision Services: No additional Coverage	
Hearing Services: No Additional Coverage	
Dental: No Additional Coverage	
Personal Medical Emergency Response System: \$0 (Philips Lifeline)	
Over-the-Counter: \$250 per quarter to order approved health products online or by catalog.	
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$0 or \$83 (depending on level of help you receive) • Depending on the Medicaid benefits you're receiving, you pay: \$0 to \$3.35 for Generic Drugs \$0 to \$8.35 for Brand drugs 	
Wellness Benefit: Health Club Membership	

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				

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