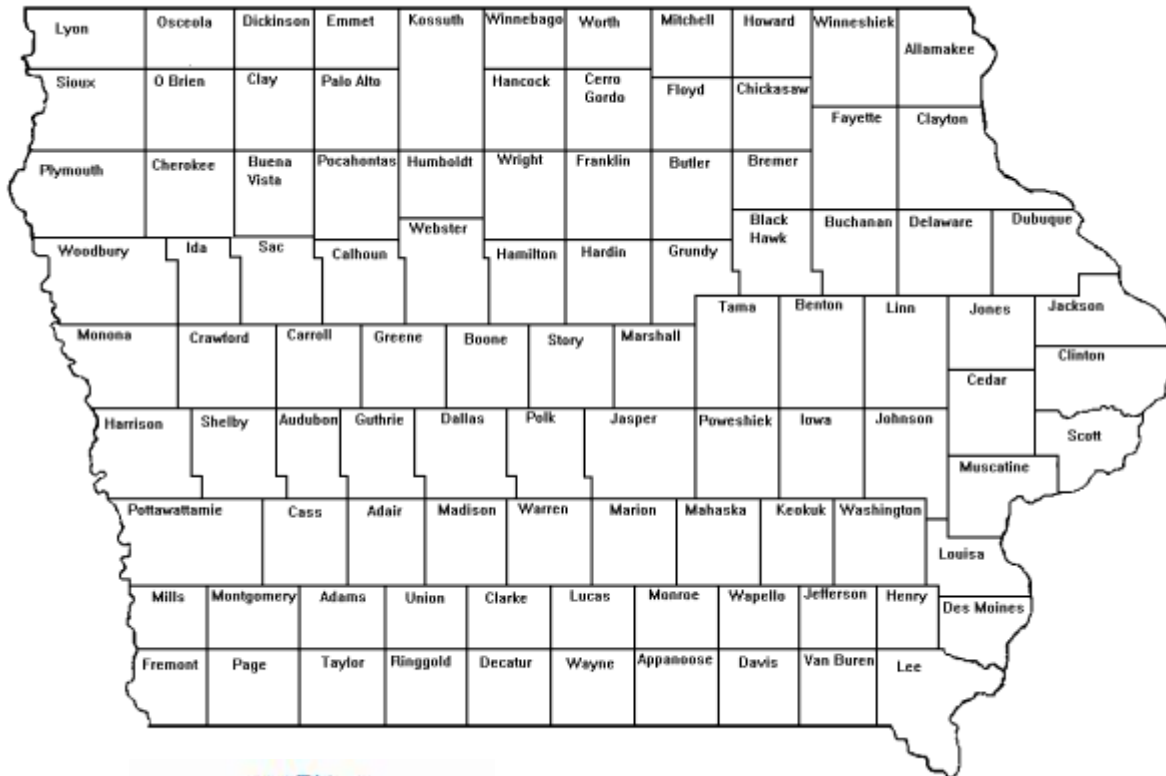


Medicare Advantage Plans in Iowa 2010



LOCAL HELP FOR PEOPLE WITH MEDICARE

SHIP
Iowa Insurance Division
330 Maple
Des Moines, IA 50319-0065

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 (sometimes referred to as Medicare Part C). Today these choices are called Medicare Advantage plans. This booklet contains basic information to help you understand the Medicare Advantage choices in Iowa.

You Do Not Have to Change

Currently, Medicare Advantage plan options are available in all 99 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. Some of the plans include Medicare prescription drug coverage.

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 supplemental insurance** when you are enrolled in a Medicare Advantage plan. Supplemental insurance will only pay benefits when you are enrolled in Original Medicare.

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 Part B** - You can join the three months before, the month your Part B is effective or the three months after. If you get Medicare due to disability, you can join three months before to three months after your Medicare Part B is effective.
- ◆ **January 1, 2010 to March 31, 2010** - You can **join, switch or disenroll** from a Medicare Advantage plan once during this time, but you **can't add or drop** Medicare prescription drug coverage during this time. The following chart shows the changes you can make between January 1 and March 31:

If current coverage is	You can get	You cannot get
Medicare Advantage Plan with prescription drug coverage (MA-PD) →	A different MA-PD <u>or</u> Original Medicare and a stand-alone prescription drug plan (PDP) <u>or</u> Private-Fee-For-Service plan (PFFS) w/o drugs and a PDP	Medicare Advantage Plan with no prescription drug coverage (MA-only) <u>or</u> Original Medicare only (cannot drop drug coverage)
Medicare Advantage Plan with no prescription drug coverage (MA-only) →	MA-only <u>or</u> Original Medicare only	MA-PD <u>or</u> Original Medicare and PDP (cannot add drug coverage)
Original Medicare and a prescription drug plan (PDP) →	MA-PD <u>or</u> PFFS w/o drugs and the same PDP	MA-only <u>or</u> a different PDP to use with Original Medicare (cannot drop drug coverage)
Original Medicare only →	MA-only	MA-PD <u>or</u> Original Medicare and PDP (cannot add drug coverage)

- ◆ **After March 31, 2010** – You will not be able to disenroll from a Medicare Advantage plan until November 15, 2010 to December 31, 2010. Your new coverage will be effective January 1, 2011.
- ◆ **November 15, 2009 to December 31, 2009** - You can **join, switch or disenroll** from a Medicare Advantage plan. You can add or drop drug coverage.
- ◆ **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 SHIP at 1-800-351-4664 for information about other Special Enrollment Periods.
- ◆ **Exceptions:**
 - You can join or disenroll from a Cost Plan anytime during the year.
 - You can only join or disenroll from a Medical Savings Account between November 15 and December 31 each year or when you first become eligible for Medicare.

- You can join a Special Needs plan anytime during the year if you meet the criteria for enrolling in the plan.
- Individuals eligible for full Medicaid benefits or any of the Medicare savings programs 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.
2. You enroll in a Medicare Advantage plan the first time you enroll in Medicare Part B **at age 65 or older**. Then you disenroll **within the first 12 months**.
 - You must be allowed to enroll in ANY Medicare supplement plan, **A through L**, offered by ANY COMPANY selling those plans in Iowa, (including Medicare Select or high deductible choices.)

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. If you bought your Medicare supplement plan before 1992 and it is no longer being sold, you will have to buy one of the standardized plans now available.

If you **apply** for your new Medicare supplement plan within **63 days** of when 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, POS or PPO you must select an option that includes drug coverage. All SNP plans include drug coverage. If you join a stand-alone drug plan you will be automatically disenrolled from your Medicare HMO, POS, SNP or PPO and returned to Original Medicare. If you have a Medicare Private Fee-for-Service Plan that doesn't include drug coverage, a Medicare Medical Savings Account Plan 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 plans copayments or coinsurance (how much you pay) for your prescriptions and if your drugs are covered on the plan's formulary. To compare Medicare Advantage plan drug benefits you can go to www.medicare.gov. SHIP counselors are available to help you compare plans.

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.**
- ◆ 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 some other costs such as copayments, deductibles, or coinsurance for the services you get.
- ◆ You don't need a Medicare supplement insurance policy and the policy will not pay benefits when you are enrolled in a Medicare Advantage plan.
- ◆ Understand when you can change plans if you change your mind.
- ◆ Compare all costs and features (see comparison chart on page 44). 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.

Medicare Advantage Plans available in Iowa

1. HMO - Health Maintenance Organization.....pages 13-15
2. POS- HMO with a Point of Service Option.... pages 15-16
3. Cost Plan.....page 17
4. PPO - Preferred Provider Organization..... pages 18-24
5. PFFS - Private-Fee-For-Service Plans..... pages 24-42
6. SNP – Special Needs Plan.....pages 43
7. MSA – Medical Savings Accounts..... None available in Iowa in 2010

Decide How to Get Your Medicare

Decide if You Want

Original Medicare

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 and coinsurance

OR Medicare Advantage Plan

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 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 10-12 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 13 to 43.

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 13 to 43.

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 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 1-800-547-5514 HMO <i>SecureHorizon by United Healthcare</i> Service Area: See page 13-14	Plan 1 H4456-025	\$0	Yes
	Plan 2 H4456-015	\$85	Yes
Coventry Advantra HMO 1-866-363-4692 <i>Coventry Health Care of Iowa</i> Service Area: See page 14-15	Silver H1609-001	\$0	Yes
	Silver SW H1609-007	\$0	Yes
POS – HMO with Point of Service Option			
AARP MedicareComplete 1-800-547-5514 POS <i>SecureHorizon by United Healthcare</i> Service Area: See page 15-16	Plus Plan 2 H2802-001	\$0	Yes
	Plus Plan 1 H2803-001	\$0	Yes
	Plus Plan 1 H2803-002	\$0	Yes
Cost Contract Plan			
Medical Associates Advantage 1-800-747-8900 <i>Medical Associates Health Plans</i> Service Area: See page 17	Smart Plan H1651-001	\$94	No
	Medicare Community Plan H1651-004	\$114	No
	Freedom Plan H1651-008	\$125	No
PPO – Preferred Provider Organization			
Coventry Advantra PPO 1-866-363-4692 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 18-19	Platinum H1608-001	\$0	Yes
	Platinum PPO SW H1608-003	\$0	Yes

*All options are not available in all counties

PPO – Preferred Provider Organization			
Plan Name - Company – Service Area	Options/Plan#	Premium	Part D
HumanaChoice PPO 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 19-22	H5868-004	\$0	No
	H5868-001	\$33	Yes
	H6609-003	\$69	Yes
	H6609-004	\$0	No
	H1418-008	\$33	Yes
	H1418-009	\$0	No
MedicareBlue Regional PPO 1-866-434-2038 <i>Wellmark Blue Cross and Blue Shield of Iowa</i> Service Area: See page 22	R5566-005	\$57.30	Yes
Today’s Option PPO 1-866-422-1967 <i>Universal American</i> Service Area: See pages 23-24	Advantage 1	\$69	Yes
	Advantage 2	\$41	Yes
	Advantage 3	\$102	Yes
PFFS - Private-Fee-For-Service Plans			
Avera Advantage PFFS 1-880-999-3947 <i>Pyramid Life Insurance Company</i> Service Area: See pages 25-26	Value	\$10	No
	Value Plus	\$37	Yes
	Premier	\$40	No
	Premier Plus	\$83	Yes
Humana Gold Choice PFFS 1-800-833-2312 <i>Humana Insurance Company</i> Service Area: See page 27	H2944-004	\$48	Yes
	H2944-005	\$68	Yes
SecureHorizons 1-800-555-5757 MedicareDirect <i>United Healthcare Insurance Company</i> Service Area: See pages 28-30	Plan 1 H5435-001	\$25	No
	Plan 100 H5435-020	\$0	No
	Plan 2 H5435-002	\$0	No
	Plan 150 H5435-027	\$25	Yes
	Plan 51 H5435-014	\$0	Yes
	Plan 55 H5435-024	\$0	Yes

PFFS - Private-Fee-For-Service Plans				
Plan Name - Company – Service Area	Options/Plan#	Premium	Part D	
SecurityChoice 1-888-949-5384 <i>Unicare Life & Health Insurance Company</i> Service Area: See page 31	Classic H0540-001	\$0	No	
	Plus H0540-020	\$23	Yes	
Sterling Option 1-888-858-8572 <i>Sterling Life Insurance Company</i> Service Area: See page 32-33	Basic Plus H5006-018-2	\$59	No	
	Option I H5006-014-02	\$94	Yes	
	Option II H5006-017-2	\$107	Yes	
	Option IV H5006-016-2	\$120	Yes	
Today's Option 1-800-996-8867 <i>Universal American Insurance Company</i> Service Area: See pages 34-42	Value	\$0-\$100	No	
	H5421-052 H5421-053 H5421-54 H5421-055 H5421-056 H5421-141 H5421-149 H5421-157 H5421-165 H5421-173 H5421-181			
	Premier	\$0-\$134	No	
	H5421-046 H5421-047 H5421-048 H5421-049 H5421-050 H5421-139 H5421-147 H5421-155 H5421-163 H5421-171 H5421-179			
	Value/CCRx	\$21-\$114	Yes	
	H5421-070 H5421-071 H5421-072 H5421-073 H5421-074 H5421-142 H5421-150 H5421-158 H5421-166 H5421-174 H5421-182			
	Premier/CCRx	\$58-\$203	Yes	
	H5421-064 H5421-065 H5421-066 H5421-067 H5421-068 H5421-140 H5421-148 H5421-156 H5421-164 H5421-172 H5421-180			
	SNP – Special Needs Plans			
	Evercare 1-888-834-3721 <i>United Healthcare Insurance Company</i> Service Area: See page 43	Medicare/Medicaid H2803-012	\$0-\$24.50	Yes

*All options are not available in all counties

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

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 POS plan you can go to doctors, specialists or hospitals in or out of network. Your cost may be higher when you use doctors, hospitals and other health services that are not part of the plan’s network. No primary care physician is required and no 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 POS plan 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 or POS plan.

AARP Medicare Complete Plan 1 HMO (H4456-025)

Secure Horizons by United-Healthcare
 1-800-547-5514 (TTY/TDD 711)
 www.AARPMedicareComplete.com

Service Area: Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington, Wayne

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

Yearly Out-of-Pocket Maximum: \$2,400
 (Does not include office visits, prescriptions, hearing and vision)

Doctor Office Visit:
 \$10 primary care visit; \$25 specialist visit

Emergency Room Visit: \$50 each visit
 (waived if admitted to hospital in 24 hours)
 Worldwide Coverage

Inpatient Hospital: \$190/day for days 1-9

Outpatient Services/Surgery: 20% of the cost for each visit

Skilled Nursing Care:
 \$80 each day for days 1-25; \$0 for days 26-100

Diagnostic Lab Tests: \$0 - \$10 for each lab service

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

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

Vision Services: \$25 (1 exam/year)

Hearing Services: \$25 (1 test/year); \$300 limit for hearing aids every two years

Optional Package: \$39 monthly premium for additional dental, vision and hearing aid benefits

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,830, you pay :
 - \$5 - Preferred Generic & Brand
 - \$42 - Generic & Preferred Brand
 - \$79 - Non-Preferred Generic & Brand
 - 33% - Specialty
- Coverage in the Gap: None

AARP Medicare Complete Plan 2 HMO (H4456-015)	Coventry Advantra Silver HMO (H1609-001)
<i>SecureHorizons by United-Healthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicareComplete.com	<i>Coventry Health Care of Iowa, Inc.</i> 1-866-983-7845 (TTY/TDD 1-888-788-4010) www.advantraplans.com
Service Area: Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Chickasaw, Clarke, Clayton, Clinton, Dallas, Davis, Delaware, Des Moines, Dubuque, Fayette, Floyd, Greene, Grundy, Guthrie, Hamilton, Hardin, Henry, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Muscatine, Polk, Poweshiek, Scott, Story, Tama, Van Buren, Wapello, Warren, Washington and Wayne counties	Service Area: Black Hawk, Bremer, Buchanan, Butler, Carroll, Cedar, Dallas, Decatur, Delaware, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Lucas, Madison, Marion, Monroe, Muscatine, Plymouth, Polk, Poweshiek, Scott, Warren, Washington, Winneshiek, Woodbury and Wright Counties
Monthly Premium: \$85.00 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$2,400 (Does not include office visits, prescriptions, hearing and vision)	Yearly Out-of-Pocket Maximum: \$4,600 (Does not include prescriptions.)
Doctor Office Visit: \$20 primary care visit; \$20 specialist visit	Doctor Office Visit: \$10 primary care visit; \$40 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$50/day for days 1-48	Inpatient Hospital: \$160/day for days 1-9
Outpatient Services/Surgery: \$25 for each visit	Outpatient Surgery/Services: \$260 per surgery/20% of the cost
Skilled Nursing Care: \$15 each day for days 1-100	Skilled Nursing Care: \$0 for days 1-6; \$100 each day for days 7-22; \$0 for days 23-100
Diagnostic Lab Tests: \$0-\$10 for each lab service	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of the cost
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$10 (1 exam/year)
Vision Services: \$20 (1 exam/year); \$70 limit for frames or \$105 limit for contacts every two years	Value-Added Discount Program: Provides discounts on vision, hearing, dental, veterinarian services and pet supplies
Hearing Services: \$20 (1 test/year); \$300 for hearing aids every two years	
Optional Package: \$39 premium per month for additional dental, vision and hearing aid benefits	
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,500, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic & Brand \$24 - Generic & Preferred Brand \$54 - Non-Preferred Generic & Brand 33% - Specialty • Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Preferred Generics \$35 - Preferred Brand \$70 - Non-Preferred – Generic and Brand drugs 33%- Specialty – Generic and Brand drugs • Coverage in the Gap: None
	Wellness Benefit: Health Club Membership

Coventry Advantra Silver SW HMO (H1609-007)	AARP Medicare Complete Plus Plan 2 POS (H2802-001)
<i>Coventry Health Care of Iowa, Inc.</i> 1-866-983-7845 (TTY/TDD 1-888-788-4010) www.advantraplans.com	<i>SecureHorizons by United-Healthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicareComplete.com
Service Area: Cass, Crawford, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie and Shelby Counties	Service Area: Pottawattamie County
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: \$4,600 (Does not include prescriptions.)	Yearly Out-of-Pocket Maximum: \$4,200 In-Network; \$5,000 Out-of-Network (Does not include office visits, prescriptions, hearing and vision)
	Cost Shares Listed are for In-Network Providers
Doctor Office Visit: \$10 primary care visit; \$40 specialist visit	Doctor Office Visit: \$20 primary care visit; \$40 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$160/day for days 1-9	Inpatient Hospital: \$290/day for days 1-6
Outpatient Surgery/Services: \$260 per surgery/20% of the cost	Outpatient Surgery: 20% of the cost
Skilled Nursing Care: \$0 for days 1-6; \$100 each day for days 7-22; \$0 for days 23-100	Skilled Nursing Care: \$100 each day for days 1-20; \$0 for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0 - \$10 for each lab service
Durable Medical Equipment: 20% of the cost	Durable Medical Equipment: 20% of the cost: \$0 for diabetic supplies
Annual Physical Exam: \$10 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Value-Added Discount Program: Provides discounts on vision, hearing, dental, veterinarian services and pet supplies	Vision Services: \$40 (1 exam/year); \$70 credit for frames or \$105 credit for contacts/year
	Hearing Services: \$0 - \$40 (1 test/year); \$500 for hearing aids every two years
	Optional Package: \$39 monthly premium for additional dental, vision and hearing aid benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Preferred Generics \$35 - Preferred Brand \$70 - Non-Preferred – Generic and Brand drugs 33%- Specialty – Generic and Brand drugs Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic & Brand \$40 - Generic & Preferred Brand \$79 - Non-Preferred Generic & Brand 33% - Specialty Coverage in the Gap: None
Wellness Benefit: Health Club Membership	

AARP Medicare Complete Plus Plan 1 POS (H2803-001)	AARP Medicare Complete Plus Plan 1 POS (H2803-002)
<p><i>SecureHorizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 711) www.aarpmedicarecomplete.com</p>	<p><i>SecureHorizons by United Healthcare</i> 1-800-547-5514 (TTY/TDD 711) www.aarpmedicarecomplete.com</p>
Service Area: Pottawattamie County	Service Area: Crawford, Page and Shelby Counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Out-Of-Pocket Maximum and Cost Shares Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$4,200 (Does not include office visits, prescriptions, hearing and vision)	Yearly Out-of-Pocket Maximum: \$4,200 (Does not include office visits, prescriptions, hearing and vision)
Doctor Office Visit: \$20 primary care visit; \$40 specialist visit	Doctor Office Visit: \$20 primary care visit; \$40 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$290/day for days 1-6	Inpatient Hospital: \$290/day for days 1-6
Outpatient Surgery: 20% of the cost	Outpatient Surgery: 20% of the cost
Skilled Nursing Care: \$100 each day for days 1-20; \$0 for days 21-100	Skilled Nursing Care: \$100 each day for days 1-20; \$0 for days 21-100
Diagnostic Lab Tests: \$0 - \$10 for each lab service	Diagnostic Lab Tests: \$0 - \$10 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
Annual Physical Exam: \$0 (1 exam/year)	Routine Physical: \$0 (1 exam/year)
Vision Services: \$40 (1 exam/year); \$70 credit for frames or \$105 for contacts every year	Vision Services: \$40 (1 exam/year); \$70 credit for frames or \$105 credit for contacts every year
Hearing Services: \$0-\$40 (1 test/every year) \$500 for hearing aids every two years	Hearing Services: \$0-\$40 (1 test/year) \$500 for hearing aids every two years
Optional Package: \$39 premium per month for additional dental, vision and hearing aid benefits	Optional Package: None
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic & Brand \$40 - Generic & Preferred Brand \$79 - Non-Preferred Generic & Brand 33% - Specialty • Coverage in the Gap: None 	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic & Brand \$40 - Generic & Preferred Brand \$79 - Non-Preferred Generic & Brand 33% - Specialty • Coverage in the Gap: None

Medicare Cost Plan

MAHP Smart Plan (H1651-001)
MAHP Medicare Community Plan (H1651-004)
MAHP Freedom Plan (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: Alamakee, Clayton, Delaware, Dubuque, Jackson, and Jones Counties
Monthly Premium: H1651-001 - \$94 includes provider network benefit H1651-004 - \$114 includes expanded provider network benefit within service area H1651-008 - \$125 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 deductible; 20% coinsurance \$50,000 lifetime limit
Medicare Prescription Drug Coverage: No Coverage

Preferred Provider Organization-PPO

**Coventry Advantra Platinum PPO
(H1608-001)**

Coventry Health and Life Insurance Company
1-888-983-7845 (TTY/TDD 1-888-788-4010)
www.advantraplans.com

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.

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.

Service Area: Black Hawk, Bremer, Buchanan, Butler, Carroll, Cedar, Clinton, Dallas, Decatur, Delaware, Dickinson, Fayette, Grundy, Jasper, Johnson, Jones, Linn, Lucas, Lyon, Madison, Marion, Monroe, Muscatine, Osceola, Plymouth, Polk, Poweshiek, Scott, Sioux, Warren, Washington, Winneshiek, Woodbury and Wright Counties

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

Cost Shares and Out-of-Pocket Maximum Listed are what you pay for Network Providers

Yearly Out-of-Pocket Maximum: \$5,000 in-network;
(Does not include prescriptions)

Doctor Office Visit:
\$15 primary care visit; \$40 specialist visit

Emergency Room Visit: \$50 each visit
(waived if admitted to hospital in 24 hours)
Worldwide Coverage

Inpatient Hospital: \$175/day for days 1-9

Outpatient Surgery/Services: \$260 per surgery/ 20% of the cost

Skilled Nursing Care: \$0 for days 1-6;
\$100 each day for days 7-22

Diagnostic Lab Tests: \$0 for each lab service

Durable Medical Equipment: 20% of cost

Annual Physical Exam: \$15 (1 exam/year)

Value-Added Discount Program: Provides discounts on vision, hearing, dental, veterinarian services and pet supplies

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,830, you pay:
 - \$5 - Preferred Generics
 - \$35 - Preferred Brand
 - \$70 - Non-Preferred - Generic and Brand drugs
 - 33%- Specialty Generic and Brand drugs
- Coverage in the Gap – None

Wellness Benefit: Health Club Membership

Coventry Advantra Platinum PPO SW (H1608-003)	HumanaChoice PPO (H5868-004)
<i>Coventry Health and Life Insurance Company</i> 1-888-983-7845 (TTY/TDD 1-888-788-4010) www.advantraplans.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com
Service Area: Cass, Crawford, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie and Shelby Counties	Service Area: Benton, Black Hawk, Bremer, Butler, Cerro Gordo, Clinton, Dallas, Des Moines, Floyd, Franklin, Grundy, Guthrie, Hancock, Hardin, Howard, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Mitchell, Muscatine, Palo Alto, Polk, Wapello, Warren, Woodbury, Worth 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 Network Providers	
Yearly Out-of-Pocket Maximum: \$5,000 combined in and out of network (Does not include prescriptions)	Yearly Out-of-Pocket Maximum: 3,400 (Includes only Medicare-covered services)
Doctor Office Visit: \$15 primary care visit; \$40 specialist visit	Doctor Office Visit: \$10 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$175/day for days 1-9	Inpatient Hospital: \$200/day for days 1-15
Outpatient Surgery/Services: \$260 each surgery/20% of cost	Outpatient Services/Surgery: \$50 to \$150 each visit (or 20% of the cost)
Skilled Nursing Care: \$0 for days 1-6; \$100 each day for days 7-22	Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100
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: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: \$15 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Value-Added Discount Program: Provides discounts on vision, hearing, dental, veterinarian services and pet supplies	Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year
	International Optional Package: \$29 additional monthly premium; limited non-emergency coverage in six countries
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic drugs \$35 - Preferred Brand drugs \$70 - Non-Preferred - Generic & Brand drugs 33%- Specialty Brand and Generic drugs ● Coverage in the Gap – None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Coverage
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

HumanaChoice PPO (H5868-001)	HumanaChoice PPO (H6609-003)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com
Service Area: Benton, Black Hawk, Bremer, Butler, Cerro Gordo, Clinton, Dallas, Des Moines, Floyd, Franklin, Grundy, Guthrie, Hancock, Hardin, Howard, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Mitchell, Muscatine, Palo Alto, Polk, Wapello, Warren, Woodbury, Worth and Wright counties	Service Area: Pottawattamie County
Monthly Premium: \$33 You also pay Part B monthly premium	Monthly Premium: \$69 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers	
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare-covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare-covered services)
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$10 primary care visit; \$30 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-15	Inpatient Hospital: \$200/day for days 1-15
Outpatient Services/Surgery: \$50 to \$150 each visit (or 20% of the cost)	Outpatient Services/Surgery: \$50 to \$150 (or 20% of the cost)
Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100	Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100
Diagnostic Lab Tests: \$0-\$50 for each lab service	Diagnostic Lab Tests: \$0-\$50 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year	Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year
International Optional Package: \$29 additional monthly premium; limited non-emergency coverage in six countries	International Optional Package: \$29 additional monthly premium; limited non-emergency coverage in six countries
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Preferred Generic drugs \$40 – Non-preferred Generic/Preferred Brand \$80 – Non-preferred Brand 33% - Specialty drugs • Coverage in the Gap: Some Generics & Some Brand drugs 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$8 – Preferred Generic drugs \$40 – Non-preferred Generic/Preferred Brand \$80 – Non-preferred Brand 33% - Specialty drugs • Coverage in the Gap: Some Generics and Some Brand drugs
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

HumanaChoice PPO (H6609-004)	HumanaChoice PPO (H1418-008)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com
Service Area: Pottawattamie County	Service Area: Scott County
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$33 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers	
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare-covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare-covered services)
Doctor Office Visit: \$10 primary care visit; \$35 specialist visit	Doctor Office Visit: \$10 primary each visit; \$30 specialist
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$200 /day for days 1-15	Inpatient Hospital: \$200/day for days 1-15; \$0 for days 16-90
Outpatient Services/Surgery: \$50 to \$150 each visit (or 20% of the cost)	Outpatient Services/Surgery: \$50 to \$150 each visit (or 20% of the cost)
Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100	Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100
Diagnostic Lab Tests: \$0-\$50 for each lab service	Diagnostic Lab Tests: \$0- \$50 for each lab service
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year	Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year
International Optional Package: \$29 additional monthly premium; limited non-emergency coverage in six countries	International Optional Package: \$29 additional monthly premium; limited non-emergency coverage in six countries
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage 	Dental Optional Package: \$17 additional monthly premium for 2 annual cleanings and \$1,500 toward 2 oral exams and 1 dental x-ray every year. Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> Deductible- \$0 Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic drugs \$42 – Non-preferred Generic/Preferred Brand \$80 – Non-preferred Brand 33% - Specialty drugs Coverage in the Gap: Some Generics and Some Brand drugs
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

HumanaChoice PPO (H1418-009)	MedicareBlue PPO (Regional PPO) (R5566-005)
<i>Humana Insurance Company 1-800-833-2364 (TTY/TDD 1-877-833-4486) www.humana-medicare.com</i>	<i>Wellmark Blue Cross and Blue Shield of Iowa 1-866-434-2038 (TTY/TDD 1-866-456-1550) www.YourMedicareSolutions.com</i>
Service Area: Scott County	Service Area: All Counties in Iowa
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$57.30 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers	
Yearly Deductible: \$3,400 (Includes only Medicare-covered services)	Yearly Out-of-Pocket Maximum: \$3,350
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$25 primary each visit; \$35 specialist
Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-15	Inpatient Hospital: \$225/day for days 1-3; \$0 for days 4-90; \$225/day for days 91-94
Outpatient Services/Surgery: \$50 to \$150 each visit (or 20% of the cost)	Outpatient Services/Surgery: \$0-\$150 per date of service
Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100	Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100
Diagnostic Lab Tests: \$0-\$50 for each lab service	Diagnostic Lab Tests: \$0-20% (office or facility copay may apply)
Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies	Durable Medical Equipment: 20% of cost
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$25 (1 exam/year)
Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year	Vision Services: \$35 (1 routine exam/year)
International Optional Package: \$29 additional monthly premium; limited non-emergency coverage in six countries	Hearing Services: \$35 (1 routine exam/year)
Dental Optional Package: \$17 additional monthly premium for 2 annual cleanings and \$1,500 toward 2 oral exams and 1 dental x-ray every year.	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> Deductible- \$310 Before total drug costs reach \$2,700, you pay: <ul style="list-style-type: none"> 13% – Level 1 - Generics 23% – Level 2 - Preferred Brands 50% - Level 3 - Brand 25% - Level 4 - Specialty drugs Coverage in the Gap: None
Wellness Benefit: Health Club Membership	

Today's Option Advantage 1 PPO powered by CCRx (H5378-178)	Today's Option Advantage 2 PPO powered by CCRx (H5378-193)
<p><i>Universal American</i> 1-866-422-1967 (TTY/TDD 1-800-777-9083) www.todaysoptions.com</p>	<p><i>Universal American</i> 1-866-422-1967 (TTY/TDD 1-800-777-9083) www.todaysoptions.com</p>
<p>Service Area: Pottawattamie County</p>	<p>Service Area: Pottawattamie County</p>
<p>Monthly Premium: \$69 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$41 You also pay Part B monthly premium</p>
<p align="center">Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers</p>	
<p>Yearly Out-of-Pocket Maximum: \$3,250</p>	<p>Yearly Out-of-Pocket Maximum: \$3,400</p>
<p>Doctor Office Visit: \$10 primary each visit; \$35 for each specialist visit</p>	<p>Doctor Office Visit: \$10 primary each visit; \$35 specialist</p>
<p>Emergency Room Visit: \$50 (waived if admitted to hospital within 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$175/day for days 1-5</p>	<p>Inpatient Hospital: \$300/day for days 1-5</p>
<p>Outpatient Services/Surgery: \$75-\$150 for each visit</p>	<p>Outpatient Services/Surgery: \$145-\$245 each visit</p>
<p>Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100</p>	<p>Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100</p>
<p>Diagnostic Lab Tests: 0%</p>	<p>Diagnostic Lab Tests: 0%</p>
<p>Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of cost; 0%-20% for 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 exam/year)</p>	<p>Vision Services: \$20 (1 exam/year)</p>
<p>Hearing Services: \$20 (1 test/year)</p>	<p>Hearing Services: \$20 (1 test/year)</p>
<p>Dental: No additional benefits</p>	<p>Dental: No additional benefits</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • Deductible- \$0 • After you pay the deductible but before your total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 - Preferred Brands \$65 – Non-Preferred Brand 33% - Specialty drugs • Coverage in the Gap: None 	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • Deductible- \$0 • After you pay the deductible but before your total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 - Preferred Brands \$65 – Non-Preferred Brand 33% - Specialty drugs • Coverage in the Gap: None

<p>Today’s Option Advantage 3 PPO powered by CCRx (H5378-185)</p>	<p>Private-Fee-For-Service-PFFS</p>
<p><i>Universal American</i> 1-866-422-1967 (TTY/TDD 1-800-777-9083) www.todaysoptions.com</p>	<p>A Private Fee-For-Service (PFFS) plan is a type of Medicare Advantage plan. These plans do not have a “network” of providers. 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.</p> <p>Monthly premiums may be lower, but out-of-pocket copayments may be higher than when a beneficiary is enrolled in Original Medicare and supplemental health insurance.</p> <p>The PFFS plan manages your Medicare Part A and Part B health insurance benefits. You do not need a Medicare supplement. If you have a policy, it will not pay when you are enrolled in an PFFS plan.</p> <p>Some PFFS plans allow providers to “balance bill.” This would allow the provider to charge you up to 15% over the plan’s payment for services. Even if balance billing is allowed, your provider may accept the plan’s payment amount as payment in full. Ask your Medicare PFFS plan if they allow providers to balance bill as this will affect how much you may pay.</p> <p>PFFS plans must provide all Medicare-covered services and may provide additional benefits that Original Medicare does not cover. Additional coverage could include an annual physical, vision and hearing screenings and wellness programs.</p> <p>The following charts show what you pay when you enroll in a Medicare Advantage PFFS plan.</p>
<p>Service Area: Pottawattamie County</p>	
<p>Monthly Premium: \$102 You also pay Part B monthly premium</p>	
<p>Cost Shares and Out-of-Pocket Maximum Listed are for Network Providers</p>	
<p>Yearly Out-of-Pocket Maximum: \$3,250</p>	
<p>Doctor Office Visit: \$0 primary care visit; \$35 specialist</p>	
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage</p>	
<p>Inpatient Hospital: \$200/day for days 1-5</p>	
<p>Outpatient Services/Surgery: \$75- \$150 each visit</p>	
<p>Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100</p>	
<p>Diagnostic Lab Tests: 0%</p>	
<p>Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies</p>	
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	
<p>Vision Services: \$20 (1 exam/year)</p>	
<p>Hearing Services: \$20 (1 test/year)</p>	
<p>Dental: No additional benefits</p>	
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • Deductible- \$0 • After you pay the deductible but before your total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 - Preferred Brands \$65 – Non-Preferred Brand 33% - Specialty drugs • Coverage in the Gap: Many Generics 	

AveraAdvantage Value (H5421-131)	AveraAdvantage Value Plus (H5421-134)
<p><i>Pyramid Life Insurance Company</i> 1-800-999-3947 (TTY/TDD 1-800-888-9680) www.averaadvantage.com</p>	<p><i>Pyramid Life Insurance Company</i> 1-800-999-3947 (TTY/TDD 1-800-888-9680) www.averaadvantage.com</p>
<p>Service Area: Dickinson, Emmet, Lyon, and Sioux counties</p>	<p>Service Area: Dickinson, Emmet, Lyon, and Sioux counties</p>
<p>Monthly Premium: \$10 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$37 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare-covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare-covered services)</p>
<p>Doctor Office Visit: \$20-\$35 primary each visit; \$40 specialist</p>	<p>Doctor Office Visit: \$20-\$35 primary each visit; \$40 specialist</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$495 for each admission</p>	<p>Inpatient Hospital: \$495 for each admission</p>
<p>Outpatient Services/Surgery: \$125 each visit</p>	<p>Outpatient Services/Surgery: \$125 each visit</p>
<p>Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100</p>	<p>Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100</p>
<p>Diagnostic Lab Tests: 0%</p>	<p>Diagnostic Lab Tests: 0%</p>
<p>Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of cost; 0%-20% for 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 exam/year)</p>	<p>Vision Services: \$20 (1 exam/year)</p>
<p>Hearing Services: \$20 (1 test/year)</p>	<p>Hearing Services: \$20 (1 test/year)</p>
<p>Dental: No additional benefits</p>	<p>Dental: No additional benefits</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> ● No Coverage 	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> ● Deductible- \$0 ● After you pay the deductible but before your total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 - Preferred Brands \$65 – Non-Preferred Brand 33% - Specialty drugs ● Coverage in the Gap: None

AveraAdvantage Premier (H5421-130)	AveraAdvantage Premier Plus (H5421-133)
<i>Pyramid Life Insurance Company</i> 1-800-999-3947 (TTY/TDD 1-800-888-9680) www.averaadvantage.com	<i>Pyramid Life Insurance Company</i> 1-800-999-3947 (TTY/TDD 1-800-888-9680) www.averaadvantage.com
Service Area: Dickinson, Emmet, Lyon, and Sioux counties	Service Area: Dickinson, Emmet, Lyon, and Sioux counties
Monthly Premium: \$40 You also pay Part B monthly premium	Monthly Premium: \$83 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,250 (Includes only Medicare-covered services)	Yearly Out-of-Pocket Maximum: \$3,250 (Includes only Medicare-covered services)
Doctor Office Visit: \$10-\$35 primary each visit; \$25 specialist	Doctor Office Visit: \$10-\$35 primary each visit; \$25 specialist
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$195 for each admission	Inpatient Hospital: \$195 for each admission
Outpatient Services/Surgery: \$75 each visit	Outpatient Services/Surgery: \$75 each visit
Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100
Diagnostic Lab Tests: 0%	Diagnostic Lab Tests: 0%
Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies	Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$15 (1 exam/year)	Vision Services: \$15 (1 exam/year)
Hearing Services: \$15 (1 test/year)	Hearing Services: \$15 (1 test/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Coverage 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● Deductible- \$0 ● After you pay the deductible but before your total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 - Preferred Brands \$65 – Non-Preferred Brand 33% - Specialty drugs ● Coverage in the Gap: Many Generics

Humana Gold Choice PFFS (H2944-004)	Humana Gold Choice PFFS (H2944-005)
<i>Humana Insurance Company</i> 1-800-833-2312 (TTY/TDD 1-877-833-4486) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2312 (TTY/TDD 1-877-833-4486) www.humana-medicare.com
Service Area: All Counties in Iowa	Service Area: All Counties in Iowa
Monthly Premium: \$48 You also pay Part B monthly premium	Monthly Premium: \$68 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare-covered services)	Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare-covered services)
Doctor Office Visit: \$15 -\$35 primary care visit; \$35 specialist visit	Doctor Office Visit: \$15-\$35 primary care visit; \$35 specialist visit
Emergency Room Visit: \$50 each visit Worldwide Coverage	Emergency Room Visit: \$50 each visit; Worldwide Coverage
Inpatient Hospital: \$225/day for days 1-7	Inpatient Hospital: \$225/day for days 1-7
Outpatient Services/Surgery: 20% -25% of cost	Outpatient Services/Surgery: \$75-\$125 for each visit (or 20% of the cost)
Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100	Skilled Nursing Care: \$0 for days 1-14; \$100 each day for days 15-100
Diagnostic Lab Tests: \$0 - \$35 (or 25% of the cost)	Diagnostic Lab Tests: \$0-\$125 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exams: \$0 (1 exam/year)	Annual Physical Exams: \$0 (1 exam/year)
Dental Optional Package: \$10 or \$18 additional monthly premium: Includes 2 cleanings per year and \$1,000 -\$1,500 limit for oral exams and x-rays Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year Dental/Vision Optional Package: \$18 additional monthly premium; Includes 2 cleanings and \$1,000 limit for oral exams and x-rays and \$300 limit for eye wear and 1 routine eye exam/year	Dental Optional Package: \$10 or \$18 additional monthly premium: Includes 2 cleanings per year and \$1,000 -\$1,500 limit for oral exams and x-rays Vision Optional Package: \$10 additional monthly premium; \$300 limit for eye wear and 1 routine eye exam every year Dental/Vision Optional Package: \$18 additional monthly premium; Includes 2 cleanings and \$1,000 limit for oral exams and x-rays and \$300 limit for eye wear and 1 routine eye exam/year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none">● No deductible● Before your drug costs reach \$2,830, you pay:<ul style="list-style-type: none">\$8 – Preferred Generic\$40 – Non-Preferred Generic/Preferred Brand\$80 – Non-Preferred Brand33% - Specialty● Coverage in the Gap: Some Brands and Some Generics	Medicare Prescription Drug Coverage: <ul style="list-style-type: none">● No deductible● Before your drug costs reach \$2,830, you pay:<ul style="list-style-type: none">\$8 – Preferred Generic\$40 – Non-Preferred Generic/Preferred Brand\$80 – Non-Preferred Brand33% - Specialty● Coverage in the Gap: Some Brands and Some Generics
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

SecureHorizons MedicareDirect Plan 1 (H5435-001)	SecureHorizons MedicareDirect Plan 100 (H5435-020)
<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.securehorizons.com</p>	<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.securehorizons.com</p>
<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright</p>	<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury and Worth counties</p>
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$25 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$4,250 (Does not include office visits, prescriptions, hearing and vision)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,350 (Does not include office visits, prescriptions, hearing and vision)</p>
<p>Doctor Office Visit: \$15 primary care visit; \$30 specialist visit</p>	<p>Doctor Office Visit: \$15 primary care visit; \$25 specialist visit</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$225/day for days 1-7</p>	<p>Inpatient Hospital: \$175/day for days 1-20</p>
<p>Outpatient Services/Surgery: 20% of the cost</p>	<p>Outpatient Services/Surgery: \$150 each visit</p>
<p>Skilled Nursing Care: \$95 each day for days 1-30; \$0 each day for days 31-100</p>	<p>Skilled Nursing Care: \$80 each day for days 1-36; \$0 for days 37-100</p>
<p>Diagnostic Lab Tests: \$0-\$10 for lab services</p>	<p>Diagnostic Lab Tests: \$0-\$10 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 diabetic supplies</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>
<p>Vision Services: \$30 (1 exam/year)</p>	<p>Vision Services: \$25 (1 exam/year)</p>
<p>Hearing Services: \$30 (1 test/year)</p>	<p>Hearing Services: \$25 (1 test/year)</p>
<p>Dental: No additional Benefits</p>	<p>Dental: No additional Benefits</p>
<p>Medicare Prescription Drug Coverage: No Coverage</p>	<p>Medicare Prescription Drug Coverage: No Coverage</p>

SecureHorizons MedicareDirect Plan 2 (H5435-002)	SecureHorizons MedicareDirect Rx Plan 150 (H5435-027)
<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.securehorizons.com</p>	<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.securehorizons.com</p>
<p>Service Area: Crawford, Page, Pottawattamie, and Shelby counties</p>	<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Buena Vista, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Crawford, Dallas, Davis, Decatur, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hancock, Hardin, Henry, Howard, Iowa, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Warren, Washington, Wayne, Winnebago, Winneshiek, Worth</p>
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$35 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$4,600 (Does not include office visits, prescriptions, hearing and vision)</p>	<p>Yearly Out-of-Pocket Maximum: \$4,300 (Does not include doctor office visits, prescriptions, hearing and vision)</p>
<p>Doctor Office Visit: \$15 primary care visit; \$30 specialist visit</p>	<p>Doctor Office Visit: \$15 primary care visit; \$25 specialist visit</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$250/day for days 1-7</p>	<p>Inpatient Hospital: \$195/day for days 1-8</p>
<p>Outpatient Services/Surgery: 20% of the cost</p>	<p>Outpatient Services/Surgery: \$180 for each visit</p>
<p>Skilled Nursing Care: \$110 each day for days 1-26; \$0 for days 27-100</p>	<p>Skilled Nursing Care: \$95/day for days 1-30; \$0 each day for days 31-100</p>
<p>Diagnostic Lab Tests: \$0-\$10 for each lab service</p>	<p>Diagnostic Lab Tests: \$0-\$10 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 diabetic supplies</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>
<p>Vision Services: \$30 (1 exam/year)</p>	<p>Vision Services: \$25 (1 exam/year)</p>
<p>Hearing Services: \$30 (1 test/year)</p>	<p>Hearing Services: \$25 (1 test/year)</p>
<p>Dental: No additional Benefits</p>	<p>Dental: No additional Benefits</p>
<p>Medicare Prescription Drug Coverage: No Coverage</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic & Brand \$42 – Generic & Preferred Brand \$80 – Non Preferred Generic/Brand 33% - Specialty ● Coverage in the Gap: None

SecureHorizons MedicareDirect Rx Plan 51 (H5435-014)	SecureHorizons MedicareDirect Rx Plan 55 (H5435-024)
<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.securehorizons.com</p>	<p align="center"><i>United Healthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.securehorizons.com</p>
<p>Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright counties</p>	<p>Service Area: Crawford, Page, Pottawattamie and Shelby counties</p>
<p>Monthly Premium: \$20 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: \$4,600 (Does not include office visits, prescriptions, hearing and vision)</p>	<p>Yearly Out-of-Pocket Maximum: \$4,900 (Does not include office visits, prescriptions, hearing and vision)</p>
<p>Doctor Office Visit: \$15 primary care visit; \$30 specialist visit</p>	<p>Doctor Office Visit: \$15 primary care visit; \$35 specialist visit</p>
<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$250/day for days 1-7</p>	<p>Inpatient Hospital: \$275/day for days 1-6</p>
<p>Outpatient Services/Surgery: 20% of the cost</p>	<p>Outpatient Services/Surgery: 20% of the cost</p>
<p>Skilled Nursing Care: \$110/day for days 1-26; \$0 each day for days 27-100</p>	<p>Skilled Nursing Care: \$110 each day for days 1-26; \$0 each day for days 27-100</p>
<p>Diagnostic Lab Tests: \$0-\$10 for each lab service</p>	<p>Diagnostic Lab Tests: \$0-\$10 for lab services</p>
<p>Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of 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>Vision Services: \$30 (1 exam/year)</p>	<p>Vision Services: \$35 (1 exam/year)</p>
<p>Hearing Services: \$30 (1 test/year)</p>	<p>Hearing Services: \$35 (1 test/year)</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic & Brand \$42 – Generic & Preferred Brand \$80 – Non Preferred Generic/Brand 33% - Specialty <p>Coverage in the Gap: None</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic & Brand \$42 – Generics & Preferred Brand \$80 – Non Preferred Generic/Brand 33% - Specialty drugs <p>Coverage in the Gap: None</p>

SecurityChoice Classic (H0540-001)	SecurityChoice Plus (H0540-020)
<i>UniCare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-241-6894) www.unicare.com/medicare	<i>Unicare Life & Health Insurance Company</i> 1-888-949-5384 (TTY/TDD 1-800-241-6894) www.unicare.com/medicare
Service Area: Adair, Adams Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth	Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Dubuque, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$23 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,000 (This limit includes only Medicare covered services)	Yearly Out-of-Pocket Maximum: \$5,000 (This limit includes only Medicare covered services)
Doctor Office Visit: \$25 primary care visit; \$35 specialist visit	Doctor Office Visit: \$25 primary care visit; \$35 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 72 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 72 hours) Worldwide Coverage
Inpatient Hospital: \$280/day for days 1-6 (\$1,680 out-of-pocket limit per calendar year and is credited to the annual out-of-pocket maximum)	Inpatient Hospital: \$280/day for days 1-6 (\$1,680 out-of-pocket limit per calendar year and is credited to the annual out-of-pocket maximum)
Outpatient Services/Surgery: \$35 -\$250/visit	Outpatient Services/Surgery: \$35 -\$250 each visit
Skilled Nursing Care: \$0 for days 1-20; \$130 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$130 each day for days 21-100
Diagnostic Lab Tests: \$35-\$125 for each service	Diagnostic Lab Tests: \$35-\$125 for each service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exam: \$0-\$35 (1 exam/year)	Routine Physical: \$0-35 (1 exam/year)
Vision Services: \$35 (1 exam/year)	Vision Services: \$35 (1 exam/year)
Hearing Services: \$35 (1 routine test/year)	Hearing Services: \$35 (1 test/year)
Medicare Prescription Drug Coverage: No Coverage	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$8 – Preferred Generic \$44 – Preferred Brand \$85 – Non-Preferred Brand or Generic 33% - Specialty ● Coverage in the Gap: Many Generics - \$8

Sterling Basic PlusOption I (H5006-018-2)	Sterling Option I (H5006-014-02)
<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com	<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com
Service Area: All counties in Iowa	Service Area: All counties in Iowa
Monthly Premium: \$59 You also pay Part B monthly premium	Monthly Premium: \$94 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,000 (This limit includes only Medicare covered services)	Yearly Out-of-Pocket Maximum: None
Doctor Office Visit: \$20 primary care visit; \$40 specialist visit	Doctor Office Visit: \$20 primary care visit; \$40 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-5	Inpatient Hospital: \$150/day for days 1-5
Outpatient Surgery/Services: 15% of the cost	Outpatient Surgery/Services: 10% of the cost
Skilled Nursing Care: \$0 for days 1-10; \$50 each day for days 11-100	Skilled Nursing Care: \$0 for days 1-10; \$50 each day for days 11-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of the cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$0 copay (1 exam/year)	Routine Physical: \$0 copay (1 exam/year)
Vision Services: \$100 limit for eye exams every year; \$200 limit for eye wear	Vision Services: \$100 limit for eye exams every year; \$200 limit for eye wear
Hearing Services: \$100 limit/year for routine tests	Hearing Services: \$100 limit/year for routine tests
Dental: \$200 for preventive benefits each year	Dental: \$300 for preventive benefits each year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

Sterling Option II (H5006-017-2)	Sterling Option IV (H5006-016-2)
<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com	<i>Sterling Life Insurance Company</i> 1-888-858-8572 (TTY/TDD 1-888-858-8567) www.sterlingplans.com
Service Area: All counties in Iowa	Service Area: All counties in Iowa
Monthly Premium: \$107 You also pay Part B monthly premium	Monthly Premium: \$120 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: None	Yearly Out-of-Pocket Maximum: \$4,000 (This limit includes only Medicare covered services)
Doctor Office Visit: \$20 primary care visit; \$40 specialist visit	Doctor Office Visit: \$20 primary care visit; \$40 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$150/day for days 1-5	Inpatient Hospital: \$150/day for days 1-5
Outpatient Surgery/Services: 15% of the cost	Outpatient Surgery/Services: 15% of the cost
Skilled Nursing Care: \$0 for days 1-10; \$50 each day for days 11-100	Skilled Nursing Care: \$0 for days 1-10; \$50 each day for days 11-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0 for each service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Routine Physical: \$0 copay (1 exam/year)	Routine Physical: \$0 copay (1 exam/year)
Vision Services: \$100 limit for eye exams every year; \$0 copay (1 exam/year)	Vision Services: \$400 limit for eye exams every year; \$400 limit for eye wear every year
Hearing Services: \$100 limit/year for routine tests	Hearing Services: \$400 limit/year for hearing tests
Dental: \$100 for preventive benefits each year	Dental: \$400 for preventive benefits each year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● \$225 Deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$10 – Generic \$34 – Brand 25% - Specialty ● Coverage in the Gap: None 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● \$225 Deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$10 – Generic \$36 – Brand 25% - Specialty ● Coverage in the Gap: None
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

Today's Option Value (H5421-052) (H5421-053) (H5421-054) (H5421-055) (H5421-056)	
Pyramid Life Insurance Company 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-052 Service Area: Boone, Carroll, Cerro Gordo, Clay, Dallas, Decatur, Greene, Guthrie, Johnson, Marion, Marshall, Osceola, Polk, Union, Warren, Winnebago Monthly Premium: \$0 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$20-\$35 primary care visit; \$45 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$300/day for days 1-5
Plan: H5421-053 Service Area: Buena Vista, Cedar, Cherokee, Jasper, Kossuth, Linn, Mitchell, Muscatine, Scott, Story, Worth Monthly Premium: \$0 You also pay Part B monthly premium	Outpatient Services/Surgery: \$145 each ambulatory surgical center visit; \$245 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0
Plan: H5421-054 Service Area: Howard, Palo Alto, Ringgold Monthly Premium: \$15 You also pay Part B monthly premium	Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$20 (1 exam/year)
Plan: H5421-055 Service Area: Adair, Audubon, Calhoun, Clinton, Franklin, Hancock, Humboldt, Ida, Jones, O'Brien, Pottawattamie, Taylor, Webster Monthly Premium: \$30 You also pay Part B monthly premium	Hearing Services: \$20 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Coverage
Plan: H5421-056 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$50 You also pay Part B monthly premium	

Today's Option Value	
(H5421-141) (H5421-149) (H5421-157) (H5421-165) (H5421-173) (H5421-181)	
Pyramid Life Insurance Company 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-141 Service Area: Allamakee, Appanoose, Henry, Iowa, Jefferson, Keokuk, Madison, Mahaska, Washington, Winneshiek Monthly Premium: \$0 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$25-\$35 primary care visit; \$50 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$350/day for days 1-5
Plan: H5421-149 Service Area: Clarke, Davis, Delaware, Grundy, Hamilton, Lucas, Wayne Monthly Premium: \$0 You also pay Part B monthly premium	Outpatient Services/Surgery: \$145 each ambulatory surgical center visit; \$245 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0
Plan: H5421-157 Service Area: Crawford, Hardin, Jackson, Louisa, Mills Monthly Premium: \$50 You also pay Part B monthly premium	Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$25 (1 exam/year)
Plan: H5421-165 Service Area: Benton, Bremer, Cass, Dubuque, Fayette, Floyd, Fremont, Harrison, Lee, Monroe, Montgomery, Page, Plymouth, Poweshiek, Tama, Van Buren, Wapello, Woodbury Monthly Premium: \$65 You also pay Part B monthly premium	Hearing Services: \$25 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage
Plan: H5421-173 Service Area: Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Shelby Monthly Premium: \$85 You also pay Part B monthly premium	
Plan: H5421-181 Service Area: Black Hawk, Wright Monthly Premium: \$100 You also pay Part B monthly premium	

Today's Option Premier (H5421-046) (H5421-047) (H5421-048) (H5420-049) (H5421-050)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-046 Service Area: Boone, Carroll, Cerro Gordo, Clay, Dallas, Decatur, Greene, Guthrie, Johnson, Marion, Marshall, Osceola, Polk, Union, Warren, Winnebago Monthly Premium: \$0 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,250 (This limit includes only Medicare-covered services) Doctor Office Visit: \$10-\$35 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$200/day for days 1-5
Plan: H5421-047 Service Area: Buena Vista, Cedar, Cherokee, Jasper, Kossuth, Linn, Mitchell, Muscatine, Scott, Story, Worth Monthly Premium: \$39 You also pay Part B monthly premium	Outpatient Services/Surgery: \$75 each ambulatory surgical center visit; \$150 each hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost ; 0%-20% for diabetic supplies
Plan: H5421-048 Service Area: Howard, Palo Alto, Ringgold Monthly Premium: \$49 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$20 (1 exam/year)
Plan: H5421-049 Service Area: Adair, Audubon, Calhoun, Clinton, Franklin, Hancock, Humboldt, Ida, Jones, O'Brien, Pottawattamie, Taylor, Webster Monthly Premium: \$69 You also pay Part B monthly premium	Hearing Services: \$20 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Coverage
Plan: H5421-050 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$89 You also pay Part B monthly premium	

Today's Option Premier	
(H5421-139) (H5421-147) (H5421-155) (H5420-163) (H5421-171) (H5421-179)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-139 Service Area: Allamakee, Appanoose, Henry, Iowa, Jefferson, Keokuk, Madison, Mahaska, Washington, Winneshiek Monthly Premium: \$0 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$15-\$35 primary care visit; \$40 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-5
Plan: H5421-147 Service Area: Clarke, Davis, Delaware, Grundy, Hamilton, Lucas, Wayne Monthly Premium: \$74 You also pay Part B monthly premium	Outpatient Services/Surgery: \$75 each ambulatory surgical center visit; \$150 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost ; 0%-20% for diabetic supplies
Plan: H5421-155 Service Area: Crawford, Hardin, Jackson, Louisa, Mills Monthly Premium: \$84 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$25 (1 exam/year)
Plan: H5421-163 Service Area: Benton, Bremer, Cass, Dubuque, Fayette, Floyd, Fremont, Harrison, Lee, Monroe, Montgomery, Page, Plymouth, Poweshiek, Tama, Van Buren, Wapello, Woodbury Monthly Premium: \$104 You also pay Part B monthly premium	Hearing Services: \$25 (1 test/year) Dental: No additional benefits
Plan: H5421-171 Service Area: Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Shelby Monthly Premium: \$124 You also pay Part B monthly premium	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Coverage
Plan: H5421-179 Service Area: Black Hawk, Wright Monthly Premium: \$134 You also pay Part B monthly premium	

Today's Options Value powered by CCRx (H5421-070) (H5421-071) (H5421-072) (H5421-073) (H5421-074)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-070 Service Area: Boone, Carroll, Cerro Gordo, Clay, Dallas, Decatur, Greene, Guthrie, Johnson, Marion, Marshall, Osceola, Polk, Union, Warren, Winnebago Monthly Premium: \$21 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$20-\$35 primary care visit; \$45 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$300/day for days 1-5
Plan: H5421-071 Service Area: Buena Vista, Cedar, Cherokee, Jasper, Kossuth, Linn, Mitchell, Muscatine, Scott, Story, Worth Monthly Premium: \$21 You also pay Part B monthly premium	Outpatient Services/Surgery: \$145 each ambulatory surgical center visit; \$245 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost ; 0%-20% for diabetic supplies
Plan: H5421-072 Service Area: Howard, Palo Alto, Ringgold Monthly Premium: \$37 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$20 (1 exam/year)
Plan: H5421-073 Service Area: Adair, Audubon, Calhoun, Clinton, Franklin, Hancock, Humboldt, Ida, Jones, O'Brien, Pottawattamie, Taylor, Webster Monthly Premium: \$51 You also pay Part B monthly premium	Hearing Services: \$20 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● You pay the following until your total drug costs reach \$2,830: <ul style="list-style-type: none"> \$5 – Generics \$35 – Preferred Brand \$65 – Non-Preferred Brand 33% - Specialty ● Coverage in the Gap: None
Plan: H5421-074 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$68 You also pay Part B monthly premium	

Today's Options Value powered by CCRx (H5421-142) (H5421-150) (H5421-158)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-142 Service Area: Allamakee, Appanoose, Henry, Iowa, Jefferson, Keokuk, Madison, Mahaska, Washington, Winneshiek Monthly Premium: \$26 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$25-\$35 primary care visit; \$50 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$350/day for days 1-5
Plan: H5421-150 Service Area: Clarke, Davis, Delaware, Grundy, Hamilton, Lucas, Wayne Monthly Premium: \$23 You also pay Part B monthly premium	Outpatient Services/Surgery: \$145 each ambulatory surgical center visit; \$245 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost ; 0%-20% for diabetic supplies
Plan: H5421-158 Service Area: Crawford, Hardin, Jackson, Louisa, Mills Monthly Premium: \$63 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$25 (1 exam/year) Hearing Services: \$25 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● Deductible: None ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 – Preferred Brand \$65 – Non-Preferred Brand 33% - Specialty ● Coverage in the Gap: None

Today's Options Value powered by CCRx (H5421-166) (H5421-174) (H5421-182)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-166 Service Area: Benton, Bremer, Cass, Dubuque, Fayette, Floyd, Fremont, Harrison, Lee, Monroe, Montgomery, Page, Plymouth, Poweshiek, Tama, Van Buren, Wapello, Woodbury Monthly Premium: \$76 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$25-\$35 primary care visit; \$50 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$350/day for days 1-5
Plan: H5421-174 Service Area: Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Shelby Monthly Premium: \$99 You also pay Part B monthly premium	Outpatient Services/Surgery: \$145 each ambulatory surgical center visit; \$245 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost ; 0%-20% for diabetic supplies
Plan: H5421-182 Service Area: Black Hawk, Wright Monthly Premium: \$114 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$25 (1 exam/year) Hearing Services: \$25 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● Deductible: \$310 ● After you pay the deductible you pay 25% until your total yearly drug costs reach \$2,830 ● Coverage in the Gap: None

Today's Options Premier powered by CCRx (H5421-064) (H5421-065) (H5421-066) (H5421-067) (H5421-068)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9082) www.todaysoptions.com	
Plan: H5421-064 Service Area: Boone, Carroll, Cerro Gordo, Clay, Dallas, Decatur, Greene, Guthrie, Johnson, Marion, Marshall, Osceola, Polk, Union, Warren, Winnebago Monthly Premium: \$58 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$2,500 (This limit includes only Medicare-covered services) Doctor Office Visit: \$10-\$35 primary care visit; \$35 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$200/day for days 1-5
Plan: H5421-065 Service Area: Buena Vista, Cedar, Cherokee, Jasper, Kossuth, Linn, Mitchell, Muscatine, Scott, Story, Worth Monthly Premium: \$77 You also pay Part B monthly premium	Outpatient Services/Surgery: \$75 each ambulatory surgical center visit; \$150 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost; 0%-20% for diabetic supplies
Plan: H5421-066 Service Area: Howard, Palo Alto, Ringgold Monthly Premium: \$101 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$20 (1 exam/year)
Plan: H5421-067 Service Area: Adair, Audubon, Calhoun, Clinton, Franklin, Hancock, Humboldt, Ida, Jones, O'Brien, Pottawattamie, Taylor, Webster, Monthly Premium: \$112 You also pay Part B monthly premium	Hearing Services: \$20 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 – Preferred Brand \$65 – Non-Preferred Brand 33% - Specialty ● Coverage in the Gap: Many Generics - \$5
Plan: H5421-068 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$138 You also pay Part B monthly premium	

Today's Options Premier powered by CCRx (H5421-140) (H5421-148) (H5421-156) (H5421-164) (H5421-172) (H5421-180)	
<i>Pyramid Life Insurance Company</i> 1-800-996-8867 (TTY/TDD 1-800-777-9083) www.todaysoptions.com	
Plan: H5421-140 Service Area: Allamakee, Appanoose, Henry, Iowa, Jefferson, Keokuk, Madison, Mahaska, Washington, Winneshiek Monthly Premium: \$64 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,400 (This limit includes only Medicare-covered services) Doctor Office Visit: \$15-\$35 primary care visit; \$40 specialist visit Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$250/day for days 1-5
Plan: H5421-148 Service Area: Clarke, Davis, Delaware, Grundy, Hamilton, Lucas, Wayne Monthly Premium: \$120 You also pay Part B monthly premium	Outpatient Services/Surgery: \$75 each ambulatory surgical center visit; \$150 each outpatient hospital facility visit Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100 Diagnostic Lab Tests: \$0 Durable Medical Equipment: 20% of cost ; 0% - 20% for diabetic supplies
Plan: H5421-156 Service Area: Crawford, Hardin, Jackson, Louisa, Mills Monthly Premium: \$146 You also pay Part B monthly premium	Annual Physical Exam: \$0 (1 exam/year) Vision Services: \$25 (1 exam/year)
Plan: H5421-164 Service Area: Benton, Bremer, Cass, Dubuque, Fayette, Floyd, Fremont, Harrison, Lee, Monroe, Montgomery, Page, Plymouth, Poweshiek, Tama, Van Buren, Wapello, Woodbury Monthly Premium: \$151 You also pay Part B monthly premium	Hearing Services: \$25 (1 test/year) Dental: No additional benefits Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> ● No Deductible ● Before total drug costs reach \$2,830, you pay: <ul style="list-style-type: none"> \$5 – Generics \$35 – Preferred Brand \$65 – Non-Preferred Brand 33% - Specialty ● Coverage in the Gap: Many Generics - \$5
Plan: H5421-172 Service Area: Buchanan, Butler, Chickasaw, Clayton, Des Moines, Monona, Shelby Monthly Premium: \$186 You also pay Part B monthly premium	
Plan: H5421-180 Service Area: Black Hawk, Wright Monthly Premium: \$203 You also pay Part B monthly premium	

Special Needs Plans-SNP

Evercare Plan DH- POS Health Plan for People with Medicare and Medicaid (H2803-012)

United Healthcare Insurance Company
1-888-834-3721 (TTY/TDD 711)
www.evercarehealthplans.com

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 available in Iowa are designed to meet the needs of people with chronic health conditions, those who live in nursing homes or those who receive Medicare and Medicaid benefits. Individuals who are considered to be Medicare and Medicaid eligible include those receiving full Medicaid benefits and 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, 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 each plan's specific enrollment criteria, ie. enrolled in Medicaid, live in a nursing home or have a diagnosis of diabetes or high cholesterol. 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 charts show what **you pay** when you enroll in a Special Needs Plan. If you are eligible for full Medicaid benefits, the state of Iowa will cover the cost for deductibles and co-payments.

Service Area: Dallas, Polk, and Warren Counties

Monthly Premium: \$0 to \$24.50
(Premium is based on your level of Medicaid eligibility)

Yearly Out-of-Pocket Maximum: None

Doctor Office Visit:
\$0 or 20% for primary care and specialist visit

Emergency Room Visit: \$0 or \$50 each visit
(cost sharing based on your level of Medicaid eligibility)
Worldwide Coverage

Inpatient Hospital: \$0 or Original Medicare cost sharing.\$1,100 deductible for days 1-60; \$0 or \$275/day for days 61-90; \$0 or \$550/day for days 91-150

Outpatient Surgery: \$0 or 20% of cost

Skilled Nursing Care: \$0 for days 1-20; \$0 or \$110/day for days 21-50; \$0 per day for days 51-100
(Cost sharing based on your level of Medicaid eligibility)

Diagnostic Lab Tests: \$0 for lab tests

Durable Medical Equipment: 0% or 20% of cost

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

Vision Services: \$0 (1 exam every year);
\$150 for eye wear every two years

Hearing Services: No additional benefits

Dental: No additional benefits

Routine Transportation: \$0 (up to 24 one-way trips to plan-approved location every year)

Medicare Prescription Drug Coverage:

- No Deductible
Depending on your income or if you live in a nursing home, you pay:
\$0, \$1.10, \$2.50 for Generic drugs
(Including brand drugs treated as generic)
- \$0, \$3.30, \$6.30 for Brand name drugs

Coverage in the Gap: Yes

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				