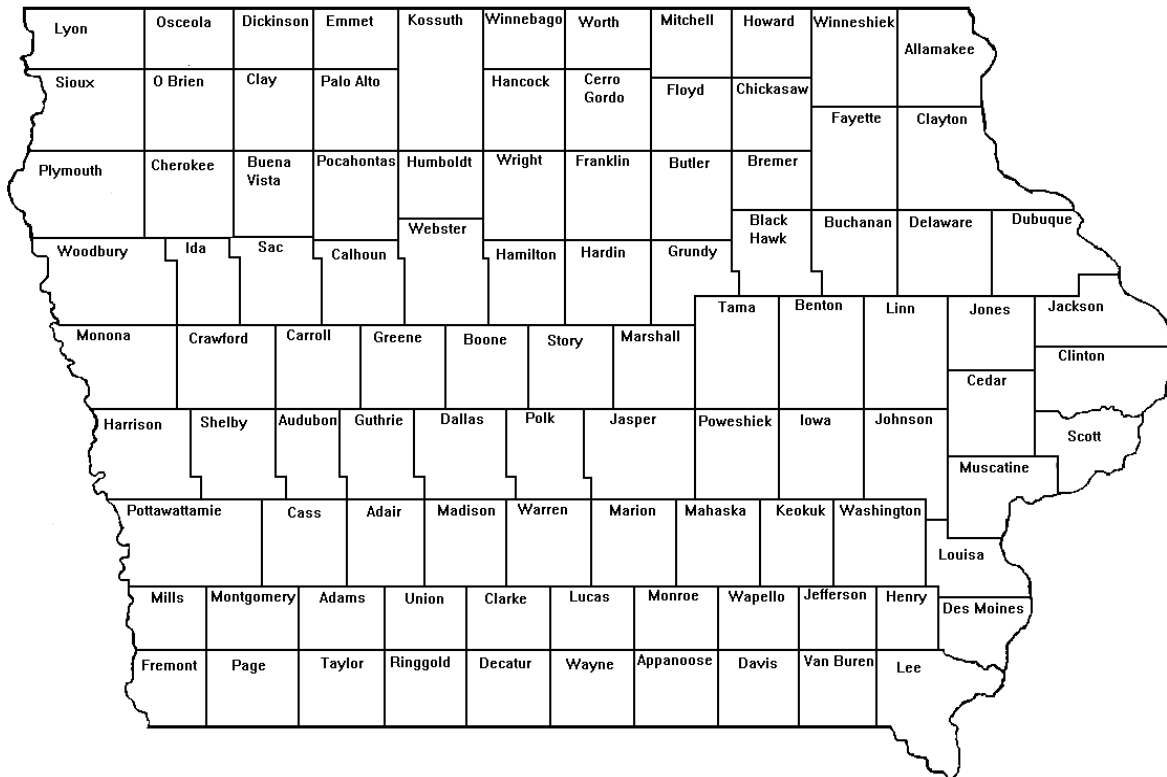


Medicare Advantage & Other Health Plans in Iowa 2012



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

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. Most of the plans include Medicare prescription drug coverage (Part D).

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

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

Enrollment or Disenrollment

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

- ◆ **First become eligible for Medicare 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, 2012 to February 14, 2012** – You can **disenroll** from a Medicare Advantage plan and return to Original Medicare. Regardless of whether your Medicare Advantage plan included Part D drug coverage you may request enrollment in a prescription drug plan at this time.
- ◆ **After February 14, 2012** – You will not be able to disenroll from a Medicare Advantage plan until October 15, 2012 to December 7, 2012. Your new coverage will be effective January 1, 2013.
- ◆ **October 15, 2012 to December 7, 2012** - 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.
- ◆ **A 5-Star Special Enrollment will begin in 2012** – You can enroll in a 5-star Medicare Advantage plan once during 2012 if you are currently enrolled in Original Medicare or a Medicare Advantage plan with a star rating of 4.5 or less. You can find the plan ratings on the Medicare Plan Finder at www.medicare.gov
- ◆ **Non-Renewal** – If your Medicare Advantage plan does not renew its annual contract with Medicare you will be able to change to a different plan or return to Original Medicare. If you return to Original Medicare you must be allowed to enroll in a Medicare supplement plan A, B, C, F, K or L.
- ◆ **Exceptions:**
 - You can join or disenroll from a Cost Plan anytime during the year.
 - 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.
 - Individuals who qualify for Medicare prescription drug coverage “Extra Help” can join or disenroll anytime during the year.

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

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

1. You drop your Medicare supplement to enroll in a Medicare Advantage plan for the **first time** and then you **disenroll** from the Medicare Advantage plan within the **first 12 months**. You must be allowed to
 - **Re-enroll** in the Medicare supplement policy you were most recently enrolled in if it is available from the same insurance company, **OR**
 - If the policy is not available, **enroll** in any Medicare supplement Plan A, B, C, F, K or L (including Medicare Select or high deductible choices) from ANY COMPANY selling these plans in Iowa. If you are **under age 65**, you can buy only from companies selling to those under 65.
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 N**, 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 deductibles, copayments, or coinsurance for the services you get. You also may pay a premium for the plan.
- ◆ You don't need a Medicare supplement insurance policy and the policy will not pay benefits when you are enrolled in a Medicare Advantage plan.
- ◆ Understand when you can change plans if you change your mind.
- ◆ Compare all costs and features (see comparison chart on page 39). The plans listed in this guide are offered to individuals. Employers may also provide Medicare Advantage plans to their retirees. Employer plans may have different premiums and benefits from those listed in this guide.
- ◆ Once you enroll in a Medicare Advantage plan, review the Annual Notice of Change your plan will send you each fall. This includes any changes in coverage and cost for the next year.

Medicare Advantage Plans available in Iowa

1. HMO - Health Maintenance Organization.....pages 13-16
2. POS- HMO with a Point of Service Option.....pages 17-18
3. Cost Plan..... page 19
4. PPO - Preferred Provider Organization.....pages 20-25
5. PFFS - Private-Fee-For-Service Plans..... .pages 26-34
6. SNP – Special Needs Plan..... pages 36-37

Decide How to Get Your Medicare

Decide if You Want

Original Medicare

OR

Medicare Advantage Plan

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

- You pay Part B monthly premium
- Medicare provides this coverage
- You have your choice of doctors, hospitals, and other providers
- Generally, you pay deductibles, copayments and coinsurance

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

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

Decide if You Want Prescription Drug Coverage (Part D)

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

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

Decide if You Want Supplemental Coverage

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

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

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

Guide to Medicare Advantage Plan Chart

The chart on pages 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 37.

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 37.

Premium:

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

Part D:

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

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

Medicare Advantage Plans available in Iowa

HMO – Health Maintenance Organization			
Plan Name – Company Name - Service Area	Options/Plan #	Premium	Part D
AARP MedicareComplete 1-800-547-5514 HMO <i>UnitedHealthcare</i> Service Area: See page 13-14	Plan 1 H2802-001	\$0	Yes
	Plan 2 H4456-015	\$85	Yes
Coventry Advantra HMO 1-877-886-7564 <i>Coventry Health Care of Iowa</i> Service Area: See page 14	Silver H1609-001	\$0	Yes
Senior Preferred HMO 1-800-394-5566 Gunderson Lutheran Health Plan Service Area: See page 15-16	Value H5262-004	\$0	No
	Value D H5262-003	\$22.60	Yes
	Elite H5262-005	\$100.00	No
	Elite D H5262-001	\$139.60	Yes
POS – HMO with Point of Service Option			
AARP MedicareComplete 1-800-547-5514 POS <i>United Healthcare</i> Service Area: See page 17-18	Plus Plan 1 H4456-025	\$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 19	Smart Plan H1651-001	\$97	No
	Medicare Community Plan H1651-004	\$125	No
	Freedom Plan H1651-008	\$140	No
PPO – Preferred Provider Organization			
Care Improvement Plus PPO 1-800-711-1656 <i>XL Health Corporation</i> Service Area: See page 20	Care Improvement Plus H0084-13	\$53	Yes

*All options are not available in all counties

PPO – Preferred Provider Organization			
Plan Name - Company – Service Area	Options/Plan#	Premium	Part D
Coventry Advantra PPO 1-877-886-7564 <i>Coventry Health and Life Insurance Company</i> Service Area: See page 20	Platinum H1608-001	\$0	Yes
	H5868-004	\$0	No
HumanaChoice PPO 1-800-833-2364 <i>Humana Insurance Company</i> Service Area: See pages 21-24	H5868-001	\$21	Yes
	H1418-009	\$0	No
	H1418-008	\$21	Yes
	H6609-004	\$0	No
	H6609-023	\$29	Yes
	H6609-003	\$71	Yes
	MedicareBlue PPO (Regional PPO) 1-866-434-2038 <i>Wellmark Blue Cross and Blue Shield of Iowa</i> Service Area: See page 24	R5566-005	\$84.40
Today’s Option PPO 1-866-422-1967 <i>Universal American</i> Service Area: See pages 25	Advantage Plus 450F H5378-184	\$51	Yes
	Advantage Plus 250A H5378-200	\$122	Yes
	PFFS - Private-Fee-For-Service Plans		
Humana Gold Choice PFFS 1-800-833-2312 <i>Humana Insurance Company</i> Service Area: See page 26-27	H2944-004	\$50	Yes
	H2944-178	\$0	No
	H8145-127	\$50	Yes
UnitedHealthcare MedicareDirect 1-800-555-5757 <i>UnitedHealthcare Insurance Company</i> Service Area: See pages 28	Essential H5435-001	\$0	No
	Rx H5435-014	\$28	Yes

PFFS - Private-Fee-For-Service Plans			
Today's Option 1-800-996-8867 <i>Universal American Insurance Company</i> Service Area: See pages 29-32	Premier 200	\$35-\$110	No
	(H5421-206) (H5421-207) (H5421-208) (H5420-209) (H5421-210)		
	Premier 400	\$0-\$75	No
	(H5421-046) (H5421-047) (H5421-048) (H5421-049) (H5421-056)		
	Premier 250A	\$98-\$139	Yes
	(H5421-067) (H5421-068) (H5421-212) (H5421-213) (H5421-214)		
	Premier Plus	\$41-\$108	Yes
450B: (H5421-070) (H5421-065) 450C: (H5421-072) 450D: (H5421-073) 450E: (H5421-074)			
Today's Option Network PFFS Plans Service Area: See pages 33-34	Premier 200		
	H6169-001	\$20	No
	H6169-050	\$50	No
	Premier Plus 250A		
	H6169-021	\$72	Yes
	H6169-054	\$112	Yes
	Premier 400		
	H6169-011	\$0	No
H6169-012	\$20	No	
Premier 450B			
H6169-031	\$27	Yes	
H6169-032	\$59	Yes	
SNP – Special Needs Plans			
Care Improvement Plus 1-800-711-1656 <i>XL Health Corporation</i> Service Area: See page 36-37	Silver Rx		
	H0084-010	\$36	Yes
	Gold Rx		
H0084-011	\$0	Yes	
Dual Advantage			
H0084-010	\$0	Yes	
United Healthcare 1-888-834-3721 <i>United Healthcare Insurance Company</i> Service Area: See page 37	Dual Complete		
	H2803-012	\$0-\$35.90	Yes

*All options are not available in all counties

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

AARP Medicare Complete HMO (H2802-001)

UnitedHealthcare
1-800-547-5514 (TTY/TDD 711)
www.AARPMedicarePlans.com

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

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

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

If you choose to enroll in a Medicare POS plan you may be allowed to go to some 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. Check with the plan to see if a primary care physician is required and if referrals are needed to visit a specialist. A primary care physician is a doctor you choose to coordinate all of your care and referrals to specialists.

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

Service Area: Pottawattamie County

Monthly Premium: \$0

You also pay Part B monthly premium

Yearly Out-of-Pocket Maximum:

\$4,900 In-Network

(Includes only Medicare Part A and Part B-covered services)

Doctor Office Visit:

\$20 primary care visit; \$40 specialist visit

Emergency Room Visit: \$65 each visit

(waived if admitted to hospital in 24 hours)

Worldwide Coverage

Inpatient Hospital: \$320/day for days 1-5 per hospital stay

Outpatient Surgery: 20% of the cost

Skilled Nursing Care:

\$50 each day for days 1-20; \$100 each day for days 21-59; \$0 for days 60-100

Diagnostic Lab Tests: \$19 for each lab service

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

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

Podiatry Services: \$40 (six routine visits per year)

Vision Services: \$40 (1 routine exam/year);

\$70 limit for frames & \$105 limit for contacts every two years

Hearing Services: \$0 - \$40 (1 routine exam/year); \$300 limit for hearing aids every two years

Optional Package: \$37 monthly premium for additional dental, vision and hearing aid benefits

Medicare Prescription Drug Coverage:

- No deductible
- Before total drug costs reach \$2,930, you pay:
 - \$3 - Preferred Generic Drugs
 - \$6 - Non-Preferred Generic Drugs
 - \$44 - Preferred Brand Drugs
 - \$92 - Non-Preferred Brand Drugs
 - 33% - Specialty Tier Drugs
- Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generics

Wellness Benefit: Health Club Membership

AARP Medicare Complete Plan 2 HMO (H4456-015)	Coventry Advantra Silver HMO (H1609-001)
<p align="center"><i>UnitedHealthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p align="center"><i>Coventry Health Care of Iowa, Inc.</i> 1-877-886-7564 (TTY/TDD 711) www.advantraplans.com</p>
<p>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</p>	<p>Service Area: Benton, Boone, Bremer, Buchanan, Butler, Carroll, Cass, Cedar, Crawford, Dallas, Decatur, Delaware, Fayette, Fremont, Grundy, Iowa, Harrison, Jasper, Johnson, Jones, Linn, Lucas, Madison, Marion, Mills, Monona, Monroe, Montgomery, Muscatine, Page, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Tama, Warren, Washington, Winneshiek, Woodbury and Wright counties</p>
<p>Monthly Premium: \$85.00 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$3,500 (Includes only Medicare Part A and Part B-covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,300 (Includes only Medicare Part A and Part B-covered services)</p>
<p>Doctor Office Visit: \$20 primary care visit; \$25 specialist visit</p>	<p>Doctor Office Visit: \$10 primary care visit; \$35 specialist visit</p>
<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$125/day for days 1-28 per hospital stay</p>	<p>Inpatient Hospital: \$200/day for days 1-9 per hospital stay</p>
<p>Outpatient Services/Surgery: \$100 for each visit</p>	<p>Outpatient Surgery/Services: 20% of the cost</p>
<p>Skilled Nursing Care: \$50 each day for days 1-20; \$100 each day for days 21-45; \$0 for days 46-100</p>	<p>Skilled Nursing Care: \$50 each day for days 1-20; \$100 each day for days 21-44</p>
<p>Diagnostic Lab Tests: \$15 for each lab service</p>	<p>Diagnostic Lab Tests: \$0</p>
<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of the cost</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>
<p>Vision Services: \$25 (1 exam/year); \$70 limit for frames & \$105 limit for contacts every two years</p>	<p>Vision Services: \$0 (1 exam per year)</p>
<p>Hearing Services: \$25 (1 routine exam/year)</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible
<p>Optional Package: \$37 premium per month for additional dental, vision and hearing aid benefits</p>	<ul style="list-style-type: none"> • Before total drug costs reach \$2,930, you pay: \$5 - Preferred Generic Drugs \$40 - Preferred Brand Drugs \$80 - Non-Preferred Brand drugs 33%- Specialty – Generic and Brand drugs
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,930, you pay: \$3 - Preferred Generic Drugs \$6 - Non-Preferred Generic Drugs \$38 - Preferred Brand Drugs \$78 - Non-Preferred Brand Drugs 33% - Specialty Drugs • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs 	<ul style="list-style-type: none"> • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs <p>Wellness Benefit: Health Club Membership</p>

Senior Preferred Value HMO (H5262-004)	Senior Preferred Value D HMO (H5262-003)
<i>Gunderson Lutheran Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.glhealthplan.org	<i>Gunderson Lutheran Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.glhealthplan.org
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$22.60 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$35 primary care visit; \$35 specialist visit	Doctor Office Visit: \$35 primary care visit; \$35 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$50 each visit (waived if admitted to hospital in 3 days) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-17 per hospital stay	Inpatient Hospital: \$200/day for days 1-17 per hospital stay
Outpatient Services/Surgery: \$75 for each visit	Outpatient Surgery/Services: \$75 for each visit
Skilled Nursing Care: 10% of cost each day for days 1-20	Skilled Nursing Care: 10% of cost each day for days 1-20
Diagnostic Lab Tests: 10% of the cost	Diagnostic Lab Tests: 10% of the cost
Durable Medical Equipment: 20% of the cost; 15% of cost for preferred diabetic supplies	Durable Medical Equipment: 20% of the cost; 15% of cost for preferred diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Hearing Services: \$0 (1 routine exam/year)	Hearing Services: \$0 (1 routine exam/year)
Vision Services: \$0 (1 routine exam/year); \$100 limit for glasses every year	Vision Services: \$0 (1 routine exam/year); \$100 limit for glasses every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose a HMO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$80 deductible Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$9 – Generics (Tier 1) \$33 – Non-Preferred Generics (Tier 2) \$44 – Preferred Brand drugs (Tier 3) \$95- Non-Preferred Brand drugs (Tier 4) 31% - Specialty Drugs (Tier 5) <p>Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs</p>

Senior Preferred Elite HMO (H5262-005)	Senior Preferred Elite D HMO (H5262-001)
<i>Gunderson Lutheran Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.glhealthplan.org	<i>Gunderson Lutheran Health Plan</i> 1-800-394-5566 (TTY/TDD 800-947-3529) www.glhealthplan.org
Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties	Service Area: Allamakee, Clayton, Fayette, Howard and Winneshiek counties
Monthly Premium: \$100.00 You also pay Part B monthly premium	Monthly Premium: \$139.60 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare- Part A and Part B covered services)
Doctor Office Visit: \$20 primary care visit; \$20 specialist visit	Doctor Office Visit: \$20 primary care visit; \$20 specialist visit
Emergency Room Visit: \$50 each visit (waived if admitted to hospital within 3 days) Worldwide Coverage	Emergency Room Visit: \$50 per admission (waived if admitted to hospital in 3 days) Worldwide Coverage
Inpatient Hospital: \$500 per admission	Inpatient Hospital: \$500 per admission
Outpatient Services/Surgery: \$0	Outpatient Surgery/Services: \$0
Skilled Nursing Care: 10% of cost each day for days 1-20	Skilled Nursing Care: 10% of cost each day for days 1-20
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 10% of the cost; 5% of cost for preferred diabetic supplies	Durable Medical Equipment: 10% of the cost 5% of cost for preferred diabetic supplies
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Hearing Services: \$0 (1 routine exam/year)	Hearing Services: \$0 (1 routine exam/year)
Vision Services: \$0 (1 routine exam/year); \$300 limit for glasses every year	Vision Services: \$0 (1 routine exam per year); \$300 limit for glasses every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose a HMO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$9 – Generics (Tier 1) \$33 – Non-Preferred Generics (Tier 2) \$44 – Preferred Brand drugs (Tier 3) \$95- Non-Preferred Brand drugs (Tier 4) 33% - Specialty Drugs (Tier 5) <p>Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs</p>

AARP Medicare Complete Plus Plan 1 HMO-POS (H4456-025)	AARP Medicare Complete Plus Plan 1 HMO-POS (H2803-001)
<p style="text-align: center;"><i>UnitedHealthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	<p style="text-align: center;"><i>UnitedHealthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicarePlans.com</p>
<p>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</p>	<p>Service Area: Pottawattamie County</p>
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>
<p>Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$5,500 (Includes only Medicare Part A and Part B covered services)</p>
Out-Of-Pocket Maximum and Cost Shares Listed are for In-Network Providers	
<p>Doctor Office Visit: \$10 primary care visit; \$35 specialist visit</p>	<p>Doctor Office Visit: \$20 primary care visit; \$45 specialist visit</p>
<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$220/day for days 1-16 per stay</p>	<p>Inpatient Hospital: \$395/day for days 1-4 per stay</p>
<p>Outpatient Services/Surgery: 20% of the cost</p>	<p>Outpatient Surgery: 20% of the cost</p>
<p>Skilled Nursing Care: \$50 each day for days 1-20; \$125 for days 21-40; \$0 for days 41-100</p>	<p>Skilled Nursing Care: \$50 each day for days 1-20; \$100 each day for days 21-65; \$0 for days 66-100</p>
<p>Diagnostic Lab Tests: \$17 for each lab service</p>	<p>Diagnostic Lab Tests: \$19 for each lab service</p>
<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>
<p>Vision Services: \$35 (1 exam/year)</p>	<p>Podiatry Services: \$45 (six routine visits per year)</p>
<p>Hearing Services: \$35 (1 test/year)</p>	<p>Vision Services: \$45 (1 routine exam/year); \$70 limit for frames/\$105 for contacts every 2 years</p>
<p>Optional Package: \$37 monthly premium for additional dental, vision and hearing aid benefits</p>	<p>Hearing Services: \$45 (1 routine exam/every yr) \$300 limit for hearing aids every two years</p>
	<p>Optional Package: \$37 premium per month for additional dental, vision and hearing aid benefits</p>
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$4 - Preferred Generic Drugs \$7- Non-Preferred Generic Drugs \$45 - Preferred Brand Drugs \$92 - Non-Preferred Brand Drugs 33% - Specialty Tier Drugs • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs 	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$3 - Preferred Generics Drugs \$6 - Non-Preferred Generic Drugs \$45 - Preferred Brand Drugs \$95 - Non-Preferred Brand Drugs 33% - Specialty Tier Drugs • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs

<p>AARP Medicare Complete Plus Plan 1 HMO-POS (H2803-002)</p>	
<p><i>UnitedHealthcare</i> 1-800-547-5514 (TTY/TDD 711) www.AARPMedicarePlans.com</p>	
<p>Service Area: Crawford, Page and Shelby Counties</p>	
<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>	
<p>Cost Shares Listed are for In-Network Providers</p>	
<p>Yearly Out-of-Pocket Maximum: \$5,500 (Includes only Medicare Part A and Part B covered services)</p>	
<p>Doctor Office Visit: \$20 primary care visit; \$45 specialist visit</p>	
<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	
<p>Inpatient Hospital: \$395/day for days 1-4 per stay</p>	
<p>Outpatient Surgery: 20% of the cost</p>	
<p>Skilled Nursing Care: \$50 each day for days 1-20; \$100 each day for days 21-65; \$0 for days 66-100</p>	
<p>Diagnostic Lab Tests: \$20 for each lab service</p>	
<p>Durable Medical Equipment: 20% of the cost; \$0 for diabetic supplies</p>	
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	
<p>Vision Services: \$45 (1 routine exam/year); \$70 limit for frames/ \$105 limit for contacts every two years</p>	
<p>Hearing Services: \$45 (1 test/year); \$300 for hearing aids every two years</p>	
<p>Optional Package: None</p>	
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$3 - Preferred Generic Drugs \$6 - Non-Preferred Generic Drugs \$45 – Preferred Brand Drugs \$95 - Non-Preferred Brand Drugs 33% - Specialty Tier Drugs • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generics drugs 	

Medicare Cost Plan

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.

MAHP Smart Plan (H1651-001) MAHP Medicare Community Plan (H1651-004) MAHP Freedom Plan (H1651-008)
<i>Medical Associates Health Plans</i> 1-800-747-8900 www.mahealthcare.com
Service Area: Alamakee, Clayton, Delaware, Dubuque, Jackson, and Jones Counties
Monthly Premium: H1651-001 - \$97 includes provider network benefit H1651-004 - \$125 includes expanded provider network benefit within service area H1651-008 - \$140 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 If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

Preferred Provider Organization-PPO

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

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.

Care Improvement Plus PPO (H0084-013)	Coventry Advantra Platinum PPO (H1608-001)
<p align="center"><i>XL Health Corporation</i> 1-800-711-1656 (TTY/TDD 711) www.careimprovementplus.com</p>	<p align="center"><i>Coventry Health Care of Iowa, Inc.</i> 1-877-886-7564 (TTY/TDD 711) www.advantraplans.com</p>
<p>Service Area: Cedar, Iowa, Johnson, Polk, and Pottawattamie counties</p>	<p>Service Area: Benton, Boone, Bremer, Buchanan, Butler, Carroll, Cass, Cedar, Clinton, Crawford, Dallas, Decatur, Delaware, Dickinson, Fayette, Fremont, Gundy, Iowa, Harrison, Jasper, Johnson, Jones, Linn, Lucas, Lyon, Madison, Marion, Mills, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Plymouth, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Tama, Warren, Washington, Winneshiek, Woodbury and Wright Counties</p>
<p>Monthly Premium: \$53 You also pay Part B monthly premium</p>	<p>Monthly Premium: \$0 You also pay Part B monthly premium</p>
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
<p>Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)</p>	<p>Yearly Out-of-Pocket Maximum: \$3,300 (Includes only Medicare Part A and Part B covered services)</p>
<p>Doctor Office Visit: \$35 primary care visit; \$50 specialist visit</p>	<p>Doctor Office Visit: \$15 primary care visit; \$40 specialist visit</p>
<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>	<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage</p>
<p>Inpatient Hospital: \$175/day for days 1-15 per stay</p>	<p>Inpatient Hospital: \$200/day for days 1-9 per stay</p>
<p>Outpatient Surgery/Services: \$150 per visit</p>	<p>Outpatient Surgery/Services: 20% of cost</p>
<p>Skilled Nursing Care: \$0 each day for for days 1-20; \$130 each day for days 21-100</p>	<p>Skilled Nursing Care: \$50 each day for for days 1-20; \$100 each day for days 21-44</p>
<p>Diagnostic Lab Tests: 20% of the cost</p>	<p>Diagnostic Lab Tests: \$0 for each lab service</p>
<p>Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies</p>	<p>Durable Medical Equipment: 20% of cost</p>
<p>Annual Physical Exam: \$0 (1 exam/year)</p>	<p>Annual Physical Exam: \$0 (1 exam/year)</p>
<p>Vision Services: \$10 (1 routine exam per year); \$0 for glasses or contacts up to \$150 limit every year</p>	<p>Vision Services: \$0 (1 routine exam per year)</p>
<p>Dental: \$10 for each visit that includes: up to 1 oral exam, 1 cleaning and 1 x-ray every year</p>	<p>Dental: No additional coverage</p>
<p>Podiatry Services: \$0 (six routine visits per year)</p>	<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic drugs \$40 - Preferred Brand drugs \$80 - Non-Preferred - Generic & Brand drugs 33%- Specialty Brand and Generic drugs • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generics drugs
<p>Transportation: \$0 copay for up to 12 one-way trips to plan approved location every year</p> <p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$9 - Generic drugs (Tier 1) \$45 - Preferred Brand drugs (Tier 2) \$95 - Non-Preferred Brand drugs (Tier 3) 33%- Specialty drugs (Tier 4) • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generics drugs 	<p>Wellness Benefit: Health Club Membership</p>

HumanaChoice PPO (H5868-004)	HumanaChoice PPO (H5868-001)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Polk, Poweshiek, Shelby, Sioux, Story, Tama, Taylor, Wapello, Warren, Wayne, Winnebago, Winneshiek, Woodbury, Worth and Wright counties	Service Area: Adair, Adams, Allamakee, Appanoose, Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cass, Cedar, Cerro Gordo, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Henry, Howard, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Lucas, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Polk, Poweshiek, Shelby, Sioux, Story, Tama, Taylor, Wapello, Warren, Wayne, Winnebago, Winneshiek, Woodbury, Worth and Wright counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$21 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$4,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$4,000 (Includes only Medicare Part A and Part B-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: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$250/day for days 1-7 per stay	Inpatient Hospital: \$250/day for days 1-7 per stay
Outpatient Services/Surgery: \$50 to \$250 each visit (or 20% of the cost)	Outpatient Services/Surgery: \$50 to \$250 each visit (or 20% of the cost)
Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100	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-\$50 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Routine Eye Exam: \$0 (1 exam/year)	Routine Eye Exam: \$0 (1 exam/year)
Medicare Prescription Drug Coverage: No Coverage If you want Medicare Part D drug coverage you must choose a PPO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan.	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$7 – Preferred Generic Drugs \$42 – Preferred Brand Drugs \$90 – Non-Preferred Brand Drugs 33% - Specialty Drugs • Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. 50% discount on other brand name drugs and you pay 86% of plan cost for other generic drugs
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

HumanaChoice PPO (H1418-009)	HumanaChoice PPO (H1418-008)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Scott County	Service Area: Scott County
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$21 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (Includes only Medicare Part A and Part B 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: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-7 per stay	Inpatient Hospital: \$200/day for days 1-7 per stay
Outpatient Services/Surgery: \$50 to \$150 (or 20% of the cost)	Outpatient Services/Surgery: \$50-\$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	Durable Medical Equipment: 20% of cost
Routine Eye Exam: \$0 (1 exam/year)	Routine Eye Exam: \$0 (1 exam/year)
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: \$0 for 1 oral exam, 1 cleaning and 1 dental x-ray every year	Dental: \$0 for 1 oral exam, 1 cleaning and 1 dental x-ray every year
Medicare Prescription Drug Coverage: No Coverage If you want Medicare Part D drug coverage you must choose a PPO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Deductible • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic Drugs \$39 –Preferred Brand \$80 – Non-Preferred Brand Drugs 33% - Specialty Drugs • Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. 50% discount on other brand name drugs and you pay 86% of plan cost for other generic drugs
Optional Packages: (Call the plan for details) MyOption Vision: \$15 monthly premium–1 eye exam and \$290 maximum benefit on eyewear every year MyOption Enhanced Dental: \$21 monthly premium-\$1,500 maximum benefit MyOption Fitness Well Being: \$30 monthly premium - health club membership	Optional Packages: (Call the plan for details) MyOption Vision: \$15 monthly premium– 1 eye exam and \$290 maximum benefit on eyewear every year MyOption Enhanced Dental: \$21 monthly premium-\$1,500 maximum benefit
	Wellness Benefit: Health Club Membership

HumanaChoice PPO (H6609-004)	HumanaChoice PPO (H6609-023)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Pottawattamie County	Service Area: Pottawattamie County
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$29 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$4,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B 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: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$225/day for days 1-7 per stay	Inpatient Hospital: 250/day for days 1-7 per stay
Outpatient Services/Surgery: \$50-\$150 or (20% of the cost)	Outpatient Services/Surgery: \$50-\$150 or (20% of the cost)
Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100	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-\$50 for each lab service
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Routine Eye Exam: \$0 (1 exam/year)	Routine Eye Exam: \$0 (1 exam/year)
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose a PPO that includes Prescription drug coverage. You cannot enroll in a separate stand-alone drug plan when you enroll in this plan</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> \$320 Deductible Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$1 – Preferred Generic Drugs \$5 – Non-Preferred Generic 20% – Preferred Brand Drugs 30% - Non-Preferred Brand Drugs Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. 50% discount on other brand name drugs and you pay 86% of plan cost for other generic drugs
Optional Packages: (Call the plan for details) MyOption Vision: \$15 monthly premium– 1 eye exam and \$290 maximum benefit on eyewear every year	Optional Packages: (Call the plan for details) MyOption Vision: \$15 monthly premium–1 eye exam and \$290 maximum benefit on eyewear every year MyOption Fitness Well Being: \$30 monthly premium– health club membership
Wellness Benefit: Health Club Membership	

HumanaChoice PPO (H6609-003)	MedicareBlue PPO (Regional PPO) (R5566-005)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Wellmark Blue Cross and Blue Shield of Iowa</i> 1-866-434-2038 (TTY/TDD 711) www.YourMedicareSolutions.com
Service Area: Pottawattamie County	Service Area: All Counties in Iowa
Monthly Premium: \$71 You also pay Part B monthly premium	Monthly Premium: \$84.40 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$4,000 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,400 (All plan services included)
Doctor Office Visit: \$10 primary care visit; \$30 specialist visit	Doctor Office Visit: \$25 primary each visit; \$35 specialist
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 1day) Worldwide Coverage
Inpatient Hospital: \$225/day for days 1-7 per stay	Inpatient Hospital: \$275/day for days 1-4 per stay
Outpatient Services/Surgery: \$50-\$150 or (20% of the cost)	Outpatient Surgery: 20% of the cost
Skilled Nursing Care: \$0 for days 1-20; \$125 each day for days 21-100	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 for lab services, diagnostic procedures and tests.; 20% of the costs for x-rays, diagnostic radiology services (not including x-rays) and therapeutic radiology services. Separate office visit copay may apply
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Routine Eye Exam: \$0 (1 exam/year)	Dental: No additional benefits
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Dental: 25% of the cost for up to 2 oral exams, 2 cleanings, 2 fluoride treatments and 1 dental x-ray every year	Vision Services: \$35 (1 routine exam/year)
	Hearing Services: \$35 (1 routine exam/year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Deductible Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic Drugs \$40 – Preferred Brand Drugs \$80 – Non-Preferred Brand Drugs 33% - Specialty Drugs Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. Additional discount on brand name drugs and you pay 86% of plan cost for generics drugs 	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> Deductible-\$155 After you pay the deductible but before your total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$6 – Tier 1 – Preferred Generic Drugs \$11 – Tier 2 – Non-Preferred Generic Drugs \$33 – Tier 3 – Preferred Brand Drugs 45% – Tier 4 – Non-Preferred Brand Drugs Coverage in the Gap: Discount on brand name drugs and you pay 86% of the plan cost for generic drugs
Optional Packages: (Call the plan for details) MyOption Vision: \$15 monthly premium– eye exams and eyewear- \$290 maximum benefit	
Wellness Benefit: Health Club Membership	

Today's Option Advantage Plus 450F PPO (H5378-184)	Today's Option Advantage Plus 250A PPO (H5378-200)
<p style="text-align: center;"><i>Universal American</i> 1-866-422-1967 (TTY/TDD 1-800-777-9083) www.todaysoptions.com</p>	<p style="text-align: center;"><i>Universal American</i> 1-866-422-1967 (TTY/TDD 1-800-777-9083) www.todaysoptions.com</p>
Service Area: Pottawattamie County	Service Area: Pottawattamie County
Monthly Premium: \$51 You also pay Part B monthly premium	Monthly Premium: \$122.00 You also pay Part B monthly premium
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$3,250 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$25 primary care visit; \$50 specialist	Doctor Office Visit: \$5 primary each visit; \$30 specialist
Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 1day) Worldwide Coverage
Inpatient Hospital: \$235/day for days1-6 per stay	Inpatient Hospital: \$200/day for days 1-5 per stay
Outpatient Services/Surgery: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit	Outpatient Surgery: \$75 each ambulatory surgical center visit; \$150 each outpatient hospital facility visit
Skilled Nursing Care: \$0 for days 1-20; \$135 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$100 each day for days 21-100
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: \$0
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exam: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$20 (1 routine exam/year)	Vision Services: \$20 (1 routine exam/year)
Hearing Services: \$20 (1 routine exam/year)	Hearing Services: \$20 (1 routine exam/year)
Dental: No additional benefits	Dental: No additional benefits
<p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • Deductible- \$75 • After you pay the deductible but before your total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$10 – Tier 1: Generic Drugs \$45 – Tier 2: Preferred Brand Drugs \$95 – Non-Preferred Brand Drugs 29% - Specialty Tier Drugs • Coverage in the Gap: Discount on brand name drugs and you pay 86% of plan cost for generic drugs 	<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 \$2,930, you pay: <ul style="list-style-type: none"> \$4 – Tier 1 – Generic Drugs \$40 – Tier 2 – Preferred Brand Drugs \$80 – Tier 3 – Non-Preferred Brand Drugs 33% – Tier 4 – Specialty Tier Drugs • Coverage in the Gap: Discount on brand name drugs and you pay 86% of the plan cost for generic drugs

Private-Fee-For-Service - PFFS	Humana Gold Choice PFFS (H2944-004)
<p>A Private Fee-For-Service (PFFS) plan is a type of Medicare Advantage plan. Some of these plans have a “network” of providers and costs will be higher if you receive care out-of-network. For plans without networks beneficiaries can go to any provider or hospital as long as the provider agrees to bill the PFFS plan instead of Medicare. You should check with your doctor(s) and hospital to see if they will treat patients covered by the plan before you enroll.</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>If you enroll in a PFFS plan that does not include Medicare Part D drug coverage you can enroll in one of the stand-alone Medicare drug plans.</p> <p>The following charts show what you pay when you enroll in a Medicare Advantage PFFS plan</p>	<p><i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com</p> <hr/> <p>Service Area: Adair, Adams, Audubon, Buena Vista, Calhoun, Cherokee, Clay, Dickinson, Emmet, Humboldt, Ida, Lyon, O’Brien, Osceola, Pocahontas, Ringgold, Sac, Sioux, Taylor, Union, Webster and Winnebago counties in Iowa</p> <hr/> <p>Monthly Premium: \$50 You also pay Part B monthly premium</p> <hr/> <p>Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B covered services)</p> <hr/> <p>Doctor Office Visit: \$15 primary care visit; \$35 specialist visit</p> <hr/> <p>Emergency Room Visit: \$65 each visit Worldwide Coverage</p> <hr/> <p>Inpatient Hospital: \$225/day for days 1-7</p> <hr/> <p>Outpatient Services/Surgery: 20% -25% of cost</p> <hr/> <p>Skilled Nursing Care: \$0 for days 1-20; \$50 each day for days 21-100</p> <hr/> <p>Diagnostic Lab Tests: \$0 - \$35 (or up to 25% of the cost)</p> <hr/> <p>Durable Medical Equipment: 20% of cost</p> <hr/> <p>Annual Physical Exam: \$0 (1 exam/year)</p> <hr/> <p>Optional Packages: Vision: \$15 additional monthly premium: Includes eye exam and \$290 limit for eye wear every year Dental Optional Package: \$15 or \$23 additional monthly premium includes up to \$1,000 or \$1500 benefit limit every year Dental/Vision Optional Package: \$26 additional monthly premium up to \$1,000 dental limit and 1 routine eye exam and \$290 yearly limit for eye wear.</p> <hr/> <p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No deductible • Before your drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$6 – Preferred Generic Drugs \$39 – Preferred Brand Drugs \$80 – Non-Preferred Brand Drugs 33% - Specialty Drugs • Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. Additional discount on brand name drugs and you pay 86% of plan cost for generics drugs <hr/> <p>Wellness Benefit: Health Club Membership</p>

Humana Gold Choice PFFS (H2944-178)	Humana Gold Choice PFFS (H8145-127)
<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com	<i>Humana Insurance Company</i> 1-800-833-2364 (TTY/TDD 711) www.humana-medicare.com
Service Area: Adair, Adams, Audubon, Buena Vista, Calhoun, Cherokee, Clay, Dickinson, Emmet, Humboldt, Ida, Lyon, O'Brien, Osceola, Pocahontas, Ringgold, Sac, Sioux, Taylor, Union, Webster and Winnebago counties	Service Area: Carroll County
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$50 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$5,000 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,000 (Includes only Medicare Part A and Part B covered services)
Doctor Office Visit: \$15 primary care visit; \$35 specialist visit	Doctor Office Visit: \$15 primary care visit; \$35 specialist visit
Emergency Room Visit: \$65 each visit; Worldwide Coverage	Emergency Room Visit: \$65 each visit Worldwide Coverage
Inpatient Hospital: \$225/day for days 1-7 per stay	Inpatient Hospital: \$225/day for days 1-7 per stay
Outpatient Services/Surgery: 20% -25% of cost	Outpatient Services/Surgery: 20% -25% of the cost
Skilled Nursing Care: \$0 for days 1-14; \$50 each day for days 15-100	Skilled Nursing Care: \$0 each day for days 1-20; \$50 each day for days 21-100
Diagnostic Lab Tests: \$0-\$35 for each lab service (or 25% of the cost)	Diagnostic Lab Tests: \$0-\$35 for each lab service (or 25% of the cost)
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exams: \$0 (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Optional Packages: Vision: \$15 additional monthly premium includes 1 eye exam and \$290 limit for eye wear every year Dental Optional Package: \$15 or \$23 additional monthly premium includes up to \$1,000 or \$1500 benefit limit every year Dental/Vision Optional Package: \$26 additional monthly premium up to \$1,000 dental limit, 1 routine eye exam and \$290 yearly limit for eye wear.	Vision Services: \$0 (1 routine exam every year) Optional Packages: Vision: \$15 additional monthly premium includes 1 eye exam and \$290 limit for eye wear every year Dental Optional Package: \$15 or \$23 additional monthly premium includes up to \$1,000 or \$1500 benefit limit every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before your drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$8 – Preferred Generic Drugs \$40 – Preferred Brand Drugs \$83 – Non-Preferred Brand Drugs 33% - Specialty Drugs Coverage in the Gap: Coverage continues in the gap for a few generics and brand drugs. 50% discount on other brand name drugs and you pay 86% of plan cost for other generic drugs
Wellness Benefit: Health Club Membership	Wellness Benefit: Health Club Membership

UnitedHealthcare MedicareDirect Essential PFFS (H5435-001)	UnitedHealthcare MedicareDirect Rx PFFS (H5435-014)
<i>UnitedHealthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.UHCMedicareSolutions.com	<i>UnitedHealthcare Insurance Company</i> 1-800-555-5757 (TTY/TDD 711) www.UHCMedicare.Solutions.com
Service Area: Adair, Buena Vista, Calhoun, Cherokee, Clay, Dickinson, Emmet, Humboldt, Ida, Lyon, O'Brien, Osceola, Pocahontas, Ringgold, Sac, Sioux, Union, Webster and Winnebago counties	Service Area: Adair, Buena Vista, Calhoun, Cherokee, Clay, Dickinson, Emmet, Humboldt, Ida, Lyon, O'Brien, Osceola, Pocahontas, Ringgold, Sac, Sioux, Union, Webster and Winnebago counties
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$28 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,200 (Includes only Medicare Part A and Part B-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B-covered services)
Doctor Office Visit: \$20 primary care visit; \$45 specialist visit	Doctor Office Visit: \$20 primary care visit; \$45 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital in 24 hours) Worldwide Coverage
Inpatient Hospital: \$395/day for days 1-4 per stay	Inpatient Hospital: \$395/day for days 1-4 per stay
Outpatient Services/Surgery: 20% of the cost	Outpatient Services/Surgery: 20% of the cost
Skilled Nursing Care: \$50 each day for days 1-20; \$135 each day for days 21-59; \$0 for days 60-100	Skilled Nursing Care: \$50 each day for days 1-20; \$135 each day for days 21-59; \$0 for days 60-100
Diagnostic Lab Tests: \$10 for lab services	Diagnostic Lab Tests: \$19 for lab services
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 Services: \$45 (1 routine exam every year)	Vision Services: \$45 (1 routine exam every year)
Hearing Services: \$45 (1 routine exam every year)	Hearing Services: \$45 (1 routine exam every year)
Dental: No additional Benefits	Dental: No additional Benefits
Podiatry Services: \$45 each visit (up to 6 routine visits every year)	Podiatry Services: \$45 each visit (up to 3 routine visits every year)
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> No deductible Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$5 - Preferred Generic Drugs \$10 - Non-Preferred Generic Drugs \$45 - Preferred Brand Drugs \$93 - Non-Preferred Brand Drugs 33% - Specialty Tier Drugs Coverage in the Gap: 50% discount on other brand name drugs and you pay 86% of plan cost for other generic drugs

Today's Option Premier 200 (H5421-206) (H5421-207) (H5421-208) (H5420-209) (H5421-210)	
<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com	
Plan: H5421-206 Service Area: Clay, Osceola, Union, Winnebago Monthly Premium: \$35 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$3,250 (Includes only Medicare Part A and Part B covered services)
	Doctor Office Visit: \$5 primary care visit; \$30 specialist visit
	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
	Inpatient Hospital: \$200/day for days 1-5 per stay
Plan: H5421-207 Service Area: Buena Vista, Cherokee Monthly Premium: \$60 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
Plan: H5421-208 Service Area: Ringgold Monthly Premium: \$70 You also pay Part B monthly premium	Annual Physical Exam: No additional benefit
	Vision Services: \$20 (1 exam/year)
Plan: H5421-209 Service Area: Adair, Audubon, Calhoun, Dickinson, Emmet, Humboldt, Ida, Lyon, O'Brien, Sioux, Taylor, Webster Monthly Premium: \$95 You also pay Part B monthly premium	Hearing Services: \$20 (1 exam/year)
	Dental: No additional benefits
	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.
Plan: H5421-210 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$110 You also pay Part B monthly premium	

Today's Option Premier 400 (H5421-046) (H5421-047) (H5421-048) (H5420-049) (H5421-056)	
<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com	
Plan: H5421-046 Service Area: Clay, Osceola, Union, Winnebago Monthly Premium: \$0 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
	Doctor Office Visit: \$25 primary care visit; \$50 specialist visit
	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
	Inpatient Hospital: \$235/day for days 1-6 per stay
Plan: H5421-047 Service Area: Buena Vista, Cherokee Monthly Premium: \$25 You also pay Part B monthly premium	Outpatient Services/Surgery: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit
	Skilled Nursing Care: \$0 for days 1-20; \$135 each day for days 21-100
	Diagnostic Lab Tests: 20% of the cost
	Durable Medical Equipment: 20% of cost
Plan: H5421-048 Service Area: Ringgold Monthly Premium: \$35 You also pay Part B monthly premium	Annual Physical Exam: No additional benefit
	Vision Services: \$20 (1 exam/year)
Plan: H5421-049 Service Area: Adair, Audubon, Calhoun, Dickinson, Emmet, Humboldt, Ida, Lyon, O'Brien, Sioux, Taylor, Webster Monthly Premium: \$60 You also pay Part B monthly premium	Hearing Services: \$20 (1 exam/year)
	Dental: No additional benefits
Plan: H5421-056 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$75 You also pay Part B monthly premium	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.

Today's Options Premier Plus 250A (H5421-067) (H5421-068) (H5421-212) (H5421-213) (H5421-214)	
<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com	
Plan: H5421-067 Service Area: Adair, Audubon, Calhoun, Dickinson, Emmet, Humboldt, Ida, Lyon, O'Brien, Sioux, Taylor, Webster Monthly Premium: \$139 You also pay Part B monthly premium	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services) Doctor Office Visit: \$5 primary care visit; \$30 specialist visit Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage Inpatient Hospital: \$200/day for days 1-5 per stay
Plan: H5421-068 Service Area: Adams, Pocahontas, Sac Monthly Premium: \$165 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
Plan: H5421-212 Service Area: Clay, Osceola, Union, Winnebago Monthly Premium: \$98 You also pay Part B monthly premium	Durable Medical Equipment: 20% of cost Annual Physical Exam: No additional benefit Vision Services: \$20 (1 exam/year)
Plan: H5421-213 Service Area: Buena Vista, Cherokee Monthly Premium: \$119 You also pay Part B monthly premium	Hearing Services: \$20 (1 exam/year) Dental: No additional benefits
Plan: H5421-214 Service Area: Ringgold Monthly Premium: \$114 You also pay Part B monthly premium	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$0 • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$4 – Generic Drugs \$40 – Preferred Brand \$80 – Non-Preferred Brand 33% - Specialty • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs.

Today's Options Premier Plus 450B, 450C, 450D, 450E
(H5421-065) (H5421-070) (H5421-072) (H5421-073) (H5421-074)

Pyramid Life Insurance Company/Universal American
1-800-996-8867 (TTY/TDD 1-800-975-8089)
www.todaysoptions.com

<p>Plan: H5421-070 (450B) Service Area: Clay, Osceola, Union, Winnebago Monthly Premium: \$41 You also pay Part B monthly premium</p>	<p>Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)</p> <p>Doctor Office Visit: \$25 primary care visit; \$50 specialist visit</p>
<p>Plan: H5421-072 (450C) Service Area: Ringgold Monthly Premium: \$56 You also pay Part B monthly premium</p>	<p>Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage</p> <p>Inpatient Hospital: \$235/day for days 1-6 per stay</p>
<p>Plan: H5421-065 (450B) Service Area: Buena Vista, Cherokee Monthly Premium: \$60 You also pay Part B monthly premium</p>	<p>Outpatient Services/Surgery: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit</p>
<p>Plan: H5421-073 (450D) Service Area: Adair, Audubon, Calhoun, Dickinson, Emmet, Franklin, Hancock, Humboldt, Ida, Lyon, O'Brien, Sioux, Taylor, Webster Monthly Premium: \$82 You also pay Part B monthly premium</p>	<p>Skilled Nursing Care: \$0 for days 1-20; \$135 each day for days 21-100</p> <p>Diagnostic Lab Tests: 20% of the cost</p> <p>Durable Medical Equipment: 20% of cost</p> <p>Annual Physical Exam: No additional benefit</p>
<p>Plan: H5421-074 (450E) Service Area: Adams, Pocahontas, Sac Monthly Premium: \$108 You also pay Part B monthly premium</p>	<p>Vision Services: \$20 (1 exam/year)</p> <p>Hearing Services: \$20 (1 exam/year)</p> <p>Dental: No additional benefits</p> <p>Medicare Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • Deductible – 450B: \$0; 450C: \$35; 450D: \$50; 450E: \$65 • You pay the following until your total drug costs reach \$2,930: <ul style="list-style-type: none"> \$10 – Generic Drugs \$45 – Preferred Brand Drugs \$95 – Non-Preferred Brand Drugs 29% - Specialty Tier Drugs • Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs

Todays Options Premier 200 Network PFFS (H6169-001) (H6169-050)	Todays Options Premier Plus 250A Network PFFS (H6169-021) (H6169-054)
<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com	<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com
Service Area: Johnson and Polk counties (001) Cedar and Linn counties (050)	Service Area: Johnson and Polk counties (021) Cedar and Linn counties (054)
Monthly Premium: \$20 (001) \$50 (050) You also pay Part B monthly premium	Monthly Premium: \$72 (021) \$112 (054) You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$3,250 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$3,250 (Includes only Medicare Part A and Part B covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: \$5 primary care visit; \$30 specialist visit	Doctor Office Visit: \$5 primary care visit; \$30 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$200/day for days 1-5 per stay	Inpatient Hospital: \$200/day for days 1-5 per stay
Outpatient Surgery/Services: \$75 each ambulatory surgical center visit; \$150 each outpatient hospital facility visit	Outpatient Surgery/Services: \$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	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	Durable Medical Equipment: 20% of cost
Annual Physical Exam: No additional benefit	Annual Physical Exam: No additional benefit
Vision Services: \$20 (1 routine exam/year)	Vision Services: \$20 (1 routine exam/year)
Hearing Services: \$20 (1 routine exam/year)	Hearing Services: \$20 (1 routine exam/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$0 • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$4 – Generic Drugs \$40 – Preferred Brand Drugs \$80 – Non-Preferred Brand Drugs 33% - Specialty Tier Drugs <p>Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs</p>

Todays Options Premier 400 Network PFFS (H6169-011) (H6169-012)	Todays Options Premier Plus 450B Network PFFS (H6169-031) (H6169-032)
<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com	<i>Pyramid Life Insurance Company/Universal American</i> 1-800-996-8867 (TTY/TDD 1-800-975-8089) www.todaysoptions.com
Service Area: Johnson and Polk counties (011) Cedar and Linn counties (012)	Service Area: Johnson and Polk counties (031) Cedar and Linn counties (032)
Monthly Premium: \$0 (011) \$20 (012) You also pay Part B monthly premium	Monthly Premium: \$27 (031) \$59 (032) You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: \$25 primary care visit; \$50 specialist visit	Doctor Office Visit: \$25 primary care visit; \$50 specialist visit
Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$235/day for days 1-6 per stay	Inpatient Hospital: \$235/day for days 1-6 per stay
Outpatient Surgery/Services: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit	Outpatient Surgery/Services: \$150 each ambulatory surgical center visit; \$300 each outpatient hospital facility visit
Skilled Nursing Care: \$0 for days 1-20; \$135 each day for days 21-100	Skilled Nursing Care: \$0 for days 1-20; \$135 each day for days 21-100
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: 20% of cost
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost
Annual Physical Exam: No additional benefits	Annual Physical Exam: No additional benefits
Vision Services: \$20 (1 routine exam/year)	Vision Services: \$20 (1 routine exam/year)
Hearing Services: \$20 (1 routine exam/year)	Hearing Services: \$20 (1 routine exam/year)
Dental: No additional benefits	Dental: No additional benefits
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • No Coverage <p>If you want Medicare Part D drug coverage you must choose and enroll in one of the stand-alone Medicare drug plans.</p>	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$0 • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$10 – Generic Drugs \$45 – Preferred Brand Drugs \$95 – Non-Preferred Brand Drugs 29% - Specialty Tier Drugs <p>Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs</p>

Special Needs Plans - SNP

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

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

Medicare Special Needs Plans available in Iowa are designed to meet the needs of people with chronic health conditions or 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 such as be enrolled in Medicaid or have a diagnosis of diabetes and chronic heart failure. 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.

Care Improvement Plus Silver Rx PPO Health Plan for People with Chronic Heart Failure and Diabetes (H0084-010)	Care Improvement Plus Gold Rx PPO Health Plan for People with Chronic Heart Failure and Diabetes (H0084-011)
<i>XL Health Corporation</i> 1-800-711-1656 (TTY/TDD 711) www.careimprovementplus.com	<i>XL Health Corporation</i> 1-800-711-1656 (TTY/TDD 711) www.careimprovementplus.com
Service Area: Cedar, Iowa, Johnson, Polk, and Pottawattamie counties	Service Area: Cedar, Iowa, Johnson, Polk, and Pottawattamie counties
Monthly Premium: \$36 You also pay Part B monthly premium	Monthly Premium: \$0 You also pay Part B monthly premium
Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare Part A and Part B covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: 20% of the cost	Doctor Office Visit: \$25 primary care visit; \$50 specialist visit
Emergency Room Visit: 20% of the cost up to \$65 (waived if admitted to hospital within 24 hours) Worldwide Coverage	Emergency Room Visit: \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: Days 1-60: \$1,132 deductible; days 61-90: \$283 per day; days 91-150: \$566 per lifetime reserve day (2011 costs)	Inpatient Hospital: \$175/day for days 1-15 per stay
Outpatient Surgery/Services: 20% of the cost	Outpatient Surgery/Services: \$150 per visit
Skilled Nursing Care: \$0 for days 1-20; \$141.50 each day for days 21-100 (2011 costs)	Skilled Nursing Care: \$0 for days 1-20; \$130 each day for days 21-100
Diagnostic Lab Tests: 20% of the cost	Diagnostic Lab Tests: 20% of the cost
Durable Medical Equipment: 20% of cost	Durable Medical Equipment: 20% of cost; \$0 for diabetic supplies
Annual Physical Exam: \$0 copay (1 exam/year)	Annual Physical Exam: \$0 copay (1 exam/year)
Podiatry Services: \$0 (six routine visits per year)	Podiatry Services: \$0 (six routine visits per year)
Vision Services: \$0 (1 routine exam/year); \$0 for glasses or contacts up to \$200 limit every year	Vision Services: \$0 (1 routine exam/year); \$0 for glasses or contacts up to \$150 limit every year
Transportation: \$0 copay for up to 24 one-way trips to plan approved location every year	Transportation: \$0 copay for up to 12 one-way trips to plan approved location every year
Dental: \$15 for each visit; benefits cover up to 1 oral exam, 1 cleaning and 1 X-ray every year	Dental: \$10 for each visit; benefits cover up to 1 oral exam, 1 cleaning and 1 X-ray every year
Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$195 • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$10 – Generic Drugs \$45 – Preferred Brand Drugs \$95 – Non-Preferred Brand Drugs 28% - Specialty Drugs Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs	Medicare Prescription Drug Coverage: <ul style="list-style-type: none"> • Deductible - \$0 • Before total drug costs reach \$2,930, you pay: <ul style="list-style-type: none"> \$8 – Generic Drugs \$45 –Preferred Brand Drugs \$95 – Non-Preferred Brand Drugs 33% - Specialty Drugs Coverage in the Gap: 50% discount on brand name drugs and you pay 86% of plan cost for generic drugs

Care Improvement Plus Dual Advantage PPO (H0084-010)	UnitedHealthcare Dual Complete HMO-POS Health Plan for People with Medicare and Medicaid (H2803-012)
<i>XL Health Corporation</i> 1-800-711-1656 (TTY/TDD 711) www.careimprovementplus.com	<i>UnitedHealthcare Insurance Company</i> 1-888-834-3721 (TTY/TDD 711) www.UHCCommunityPlan.com
Service Area: Cedar, Iowa, Johnson, Polk, and Pottawattamie counties	Service Area: Dallas, Polk, and Warren Counties
Criteria to enroll: You must be enrolled in the Iowa state Medicaid program to enroll in this plan All cost sharing is based on your level of Medicaid eligibility	Criteria to enroll: You must be enrolled in the Iowa state Medicaid program to enroll in this plan All cost sharing is based on your level of Medicaid eligibility
Monthly Premium: \$0 You also pay Part B monthly premium	Monthly Premium: \$0 to \$35.90 (Premium is based on your level of Medicaid eligibility)
Yearly Out-of-Pocket Maximum: \$0 (Includes only Medicare-covered services)	Yearly Out-of-Pocket Maximum: \$6,700 (Includes only Medicare-covered services)
Cost Shares and Out-of-Pocket Maximum Listed are for In-Network Providers	
Doctor Office Visit: \$0 for primary care or specialist	Doctor Office Visit: \$0 or 20% for primary care and specialist visit
Emergency Room Visit: \$0	Emergency Room Visit: \$0 or \$65 each visit (waived if admitted to hospital within 24 hours) Worldwide Coverage
Inpatient Hospital: \$0	Inpatient Hospital: \$0 or Original Medicare cost sharing. \$1,132 deductible for days 1-60; \$0 or \$283/day for days 61-90; \$0 or \$566/day for days 91-150 (These amounts will change for 2011)
Outpatient Surgery/Services: \$0	Outpatient Surgery: \$0 or 20% of cost
Skilled Nursing Care: \$0	Skilled Nursing Care: \$0 for days 1-20; \$0 or \$141.50/day for days 21-100
Diagnostic Lab Tests: \$0	Diagnostic Lab Tests: \$0 for lab tests
Durable Medical Equipment: \$0	Durable Medical Equipment: 0% or 20% of cost
Annual Physical Exam: \$0 copay (1 exam/year)	Annual Physical Exam: \$0 (1 exam/year)
Vision Services: \$0 (1 routine exam/year); \$0 for glasses or contacts up to \$200 limit every year	Vision Services: \$0 (1 exam every year); \$150 for eye wear every two years
Transportation: \$0 copay for up to 24 one-way trips to plan approved location every year	Routine Transportation: \$0 (up to 24 one-way trips to plan-approved location every year)
Dental: \$0 for 1 oral exam, 1 cleaning, 1 x-ray per year	Podiatry Services: \$0 (four routine visits every year)
Medicare Prescription Drug Coverage: No Deductible Depending on your income or if you live in a nursing home or receive Elderly Waiver services, you pay: \$0, \$1.10, \$2.60 for Generic drugs (Including brand drugs treated as generic) For all other drugs, you pay either \$0, \$3.30, \$6.50 Coverage in the Gap: Yes	Medicare Prescription Drug Coverage: No Deductible Depending on your income or if you live in a nursing home or receive Elderly Waiver services, you pay: \$0, \$1.10, \$2.60 for Generic drugs (Including brand drugs treated as generic) For all other drugs, you pay either \$0, \$3.30, \$6.50 Coverage in the Gap: Yes

Medicare Preventive Benefits

Medicare Advantage plans cover the following preventive benefits at zero cost sharing for their enrollees who meet the eligibility requirement and receive services from a network provider. Call SHIP at 1-800-351-4664 to request your copy of the Medicare preventive benefit fact sheet that explains these benefits.

- Abdominal Aortic Aneurysm screening
- Annual Wellness Visit
- Bone Mass Measurement
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening (pap test and pelvic exam)
- Colorectal Cancer Screening
- Diabetes Screening
- Flu Vaccine
- Hepatitis B Vaccine
- Mammogram
- Medical Nutrition Therapy Services
- Pneumococcal Vaccine
- Prostate Cancer Screening
- Smoking Cessation (if you haven't been diagnosed with an illness caused by tobacco use)
- Welcome to Medicare Physical Exam

The following preventive benefits are covered by Medicare but there is a cost share. Check with your Medicare Advantage plan to see what your cost will be for these benefits.

- Glaucoma Screening
- Colorectal Cancer Screening – Barium Enema test
- Diabetes Self-Management Training
- Prostate Cancer Screening – you pay nothing for the PSA test but you may pay a copayment for the digital rectal exam. If done in a hospital setting, you may pay a hospital copayment.
- Smoking Cessation (if you're diagnosed with an illness caused or complicated by tobacco use)

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				

