

# Medicare Options

PLAN COMPENSATION



**Valuable information to help you make the right choice for your Medicare Plan.**

**Healthcare now offers a VALUE BASED HEALTH DESIGN.** This is a full personal health approach that results in additional benefits for people choosing a Medicare Advantage Plan, including: vision, dental, hearing, transportation, wellness dollars, meals, plans for veterans, insulin cost reduction, pest control, and more.

**Stark County Fast Facts:**

- 70 Medicare Advantage Plans with Drug Coverage
- 83 Medicare Advantage Plans (offered by 13 companies)
- Plans without drug coverage, special needs plans, zero-dollar premium plans (2 of which are savings plans)
- 44 HMOs (stay in a network), 21 PPOs (deductibles apply to go out of network), 1 PFFS, \*2MSAs
- Savings Plans

**\*MSA (Medicare Savings Plans):**

These are high-deductible plans that deposit money into a savings account that you can use to pay health care costs before you meet the deductible. You can see any doctor or provider. Once you've used the amount of money in the account, you'll pay all costs until you meet the deductible. These plans don't include drug coverage, but you can also join a separate Drug Plan.

**Lasso Healthcare Growth (MSA)**

- Health deductible \$5,000 annual deductible
- \$2,000 – yearly deposit from the plan
- \$3,000 – your responsibility

**Lasso Healthcare Growth Plus (MSA)**

- Health deductible \$8,000
- \$3,000 – yearly deposit from the plan
- \$5,000 – your responsibility
- Select a plan between October 15th and Dec 7th and it will begin January 1st.
- If you have a Medicare Advantage Plan, you can switch (one time only) to any Medicare Advantage Plan or return to the original Medicare and Part D between January 1st and March 31st. The new plan will begin the first day of the following month.
- You can join a 5-Star Plan at any time during the year.

**Questions? Call Terri Gursky at 330.489.1215**

Plan Name	Type	Monthly Consolidated Premium (includes Part C & D)	Annual Health/Drug Deductible	Physician Co-pay (Primary / Specialist)	Hospital Stay Co-pay (per day)	In- / Out-of-Network Out of Pocket
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**Aetna Plans - 7**

Medicare Premier Plus 1	Regional PPO	\$198	\$250 / \$0	\$5 / \$20	\$200 (Day 1-5)	\$4,900 / \$8,950
Medicare Premier Plus 2	Regional PPO	\$137	\$250 / \$505	\$0 / \$35	\$350 (Day 1-5)	\$5,100 / \$8,950
Medicare Premier 2	PPO	\$101	\$0 / \$0	\$0 / \$35	\$285 (Day 1-6)	\$4,800 / \$8,950
Medicare Premier 1	PPO	\$120	\$0 / \$0	\$0 / \$35	\$220 (Day 1-6)	\$5,500 / \$8,950
Medicare Premier	HMO-POS	\$0	\$0 / \$0	\$0 / \$35	\$300 (Day 1-5)	\$4,500
Medicare Value Plan	HMO-POS	\$0	\$0 / \$0	\$5 / \$35	\$400 (Day 1-4)	\$7,550
Medicare Value Plan	PPO	\$0	\$750 / \$150	\$5 / \$40	\$385 (Day 1-5)	\$5,300 / \$8,950

**Anthem Plans - 7**

MediBlue Access	PPO	\$56	\$1,000 / \$0	\$0 / \$40	\$275 (Day 1-6)	\$5,500 / \$8,950
MediBlue Access Basic	Regional PPO	\$78	\$1000 / \$50	\$10 / \$40	\$295 (Day 1-7)	\$6,050 / \$10,000
MediBlue Access Plus	PPO	\$87	\$1,000 / \$40	\$0 / \$30	\$270 (Day 1-8)	\$4,300 / \$8,950
MediBlue Preferred Plus	HMO	\$25	\$0 / \$0	\$0 / \$35	\$350 (Day 1-5)	\$3,400
MediBlue Plus	HMO	\$37	\$0 / \$0	\$0 / \$35	\$285 (Day 1-6)	\$4,100
MediBlue Extra	HMO	\$10.40	\$0 / \$505	\$0 / \$40	\$310 (Day 1-7)	\$7,500
MediBlue Preferred	HMO	\$0	\$0	\$0 / \$35	\$310 (Day 1-7)	\$3,800

**Cigna - 4**

Preferred Medicare	HMO	\$0	\$0 / \$0	\$0 / \$30	\$295 (Day 1-6)	\$3,850
Preferred Savings	HMO	\$0	\$0 / \$0	\$0 / \$40	\$360 (Day 1-5)	\$5,600
Preferred Plus	HMO	\$23	\$0 / \$0	\$0 / 25	\$295 (Day 1-5)	\$3,500
True Choice	PPO	\$0	\$0 / \$0	\$0 / \$30	\$360 (Day 1-5)	\$4,900 / \$7,500

\*Plan with Restricted Enrollment

Plan Name	Type	Monthly Consolidated Premium (includes Part C & D)	Annual Health/Drug Deductible	Physician Co-pay (Primary / Specialist)	Hospital Stay Co-pay (per day)	Dental, Vision and Hearing	In- / Out-of-Network Out of Pocket
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**Humana - 12**

Gold Plus H6622-014	HMO-POS	\$0	\$0 / \$0	\$0 / \$35	\$295 (Day 1-7)		\$4,000
Choice H5525-042	PPO	\$0	\$0 / \$250	\$20 / \$50	\$490 (Day 1-4)		\$7,550
Choice H5216-106	PPO	\$14	\$0 / \$0	\$5 / \$40	\$360 (Day 1-5)		\$3,900 / \$5,100
Choice H5216- 309	PPO	\$0	\$625 / \$350	\$0 / \$45	\$400 (Day 1-4)		\$6,500 / \$7,990
Gold Choice H8145-032	PFFS	\$82	\$0 / \$0	\$20 / \$50	\$390 (Day 1-5)		\$6,700
Choice H5216-051	PPO	\$43	\$0 / \$0	\$15 / \$45	\$350 (Day 1-5)		\$6,300 / \$10,000
Choice R5495-002	Regional PPO	\$84	\$0 / \$505	\$10 / \$50	\$390 (Day 1-5)		\$6,700 / \$10,000
Choice H5525-030*	PPO	\$150	200 / \$100	\$5 / \$30	\$295 (Day 1-7)		\$3,400
Gold Plus H6622-019*	HMO	\$90	\$0 / 125	\$0 / \$20	\$295 (Day 1-7)		\$3,900
Choice H5216-285	PPO	\$0	\$0 / \$200	\$0 / \$45	\$375 (Day 1-5)		\$5,300 / \$8,950
Cleveland Clinic Preferred	HMO-POS	\$0	\$0 / \$0	\$0 / \$25	\$350 (Day 1-5)		\$3,900
Value Plus H5525-041	PPO	\$26	\$226 / \$260	\$10 / \$45	\$1,960 per stay		\$7,550 / \$10,000

**PrimeTime Health Plan - 3**
**5 \* PLANS**

Aultimate	HMO-POS	\$0	\$0 / \$150	\$5 / \$40	\$310 (Day 1-6)		\$4,300
Classic	HMO-POS	\$39	\$0 / \$125	\$0 / \$35	\$295 (Day 1-6)		\$4,100
Plus	HMO-POS	\$89	\$0 / \$75	\$0 / \$30	\$285 (Day 1-6)		\$3,900

\*Plan with Restricted Enrollment

Plan Name	Type	Monthly Consolidated Premium (includes Part C & D)	Annual Health/Drug Deductible	Physician Co-pay (Primary / Specialist)	Hospital Stay Co-pay (per day)	Dental, Vision and Hearing	In- / Out-of-Network Out of Pocket
<b>DEVOTED - 4 5* PLANS</b>							
Health Core	HMO	\$0	\$0 / \$0	\$0/\$25	\$295 (Day 1-7)		\$3,800
Health Give Back	HMO	\$0	\$0 / \$350	\$0/\$40	\$450 (Day 1-4)		\$5,900
Health Prime Ohio	HMO	\$19	\$0 / \$0	\$0/\$25	\$295 (Day 1-7)		\$3,900
Health Choice Ohio	PPO	\$0	\$0 / \$150	\$0/\$30	\$350 (Day 1-5)		\$5,300 / \$8,950
<b>MEDICAL MUTUAL - 9 5* PLANS</b>							
Advantage Choice	HMO	\$40	\$0 / \$55	\$0 / \$40	\$365 (Day 1-5)		\$4,300
Advantage Classic	HMO	\$0	\$0 / \$95	\$0 / \$35	\$300 (Day 1-7)		\$4,800
Advantage Signature	HMO	\$0	\$0 / \$0	\$0 / \$0	\$325 (Day 1-6)		\$3,500
Advantage Access	PPO	\$0	\$0 / \$0	\$0 / \$40	\$365 (Day 1-5)		\$6,050/\$11,000
Advantage Secure	HMO	\$22	\$0 / \$95	\$0 / \$20	\$295 (Day 1-6)		\$3,500
Advantage Select	PPO	\$44	\$2,000 / \$95	\$10 / \$40	\$410 (Day 1-5)		\$6,200 / \$11,300
Advantage Preferred	PPO	\$80	\$1,750 / \$55	\$5 / \$40	\$335 (Day 1-5)		\$6,050 / \$11,300
AdvantagePlus*	HMO	\$97	\$0 / \$55	\$0 / \$25	\$375 (Day 1-6)		\$3,450
Advantage Premium	PPO	\$134	\$1,250 / \$55	\$0 / \$30	\$375 (Day 1-6)		\$3,450 / \$5,150
<b>MOLINA - 2</b>							
Medicare Choice Care	HMO	\$0	\$0/\$125	\$0 / \$20	\$295 (Day 1-6)		\$8,300
Medicare Choice Care Select	HMO	\$0	\$0/\$375	\$0 / \$50	\$450 (Day 1-4)		\$8,300

\*Plan with Restricted Enrollment

Plan Name	Type	Monthly Consolidated Premium (includes Part C & D)	Annual Health/Drug Deductible	Physician Co-pay (Primary / Specialist)	Hospital Stay Co-pay (per day)	Dental, Vision and Hearing	In- / Out-of-Network Out of Pocket
<b>SummaCare -5 5* PLANS</b>							
Emerald	HMO-POS	\$170	\$0 / \$0	\$0 / \$0	\$205 (Day 1-5)		\$3,400
Ruby	HMO	\$43	\$0 / \$0	\$0 / \$40	\$270 (Day 1-6)		\$3,600
Topaz	HMO	\$0	\$0 / \$0	\$0 / \$35	\$340 (Day 1-6)		\$3,700
Sapphire	HMO-POS	\$76	\$0 / \$0	\$0 / \$35	\$240 (Day 1-6)		\$3,550
Garnet	HMO	\$29	\$0 / \$0	\$0 / \$40	\$306 (Day 1-6)		\$3,700
Jade with Bene Flex TM	HMO	\$19	\$0 / \$0	\$0 / \$35	\$325 (Day 1-6)		\$3,850
<b>The Health Plan - 2</b>							
SecureCare - Option II	HMO	\$0	\$0 / \$0	\$0 / \$35	\$265 (Day 1-5)		\$3,900
SecureChoice - Option II	PPO	\$58	\$1500 / \$100	\$5 / \$45	\$250 (Day1-5)		\$6700 / \$10,000
<b>United Health AARP - 5</b>							
MedicareAdvantage Plan 1	HMO-POS	\$19	\$0 / \$0	\$0 / \$25	\$275 (Day 1-4)		\$3,500
MedicareAdvantagePlan 3	HMO-POS	\$109	\$0 / \$0	\$0 / \$25	\$225 (Day 1-4)		\$3,400
MedicareAdvantage Plan 7	HMO-POS	\$0	\$0 / \$0	\$0 / \$40	\$325 (Day 1-5)		\$4,500
Medicare Advantage Choice	PPO	\$0	\$0 / \$0	\$0 / \$45	\$375 (DAY1-5)		\$5,100 / \$8,950
Medicare Advantage Plan 8 Flex	HMO-POS	\$25	\$0 / \$0	\$0 / \$35	\$325 (Day 1-5)		\$4,200

\*Plan with Restricted Enrollment

Plan Name	Type	Monthly Consolidated Premium (includes Part C & D)	Annual Health/Drug Deductible	Physician Co-pay (Primary / Specialist)	Hospital Stay Co-pay (per day)	Dental, Vision and Hearing	In- / Out-of-Network Out of Pocket
<b>WELLCARE by ALLWELL -6</b>							
No Premium	HMO	\$0	\$0 / \$75	\$0 / \$35	\$300 (Day 1-7)		\$4,700
Give Back	HMO	\$0	\$0 / \$505	\$0 / \$50	\$475 (Day 1-4)		\$7,500
No Premium Medicare	HMO	\$0	\$0 / \$75	\$0 / \$35	\$315 (Day 1-7)		\$6,500
Give Back Boost	HMO	\$0	\$0 / \$150	\$5 / \$50	\$450 (Day 1-4)		\$8,300
Assist	HMO	\$10.80	\$0 / \$505	\$0 / \$30	\$295 (Day 1-7)		\$4,700
Assist Complement	HMO	\$11.90	\$0 / \$505	\$0 / \$35	\$315 (Day 1-7)		\$6,000
<b>WELLCARE - 3</b>							
No Premium Essential	HMO-POS	\$0	\$0	\$0 / \$35	\$315 (Day 1-7)		\$4,700
Dividend Giveback	HMO	\$0	\$0 / \$505	20%	\$475 (Day 1-4)		\$7,500
No Premium Open	PPO	\$0	\$0 / \$160	\$0 / \$40	\$375 (Day 1-5)		\$5,900 / \$8.950

\*Plan with Restricted Enrollment