

Understanding Medicare Advantage Plan Benefits

Plan Overview

Monthly Premium - The dollar amount you owe to have this insurance. Part B premiums are paid in addition to this monthly premium.

Medicare Deductible - The amount you pay for health care services before your insurance begins to pay. Reach out to the plan for details on what applies to the deductible. Prescription drug costs do not count towards this deductible.

Out-of-Pocket Limit - The most you could pay for covered services in the year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The **out-of-pocket** limit doesn't include monthly premiums or the cost of prescriptions.

Benefits and Costs

Copays - A set amount that you pay for a specific health care service. Each service has its own unique copay. Typically you pay copays after your deductible has been met.

Coinsurance - A percentage you pay for a specific health care service. Typically you pay coinsurance after your deductible has been met.

Drug Coverage

Most Medicare Advantage plans have prescription coverage included, therefore you cannot purchase a separate Part D plan. Deductibles, copays and coinsurance will apply to prescriptions and do not count towards the Medical Deductible or out-of-pocket limit.

Boulder County Sample MA Plan (HMO) A1234-567	
Phone Number	555-555-555
Plan Overview	
Monthly Premium	\$0
Medical Deductible	\$0
Out-of-pocket Limit(MOOP)	\$4,200
Benefits and Costs	
Primary Doctor Copay	\$5
Specialist Doctor Copay	\$45
Urgent Care Copay	\$50
Labs/Test/X-rays Copay	
Physical Therapy Copay	\$40
Emergency Room Copay	\$90
Ground Ambulance Copay	\$225
Inpatient Hospital Copay	\$395 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,580</i>
Outpatient Hospital Copay	\$295 - \$395
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$160/day 21-51, \$0/day 52-100 <i>Out-of-pocket limit = \$4,900</i>
Extra Benefits	
Dental Coverage	Yes - up to \$1,500
Vision Coverage	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC
Prescription Coverage	
Drug Coverage Included	Yes - <i>copays apply</i>

Plan Name, Plan Type and Number

HMO - This type of plan has a network of providers (doctors, hospitals, specialist, etc.). Enrollees must use in-network providers in order for the plan to cover the service, some plans may offer exceptions to this policy.

PPO - This type of plan has a network of providers. Enrollees who use in-network providers typically pay less out-of-pocket. If an out-of-network provider is used, the service will be more expensive.

PFFS - This type of plan does NOT have a network of providers. Enrollees must check with their providers before each visit to ensure they will accept the plan

Extra Benefits

Dental Coverage - Coverage for dental expenses. The amount listed is the total the plan will pay for dental care in the calendar year. Some plans require the use of network dentists, others offer reimbursement for any dentist. Contact plan for details.

Vision Coverage - Coverage for vision expenses. The amount listed is the total the plan will pay for vision care in the calendar year. Some plans require the use of network providers, others offer reimbursement for any provider. Contact plan for details.

Additional Benefits - Benefits often include assistance with **hearing services** including hearing aids, **fitness benefits** such as a gym membership, and **over-the-counter (OTC)** medication. Contact the plan for a full list of their specific additional benefits.

2022 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	AARP Medicare Advantage Walgreens (PPO) H2577-002	AARP Medicare Advantage Secure Horizons Plan 1 (HMO) H0609-007	AARP Medicare Advantage Secure Horizons Plan 2 (HMO) H0609-012	AARP Medicare Advantage Plan 1 (HMO) H0609-048	AARP Medicare Advantage Plan 2 (HMO) H6706-001
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757	800-555-5757
Plan Overview					
Monthly Premium	\$0	\$44	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit (MOOP)	\$5,500 in/ \$10,000 out	\$3,000	\$3,900	\$4,400	\$3,900
Medicare Star Rating	3.5	4.5	4.5	4.5	too new to measure
Benefits and Costs					
Primary Doctor Copay	\$0 in/ \$35 out	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$40 in/ \$70 out	\$20	\$25	\$35	\$30
Urgent Care Copay	\$40	\$40	\$40	\$40	\$40
Labs/Test/X-rays Copay	\$0 / \$25/\$15	\$0 / \$25/\$15	\$0 / \$25/\$15	\$0 / \$25/\$15	\$0 / \$25/\$15
Durable Medical Equipment	20%	20%	20%	20%	20%
Physical Therapy Copay	\$40	\$20	\$20	\$35	\$30
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$265	\$250	\$250	\$250	250
Inpatient Hospital Copay	\$325 per day for days 1-5 \$0 days 6-90+ Potential total = \$1,625	\$185 per day for days 1-5 \$0 days 6-90+ Potential total = \$925	\$225 per day for days 1-5 \$0 days 6-90+ Potential total = \$1,125	\$250 per day for days 1-6 \$0 days 7-90+ Potential total = \$1,500	\$225 per day for days 1-6 \$0 days 7-90+ Potential total = \$1,350
Outpatient Hospital Copay	\$325 per visit	\$175 per visit	\$200 per visit	\$235 per visit	\$200 per visit
Skilled Nursing Facility Copay	\$0 per day for days 1-20 \$188 per day for days 21-50 \$0 days 51 - 100	\$0 per day for days 1-20 \$184 per day for days 21-36 \$0 days 37 - 100	\$0 per day for days 1-20 \$188 per day for days 21-41 \$0 days 42 - 100	\$0 per day for days 1-20 \$188 per day for days 21-44 \$0 days 45 - 100	\$0 per day for days 1-20 \$188 per day for days 21-41 \$0 days 42 - 100
Extra Benefits					
Dental Coverage	Yes - up to \$500	Yes - up to \$1,000	Yes - up to \$500	Yes - up to \$1,000	Yes - up to \$500
Vision Coverage	Yes - up to \$100	Yes - up to \$200	Yes - up to \$200	Yes - up to \$200	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$0

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.

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2022 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Aetna Medicare Prime Plan (HMO) H3931-093	Aetna Medicare Elite Prime (HMO-POS) H4711-006	Aetna Medicare Prime (PPO) H5521-057	Aetna Medicare Prime 1 (PPO) H5221-250	Aetna Medicare Prime 1 (HMO-POS) H4711-008
Phone Number	833-859-6031	833-859-6031	833-859-6031	833-859-6031	833-859-6031
Plan Overview					
Monthly Premium	\$0	\$0	\$47	\$0	\$0
Medical Deductible	\$0	\$1000	\$0	\$0	\$0
Out-of-pocket Limit (MOOP)	\$6,800	\$4,900	\$5,000 in / \$11,300 out	\$5,300 in/ \$11,300 out	\$4,500
Medicare Star Rating	4	3	4.5	4.5	3
Benefits and Costs					
Primary Doctor Copay	\$5	\$0	\$0 in / 40% out	\$0 in/ 40% out	\$0
Specialist Doctor Copay	\$45	\$30	\$40 in / 40% out	\$35 in/ 40% out	\$35
Urgent Care Copay	\$65	\$65	\$65	\$65	\$65
Labs/Test/X-rays Copay	\$0/ \$45/\$20	\$0/ \$20/\$20	\$0/ \$20/\$20	\$0 / \$20/\$20	\$0 / \$20/\$20
Durable Medical Equipment	20%	20%	15%	15%	20%
Physical Therapy Copay	\$40	\$40	\$40	\$40	\$40
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$260	\$285	\$250	\$245	\$265
Inpatient Hospital Copay	\$390 per day for days 1-5 \$0 days 6-90+ Potential total = \$1,950	\$295 per day for days 1-7 \$0 days 8-90+ Potential Total = \$2,065	\$390 per day for days 1-5 \$0 days 6-90+ Potential Total = \$1,950	\$390 per day for days 1-5 \$0 days 6-90+ Potential Total = \$1,950	\$315 per day for days 1-7 \$0 days 8-90+ Potential Total = \$2,205
Outpatient Hospital Copay	\$400 per visit	\$350 per visit	\$350 per visit	\$350 per visit	\$295 per visit
Skilled Nursing Facility Copay	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100
Extra Benefits					
Dental Coverage	None	Yes - up to \$2,000	Yes - up to \$1,200	Yes - up to \$1,500	Yes - up to \$1,200
Vision Coverage	Yes - up to \$90	Yes - up to \$300	Yes - up to \$200	Yes - up to \$100	Yes - up to \$175
Additional Benefits	Fitness	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$0

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.
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2022 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Anthem MediBlue Plus (HMO) H4346-012	Anthem MediBlue Access (PPO) H4909-022	Bright Advantage Classic Care Plan (HMO) H7853-001	Bright Advantage Classic Plus Plan (HMO) H7853-002	Bright Advantage Part B Savings Plan (HMO) H7853-010
Phone Number	855-679-0546	855-679-0546	844-679-2028	844-679-2028	844-679-2028
Plan Overview					
Monthly Premium	\$0	\$0	\$0	\$30	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit (MOOP)	\$6,700	\$6,700 in / \$10,000 out	\$3,500	\$3,250	\$5,400
Medicare Star Rating	3.5	3.5	3.5	3.5	3.5
Benefits and Costs					
Primary Doctor Copay	\$0	\$0 in / \$35 out	\$0	\$0	\$0
Specialist Doctor Copay	\$35	\$35 in / \$70 out	\$10	\$10	\$25
Urgent Care Copay	\$35	\$30	\$0	\$0	\$0
Labs/Test/X-rays Copay	\$50 / \$145 / \$40	\$0 / \$60 / \$15	\$0 / \$125 / \$0	\$0 / \$100 / \$0	\$0 / \$100 / \$0
Durable Medical Equipment	20%	20%	20%	20%	20%
Physical Therapy Copay	\$40	\$40	\$20	\$20	\$35
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$250	\$325	\$250	\$225	\$200
Inpatient Hospital Copay	\$299 per day for days 1-6 \$0 days 7-90+ Potential total = \$1,794	\$325 per day for days 1-5 \$0 days 6-90+ Potential total = \$1,625	\$175 per day for days 1-6 \$0 days 7-90+ Potential total = \$1,050	\$175 per day for days 1-5 \$0 days 6-90+ Potential total = \$875	\$300 per day for days 1-4 \$0 days 5-90+ Potential total = \$1,200
Outpatient Hospital Copay	\$325 per visit	\$325 per visit	\$125 per visit	\$175 per visit	\$235 per visit
Skilled Nursing Facility Copay	\$0 per day for days 1-20 \$188 per day for days 21-100	\$0 per day for days 1-20 \$188 per day for days 21-100	\$0 per day for days 1-20 \$178 per day for days 21-100	\$0 per day for days 1-20 \$178 per day for days 21-100	\$0 per day for days 1-20 \$178 per day for days 21-100
Extra Benefits					
Dental Coverage	Additional premium	Yes - preventive only	Yes - limits not given	Yes - limits not given	Yes - limits not given
Vision Coverage	Yes - up to \$100	Yes - up to \$100	Yes - up to \$175	Yes - up to \$175	Yes - up to \$175
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$125 some tiers

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.
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2022 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Cigna Preferred Medicare (HMO) H0672-002	Cigna True Choice Medicare (PPO) H7849-001	Clear Spring Health Essential (HMO) H6379-001	Clear Spring Health Essential (PPO) H2020-001	Humana Gold Plus (HMO) H0028-047
Phone Number	855-454-9039	855-454-9039	877-364-4566	877-364-4566	800-833-2364
Plan Overview					
Monthly Premium	\$0	\$0	\$0	\$0	\$35
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit (MOOP)	\$4,200	\$5,900 in / \$11,300 out	\$3,400	\$5,500 in / \$10,000 out	\$5,500
Medicare Star Rating	not enough data	3.5	not enough data	not enough data	4.5
Benefits and Costs					
Primary Doctor Copay	\$0	\$0 in / \$40 out	\$0	\$0 in / \$45% out	\$0
Specialist Doctor Copay	\$25	\$35 in / \$60 out	\$0	\$0 in / \$45% out	\$45
Urgent Care Copay	\$40	\$40	\$35	\$30	\$45
Labs/Test/X-rays Copay	\$0 / \$25 / \$0	\$0 / \$25 / \$15	\$0 / \$0 / \$0	\$0 / \$0 / \$20	\$0 / \$50 / \$50
Durable Medical Equipment	20%	20%	20%	20%	20%
Physical Therapy Copay	\$25	\$35	\$40	\$40	\$30
Emergency Room Copay	\$90	\$90	\$120	\$90	\$90
Ground Ambulance Copay	\$180	\$150	\$200	\$270	\$265
Inpatient Hospital Copay	\$225 per day for days 1-6 \$0 days 7-90+ Potential Total = \$1,350	\$330 per day for days 1-5 \$0 days 6-90 Potential Total = \$1,650	\$150 per day for days 1-5 \$0 days 6-90+ Potential Total = \$750	\$300 per day for days 1-5 \$0 days 6-90 + Potential Total = \$1,500	\$250 per day for days 1-5 \$0 days 6-90 + Potential Total = \$1,250
Outpatient Hospital Copay	\$225 per visit	\$330 per visit	\$40-\$150 per visit	\$45-\$340 per visit	\$20-\$250 per visit
Skilled Nursing Facility Copay	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$188 per day/days 21-100
Extra Benefits					
Dental Coverage	Yes - no maximum given	Yes - up to \$2,000	Yes - up to \$2,000	Yes - up to \$1,500	Yes - up to \$2,000
Vision Coverage	Yes - up to \$200	Yes - up to \$200	Yes - up to \$250	Yes - up to \$150	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$0

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.
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2022 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Humana Gold Plus (HMO) H0028-025	Humana Choice (PPO) H5216-078	Humana Choice (PPO) H5216-137	Humana Choice (PPO) H5216-261	Humana Choice (PPO) H5216-223
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364	800-833-2364
Plan Overview					
Monthly Premium	\$0	\$57	\$0	\$0	\$28
Medical Deductible	\$0	\$800 some services	\$1,000 some services	\$0	\$0
Out-of-pocket Limit (MOOP)	\$4,900	\$6,700 in / \$10,000 out	\$7,550 in / \$11,300 out	\$6,700 in / \$11,300 out	\$5,500 in / \$11,300 out
Medicare Star Rating	4.5	4	4	4	4
Benefits and Costs					
Primary Doctor Copay	\$0	\$0 in / 50% out	\$20 in / 40% out	\$0 in / \$30 out	\$0 in / \$30-\$60 out
Specialist Doctor Copay	\$35	\$50 in / 50% out	\$50 in / 40% out	\$40 in / \$60 out	\$35 in / \$60 or 50% out
Urgent Care Copay	\$30	\$30	20%	\$30	\$30
Labs/Test/X-rays Copay	\$0 / \$100 / \$100	\$45 / \$100 / \$100	20% / 20% / 20%	\$0 / \$100 / \$50	\$0 / \$100 / \$100
Durable Medical Equipment	20%	18%	12%	18%	18%
Physical Therapy Copay	\$30	\$30	20%	\$30	\$30
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$290	\$265	20%	\$290	\$265
Inpatient Hospital Copay	\$225 per day for days 1-6 \$0 days 7-90+ Potential Total = \$1,350	\$325 per day for days 1-5 \$0 days 6-90+ Potential Total = \$1,625	\$450 per day for days 1-3 \$0 days 4-90+ Potential Total = \$1,350	\$295 per day for days 1-6 \$0 days 7-90+ Potential Total = \$1,770	\$250 per day for days 1-5 \$0 days 6-90+ Potential Total = \$1,250
Outpatient Hospital Copay	\$20-\$225 per visit	\$325 per visit	\$50 or 20% per visit	\$20-\$295 per visit	\$250 per visit
Skilled Nursing Facility Copay	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$188 day/days 21-100
Extra Benefits					
Dental Coverage	Yes - up to \$2,000	Additional premium	Additional premium	Yes - up to \$2,000	Yes - up to \$2,000
Vision Coverage	Yes - up to \$100	Yes - up to \$100	Yes - up to \$200	Yes - up to \$100	Yes - up to \$300
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$195 some tiers	\$445 some tiers	\$195 some tiers	\$0

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.
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2022 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Humana Gold Choice (PFFS) H8145-123	Humana Value Plus (PPO) H5216-195	Kaiser Permanente Senior Advantage Core (HMO) H0630-013	Kaiser Permanente Senior Advantage Gold (HMO) H0630-016	Kaiser Permanente Senior Advantage Silver (HMO) H0630-015
Phone Number	800-833-2364	800-833-2364	877-408-3492	877-408-3492	877-408-3492
Plan Overview					
Monthly Premium	\$90	\$33.90	\$0	\$186	\$38
Medical Deductible	\$0	\$100 some services	\$0	\$0	\$0
Out-of-pocket Limit (MOOP)	\$6,700 in and out	\$7,550 in / \$11,300 out	\$4,200	\$3,000	\$3,400
Medicare Star Rating	4	4	5	5	5
Benefits and Costs					
Primary Doctor Copay	\$15 in / \$15-\$100 out	20% in and out	\$0	\$0	\$0
Specialist Doctor Copay	\$50 in / \$50 or 25% out	20% in and out	\$20	\$10	\$15
Urgent Care Copay	\$30	20%	\$30	\$20	\$25
Labs/Test/X-rays Copay	\$45/ \$100/\$100	\$10/ 20%/ 20%	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
Durable Medical Equipment	20%	20%	20%	20%	20%
Physical Therapy Copay	\$30	20%	\$15	\$10	\$10
Emergency Room Copay	\$90	\$90	\$90	\$80	\$90
Ground Ambulance Copay	\$265	20%	\$165	\$150	\$160
Inpatient Hospital Copay	\$385 per day for days 1-5 \$0 days 6-90 Potential Total = \$1,925	\$1,725 per stay	\$195 per day for days 1-5 \$0 days 6-90 Potential Total = \$975	\$125 per day for days 1-5 \$0 days 6-90 Potential Total = \$625	\$165 per day for days 1-5 \$0 days 6-90 Potential Total = \$825
Outpatient Hospital Copay	\$325 per visit	20% per visit	\$200 per visit	\$100 per visit	\$175 per visit
Skilled Nursing Facility Copay	\$0 day 1-20, \$188 per day/days 21-100	\$0 day 1-20, \$184 per day/days 21-100	\$0 day 1-20, \$160 per day/days 21-47 \$0 days 48-100	\$0 day 1-10, \$20 per day/days 11-100	\$0 day 1-20, \$160 per day/days 21-42 \$0 days 43-100
Extra Benefits					
Dental Coverage	Yes - up to \$1,000	Yes - up to \$1,000	Yes - up to \$250	Yes - up to \$750	Yes - up to \$750
Vision Coverage	Yes - exam only	Yes - up to \$200	Yes - up to \$200	Yes - up to \$300	Yes - up to \$200
Additional Benefits	Hearing, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
Prescription Coverage					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$300 some tiers	\$435 some tiers	\$0	\$0	\$0

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.
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