

## 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.

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

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	AARP Medicare Advantage from UHC CO-0007 (PPO) H2577-002	AARP Medicare Advantage from UHC CO-0001 (HMO-POS) H0609-007	AARP Medicare Advantage from UHC CO-0002 (HMO-POS) H0609-012	AARP Medicare Advantage from UHC CO-0005 (HMO-POS) H0609-048	AARP Medicare Advantage from UHC CO-0011(HMO-POS) H6706-001	AARP Medicare Advantage from UHC CO-0015 (PPO) H2406-106
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757	800-555-5757	800-555-5757
<b>Plan Overview</b>						
Monthly Premium	\$0	\$45	\$0	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$6,300 in/ \$9,550 out	\$2,900 in	\$3,500	\$3,800	\$3,500	\$5,100 in/ \$9,550 out
Medicare Star Rating						
<b>Benefits and Costs</b>						
Primary Doctor Copay	\$0 in/ \$35 out	\$0	\$0	\$0	\$0	\$0 in/ \$35 out
Specialist Doctor Copay	\$50 in/ \$85 out	\$10	\$10	\$20	\$20	\$35 in/ \$70 out
Urgent Care Copay	\$40	\$40	\$40	\$40	\$40	\$40
Labs/Test/X-rays Copay	\$0/\$45/\$15 in; \$0/45%/\$30 out	\$0 / \$50 / \$15	\$0 / \$50/ \$15	\$0 / \$50/ \$15	\$0 / \$50/ \$15	\$0 / \$50/ \$15 in; \$0/ 40%/ \$30 out
Durable Medical Equipment	20% in / 50% out	20%	20%	20%	20%	20% in / 50% out
Physical Therapy Copay	\$30 in / \$85 out	\$10	\$10	\$15	\$20	\$20 in / \$70 out
Emergency Room Copay	\$120	\$135	\$135	\$120	\$135	\$90
Ground Ambulance Copay	\$275	\$290	\$290	\$290	\$275	\$210
Inpatient Hospital Copay In-network	\$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	\$325 per day for days 1-5 \$0 days 6-90+ potential total = \$1,625
Outpatient Hospital Copay In-network	\$0-325 per visit	\$0-185 per visit	\$0-225 per visit	\$0-250 per visit	\$0-225 per visit	\$0-325 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day for days 1-20 \$203 per day for days 21-100	\$0 per day for days 1-20 \$203 per day for days 21-100	\$0 per day for days 1-20 \$203 per day for days 21-100	\$0 per day for days 1-20 \$203 per day for days 21-100	\$0 per day for days 1-20 \$203 per day for days 21-100	\$0 per day for days 1-20 \$203 per day for days 21-100
<b>Extra Benefits</b>						
Dental Coverage	Yes - up to \$500	Yes - up to \$2,500	Yes - up to \$750	Yes - up to \$2,500	Yes - up to \$500	Yes - up to \$500
Vision Coverage	Yes - up to \$250	Yes - up to \$300	Yes - up to \$250	Yes - up to \$250	Yes - up to \$250	Yes - up to \$250
Additional Benefits	Hearing and Fitness	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>						
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$350	\$0	\$0	\$0	\$0	\$0

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Aetna Medicare Premier 1 (HMO-POS) H3931-153	Aetna Medicare Elite 1 (HMO- POS) H4711-006	Aetna Medicare Premier 3 (HMO-POS) H4711-008	Aetna Medicare Premier Plus 1 (PPO) H5221-250	Aetna Medicare Value Plus (PPO) H5521-443
Phone Number	833-859-6031	833-859-6031	833-859-6031	833-859-6031	833-859-6031
Plan Overview					
Monthly Premium	\$0	\$0	\$0	\$0	\$29
Medical Deductible	\$0	\$1000	\$0	\$0	\$0
Out-of-pocket Limit	\$4,000	\$4,900	\$4,500	\$5,200 in/ \$8,950 out	\$5,300 in/ \$8,950 out
Medicare Star Rating					
Benefits and Costs					
Primary Doctor Copay	\$0	\$0	\$0	\$0 in/ \$35 out	\$0 in/ \$35 out
Specialist Doctor Copay	\$30	\$30	\$35	\$35 in/ \$65 out	\$35 in/ \$65 out
Urgent Care Copay	\$50	\$50	\$50	\$50	\$50
Labs/Test/X-rays Copay	\$0/\$20/\$10	\$0 / \$20 / \$20	\$0/ \$20/\$20	\$0/\$20/\$10 in ; \$30/40%/40% out	\$0/ \$20/ \$10 in ; \$30/ 40%/ 40% out
Durable Medical Equipment	0-20%	0-20%	0-20%	\$0-20% in / 40% out	\$0-20% in/ 40% out
Physical Therapy Copay	\$30	\$30	\$35	\$35 in / 40% out	\$35 in/ 40% out
Emergency Room Copay	\$120	\$120	\$120	\$120	\$120
Ground Ambulance Copay	\$260	\$285	\$265	\$245	\$245
Inpatient Hospital Copay In-network	\$225 per day for days 1-5 \$0 days 6-90+ <i>potential total = \$1,125</i>	\$315 per day for days 1-7 days 8-90+ <i>Potential Total = \$2,205</i>	\$0 \$315 per day for days 1-7 \$0 days 8-90+ <i>Potential Total = \$2,205</i>	\$295 per day for days 1- 5 \$0 days 6-90+ <i>Potential Total = \$1,475</i>	\$325 per day for days 1-5 for days 6-90+ <i>Potential total = \$1,625</i>
Outpatient Hospital Copay (in-net)	\$0-350 per visit	\$0-350 per visit	\$0-\$400 per visit	\$0-350 per visit	\$0-350 per visit
Skilled Nursing Facility Care Copay In-network	\$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	Yes - up to \$2,250	Yes - up to \$1,600	Yes - up to \$1,400	Yes - up to \$1,650	Yes - up to \$2,000
Vision Coverage	Yes - up to \$370	Yes - up to \$390	Yes - up to \$275	Yes - up to \$250	Yes - up to \$280
Additional Benefits	Hearing, Fitness, O TC	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	\$250	\$250	\$0	\$250

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Anthem Medicare Advantage (HMO) H4346-012	Cigna Preferred Medicare (HMO) H0672-001	Cigna True Choice Medicare (PPO) H7849-001	Clear Spring Health Essential (HMO) H6379-001	Clear Spring Health Essential (PPO) H8014-001	Clear Spring Health Essential (PPO) H8014-001
Phone Number	855-679-0546	800-313-0973	800-313-0973	877-364-4566	877-364-4566	877-364-4566
<b>Plan Overview</b>						
Monthly Premium	\$0	\$0	\$0	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$6,700	\$3,860	\$5,200 in / \$8,950 out	\$3,400	\$5,500 in / \$8,950 out	\$5,500 in / \$8,950 out
Medicare Star Rating						
<b>Benefits and Costs</b>						
Primary Doctor Copay	\$0	\$0	\$0 in / \$40 out	\$0	\$0 in / \$45 out	\$0 in / \$45 out
Specialist Doctor Copay	\$35	\$25	\$30 in / \$65 out	\$0-20	\$0-20 in / \$45 out	\$0-20 in / \$45 out
Urgent Care Copay	\$35	\$25	\$30	\$35	\$30	\$30
Labs/Test/X-rays Copay	\$0-50 / \$0-145 / \$5-40	\$0-20 / \$0-20 / \$10	\$0/\$25/\$15 in; 40%/40%/40% out	\$0 / \$0 / \$0	\$0/\$0 / \$20 in; 45%/45%/45% out	\$0/\$0 / \$20 in; 45%/45%/45% out
Durable Medical Equipment	0-20%	20%	15% in/ 40% out		20% in/ 45% out	20% in/ 45% out
Physical Therapy Copay	\$40	\$25	\$30 in/ 50% out	\$40	\$40 in / 45% out	\$40 in / 45% out
Emergency Room Copay	\$90	\$120	\$120	\$90	\$90	\$90
Ground Ambulance Copay	\$250	\$205	\$150 in/ \$150 out	\$200	\$270 in/ \$275 out	\$270 in/ \$275 out
Inpatient Hospital Copay In-network	\$299 per day for days 1-6 \$0 days 7-90+ <i>potential total = \$1,794</i>	\$185 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$1,110</i>	\$285 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,425</i>	\$150 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$750</i>	\$300 per day for days 1-5 \$0 days 6-90 + <i>Potential Total = \$1,500</i>	\$300 per day for days 1-5 \$0 days 6-90 + <i>Potential Total = \$1,500</i>
Outpatient Hospital Copay (In-network)	\$0-325 per visit	\$0-225 per visit	\$0-295 per visit	\$40-\$150 per visit	\$45-\$340 per visit	\$45-\$340 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day for days 1-20 \$196 per day for days 21-100	\$10 day 1-20, \$203 per day/days 21-100	\$0 day 1-20, \$203 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, \$178 per day/days 21-100
<b>Extra Benefits</b>						
Dental Coverage	Additional premium	Yes - up to \$20,000	Yes - up to \$1,600	Yes - up to \$2,000	Yes - up to \$1,500	Yes - up to \$1,500
Vision Coverage	Yes - up to \$100	Yes - up to \$300	Yes - up to \$250	Yes - up to \$250	Yes - up to \$150	Yes - up to \$150
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>						
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$0	\$0

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Devoted CORE Colorado (HMO-POS) H7147-004	Devoted CHOICE Colorado (PPO) H4808-002	Devoted GIVEBACK Colorado (HMO-POS) H7147-005	Devoted Giveback Colorado (PPO) H4808-003
Phone Number	800-376-5889	800-376-5889	800-376-5889	800-376-5889
<b>Plan Overview</b>				
Monthly Premium	\$0	\$0	0**	0**
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,900	\$5,500 in/ \$8,950 out	\$5,900	\$7,900 in/ \$10,000 out
Medicare Star Rating				
<b>Benefits and Costs</b>				
Primary Doctor Copay	\$0	\$0 in / \$0 out	\$0	\$0 in / \$0 out
Specialist Doctor Copay	\$20	\$25 in / \$25 out	\$40	\$50 in / \$50 out
Urgent Care Copay	\$0-30	\$0-45	\$0-50	\$0-55
Labs/Test/X-rays Copay	\$0/\$0-25/\$0-15	\$0/\$0-25/\$0-15 in; \$0-20/\$0-25/\$0-15 out	\$0 / \$0-40/ \$0-25	\$0-40/\$0-100/\$0-100 in & out
Durable Medical Equipment	\$0-20%	0-20% in / 40% out	\$0-20%	0-20% in / 0-40% out
Physical Therapy Copay	\$20	\$25 in and out	\$40	\$40 in & out
Emergency Room Copay	\$120	\$120	\$120	\$100
Ground Ambulance Copay	\$250	\$275 in / \$275 out	\$275	\$350
Inpatient Hospital Copay In-network	\$225 per day for days 1-5 \$0 days 6-90 + <i>Potential Total = \$1,125</i>	\$295 per day for days 1-5 \$0 days 6-90+ <i>Potential total = \$1,425</i>	\$350 per day for days 1-6 \$0 days 7-90+ <i>Potential total = \$2,100</i>	\$385 per day for days 1-5 \$0 days 6-90 + <i>Potential Total = \$1,925</i>
Outpatient Hospital Copay (In-net)	\$0-200 per visit	\$0 - 250 per visit	\$0 - 300 per visit	\$0-350 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day for days 1-20 \$203 per day for days 21-40 \$0 days 41 - 100	\$0 per day for days 1-20 \$203 per day for days 21-48 0 days 49-100	\$0 per day for days 1-20 \$203 per day for days 21-50 \$0 days 51 - 100	\$0 per day for days 1-20 \$203 per day for days 21-59 \$0 days 60 - 100
<b>Extra Benefits</b>				
Dental Coverage	Yes - up to \$4,000	Yes - up to \$4,000	Yes - up to \$1,000	Yes - up to \$1,000
Vision Coverage	Yes - up to \$400	Yes - up to \$300	Yes - up to \$200	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>				
Drug Coverage Included	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>	Yes - <i>copays apply</i>
Drug Deductible	\$0	\$0	\$150	\$545

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Humana Gold Plus (HMO) H0028-025-1	Humana Gold Plus (HMO) H0028-047	Humana Choice (PPO) H5216-333	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	800-833-2364
Plan Overview						
Monthly Premium	\$0	\$24	\$102	0**	\$0	\$34
Medical Deductible	\$0	\$0	\$0	\$1000	\$0	\$0
Out-of-pocket Limit	\$4,900	\$5,300	\$2900 in and out	\$7,350 in / \$11,300 out	\$5,100 in / \$8,950 out	\$4,900 in / \$8,950 out
Medicare Star Rating						
Benefits and Costs						
Primary Doctor Copay	\$0	\$0	\$0 in and out	\$20 in / 40% out	\$0 in / \$30 out	\$0 in / \$30 out
Specialist Doctor Copay	\$35	\$45	\$20 in and out	\$50 in / 40% out	\$20 in / \$45 out	\$30 in / \$60 out
Urgent Care Copay	\$40	\$40	\$40	20%	\$40	\$40
Labs/Test/X-rays Copay	\$0 / \$0-100 / \$0-30	\$0 / \$0-50 / \$0-50	\$0 / \$0-100 / \$0 in and out	\$0 or 20% / \$0-50 or 20% / \$20-50 or 20% in; 40% / 40% / 40% out	\$0 / \$0-100 / \$0-15 in; 50% / \$45 or 50% / \$30 or 50% out	\$0 / \$0-100 / \$0-15 in; 50% / \$30-60 or 40% - 50% / \$30-60 or 50% out
Durable Medical Equipment	20%	20%	20% in & out	12% in / 20% out	18% in / 26% out	18% in / 25% out
Physical Therapy Copay	\$30	\$30	20 in & out	20% in / 40% out	\$30 in / 50% out	\$30 in / 50% out
Emergency Room Copay	\$120	\$120	\$90	\$100	\$120	\$120
Ground Ambulance Copay	\$300	265	\$290	20%	\$290	\$300
Inpatient Hospital Copay In-network	\$250 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$1,500</i>	\$250 per day for days 1-5 \$0 days 6-90 + <i>Potential Total = \$1,250</i>	\$500 per stay	\$350 per day for days 1-5 \$0 days 6-90+ <i>Potential Total = \$1,750</i>	\$295 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$1,770</i>	\$250 per day for days 1-6 \$0 days 7-90+ <i>Potential Total = \$1,500</i>
Outpatient Hospital Copay (In-network)	\$0-\$200 per visit	\$0-\$250 per visit	\$0-125 per visit	\$0-50 or 20% per visit	\$0-\$295 per visit	\$0-250 per visit
Skilled Nursing Facility Care Copay In-network	\$10 day 1-20, \$203 per day/days 21-43 days 44-100 \$0	\$0 day 1-20, \$203 per day/days 21-48 \$0 days 49 - 100	\$0 day 1-20, \$188 per day/days 21-40 days 41 - 100 \$0	\$0 day 1-20, \$203 per day/days 21-56 days 57 - 100 \$0	\$0 day 1-20, \$188 per day/days 21-50 days 51 - 100 \$0	\$0 day 1-20, \$188 day/days 21-50 \$0 days 51 - 100
Extra Benefits						
Dental Coverage	Yes - up to \$2,000	Yes - up to \$2,000	Yes - up to \$3,000	Preventive only	Yes - up to \$2,000	Yes - up to \$2,000
Vision Coverage	Yes - up to \$250	Yes - up to \$150	Yes - up to \$300	Yes - up to \$200	Yes - up to \$250	Yes - up to \$300
Additional Benefits	Hearing, Fitness, OTC	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	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$500	\$0	\$0

MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics  
Data is subject to transcription errors; verify accuracy of the data prior to enrolling.

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Humana Gold Choice (PFFS) H8145-123	Humana Value Plus (PPO) H5216-195	Humana Gold Plus (HMO) H0028-063	Humana Choice (PPO) H-5216-078
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364
<b>Plan Overview</b>				
Monthly Premium	\$60	\$46.60	0**	\$66
Medical Deductible	\$0	\$0	\$0	\$800
Out-of-pocket Limit	\$6,700 in and out	\$7,550 in / \$11,300 out	\$5,000	\$6700 in/ \$10,000 out
Medicare Star Rating				
<b>Benefits and Costs</b>				
Primary Doctor Copay	\$15 in and out	\$5 in and out	\$0	\$10 in / 50% out
Specialist Doctor Copay	\$50 in and out	\$25 in and out	\$30	\$50 in / \$50 out
Urgent Care Copay	\$40	20%	\$10	\$40
Labs/Test/X-rays Copay	\$0-45/\$0-100/\$15-100 in & out	\$0/\$0-25 or 20%/ \$5 or 20% in & out	\$0/\$0-30/\$0-15	\$0-45/\$0-100/\$10-100 in: 50%/ 50%/ 50% out
Durable Medical Equipment	20% in / 25% out	20% in & out	20%	
Physical Therapy Copay	30 in and out	\$15 in & out	\$25	\$30 in / 50% out
Emergency Room Copay	\$90	\$90	\$120	\$90
Ground Ambulance Copay	\$265	20%	\$300	\$265
Inpatient Hospital Copay In-network	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>	\$1,725 per stay	\$350 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,750</i>	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>
Outpatient Hospital Copay (In-net)	\$0-325 per visit	\$0 or 20% per visit	\$0-350 per visit	\$0-325 per visit
Skilled Nursing Facility Care Copay In-network	\$0 day 1-20, \$188 per day/days 21-60 \$0 days 61-100	\$0 day 1-20 \$184 per day/days 21-70 \$0 days 71-100	\$10 per day for days 1-20, \$203 per day/days 21-45 \$0 days 46-100	\$0 day 1-20, \$188 per day/days 21-60 \$0 days 61-100
<b>Extra Benefits</b>				
Dental Coverage	Preventive only	Yes - up to \$1,000	Yes - up to \$1,500	Preventive only
Vision Coverage	Yes - up to \$150	Yes - up to \$300	Yes - up to \$250	Yes - up to \$150
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing and Fitness	Hearing and Fitness
<b>Prescription Coverage</b>				
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$300	\$545	\$0	\$0

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Kaiser Permanente Senior Advantage Core DM (HMO) H0630-013	Kaiser Senior Advantage Bronze DM (HMO-POS) H0630-025	Kaiser Permanente Senior Advantage Choice DM (PPO) H3138-001	Kaiser Senior Advantage Silver DM (HMO-POS) H0630-015	Kaiser Permanente Senior Advantage Gold (HMO-POS) H0630-016
Phone Number	877-408-3492	877-408-3492	877-408-3492	877-408-3492	877-408-3492
<b>Plan Overview</b>					
Monthly Premium	\$0	\$0	\$0	35.30	181.00
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,900	\$4,100	\$5,100 in/ \$8,950 out	\$3,400	\$3,000
Medicare Star Rating				4.5	
<b>Benefits and Costs</b>					
Primary Doctor Copay	\$0	\$0 in / \$35 out	\$0 in/ \$30 out	\$0 in / \$0 out	\$0 in and out
Specialist Doctor Copay	\$15	\$35 in / \$35 out	\$30 in/ \$50 out	\$10 in / \$10 out	\$10 in and out
Urgent Care Copay	\$35	\$40	\$45	\$35	\$25
Labs/Test/X-rays Copay	\$0/\$0/\$0	\$0/\$0/\$0 in and out	\$0/ \$0/ \$15 in; 40%/ 40%/ 40% out	\$0 - \$75 in/out	\$0/\$0/\$0 in; \$0/ \$0/ \$20 out
Durable Medical Equipment	\$0-20%	\$0-20%	\$0-20% in/ 40% out	\$0-20%	\$0- 20%
Physical Therapy Copay	\$15	\$25 in and out	\$30 in/ 40% out	\$10 in and out	\$10 in and out
Emergency Room Copay	\$120	\$120	\$120	\$120	\$110
Ground Ambulance Copay	\$200	\$200	\$250	\$160	\$150
Inpatient Hospital Copay In-network	\$195 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$975</i>	\$250 per day for days 1-5 \$0 days 6-90+ <i>Potential total = \$1,250</i>	\$295 per day for days 1-5 \$0 days 6-90 <i>Potential total = \$1,475</i>	\$165 per day for days 1-5 \$0 days 6-90+ <i>Potential total = \$825</i>	\$125 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$625</i>
Outpatient Hospital Copay (In-net)	\$195 per visit	\$225 per visit	\$250 per visit	\$175 per visit	\$100 per visit
Skilled Nursing Facility Care Copay In-network	\$0 day 1-20, \$203 per day/days 21-41 \$0 days 42-100	\$0 day 1-20 \$203 per day/days 21-45 \$0 days 46 - 100	\$0 per day for days 1-20 \$203 per day for days 21-46 \$0 days 47-100	\$0 day 1-20 \$203 per day/days 21-37 \$0 days 38 - 100	\$0 day 1-10, \$20 per day/days 11-100
<b>Extra Benefits</b>					
Dental Coverage ****	Yes - up to \$1,450	Yes - up to \$2,350	Yes - up to \$1,350	Yes - up to \$1,650	Yes - up to \$1,650
Vision Coverage	Yes - up to \$350	Yes - up to \$350	Yes - up to \$400	Yes - up to \$350	Yes - up to \$350
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
Drug Coverage Included	Yes - <i>copays apply</i>	Yes, <i>copays apply</i>	Yes - <i>copays apply</i>	Yes, <i>copays apply</i>	Hearing, Fitness, OTC
Drug Deductible	\$0	\$0	\$0	\$0	\$0

\*\*\* Contact the plan for optional coverage

# 2024 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Perennial Advantage Freedom (HMO) H-3419-003	Select Health Medicare Essential (HMO) H1994-027	Select Health Medicare + Kroger (HMO) H1994-030	Select Health Medicare Flex (HMO) H1994-031
Phone Number	844-788-6959	855-442-9940	855-442-9940	855-442-9940
<b>Plan Overview</b>				
Monthly Premium	\$0	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,900	\$3,900	\$3,900	\$3,900
Medicare Star Rating				
<b>Benefits and Costs</b>				
Primary Doctor Copay	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$20	\$25	\$25	\$25
Urgent Care Copay	\$55	\$40	\$40	\$40
Labs/Test/X-rays Copay	\$0/ 20%/ \$0	\$0/\$0-25 or 0-20%/\$15	\$0/\$0-25 or 0-20%/\$15	\$0/\$0-25 or 0-20%/\$20
Durable Medical Equipment	20%	0-20%	0-20%	0-20%
Physical Therapy Copay	\$20	\$25	\$25	\$25
Emergency Room Copay	\$90	\$100	\$100	\$100
Ground Ambulance Copay	\$250	\$250	\$250	\$250
Inpatient Hospital Copay In-network	\$225 per day for days 1-5 \$0 days 6-90 <i>Potential total = \$1,125</i>	\$250 per day for days 1-5 \$0 per day for days 6-90 <i>Potential total = \$1,250</i>	\$225 per day for days 1-5 \$0 per day for days 6-90 <i>Potential total = \$1,125</i>	\$250 per day for days 1-5 \$0 per day for days 6-90 <i>Potential total = \$1,250</i>
Outpatient Hospital Copay (In-net)	20% per visit	\$25--220 or 20% per visit	\$25--220 or 20% per visit	\$25--250 or 20% per visit
Skilled Nursing Facility Care Copay In-network	coming soon	\$0 day 1-20 \$203 per day/days 21-55 \$0 days 56-100	\$0 day 1-20 \$203 per day/days 21-55 \$0 days 56-100	\$0 day 1-20 \$203 per day/days 21-55 \$0 days 56-100
<b>Extra Benefits</b>				
Dental Coverage	Yes - up to \$2,000	Yes - up to \$2,500	Yes - up to \$2,500	Dental, vision and hearing share \$3,000 benefit
Vision Coverage	Yes - up to \$250	Yes - up to \$250	Yes - up to \$250	
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>				
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$545	\$0	\$0	\$0