

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | AARP Medicare Advantage from UHC CO-0007 (PPO) H2001-089 | AARP Medicare Advantage from UHC CO-0001 (HMO-POS) H0609-007 | AARP Medicare Advantage Essentials from UHC CO-2 (HMO-POS) H0609-012 |
|---|--|--|--|
| Phone Number | 800-555-5757 | 800-555-5757 | 800-555-5757 |
| Monthly Premium | \$0 | \$51 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$420 Tiers 3, 4, 5 | \$340 Tiers 3, 4, 5 | \$340 Tiers 3, 4, 5 |
| Maximum Out-of-pocket (MOOP) | \$6,700 in/ \$10,000 out | \$2,900 | \$3,500 |
| Medicare Star Rating | 4 | 4.5 | 4.5 |
| Primary Doctor Copay | \$0 in/ \$35 out | \$0 | \$0 |
| Specialist Doctor Copay | \$50 in/\$85 out | \$10 | \$0-15 |
| Urgent Care Copay | \$55 | \$65 | \$0-65 |
| Routine labs/tests/x-rays copays | \$0/\$45/\$25 in; \$0/40%/\$40 out | \$0/\$50/\$25 | \$0/\$50/\$25 |
| Durable Medical Equipment | 20% in/ 50% out | 20% | 20% |
| Physical Therapy Copay | \$40 in/\$85 out | \$10 | \$0-10 |
| Emergency Room Copay | \$100 | \$140 | \$140 |
| Ground Ambulance Copay | \$150 | \$290 | \$280 |
| Inpatient Hospital Copay In-network | \$325 per day for days 1-5; \$0 days 6-90+ | \$185 per day for days 1-5; \$0 days 6-90+ | \$225 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-325 per visit | \$0-185 per visit | \$0-225 per visit |
| Skilled Nursing Facility Care Copay In-network | \$0 per 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 |
| Dental Coverage | Preventive care only | Up to \$2500 | Preventive care only |
| Vision Coverage | Up to \$300 | Up to \$300 | Up to \$200 |
| Additional Benefits | Hearing | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | AARP Medicare Advantage Extras from UHC CO-5 (HMO-POS) H0609-048 | AARP Medicare Advantage from UHC CO-0011 (HMO-POS) H06706-001 | AARP Medicare Advantage from UHC CO-0015 (PPO) H2406-106 |
|--|--|---|---|
| Phone Number | 800-855-5757 | 800-555-5757 | 800-555-5757 |
| Monthly Premium | \$0 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$420 Tiers 3, 4, 5 | \$420 Tiers 3, 4, 5 | \$420 Tiers 3, 4, 5 |
| Maximum Out-of-pocket (MOOP) | \$3,900 | \$3,900 | \$5,100 in/ \$10,000 out |
| Medicare Star Rating | 4.5 | not enough data | 4.0 |
| Primary Doctor Copay | \$0 | \$0 | \$0 in/ \$35 out |
| Specialist Doctor Copay | \$0-20 | \$0-20 | \$35 in/ \$70 out |
| Urgent Care Copay | \$0-60 | \$0-65 | \$55 |
| Routine labs, tests, x-ray copays | \$0/\$45/\$20 | \$0/\$50/\$25 | \$0/\$50/\$25 in; \$0/40%/\$40 out |
| Durable Medical Equipment | 20% | 20% | 20% in/ 50% out |
| Physical Therapy Copay | \$0-20 | \$0-20 | \$35 in/ \$70 out |
| Emergency Room Copay | \$140 | \$140 | \$125 |
| Ground Ambulance Copay | \$290 | \$275 | \$275 |
| Inpatient Hospital Copay In-network | \$325 per day for days 1-6; \$0 days 7-90+ | \$335 per day for days 1-6; \$0 days 7-90+ | \$325 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-325 per visit | \$0-335 | \$0-325 per visit |
| Skilled Nursing Care Co Pay 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 |
| Dental Coverage | Up to \$2,250 | Preventive only | Preventive only |
| Vision Coverage | Up to \$300 | Up to \$300 | \$300 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Aetna Medicare Premier 1 (HMO-POS) H3931-153 | Aetna Medicare Premium Plus (HMO-POS) H3931-185 | Aetna Medicare Premier 3 (HMO-POS) H4711-008 |
|---|---|---|---|
| Phone Number | 833-859-6031 | 833-859-6031 | 833-859-6031 |
| Monthly Premium | \$0 | \$47 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$590 Tiers 3, 4, 5 | \$590 Tiers 3, 4, 5 | \$590 Tiers 3, 4, 5 |
| Maximum Out-of-pocket Limit (MOOP) | \$3,900 | \$4,000 | \$4,500 |
| Medicare Star Rating | 3.5 | 3.5 | 3.5 |
| Primary Doctor Copay | \$0 | \$0 | \$0 |
| Specialist Doctor Copay | \$40 | \$30 | \$35 |
| Urgent Care Copay | \$50 | \$50 | \$50 |
| Routine labs, tests, x-ray copays | \$0/\$20/\$10 | \$0/\$20/\$10 | \$0/\$20/\$20 |
| Durable Medical Equipment | 0-20% | 0-20% | 0-20% |
| Physical Therapy Copay | \$15 | \$30 | \$20 |
| Emergency Room Copay | \$140 | \$125 | \$125 |
| Ground Ambulance Copay | \$200 | \$260 | \$265 |
| Inpatient Hospital Copay In-network | \$205 per day for days 1-5; \$0 days 6-90+ | \$225 per day for days 1-5; \$0 days 6-90+ | \$315 per day for days 1-7; \$0 days 8-90+ |
| Outpatient Hospital Copay In-network | \$0-350 | \$0-350 per visit | \$0-400 per visit |
| Skilled Nursing Care Co Pay In-Network | \$0 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Up to \$1,500 | Up to \$2,000 | Up to \$750 |
| Vision Coverage | Up to \$185 | Up to \$275 | Up to \$205 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Aetna Medicare Premier Plus 1 (PPO) H5521-250 | Aetna Medicare Value Plus (PPO) H5521-443 | Aetna Medicare Premium (PPO) H5521-648 |
|---|---|---|---|
| Phone Number | 833-859-6031 | 833-859-6031 | 833-859-6031 |
| Monthly Premium | \$0 | \$20 | \$37 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$590 Tiers 3, 4, 5 | \$590 Tiers 3, 4, 5 | \$590 Tiers 3, 4, 5 |
| Maximum Out-of-pocket Limit (MOOP) | \$5,200 in/ \$8,950 out | \$5,500 in/ \$8,950 out | \$5,000 in/ \$8,950 out |
| Medicare Star Rating | 4.5 | 4.5 | 4.5 |
| Primary Doctor Copay | \$0 in/ \$35 out | \$0 in/ \$35 out | \$0 in/ \$35 out |
| Specialist Doctor Copay | \$45 in/ \$65 out | \$35 in/ \$65 out | \$35 in/ \$65 out |
| Urgent Care Copay | \$50 | \$50 | \$50 |
| Routine labs, tests, x-rays copays | \$0/\$20/\$10 in; \$30/40%/40% out | \$0/\$20/\$10 in; \$30/40%/40% out | \$0/\$20/\$10 in; \$30/40%/40% out |
| Durable Medical Equipment | 0-20% in/ 40% out | 0-20% in/ 40% out | 0-20% in/ 40% out |
| Physical Therapy Copay | \$15 in/ 40% out | \$35 in/ 40% out | \$35 in/ 40% out |
| Emergency Room Copay | \$125 | \$125 | \$125 |
| Ground Ambulance Copay | \$200 | \$245 | \$245 |
| Inpatient Hospital Copay In-network | \$295 per day for days 1-5; \$0 days 6-90+ | \$325 per day for days 1-5; \$0 days 6-90+ | \$295 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-350 per visit | \$0-350 per visit | \$0-350 |
| Skilled Nursing Facility Care Copay In Network | \$0 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Up to \$1,000 | Up to \$2,000 | Up to \$2,000 |
| Vision Coverage | Up to \$200 | Up to \$180 | Up to \$200 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Anthem Medicare Advantage (HMO) H4346-012 | Cigna Preferred Medicare (HMO) H0672-001 | Cigna True Choice Medicare (PPO) H7849-001 |
|---|---|--|---|
| Phone Number | 833-668-2208 | 800-313-0973 | 800-313-0973 |
| Monthly Premium | \$0 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$400 |
| Drug Deductible | \$0 | \$0 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$9,350 | \$3,550 | \$5,200 in/ \$8,950 out |
| Medicare Star Rating | 3 | 2.5 | 3 |
| Primary Doctor Copay | \$0 | \$0 | \$0 in/ \$40 out |
| Specialist Doctor Copay | \$35 | \$25 | \$30 in/ \$65 out |
| Urgent Care Copay | \$35 | \$25 | \$30 |
| Routine labs, tests, x-rays copays | \$0-50/\$0-145/\$5-40 | \$0-50/ \$0-20/ \$10 | \$50/\$25/\$15 in; 40%/40%/40% out |
| Durable Medical Equipment | 0-20% | 20% | 15% in/ 40% out |
| Physical Therapy Copay | \$35 | \$25 | \$30 in/ 50% out |
| Emergency Room Copay | \$90 | \$140 | \$125 |
| Ground Ambulance Copay | \$250 | \$205 | \$150 in/ \$150 or 20% out |
| Inpatient Hospital Copay In-network | \$299 per day for days 1-5; \$0 days 6-90+ | \$195 per day for days 1-6; \$0 days 7-90+ | \$285 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-325 per visit | \$0-195 per visit | \$0-285 per visit |
| Skilled Nursing Facility Care Copay In-Network | \$0 per day for days 1-20; \$196 per day for days 21-100 | \$20 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Additional premium | Up to \$20,000 | Up to \$1,600 |
| Vision Coverage | Up to \$100 | Up to \$350 | Exam only |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Cigna Premier Medicare (HMO-POS) H0672-019 | Clear Spring Health Essential (HMO) H6379-001 | Clear Spring Health Essential (PPO) H8014-001 |
|---|--|---|---|
| Phone Number | 800-313-0973 | 877-248-6622 | 877-248-6622 |
| Monthly Premium | \$0 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$0 | \$0 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$3,600 | \$3,400 | \$5,500 in/ \$8,950 out |
| Medicare Star Rating | 2.5 | not enough data | not enough data |
| Primary Doctor Copay | \$0 | \$0 | \$0 in/ 45% out |
| Specialist Doctor Copay | \$25 in/ 40% out | \$0-20 | \$0-20 in/ 45% out |
| Urgent Care Copay | \$25 | \$35 | \$30 |
| Routine labs, tests, x-rays copays | \$0-50/ \$0-50/ \$10 in | \$0/ \$0/ \$0 | \$0/ \$0/ \$20 in; 45%/ 45%/ 45% out |
| Durable Medical Equipment | 20% | 20% | 20% in/ 45% out |
| Physical Therapy Copay | \$25 in/ 40% out | \$40 | \$40 in/ 45% out |
| Emergency Room Copay | \$140 | \$90 | \$90 |
| Ground Ambulance Copay | \$255 | \$200 | \$270 in/ \$275 out |
| Inpatient Hospital Copay In-network | \$250 per da for days 1-6; \$0 days 7-90+ | \$150 per day for days 1-5; \$0 days 6-90+ | \$300 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-250 per visit | \$40-150 per visit | \$45-340 per visit |
| Skilled Nursing Facility Care Copay In-Network | \$20 per day for days 1-20; \$214 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 |
| Dental Coverage | Up to \$1,800 | Up to \$2,000 | Up to \$1,500 |
| Vision Coverage | Up to \$250 | Up to \$200 | Up to \$150 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Devoted CORE Colorado (HMO) H7147-004 | Devoted CHOICE Colorado (PPO) H4808-002 | Devoted Giveback Colorado (HMO) H7147-005 |
|---|---|---|---|
| Phone Number | 800-376-5889 | 800-376-5889 | 800-376-5889 |
| Monthly Premium | \$0 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$590 Tiers 3, 4, 5 | \$590 Tiers 3, 4, 5 | \$590 Tiers 3, 4, 5 |
| Maximum Out-of-pocket Limit | \$3,900 | \$5,500 in/ \$9,550 out | \$6,600 |
| Medicare Star Rating | 4 | not enough data | 4 |
| Primary Doctor Copay | \$0 | \$0 in and out | \$0 |
| Specialist Doctor Copay | \$0-25 | \$30 in and out | \$45 |
| Urgent Care Copay | \$0-45 | \$0-45 | \$0-55 |
| Routine labs, tests, x-rays copays | \$0-20/ \$0-95/ \$0-75 | \$0-20/ \$0-95/ \$0-75 in and out | \$0-20/ \$0-95/ \$0-75 |
| Durable Medical Equipment | 0-25% | 0-20% in/ 0-35% out | 20%-35% |
| Physical Therapy Copay | \$25-50 | \$0-50 in and out | \$45-50 |
| Emergency Room Copay | \$140 | \$125 | \$125 |
| Ground Ambulance Copay | \$0-275 | \$275 in and out | \$0-275 |
| Inpatient Hospital Copay In-network | \$240 per day for days 1-5; \$0 days 6-90+ | \$295 per day for days 1-6; \$0 days 7-90+ | \$395 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-325 per visit | \$0-395 per visit | \$0-495 per visit |
| Skilled Nursing Care Co Pay In-Network | \$0 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20/ \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Dental and vision are combined for benefit of \$1,000 | Dental and vision are combined for benefit of \$1,000 | Dental and vision are combined for benefit of \$250 |
| Vision Coverage | Dental and vision are combined for benefit of \$1,000 | Dental and vision are combined for benefit of \$1,000 | Dental and vision are combined for benefit of \$250 |
| Additional Benefits | Hearing, fitness | Hearing, fitness | Hearing, fitness, GB |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Devoted Choice Giveback Colorado (PPO) H4808-003 | Humana Gold Choice H8145-164 (PFFS) | Humana Value Plus H5216-196 (PPO) |
|---|---|--|---|
| Phone Number | 800-376-5889 | 800-833-2364 | 800-833-2364 |
| Monthly Premium | \$0 | \$12 | \$33.90 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$590 Tiers 3, 4, 5 | \$300 Tiers 3, 4, 5 | \$590 Tiers 1, 2, 3, 4, 5 |
| Maximum Out-of-pocket Limit (MOOP) | \$7,900 in/ \$11,300 out | \$5,200 in and out | \$7,550 in/ \$11,300 out |
| Medicare Star Rating | not enough data | 4 | 3.5 |
| Primary Doctor Copay | \$0 in and out | \$0 in and out | \$0 in and out |
| Specialist Doctor Copay | \$50 in and out | \$50 in and out | \$50 in and out |
| Urgent Care Copay | \$0-45 | \$40 | 20.00% |
| Routine labs, tests, x-rays copays | \$0-40/ \$0-95/ \$0-75 in and out | \$0-40/ \$0-100/ \$0-100 in and out | \$0-20%/ \$0-50/ \$0 or 20% in and out |
| Durable Medical Equipment | 18% in/ 20% out | 20% in/ 25% out | \$0 or 10% in and out |
| Physical Therapy Copay | \$50 in and out | \$30 in and out | \$30 in and out |
| Emergency Room Copay | \$110 | \$125 | \$110 |
| Ground Ambulance Copay | \$0-350 in and out | \$315 | \$0 |
| Inpatient Hospital Copay In-network | \$395 per day for days 1-5; \$0 days 6-90+ | \$325 per day for days 1-5; \$0 days 6-90+ | \$1,725 per stay |
| Outpatient Hospital Copay In-network | \$0-495 per visit | \$0-325 per visit | \$0 or 20% per visit |
| Skilled Nursing Facility Care Copay In- Network | \$0 per day for days 1-20; \$214 per days 21-60; \$0 days 61-100 | \$10 per day for days 1-20; \$214 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Dental and vision are combined for benefit of \$250 | Up to \$1,000 | Up to \$1,000 |
| Vision Coverage | Dental and vision are combined for benefit of \$250 | Up to \$150 | Up to \$300 |
| Additional Benefits | Hearing, fitness, GB | Hearing, fitness, OTC | Hearing, fitness |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Humana Choice H5216-078 (PPO) | Humana Gold Plus Giveback H0028-063 (HMO) | Humana Choice Giveback H5216-435-2 (PPO) |
|---|--|--|---|
| Phone Number | 800-833-2364 | 800-833-2364 | 800-833-2364 |
| Monthly Premium | \$58 | \$0 | \$0 |
| Medical Deductible | \$800 | \$100 | \$0 |
| Drug Deductible | \$250 Tiers 4, 5 | \$0 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$6,700 in/ \$10,000 out | \$5,400 | \$7,850 in/ \$14,000 out |
| Medicare Star Rating | 3.5 | 3.5 | 3.5 |
| Primary Doctor Copay | \$10 in/ 50% out | \$0 | \$20 in/ 40% out |
| Specialist Doctor Copay | \$70 in/ 50% out | \$45 | \$50 in/ 40% out |
| Urgent Care Copay | \$55 | \$55 | \$45 |
| Routine labs, tests, x-rays copays | \$0-60/ \$0-100/ \$10-100 in; \$55/ \$50/ \$55 out | \$0-55/ \$0-55/ \$0-75 | \$0-45/ \$0-50/ \$20-50 in; \$45/ \$45/ \$45 out |
| Durable Medical Equipment | 18% in/ 50% out | 20% | 12% in/ 50% out |
| Physical Therapy Copay | \$45 in/ 50% out | \$45 | 20% in/ 40% out |
| Emergency Room Copay | \$125 | \$125 | \$110 |
| Ground Ambulance Copay | \$315 | \$315 | \$315 |
| Inpatient Hospital Copay In-network | \$410 per day for days 1-5 ; \$0 days 6-90+ | \$410 per day for days 1-6; \$0 days 7-90+ | \$370 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$500 per visit | \$0-410 per visit | \$0-50 or 20% per visit |
| Skilled Nursing Care Co Pay In-Network | \$10 per day for days 1-20; \$214 per day for days 21-100 | \$10 per day for days 1-20; \$203 per day for days 21-100 | \$0 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Exam only | Up to \$1,750 | Preventive only |
| Vision Coverage | Up to \$100 | Up to \$250 | Up to \$200 |
| Additional Benefits | Hearing, fitness | Hearing, fitness | Hearing, fitness |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Humana Choice Giveback H5216-438 (PPO) | Humana Gold Plus H0028-025-2 (HMO) | Humana Gold Plus H0028-047 (HMO) |
|---|---|--|--|
| Phone Number | 800-833-2364 | 800-833-2364 | 800-833-2364 |
| Monthly Premium | \$0 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$220 Tiers 3, 4, 5 | \$0 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$7,850 in/ \$14,000 out | \$5,500 | \$5,300 |
| Medicare Star Rating | 3.5 | 3.5 | 3.5 |
| Primary Doctor Copay | \$20 in/ 40% out | \$0 | \$0 |
| Specialist Doctor Copay | \$55 in/ 40% out | \$35 | \$45 |
| Urgent Care Copay | 20% | \$55 | \$55 |
| Routine labs, tests, x-rays copays | \$0 or 20%/ \$0-55/ \$20-50 in; 20-40%/ 20-40%/ 20-40% out | \$0-55/ \$0-100/ \$0-90 | \$0-55/ \$0-55/ \$0-55 |
| Durable Medical Equipment | 12% in/ 50% out | \$0 | \$0 |
| Physical Therapy Copay | 20% in/ 40% out | \$45 | \$30 |
| Emergency Room Copay | \$110 | \$125 | \$125 |
| Ground Ambulance Copay | \$315 | \$315 | \$315 |
| Inpatient Hospital Copay In-network | \$370 per day for days 1-5; \$0 days 6-90+ | \$330 per day for days 1-6; \$0 days 7-90+ | \$330 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-50 or 20% | \$0-330 per visit | \$0-250 per visit |
| Skilled Nursing Care Co Pay In-Network | \$0 per day for days 1-20; \$214 per day for days 21-100 | \$10 per day for days 1-20; \$214 per day for days 21-100 | \$10 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Up to \$1,000 | Up to \$1,500 | Up to \$2,500 |
| Vision Coverage | Up to \$150 | Up to \$100 | Up to \$150 |
| Additional Benefits | Hearing, fitness, GB | Hearing, fitness | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Humana Full Access H5216-333 (PPO) | Humana Choice H5216-434 (PPO) | Humana Choice H5216-261 (PPO) |
|---|--|--|--|
| Phone Number | 800-833-2364 | 800-833-2364 | 800-833-2364 |
| Monthly Premium | \$91 | \$0 | \$0 |
| Medical Deductible | \$500 | \$0 | \$500 |
| Drug Deductible | \$0 | \$200 Tiers 4, 5 | \$200 Tiers 4, 5 |
| Maximum Out-of-pocket Limit (MOOP) | \$3,400 in and out | \$6,750 in/ \$8,950 out | \$5,200 in/ \$8,950 out |
| Medicare Star Rating | 3.5 | 3.5 | 3.5 |
| Primary Doctor Copay | \$0 in and out | \$5 in/ \$30 out | \$0 on/ \$30 out |
| Specialist Doctor Copay | \$40 in and out | \$45 in/ \$75 out | \$20 in/ \$45 out |
| Urgent Care Copay | \$40 | \$55 | \$40 |
| Routine labs, tests, x-rays copays | \$0-40/ \$0-100/ \$0-60 in and out | \$0-55/ \$0-100/ \$5-90 in; \$55/ \$0-100/ \$30-130 out | \$0-40/ \$0-100/ \$0-75 in; \$40/ \$30-45/ \$30-40 out |
| Durable Medical Equipment | 20% in and out | 18% in/ 50% out | 1% in/ 50% out |
| Physical Therapy Copay | \$20 in and out | \$45 in/ \$75 out | \$30 in/ 50% out |
| Emergency Room Copay | \$140 | \$125 | \$125 |
| Ground Ambulance Copay | \$315 | \$315 | \$315 |
| Inpatient Hospital Copay In-network | \$580 per stay | \$380 per day for days 1-5; \$0 days 6-90+ | \$360 per day for days 1-6; \$0 days 7-90+ |
| Outpatient Hospital Copay In-network | \$0-350 per visit | \$0-415 per visit | \$0-360 per visit |
| Skilled Nursing Care Co Pay In-Network | \$20 per day for days 1-20; \$214 per day for days 21-100 | \$10 per day for days 1-20; \$214 per day for days 21-100 | \$10 per day for days 1-20; \$214 per day for days 21-100 |
| Dental Coverage | Up to \$3,000 | Up to \$2,500 | Up to \$3,000 |
| Vision Coverage | Up to \$200 | Up to \$250 | Up to \$250 |
| Additional Benefits | Hearing, fitness | Hearing, fitness | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Humana Choice H5216-223 (PPO) | Humana Gold Plus H0028-073 (HMO) | Kaiser Permanente Senior Advantage Core DM (HMO) H0630-013 |
|---|--|--|--|
| Phone Number | 800-833-2364 | 800-833-2364 | 877-408-3492 |
| Monthly Premium | \$7 | \$0 | \$0 |
| Medical Deductible | \$750 | \$0 | \$0 |
| Drug Deductible | \$200 Tiers 3, 4, 5 | \$0 | \$0 |
| Maximum Out-of-pocket Limit | \$5,400 in/ \$10,000 | \$6,500 | \$3,300 |
| Medicare Star Rating | 3.5 | 3.5 | 4 |
| Primary Doctor Copay | \$0 in/ \$30 out | \$0 | \$0 |
| Specialist Doctor Copay | \$45 in/ \$75 out | \$35 | \$15 |
| Urgent Care Copay | \$55 | \$40 | \$25 |
| Routine labs, tests, x-rays copays | \$0-55/ \$0-100/ \$0-75 in; \$55/ \$30-75/ \$30-60 out | \$10-40/ \$0-50/ \$0-75 | \$0/ \$0/ \$0 |
| Durable Medical Equipment | 18% in/ 50% out | \$0 | 0-20% |
| Physical Therapy Copay | \$45 in/ 50% out | \$35 | \$10 |
| Emergency Room Copay | \$125 | \$125 | \$140 |
| Ground Ambulance Copay | \$315 | \$315 | \$290 |
| Inpatient Hospital Copay In-network | \$300 per day for days 1-6; \$0 days 7-90+ | \$350 per day for days 1-5; \$0 days 6-90+ | \$195 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$0-300 per visit | \$0-350 per visit | \$180 per visit |
| Skilled Nursing Care Co Pay In-Network | \$10 per day for days 1-20; \$214 per day for days 21-100 | \$10 per day for days 1-20; \$214 per day for days 21-100 | \$0 days 1-20; \$203 per day for days 21-39; \$0 days 40-100 |
| Dental Coverage | Up to \$2,000 | Up to \$2,500 | Up to \$1,450 |
| Vision Coverage | Up to \$300 | Up to \$300 | Up to \$500 |
| Additional Benefits | Hearing | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Kaiser Permanente Senior Advantage Bronze DM (HMO-POS) H0630-025 | Kaiser Permanente Senior Advantage Choice DM (PPO) H3138-001 | Kaiser Permanente Senior Advantage Silver DM (HMO-POS) H0630-015 |
|--|--|--|--|
| Phone Number | 877-408-3492 | 877-408-3493 | 877-408-3492 |
| Monthly Premium | \$0 | \$0 | \$32 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$0 | \$0 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$5,900 | \$5,100 in/ \$8,950 out | \$3,000 |
| Medicare Star Rating | 4 | too new to measure | 4 |
| Primary Doctor Copay | \$0 in and out | \$0 in/ \$35 out | \$0 in and out |
| Specialist Doctor Copay | \$35 in and out | \$30 in/ \$65 out | \$10 in and out |
| Urgent Care Copay | \$40 | \$35 | \$25 |
| Routine labs, tests, x-rays copays | \$0/ \$0/ \$0 in and out | \$0/ \$0/ \$0 in; 40%/ 40%/ 40% out | \$0/ \$0/ \$0 in and out |
| Durable Medical Equipment | 0-20% | 0-20% in/ 40% out | 0-20% |
| Physical Therapy Copay | \$25 in and out | \$30 in/ 40% out | \$10 in and out |
| Emergency Room Copay | \$125 | \$125 | \$140 |
| Ground Ambulance Copay | \$350 | \$340 | \$250 |
| Inpatient Hospital Copay In-network | \$250 per day for days 1-5; \$0 days 6-90+ | \$295 per day for days 1-5; \$0 days 6-90+ | \$155 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$250 per visit | \$250 per visit | \$155 per visit |
| Skilled Nursing Care Co Pay In-Network | \$0 days 1-20; \$203 per day for days 21-41; \$0 days 42-100 | \$0 days 1-20; \$203 per day for days 21-46; \$0 days 47-100 | \$0 days 1-20; \$203 per day for days 21-37; \$0 38-100ays |
| Dental Coverage | Up to \$2,350 | Up to \$1,350 | Up to \$1,650 |
| Vision Coverage | Up to \$550 | Up to \$500 | Up to \$550 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Kaiser Permanente Senior Advantage Gold (HMO-POS) H0630-016 | Perennial Advantage Freedom (HMO POS) H3419-003 | Select Health Medicare Essential (HMO) H1994-027 |
|--|---|---|--|
| Phone Number | 877-408-3492 | 844-788-6959 | 855-442-9940 |
| Monthly Premium | \$170.40 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$0 | \$0 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$2,900 | \$3,900 | \$3,900 |
| Medicare Star Rating | 4 | not enough data | 4 |
| Primary Doctor Copay | \$0 in and out | \$0 in and out | \$0 |
| Specialist Doctor Copay | \$10 in and out | \$20 in and out | \$25 |
| Urgent Care Copay | \$25 | \$20-55 | \$40 |
| Routine labs, tests, x-rays copays | \$0/ \$0/ \$0 in and out | \$0/ 20%/ \$0 | \$0/ \$0-25/ \$0 |
| Durable Medical Equipment | 0-20% | 20% | 0-20% |
| Physical Therapy Copay | \$10 in and out | \$20 | \$25 |
| Emergency Room Copay | \$130 | \$90 | \$140 |
| Ground Ambulance Copay | \$200 | \$250 | \$250 |
| Inpatient Hospital Copay In-network | \$140 per day for days 1-5; \$0 days 6-90+ | \$225 per day for days 1-5; \$0 days 6-90+ | \$250 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$100 per visit | \$0-250 per visit | \$25-220 or 20% per visit |
| Skilled Nursing Care Co Pay In-Network | \$0 per day for days 1-20; \$20 per day for days 21-100 | coming soon | \$0 days 1-20; \$214 per day for days 21-55; \$0 days 56-100 |
| Dental Coverage | Up to \$1,650 | Up to \$2,000 | Up to \$3,000 |
| Vision Coverage | Up to \$550 | Up to \$250 | Up to \$300 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Select Health Medicare + Kroger (HMO) H1994-030 | Select Health Medicare Flex (HMO) H1994-031 | Select Health Medicare Choice (PPO) H2246-032 |
|---|--|--|--|
| Phone Number | 855-442-9940 | 855-442-9940 | 855-442-9940 |
| Monthly Premium | \$0 | \$0 | \$0 |
| Medical Deductible | \$0 | \$0 | \$0 |
| Drug Deductible | \$0 | \$200 Tiers 3, 4, 5 | \$0 |
| Maximum Out-of-pocket Limit (MOOP) | \$3,900 | \$4,900 | \$5,000 in/ \$8,900 out |
| Medicare Star Rating | 4 | 4 | 3.5 |
| Primary Doctor Copay | \$0 | \$0 | \$0 in/ 40% out |
| Specialist Doctor Copay | \$25 | \$25 | \$35 in and out |
| Urgent Care Copay | \$40 | \$40 | \$45 |
| Routine labs, tests, x-rays copays | \$0/ 40-25/ \$0 | \$0/ \$0-25/ \$0 | \$0/ \$0-35/ \$0 in; 40%/ 40%/ 40% out |
| Durable Medical Equipment | 0-20% | 0-20% | 0-20% in/ 40% out |
| Physical Therapy Copay | \$25 | \$30 | \$30 in/ 40% out |
| Emergency Room Copay | \$140 | \$125 | \$125 |
| Ground Ambulance Copay | \$300 | \$275 | \$250 |
| Inpatient Hospital Copay In-network | \$250 per day for days 1-5; \$0 days 6-90+ | \$300 per day for days 1-5; \$0 days 6-90+ | \$310 per day for days 1-5; \$0 days 6-90+ |
| Outpatient Hospital Copay In-network | \$25-250 or 20% per visit | \$25-50 or 20% per visit | \$35-300 or 20% per visit |
| Skilled Nursing Care Co Pay In-Network | \$0 days 1-20; \$214 per day for days 21-55; \$0 days 56-100 | \$0 days 1-20; \$214 per day for days 21-55; \$0 days 56-100 | \$0 days 1-20; \$214 per day for days 21-55; \$0 days 56-100 |
| Dental Coverage | Up to \$2,500 | Up to \$3,500 | Up to \$2,000 |
| Vision Coverage | Up to \$200 | Up to \$3,500 | Up to \$300 |
| Additional Benefits | Hearing, fitness, OTC | Hearing, fitness, OTC | Hearing, fitness, OTC |

2025 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

| Plan Name 2025 Boulder County Plans | Select Health Medicare (HMO) H1994-035 | | |
|---|--|--|--|
| Phone Number | 855-442-9940 | | |
| Monthly Premium | \$0 | | |
| Medical Deductible | \$0 | | |
| Drug Deductible | \$200 Tiers 3, 4, 5 | | |
| Maximum Out-of-pocket Limit (MOOP) | \$5,900 | | |
| Medicare Star Rating | 4 | | |
| Primary Doctor Copay | \$0 | | |
| Specialist Doctor Copay | \$35 | | |
| Urgent Care Copay | \$40 | | |
| Routine labs, tests, x-rays copays | \$0/ \$0-35/ \$10 | | |
| Durable Medical Equipment | 0-20% | | |
| Physical Therapy Copay | \$30 | | |
| Emergency Room Copay | \$125 | | |
| Ground Ambulance Copay | \$275 | | |
| Inpatient Hospital Copay In-network | \$300 per day for days 1-5; \$0 days 6-90+ | | |
| Outpatient Hospital Copay In-network | \$35-300 or 20% | | |
| Skilled Nursing Care Co Pay In-Network | \$0 days 1-20; \$214 per day for days 21-55; \$0 days 56-100 | | |
| Dental Coverage | Up to \$2,000 | | |
| Vision Coverage | Up to \$300 | | |
| Additional Benefits | Hearing, fitness, OTC | | |