Medicare Advantage Plans for 2026: Montgomery County

Courtesy of PA MEDI: 610-834-1040 x120
www.rsvpmc.org/medicare-help

Montgomery Cty, PA Company, Phone #, Website Plan Name	Monthly Premium in $ no Rx	 incl'g Rx	Part B reduc'ns in $/mo	PART A COVERAGE Hospital in $	PART B COVERAGE Doctor Copays PCP	 Spec.	Urg Care	ER	Out-Patient Surgery Hospital	 Amb Surg	Out-of-Pocket Maximum for Parts A & B Services	PART D COVERAGE (Max Out of Pocket is $2,100) Rx Deductible	Copays for Tiers 1, 2, 3, 4, 5
Aetna Medicare 1-833-859-6031 aetna.com/medicare													
Advantra Premier (PPO)		106		300/days 1-7	0	35	50	130	300	250	6,750	615	T3,4,5 0,0,24%,25%,25%
Advantra Signature (HMO-POS)		0		375/days 1-7	0	50	40	115	375	325	7,500	615	T3,4,5 0,0,24%,25%,25%
Advantra Signature Giveback (PPO)		0	-44	388/days 1-7	0	50	40	115	388	338	9,250	615	T3,4,5 0,0,24%,25%,25%
Enhanced (PPO)		183		800/stay	0	35	40	115	300	250	7,500	615	T3,4,5 0,0,24%,25%,25%
Premier (HMO-POS)		104		300/days 1-7	0	35	40	115	300	250	6,900	615	T3,4,5 0,0,24%,25%,25%
Signature (PPO)		0		385/days 1-7	15	55	40	115	385	285	9,250	615	T3,4,5 0,0,24%,25%,25%
Value Care (HMO-POS)		32.70		327/days 1-7	0	40	40	115	325	275	7,500	615	T3,4,5 0,0,22%,25%,25%
Devoted Health 1-844-978-2770 devoted.com													
Choice 007 PA (PPO)		0		350/days 1-7	0	40	45	130	450	350	5,900	450	T3,4,5 0,0,25%,25%,27%
Choice Giveback 003 PA (PPO)		0	-184.70	475/days 1-4	0	50	40	115	575	475	9,250	605	T3,4,5 0,3,22%,25%,25%
Choice Premium 002 PA (PPO)		32.70		275/days 1-7	0	35	40	115	375	275	7,550	615	T3,4,5 0,3,23%,25%,25%
Core 023 PA (HMO)		0		295/days 1-7	0	30	40	115	395	295	7,500	375	T3,4,5 0,5,24%,25%,28%
Geisinger 1-800-514-0138 GeisingerGold.com													
Gold Heritage (HMO)	0		-70	150/days 1-5	0	20	20	130	200	200	6,700	NA	NA
Gold Value Rx (HMO)		23		225/days 1-6	0	35	35	115	350	350	9,250	0	0,5,25%,50%,33%
HealthSpring (Cigna) 1-866-617-8713 HealthSpringMedicare.com													
Preferred (HMO)		0		285/days 1-7	0	15	50	130	325	195	6,500	200	T3,4,5 0,4,47,50%,30%
Preferred PA (HMO)		0		395/days 1-5	0	25	50	130	450	400	6,750	275	T3,4,5 0,4,47,50%,29%
Preferred Plus (HMO)		31		275/days 1-5	0	30	50	130	325	200	6,750	250	T3,4,5 0,4,47,50%,30%
Preferred Savings (HMO)		0	-175	390 days 1-4	0	45	40	115	425	375	9,000	590	T3,4,5 0,4,47,50%,26%
True Choice (PPO) *$400 ded		0		345 days 1-6	0	40	40	115	375	325	6,800	250	T3,4,5 0,5,47,50%,30%
Highmark Blue Cross Blue Shield or Highmark Blue Shield 1-833-544-1060 medicare.highmark.com													
Complete Blue Distinct (PPO)		109		275/days 1-7	0	40	50	130	350	300	6,750	615	T3,4,5 0,3,23%,25%,25%
Freedom Blue Valor (PPO)	0		-60	300/stay	0	10	40	130	250	200	6,000	NA	NA
Humana 1-888-873-0686 humana.com/medicare													
Gold Choice H8145-163 (PFFS)	155			0	0	0	0	150	415	340	1,500	NA	NA
Gold Plus H6622-037 (HMO)		0	-1	330/days 1-8	0	25	40	115	600	450	7,800	615	T4,5 0,5,47,47%,25%
USAA Honor Giveback (PPO)	0		-145	425/days 1-7	0	40	50	130	800	700	6,700	NA	NA
USAA Honor Giveback w Rx (PPO) *$170 ded		0	-90	450/days 1-5	0	45	40	115	620	520	7,350	500	T3,4,5 0,1,31,40%,27%
Choice Giveback H5216-116 (PPO)	0		-60	495/days 1-6	0	25	60	150	800	700	4,150	NA	NA
Choice Giveback H5525-085 (PPO) *$300 ded		0	-110	475/days 1-5	0	45	40	115	745	645	8,000	0	0,0,30,35%,33%
Choice H5216-120 (PPO)		94		350/stay	0	30	40	115	400	300	7,600	615	T4,5 0,5,47,47%,25%
Choice H5525-005 (PPO)		26		379/days 1-6	0	40	40	115	635	535	8,300	615	T4,5 0,5,47,50%,25%
Choice H5525-051 (PPO)		0		362/days 1-7	0	40	40	115	640	550	7,800	615	T4,5 0,5,47,47%,25%
Choice H5525-086 (PPO)		29		325/stay	0	15	50	130	400	300	6,050	615	T4,5 0,5,47,47%,25%
Choice R0110-007 (Regional PPO)	0			350/days 1-5	0	35	50	130	375	300	4,500	NA	NA
Choice R0110-008 (Regional PPO) *$500 ded		52		350/days 1-5	0	45	50	130	690	590	6,700	615	T4,5 0,5,47,50%,25%

This sheet is a guide only; To see which plans cover YOUR doctors, and COSTS for YOUR drugs, go to MEDICARE.GOV or the plan's website

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IBX Keystone 65 HMO 1-877-393-6733 ibxmedicare.com													
Basic Rx (HMO)		0		325/days 1-7	0	38	15-40	115	355	225	8,500	0	0,0,25%,42%,33%
Essential Rx (HMO-POS)		31		650/stay	0	35	5-40	115	350	290	8,500	0	0,0,25%,33%,33%
Focus Rx (HMO-POS)		15	-2	275/days 1-7	0	30	10-50	130	350	235	6,750	0	0,0,25%,37%,33%
Liberty Medical Only (HMO)	0		-120	370/days 1-6	0	55	15-50	130	20%	20%	6,750	NA	NA
Preferred Medical Only (HMO)	111			275/days 1-7	0	40	5-50	150	375	150	4,200	NA	NA
Preferred Rx (HMO)		158		275/days 1-7	0	40	5-50	150	375	150	4,200	0	0,0,25%,35%,33%
Select Medical Only (HMO)	0		-19	295/days 1-7	0	40	15-50	130	390	250	6,750	NA	NA
Select Rx (HMO)		74		295/days 1-7	0	40	15-50	130	390	250	6,750	0	0,0,25%,36%,33%
IBX Personal Choice 65 PPO 1-877-393-6733 ibxmedicare.com													
Achieve Rx (PPO)		0		390/days 1-7	0	55	10-50	130	540	350	6,750	375 T3,4,5	0,0,25%,30%,28%
Plus Rx (PPO)		214		400/stay	0	0	5-50	130	310	225	4,201	0	0,0,25%,38%,33%
Rx (PPO)		187		270/days 1-6	0	40	5-50	130	350	200	5,950	0	0,0,25%,33%,33%
Jefferson Health Plans 1-833-477-4773 JeffersonHealthPlans.com/medicare													
Complete (HMO)		0		260/days 1-7	0	25	10	100	250	175	6,500	0	0,5,25%,34%,33%
Flex (PPO)		0		250/days 1-6	0	25	20	100	300	200	7,000	0	0,5,25%32%,33%
Flex Plus (PPO)		32.70		435/stay	0	20	10	100	250	150	6,500	0	0,0,25%,32%,33%
Flex Pro (PPO)		18		375/stay	0	0	15	100	200	125	6,000	0	0,0,25%,34%,33%
Giveback (HMO)		0	-140	350/days 1-5	0	40	15	100	400	350	9,250	300 T3,4,5	0,10,20%,35%,25%
Prime (HMO)		32.70		235/days 1-6	0	20	5	100	350	300	6,000	0	0,10,25%,28%,33%
United Healthcare 1-800-555-5757 AARPMedicarePlans.com													
AARP Essentials 05 (HMO-POS)		0		425/days 1-6	0	45	50	130	425	375	6,700	520 T3,4,5	0,5,16%,40%,27%
AARP Extras 018 (HMO-POS)		0		550/days 1-5	0	60	50	130	550	500	6,700	600 T3,4,5	0,5,17%34%,26%
AARP -0001 (HMO-POS)		49		390/days 1-6	0	40	50	130	395	345	5,400	440 T3,4,5	0,5,17%,42%,28%
AARP -0008 (PPO)		60		295/days 1-5	0	35	50	130	295	220	4,900	520 T3,4,5	0,0,20%,40%,27%
AARP -0009 (PPO)		79		325/days 1-6	0	45	50	130	495	225	6,300	520 T3,4,5	0,0,17%,42%,27%
AARP -0010 (PPO) **1000 ded*		0		750/stay	0	55	50	130	395	320	6,700	600 T3,4,5	0,10,16%,37%,26%
AARP Giveback 012 (PPO)		0	-60	555/days 1-4	0	55	40	115	555	455	8,900	600 T3,4,5	0,14,16%,33%,26%
AARP Patriot No Rx PA-01 (HMO-POS)	0		-160	350/days 1-7	0	45	50	130	350	295	6,700	NA	NA
Wellcare by Allwell 1-844-480-0680 go.Wellcare.com/PA													
Assist (HMO-POS)		32.70		450/days 1-6	0	15	50	130	300	250	5,500	475 T2,3,4,5	18,19,25%,100,25%
Patriot Giveback (HMO-POS)	0		-125	345/days 1-5	0	30	40	115	350	220	7,550	NA	NA
Simple (HMO-POS)		0		300/days 1-7	0	20	40	130	350	275	6,200	615 T3,4,5	0,0,25%,35%,25%
UPMC for Life 1-877-381-3765 upmchealthplan.com				***Recommended only for Veterans with TriCare for Life or CHAMPVA***									
Salute (PPO) 016-2		0	-45	must pay Pt A ded	20%	20%	20%	20%	20%	20%	9,250	NA	NA

* ***Deductible for some medical services***

1. **Table shows copays for the more frequently used or more costly Part A and B services. There are additional services which require copays.**
2. **Table shows In-Network costs. For PPOs, going Out-of-Network entails deductibles and added coinsurance (% of cost).**
3. **MOST plans offer Extra Benefits, which may include some Vision, Hearing, Dental, Fitness, Over-the-Counter drugs, etc. Check plan.**
4. **Part D Rx drug Maximum Out-of-Pocket expense is $2100/yr.**
5. **Most plans charge 20% coinsurance for chemo, Part B drugs, and durable medical equipment. PPOs may charge even more if Out-of-Network.**