

Medicare Advantage Plans for 2024: Montgomery County

Courtesy of PA MEDI: 610-834-1040 x120

www.rsvpmc.org/medicare-help

Montgomery Company, Phone #, Website	Monthly Premium		PART A COVERAGE Hospital Copay	PART B COVERAGE						Out-of-Pocket Maximum for Parts A & B Services	PART D COVERAGE			LIMITED EXTRA BENEFITS (see footnotes)
				Doctor Copays		Urg Care	ER	Out-Patient Surgery			Rx Deductible	Copays for Rx Tiers 1, 2, 3, 4, 5		
				PCP	Spec.			Hospital	Amb Surg Ctr					
Plan Name	no Rx	incl'g Rx												
Aetna Medicare 1-833-859-6031 aetnamedicare.com														
Advantra Credit Value (PPO)		0,PtB-56	360/days 1-5	10	50	50	100	300	250	7,550	0	0, 0, 47, 100, 33%	yes	
Advantra Value (HMO-POS)		0	225/days 1-5	0	30	50	100	325	250	7,550	0	0, 0, 20%, 50%, 33%	yes	
Advantra Premier Plus (PPO)		59	475/stay	5	45	50	100	295	245	5,900	0	0, 0, 47, 100, 33%	yes	
Advantra Eagle (HMO-POS)	0,PtB-40		250/days 1-5	0	35	50	120	250	200	4,000	--	--	yes	
Freedom Core (PPO)		0	255/days 1-5	0	40	50	100	350	250	7,550	0	0,0,20%,50%,33%	yes	
Philly Suburban Value (HMO-POS)		0	355/days 1-6	10	45	50	100	350	250	8,300	250 T3,4,5	0,10,20%,50%,29%	yes	
SmartSaver Elite (PPO) * -500 ded	0,PtB-75		500/days 1-5	0	50	0	120	450	400	4,850	300 T3,4,5	0,10,25%,40%,28%	yes	
Value (PPO)		0	255/days 1-8	5	50	50	100	350	250	7,550	0	0,0,20%,50%,33%	yes	
Value Plus (HMO-POS)		27	400/stay	0	35	50	100	350	300	7,550	0	0,0,20%,50%,33%	yes	
Silver (HMO-POS)		37	195/days 1-7	15	45	50	100	350	250	7,550	250 T3,4,5	0,10,20%,50%,29%	yes	
Premier (HMO-POS)		57	225/days 1-5	5	35	50	100	350	250	6,900	250 T3,4,5	0,10,20%,50%,29%	yes	
Premier Plus (HMO-POS)		87	375/stay	0	30	50	100	275	250	6,900	250 T3,4,5	0,10,20%,50%,29%	yes	
Gold Plan (PPO)		145	400/stay	10	35	50	100	275	250	7,550	250 T3,4,5	0,10,20%,50%,29%	yes	
Cigna 1-800-313-0973 cignamedicare.com														
Preferred (HMO)		0	295/days 1-7	0	20	50	120	325	195	5,600	0	0, 4, 45, 95, 33%	yes	
True Choice (PPO)		0	295/days 1-6	0	35	55	100	375	225	6,600	0	0, 4, 45, 95, 33%	yes	
Preferred Plus (HMO)		31	295/days 1-7	0	35	55	120	325	200	6,300	0	0, 4, 45, 95, 33%	yes	
Courage (HMO)	0		295/ days 1-6	0	25	55	120	300	200	5,900	--	--	yes	
Devoted Health 1-800-376-5889 Devoted.com														
CHOICE GIVEBACK (PPO)		0,PtB-155	475/days 1-4	0	50	55	100	400	350	8,300	545 T3,4,5	0, 5, 47, 100, 25%	yes	
CHOICE (PPO)		0	250/days 1-7	0	30	40	100	225	200	7,200	0	0, 5, 47, 100, 33%	yes	
CORE (HMO)		0	235/days 1-7	0	25	40	100	200	150	6,900	0	0, 0, 47, 100, 33%	yes	
GIVEBACK (HMO)		0,PtB-100	375/days 1-5	0	45	45	100	325	275	7,900	250 T3,4,5	0, 7, 47, 100, 29%	yes	
CHOICE PLUS (PPO)		20.90	250/days 1-5	0	25	40	100	225	200	5,100	0	0, 5, 47, 100, 33%	yes	
Geisinger 1-800-514-0138 GeisingerGold.com														
Gold Value Rx (HMO)		23	225/days 1-5	0	35	35	100	350	350	8,850	0	0, 5, 47, 100, 33%	yes	
Gold Heritage (HMO)	0,PtB-40		150/days 1-5	0	20	20	100	200	200	6,700	--	--	yes	
Health Partners / Jefferson Health Plans 1-833-477-4773 HPPMedicare.com														
Jefferson Complete (HMO-POS)		0	250/days 1-6	0	25	55	100	300	200	4,000	0	0, 10, 47, 100, 33%	yes	
Jefferson Giveback (HMO-POS)		0,PtB-105	275/days 1-6	0	40	55	100	350	300	7,500	200 T3,4,5	0, 10, 47, 100, 30%	yes	
Jefferson Prime (HMO-POS)		40.20	235/days 1-5	0	20	55	100	300	200	7,900	0	0, 10, 47, 100, 33%	yes	
Jefferson Flex (PPO)		0	250/days 1-7	0	35	55	100	375	245	7,000	0	0, 10, 47, 100, 33%	yes	
Jefferson Flex Plus (PPO)		49	400/stay	0	20	55	100	250	150	5,900	0	0, 10, 47, 100, 33%	yes	

* Deductible for some medical services

Table shows In-Network costs. For PPOs, going Out-of-Network entails deductibles and added coinsurance (% of cost).

Table shows copays for the more frequently used or more costly Part A and B services. There are additional services which require copays.

Limited Extra Benefit may include some Vision, Hearing, Dental, Fitness, Over-the-Counter drugs, etc. Check plan.

Rx copays in the gap will be 25% for both brand drugs and generics. All drugs must be on the plan's formulary

Most plans charge 20% coinsurance for chemo, Part B drugs, and durable medical equipment. PPOs may charge even more if Out-of-Network.

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				PCP	Spec.			Hospital	Amb Surg Ctr					
Plan Name	no Rx	incl'g Rx												
Humana 1-800-833-2364 humana.com/medicare														
Gold Plus 037 (HMO)		0	235/days 1-8	0	25	55	100	350	250	7,900	0	0, 0, 47, 100, 33%	yes	
USAA Honor with Rx (PPO)		0,PtB-50	450/days 1-5	15	50	55	100	300	295	7,850	250 T3,4,5	0, 5, 47, 100, 29%	yes	
Choice 051 (PPO) * -105 ded		0,PtB-10	362/days 1-7	0	40	55	100	395	395	7,800	0	0, 5, 47, 100, 33%	yes	
Choice 058 (PPO) * -410 ded		0,PtB-80	390/days 1-5	0	50	55	100	395	305	7,000	505 T3,4,5	0, 5, 47, 100, 25%	yes	
Choice 060 (PPO)		0	316/days 1-8	0	25	55	100	305	305	8,050	0	0, 0, 47, 100, 33%	yes	
Choice 017 (PPO)		26	325/stay	0	15	60	120	275	275	6,300	0	0, 0, 47, 100, 33%	yes	
Choice 002 (Regional PPO)		46	350/days 1-5	15	45	55	100	350	300	6,700	0	6, 20, 47, 99, 33%	yes	
Choice 005 (PPO)		53	379/days 1-6	5	40	55	100	350	300	8,300	0	5, 15, 47, 100, 33%	yes	
Gold Choice 163 (PFFS)	75		0	0	0	0	100	390	340	1,500	---	---	yes	
Choice 120 (PPO)		123	350/stay	5	30	55	90	250	150	7,600	0	5, 15, 47, 97, 33%	yes	
USAA Honor (PPO)	0,PtB-100		295/days 1-7	10	45	55	90	295	245	6,700	---	---	yes	
Choice 116 (PPO)	0,PtB-50		275/days 1-6	0	25	60	120	225	200	3,900	---	---	yes	
Choice 001 (Regional PPO)	0		350/days 1-5	0	35	60	90	350	300	4,500	---	---	yes	
IBX Keystone 65 HMO 1-877-393-6733 ibxmedicare.com														
Basic Rx (HMO)		0	250/days 1-7	0	35	15, 55	100	350	200	7,550	0	0, 8, 47, 100, 33%	yes	
Focus Rx (HMO-POS)		15	210/days 1-6	0	40	10, 40	100	325	200	6,500	0	0, 8, 47, 100, 33%	yes	
Select Medical Only (HMO)	43.50		275/days 1-6	0	40	15, 60	120	350	200	5,650	--	--	yes	
Select Rx (HMO)		77.50	275/days 1-6	0	40	15, 60	120	350	200	5,650	0	0, 7, 47, 100, 33%	yes	
Preferred Medical Only (HMO)	137		225/days 1-6	0	40	5, 55	100	350	125	3,800	--	--	yes	
Preferred Rx (HMO)		205	225/days 1-6	0	40	5, 55	100	350	125	3,800	0	0, 7, 47, 100, 33%	yes	
Liberty Medical Only (HMO)	0,PtB-90		265/days 1-7	0	40	15, 55	100	20%	20%	8,300	--	--	yes	
IBX Personal Choice 65 PPO 1-877-393-6733 ibxmedicare.com														
Prime Rx (PPO)		0	250/days 1-7	0	30	10, 40	100	375	225	7,550	0	0, 8, 47, 100, 33%	yes	
Saver Rx (PPO)		0,PtB -57	375/days 1-5	10	50	15, 55	100	20%	20%	8,300	0	0, 8, 47, 100, 33%	yes	
Elite Rx (PPO)		25.60	525/stay	0	30	5, 55	100	250	150	7,250	0	0, 8, 47, 100, 33%	yes	
Rx (PPO)		158	240/days 1-6	0	35	5, 60	100	300	150	5,000	0	0, 7, 47, 100, 33%	yes	
United Healthcare 1-800-555-5757 AARPMedicarePlans.com														
AARP 005 (HMO-POS)		0	250/days 1-6	0	30	40	100	250	200	6,900	0	0, 5, 47, 100, 33%	yes	
AARP 010 (PPO) * -600 ded		0	750/stay	0	35	40	100	395	320	6,700	0	0, 10, 47, 100, 33%	yes	
AARP 012 (PPO)		0,PtB-70	385/days 1-5	0	50	40	100	385	285	8,300	295 T3,4,5	0, 14, 47, 100, 28%	yes	
AARP 013 (PPO)		0	250/days 1-6	0	35	40	100	250	200	6,900	0	0, 10, 47, 100, 33%	yes	
AARP 001 (HMO-POS)		37	225/days 1-6	0	25	40	120	225	175	5,900	0	0, 5, 47, 100, 33%	yes	
AARP 009 (PPO)		49	475/stay	0	30	40	120	395	295	6,300	0	0, 0, 47, 100, 33%	yes	
AARP Patriot MA01 (HMO-POS)	0,PtB-70		350/days 1-7	0	45	40	100	350	295	6,700	---	--	yes	
Wellcare 1-844-917-0175 Wellcare.com/AllwellIPA														
Giveback Open (PPO) * -130 ded		0,PtB-57	400/days 1-5	10	45	40	100	400	250	7,550	545 T3,4,5	0, 5, 42, 49%, 25%	yes	
No Premium Open (PPO)		0	350/days 1-6	0	25	40	100	400	250	6,700	160 T3,4,5	0, 7, 42, 43%, 30%	yes	
Wellcare by Allwell 1-844-917-0175 Wellcare.com/AllwellIPA														
No Premium (HMO)		0	400/days 1-5	0	45	40	100	350	275	7,000	0	0, 5, 42, 48%, 33%	yes	
Assist (HMO)		21.30	450/days 1-5	0	35	55	100	300	250	7,550	435 T2,3,4,5	0, 20, 47, 48%, 25%	yes	
Patriot Giveback (HMO)	0,PtB-65		345/days 1-5	0	30	55	100	350	220	7,550	--	--	yes	