

Medicare Advantage Plans for 2022: Montgomery County

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

<u>Montgomery</u>		<u>Monthly Premium</u>		<u>PART A COVERAGE</u>		<u>PART B COVERAGE</u>				<u>Out-of-Pocket Maximum for Parts A & B</u>	<u>PART D COVERAGE</u>		<u>LIMITED EXTRA BENEFITS</u>	
<u>Company & Phone #</u>						<u>Doctor Copays</u>		<u>Out-Patient Surgery</u>			<u>Rx Deductible</u>	<u>Copays for Rx Tiers 1, 2, 3, 4, / 5</u>	(see footnotes)	
<u>Plan Name</u>	<u>no Rx</u>	<u>incl'g Rx</u>	<u>Hospital Copay</u>	<u>PCP</u>	<u>Spec.</u>	<u>Urg Care</u>	<u>ER</u>	<u>Hospital</u>	<u>ASC</u>	<u>Services</u>	<u>Ins</u>			
<u>Aetna Medicare 1-833-859-6031</u>														
Advantra Credit Value (PPO)		0, Pt B reduc	360/days 1-5	10	50	60	90	20%	20%	7,550		250 T3,4,5	3, 7, 47, 100/ 28%	v d h f o
Advantra Eagle (HMO)		0, Pt B reduc	275/stay	0	35	50	93	250	200	4,000		---	---	v d h f o
Advantra Premier (HMO)		16	350/stay	0	35	60	90	325	250	7,550		0	0, 0, 47, 100/ 33%	v d h f o
Advantra Premier Plus (PPO)		50	475/stay	5	40	50	90	295	245	6,700	*	0	0, 0, 47, 100/ 33%	v d h f o
Advantra Value (HMO)		0	205/days 1-4	0	45	50	90	325	250	7,550		0	0, 0, 47, 100/ 33%	v d h f o
Elite (HMO) (\$950 ded some services)		0	230/days 1-5	20	50	50	90	350	250	7,550		150 T4,5	0, 5, 47, 100/ 30%	v,h,f,o
Gold Plan (PPO)		170	400/stay	10	35	50	90	275	250	7,550		0	2, 5, 47, 100/ 33%	v d h f o
Philly Suburban Value (HMO)		0	305/days 1-5	10	45	50	90	350	250	7,550		150 T4,5	0, 5, 47, 100/ 30%	v.d.h.f.o
Premier (HMO-POS)		96	300/days 1-5	10	45	60	90	350	250	7,550		0	0, 5, 47, 100/ 33%	v d h f o
Premier Plus (HMO)		146	400/stay	0	30	50	90	275	250	7,550		0	0, 0, 47, 100/ 33%	v d h f o
Silver (HMO)		65	195/days 1-7	15	45	50	90	350	250	7,550		0	0, 5, 47, 100/ 33%	v d h f o
Value (PPO)		0	255/days 1-8	10	50	50	90	350	250	7,550		0	2, 5, 47, 100/ 33%	v d h f o
<u>Cigna 1-800-313-0973</u>														
Alliance (HMO)		0	295/days 1-7	0	25	55	90	295	195	6,900		0	0, 5, 42, 95/ 33%	v d h f o
Fundamental (HMO)		0	295/days 1-6	0	25	55	90	300	200	5,900		---	---	v d h f o
Preferred (HMO)		35	275/days 1-7	0	35	55	90	275	175	5,900		0	0, 5, 42, 95/ 33%	v d h f o
Preferred Plus (HMO)		135	225/days 1-7	0	25	50	90	225	125	4,900		0	0, 5, 42, 95/ 33%	v d h f o
True Choice (PPO)		0	295/days 1-6	0	35	55	90	335	225	7,200		0	0, 5, 42, 95/ 33%	v d h f o
True Choice Plus (PPO)		60	250/days 1-6	0	30	55	90	250	150	6,100		0	0, 5, 42, 95/ 33%	v d h f o
<u>Health Partners 1-833-477-4773</u>														
Complete (HMO-POS)		0	200/day 1-7	0	30	55	90	300	200	7,550		0	0, 10, 47, 100/ 33%	v d h f o
Prime (HMO-POS)		40.70	200/day 1-7	0	25	55	90	300	200	7,550		0	0, 10, 47, 100/ 33%	v d h f o
<u>Humana 1-800-833-2364</u>														
Gold Plus 037 (HMO)		0	225/days 1-7	0	35	35	90	225	175	6,900	*	0	0, 5, 47, 100/ 33%	v d h f o
Honor 221 (PPO)		0, \$60 Pt B rebate	295/days 1-7	20	50	25	90	295	245	6,700		---	---	v d h f o
Choice 116 (PPO)		0	275/days 1-6	0	30	35	90	225	200	3,900		---	---	v d h f o
Choice 120 (PPO)		128	350/admission	5	30	30	90	250	150	6,700		0	5, 15, 47, 97/ 33%	v d h f o
Choice 005 (PPO)		62	390/days 1-5	5	45	35	90	390	340	6,700	*	0	5, 15, 47, 100/ 33%	v d h f o
Choice 051-2 (PPO)		0	250/days 1-7	0	35	35	90	250	200	7,200	*	0	3, 15, 47, 100/ 33%	v d h f o
Choice 001 (Reg'l PPO)		0	350/days 1-5	5	35	35	90	350	300	4,500		---	---	v d h f o
Choice 002 (Reg'l PPO)		72	350/days 1-5	15	45	35	90	350	300	6,700	*	0	6, 20, 47, 99/ 33%	f o

Table shows copays for the more frequently-used or more costly Part A and B. services. There are additional services which require copays. Table shows In-Network costs. For PPOs, going Out-of-Network entails deductibles and added coinsurance (% of cost).

"ASC" = Ambulatory Surgical Center

* Insulin: Maximum of \$35/mo copay for insulin (some types)

Limited Extra Benefit = Vision, Hearing, Dental, Fitness, Other (all may be LIMITED; some plans may charge extra)

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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<u>Company & Phone #</u>						<u>Doctor Copays</u>		<u>Out-Patient Surgery</u>								
<u>Plan Name</u>		<u>no Rx</u>	<u>incl'g Rx</u>	<u>Hospital Copay</u>		<u>PCP</u>	<u>Spec.</u>	<u>Urg Care</u>	<u>ER</u>	<u>Hospital</u>	<u>ASC</u>	<u>Services</u>	<u>Ins</u>	<u>Rx Deductible</u>	<u>Copays for Rx Tiers 1, 2, 3, 4, / 5</u>	<u>(see footnotes)</u>
<u>IBX Keystone 65 HMO 1-877-393-6733</u>																
Basic Rx (HMO)			0	250/days 1-7		0	35	15,40	90	350	200	7,550		0	0, 10, 47, 100/ 33%	v d h f o
Focus Rx (HMO-POS)			15	210/days 1-6		0	40	10,40	90	325	200	6,500	*	0	0, 10, 47, 100/ 33%	v d h f o
Select Rx (HMO)		49.50	83.50	250/days 1-6		0	40	15,40	90	350	200	4,900	*	0	0, 9, 47, 100/ 33%	v d h f o
Preferred (HMO)		187	258	225/days 1-6		0	40	5,40	90	350	125	3,800	*	0	0, 9, 47, 100/ 33%	v d h f o
<u>IBX Personal Choice 65 PPO 1-877-393-6733</u>																
65 Elite Rx (PPO)			51	525 per stay		0	35	5,40	90	250	150	6,500		0	0, 10, 47, 100/ 33%	v d h f o
65 Prime Rx (PPO)			0	250/days 1-7		0	35	10,40	90	375	245	7,550		0	0, 10, 47, 100/ 33%	v d h f o
65 Rx (PPO)			165	240/days 1-6		0	35	5,40	90	300	150	5,000		0	0, 9, 47, 100/ 33%	v d h f o
65 Saver Rx (PPO)			0, Pt B reduc	350/days 1-5		10	50	15,40	90	20%	20%	7,550		0	0, 10, 47, 100/ 33%	v d h f o
<u>United Healthcare 1-800-555-5757</u>																
AARP Choice Plan 1 (PPO)			45	475/stay		0	35	40	90	295	200	6,700	*	0	0, 5, 47, 100/ 33%	v d h f o
AARP Choice Plan 2 (PPO) (500 ded some svcs)			0	750/stay		0	35	40	90	350	275	6,700	*	0	0, 10, 47, 100/ 33%	v d h f o
AARP Patriot (HMO)			0, Pt B reduc	275/days 1-6		0	40	40	90	275	200	5,500		---	---	v d h f o
AARP Plan 1 (HMO)			0	250/days 1-6		0	40	40	90	250	200	6,900	*	0	0, 5, 47, 100/ 33%	v d h f o
AARP Plan 2 (HMO)			27	225/days 1-6		0	35	40	90	225	175	6,700	*	0	0, 5, 47, 100/ 33%	v d h f o
<u>Wellcare 1-844-917-0175</u>																
Wellcare Assist Open (PPO)			24.70	325/days 1-5		0	35	40	90	300	250	6,700		480 T2,3,4,5	0, 20, 43, 43%/ 25%	v d h f o
Wellcare Giveback Open (PPO)			0	400/days 1-5		10	45	40	90	400	250	7,550		350 T3,4,5	0, 5, 37, 48%/ 27%	v d h f o
Wellcare Low Premium Open (PPO)			29	300/days 1-5		0	25	40	90	300	250	5,000		100 T3,4,5	0, 7, 37, 43%/ 31%	v d h f o
Wellcare No Premium Open (PPO)			0	350/days 1-5		0	40	40	90	350	250	6,700		160 T3,4,5	0, 7, 37, 43%/ 30%	v d h f o
<u>Wellcare by Allwell 1-866-277-6583</u>																
Wellcare Assist (HMO)			36	300/days 1-6		0	30	65	90	300	250	7,550		480 T2,3,4,5	0, 20, 47, 42%/ 25%	v d h f o
Wellcare Giveback (HMO)			0	325/days 1-6		10	40	65	90	295	250	7,550		0	0, 5, 37, 48%/ 33%	v d h f o
Wellcare No Premium (HMO)			0	300/days 1-7		0	40	40	90	350	275	6,700		0	0, 5, 37, 46%/ 33%	v d h f o
Wellcare Patriot Giveback (HMO)		0		425/days 1-5		0	30	65	90	270	220	4,900		---	---	v d h f o
<u>Medicare Medical Savings Account (MSA)</u>																
						<u>Annual Deductible</u>		<u>Lasso's Deposit</u>		<u>Cost-sharing after Deductible</u>		<u>Out-of-Pocket Maximum</u>				
<u>Lasso Healthcare 1-866-766-2583</u>																
Growth (Med Sav'g Acc't)						5,000		2,000		0		3,000				h
Growth Plus (Med Sav'g Acc't)						8,000		3,000		0		5,000				h