

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2025

**INCLUDES DRUG COVERAGE**

Plan	AARP MEDICARE ADVANTAGE						ANTHEM					
	UHC IN-0001	UHC IN-0001 P	UHC IN-0006	UHC IN-0010 Essentials	UHC IN-0016 Extras	UHC IN-0020 GiveBack	Medicare Advan. 2	Medicare Advan. 3	Medicare Adv.	Regional Medicare Adv.	Extra Help	Medicare Adv.
Plan Type	PPO	PPO	PPO	HMO-POS *	HMO-POS *	HMO-POS *	PPO	PPO	PPO	PPO	HMO-POS *	HMO-POS *
Plan #	2406-035	2406-036	2406-066	2802-007	2802-055	2802-059	1607-015	1607-012	7093-002	4487-001	3447-024	3447-042
Rating (5 is max)												
Prem.- mo. \$	\$ 39	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 31	\$ 62	\$ -	\$ 74	\$ 11.20	\$ -
Drug Ded. (tiers 3-5)	\$420	\$420	\$420	\$340	\$420	\$495	\$ 295	\$ 60	\$ 95	\$ -	\$ 590	\$ -
Medical deduct.	\$0	\$0	\$0	\$0	\$0	\$0	\$ -	\$ 500	\$ -	\$ 500	\$ -	\$ -

**CO-PAYS:**

\* Out of network coverage on dental only

**Maximum-annual**

In Network	\$ 3,700	\$ 4,100	\$ 4,500	\$ 3,800	\$ 6,700	\$ 6,700	\$ 4,150	\$ 6,750	\$ 6,750	\$ 6,750	\$ 4,900	\$ 4,150
Out of network	\$ 6,200	\$ 6,200	\$ 10,100	Won't pay	Won't pay	Won't pay	\$ 6,200	\$ 10,000	\$ 10,000	\$ 10,000	Won't pay	Won't pay
Hospital	\$325/day Days 1-5	\$325/day Days 1-5	\$295/day Days 1-6	\$325/day Days 1-5	\$395/day Days 1-5	\$495/day Days 1-5	\$370/day Days 1-5	\$350/day Days 1-5	\$390/day Days 1-5	\$345/day Days 1-7	\$290/day Days 1-7	\$350/day Days 1-7
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 35	\$ 30	\$ 40	\$ 30	\$ 45	\$ 45	\$ 40	\$ 40	\$ 35	\$ 40	\$ 30	\$ 25

**Out-patient surgery:**

Surgical Ctr.	\$ 225	\$ 225	\$ 195	\$ 225	\$ 295	\$ 445	\$ 320	\$ 300	\$ 340	\$ 295	\$ 240	\$ 300
Hospital	\$ 325	\$ 325	\$ 295	\$ 325	\$ 395	\$ 495	\$ 370	\$ 350	\$ 390	\$ 345	\$ 290	\$ 350
MRI & CT scans	\$ 155	\$ 225	\$ 155	\$ 165	\$ 175	\$ 225	Dr \$150 Hosp 370	Dr \$140 Hosp 350	Dr \$150 Hosp 390	Dr \$105 Hosp 345	Dr \$50 Hosp 290	Dr \$95 Hosp 350

**EXTRA BENEFITS:**

Hearing Aids	\$99-1,249 co-pay	\$99-1,249 co-pay	99-1,249 co-pay	\$99-1,249 co-pay	\$99-1,249 co-pay	\$99-1,249 co-pay	300-3000 allow.	300-3000 allow.	300-1500 allow.	300-2000 allow.	300-3000 allow.	300-3000 allow.
Dental:												
Coverage limit	\$ 2,000	\$ 1,250	\$ -	\$ 2,250	\$ 3,500	\$ -	\$ 1,000	\$ -	\$ 1,200		\$ 1,500	\$ 1,200
Comprehensive coverage	0% copay (A)	0% copay (A)	Prevent. Only	0% copay (A)	0% copay (A)	Prevent. Only	0% copay	Prevent. Only	0% copay	Prevent. Only	0% copay	0% copay
Eyewear Allow.	\$ 300	\$ 300	\$ 300	\$ 200	\$ 300	\$ 200	\$ 200	None	\$ 300	No	\$ 200	\$ 300
# of meals after hospitalization	28	28	28	28	28	28	0	0	0	0	20	20
OTC Drug allowance/quarter	\$ 50	\$ 85	\$ 50	\$ 45	\$ 80	\$ -	\$ -	\$ 60	\$ 85	\$ 35	\$ 170	\$ 105
Part B rebate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	None	None	None	None	None	None	Yes (B)	None	Yes (B)	None	Yes (B)	Yes (B)
Add'l dental, vision & hearing-optional							\$500 (B)		\$500 (B)		\$500 (B)	500 (B)
Grocery or utility allow.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$50 -150 (B)	\$50 -150 (B)

A) 50% copay for bridges and dentures  
 B) Your choice of only 1 of these benefits

ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2025

INCLUDES DRUG COVERAGE	HUMANA							IU HEALTH			PARAMOUNT	
	Choice (Regional)	Full Access	Choice	USAA Honor w/RX	Choice Give Back	Choice	Gold Plus	Select Plus	Medicare \$0 Preferred	Flex Network	Elite Preferred	Elite Standard
<b>Plan</b>												
<b>Plan Type</b>	PPO	PPO	PPO	PPO	PPO	PPO	HMO-POS *	HMO	HMO	HMO-POS	PPO	HMO-POS *
<b>Plan #</b>	R0110--012	5216-192	5216-019	5216-307	5216-309	5216-193	5619-051	7220-009	7220-010	7220-011	5232-001	3653-015
<b>Rating (5 is max)</b>												
<b>Prem.- mo. \$</b>	\$ 39.10	\$ 2	\$ 35	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Drug Ded. (tiers 3-5)</b>	\$ 245	\$ 590	\$ 200	\$ 350	\$ 510	\$ 300	\$ 250	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medical deduct.</b>	\$ -	\$ 575	\$ -	\$ -	\$ 425	\$ -	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -
<b>CO-PAYS:</b>							* Out of network coverage on dental, vision & emergency care.					
<b>Maximum-annual</b>												
In Network	\$ 9,350	\$ 6,500	\$ 6,750	\$ 8,850	\$ 9,350	\$ 5,650	\$ 4,150	\$ 4,400	\$ 4,155	\$ 4,155	\$ 4,200	\$ 3,500
Out of network	\$ 14,000	\$ 6,500	\$ 10,100	\$ 13,300	\$ 14,000	\$ 10,100	Won't pay	Won't pay	Won't pay	\$ 10,000	\$ 5,700	Won't pay
<b>Hospital</b>	\$470/day Days 1-5	\$600/day Days 1-4	\$450/day Days 1-5	\$425/day Days 1-5	\$400/day Days 1-5	\$440/day Days 1-6	\$400/day Days 1-6	\$395/day Days 1-6	\$395/day Days 1-6	\$395/day Days 1-6	\$360/day Days 1-5	\$325/day Days 1-5
<b>Off. Visit-Primary</b>	\$ 5	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ 55	\$ 70	\$ 55	\$ 45	\$ 40	\$ 45	\$ 35	\$ 35	\$ 30	\$ 30	\$ 25	\$ 20
<b>Out- patient surgery:</b>												
Surgical Ctr.	\$ 470	\$ 670	\$ 450	\$ 375	\$ 350	\$ 440	\$ 350	\$ 295	\$ 295	\$ 295	\$ 275	\$ 275
Hospital	\$ 470	\$ 670	\$ 450	\$ 425	\$ 400	\$ 440	\$ 400	\$ 350	\$ 350	\$ 350	\$ 275	\$ 275
<b>MRI &amp; CT scans</b>	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325	Dr. \$165 Hosp 325	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325	Dr. \$200 Hosp 325				\$ 130	\$ 200
<b>EXTRA BENEFITS:</b>												
<b>Hearing Aids</b>	\$499-799 copay	\$699-999 copay	None	\$399-999 copay	None	\$699-999 copay	\$699-999 copay	\$499-999 copay	\$499-999 copay	\$499-999 copay	\$675/ear	\$500/ear
<b>Dental:</b>												
Coverage limit	\$ 1,000	\$ -	\$ 1,000	\$ 3,000	\$ -	\$ 1,500	\$ 2,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 7,500	\$ 6,000
Comprehensive coverage	Limited compren.	Prevent. Only	Limited compren.	0% copay	None	0% copay	0% copay (A)	50% copay fillings, ext.	50% copay fillings, ext.	50% copay fillings, ext.	0% copay	0% copay
<b>Eyewear Allow.</b>	\$50-100	\$50-100	\$100-150	\$100-150	None	\$250-3000	\$100-150	\$250/2 yrs.	\$250/2 yrs.	\$250/2 yrs.	\$ 200	\$ 200
<b># of meals after hospitalization</b>	14	14	14	14	14	Meal prog. Available	14	42	42	42	14	14
<b>OTC Drug allowance/quarter</b>	\$15/Mo	\$ -	\$ -	\$ 50	\$ -	\$ 50	\$ 50	\$ 40	\$ 40	\$ 40	\$ 175	\$ 150
<b>Part B rebate</b>	\$ -	\$ -	\$ -	\$ 76	\$ 124	\$ 3	\$ -	\$ -	\$ 70	\$ 70	\$ -	\$ -
<b>Transportation</b>	None	None	None	None	None	None	Yes	Yes	Yes	Yes	No	Yes
<b>Add'l dental,hearing &amp; vision</b>							\$ 500					

A) 30-40% co-pay for bridges and crowns.



ALLEN COUNTY MEDICARE ADVANTAGE PLANS - 2025

DO NOT INCLUDE DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA			IU HEALTH	PARAMOUNT	WELLCARE
Plan	Medicare Adv. Patriot	Medicare Eagle	Veteran	USAA Honor Giveback	USAA Honor Giveback	Choice Regional	Select-Medical only	Elite Courage	Patriot Give Back Open
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	HMO	PPO	PPO
Plan #	2406-074	5521-286	7093-001	5216-441	5216-218	R0110-011	7220-002	5232-002	6348-005

Rating (5 is max)

Prem.- mo. \$

Medical deduct.

\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

Maximum-annual

In Network

Out of network

Hospital

Off. Visit-Primary

" " -Specialist

Out- patient surgery:

Surgical Ctr.

Hospital

MRI & CT scans

\$ 8,850	\$ 4,900	\$ 9,350	\$ 8,100	\$ 9,350	\$ 5,650	\$ 5,000	\$ 4,151	\$ 5,500
\$ 14,000	\$ 8,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 10,050	Won't pay	\$ 8,950	\$ 8,950
\$475/day Days 1-5	\$300/day Days 1-6	\$350/day Days 1-5	\$430/day Days 1-5	\$475/day Days 1-5	\$275/day Days 1-6	\$395/day Days 1-6	\$300/day Days 1-5	\$400/day Days 1-5
\$ -	\$ -	\$ -	\$ 15	\$ 15	\$ -	\$ -	\$ -	\$ -
\$ 55	\$ 30	\$ 45	\$ 45	\$ 45	\$ 30	\$ 40	\$ 35	\$ 40
\$ 325	\$ 300	\$ 300	\$ 425	\$ 425	\$ 195	\$ 300	\$ 200	\$ 250
\$ 475	\$ 350	\$ 350	\$ 475	\$ 475	\$ 245	\$ 350	\$ 200	\$ 350
\$ 225	\$ 250	Dr. \$180 Hosp \$350	Dr. \$195 Hosp \$325	Dr. \$200 Hosp \$325	Dr. \$180 Hosp \$275	20%	\$ 200	\$ 350

**EXTRA BENEFITS:**

Hearing Aids

Dental:

Coverage limit  
Comprehensive  
coverage

Eyewear Allow.

# of meals after  
hospitalization

OTC Drug  
allowance/quarter

Transportation

Part B rebate

Add'l dental, vision &  
hearing-optional

\$99-1,249 co-pay	\$1500/ear allow.	300-2000 allow.	\$99 - 699 co-pay	\$399-699 copay	\$0-299 copay	\$499-999 copay	\$500/ear	\$1000/ear allowance
\$ 2,500	\$ 3,500	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,500	\$ 2,500	\$ 1,500
0% copay (A)	0% copay	0% copay	0% copay	0% copay	0% copay	50% copay fillings, ext.	0% copay	0% copay - limited
\$ 300	\$ 300	\$ 200	\$250-500	\$150-200	\$250-300	\$250/2 yrs.	\$ 200	\$ 200
28	14	14	14	14	14	42	14	42
\$ 100	\$ 100	\$ 75	\$ -	\$ 150	\$ 100	\$ 40	\$ 150	\$ 75
None	No	Yes (B)	No	No	Yes	Yes	No	No
\$ 105	\$ 70	\$ 70	\$ 155	\$ 100	\$ -	\$ 21	\$ 50	\$ 80
		\$500 (B)						

A) 50% copay for bridges and dentures

B) Your choice of only 1 of these benefits