

DEKALB COUNTY MEDICARE ADVANTAGE PLANS - 2025

**INCLUDES DRUG COVERAGE**

Plan	AARP MEDICARE ADVANTAGE					ANTHEM					
	UHC IN-0001	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	HMO-POS *	HMO-POS *	HMO-POS *	PPO	PPO	PPO	PPO	HMO-POS *	HMO-POS *
Plan #	2406-035	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	\$ 31	\$ 62	\$ -	\$ 74	\$ 11.20	\$ -
Drug Ded. (tiers 3-5)	\$420	\$420	\$340	\$420	\$495	\$ 295	\$ 60	\$ 95	\$ -	\$ 590	\$ -
Medical deduct.	\$0	\$0	\$0	\$0	\$0	\$ -	\$ 500	\$ -	\$ 500	\$ -	\$ -

**CO-PAYS:**

\* Out of network coverage on dental only

**Maximum-annual**

In Network	\$ 3,700	\$ 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	\$ 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	\$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	\$ 40	\$ 30	\$ 45	\$ 45	\$ 40	\$ 40	\$ 35	\$ 40	\$ 30	\$ 25

**Out- patient surgery:**

Surgical Ctr.	\$ 225	\$ 195	\$ 225	\$ 295	\$ 445	\$ 320	\$ 300	\$ 340	\$ 295	\$ 240	\$ 300
Hospital	\$ 325	\$ 295	\$ 325	\$ 395	\$ 495	\$ 370	\$ 350	\$ 390	\$ 345	\$ 290	\$ 350
MRI & CT scans	\$ 155	\$ 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	300-3000 allow.	300-3000 allow.	300-1500 allow.	300-2000 allow.	300-3000 allow.	300-3000 allow.
Dental:											
Coverage limit	\$ 2,000	\$ -	\$ 2,250	\$ 3,500	\$ -	\$ 1,000	\$ -	\$ 1,200		\$ 1,500	\$ 1,200
Comprehensive coverage	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	\$ 200	\$ 300	\$ 200	\$ 200	None	\$ 300	No	\$ 200	\$ 300
# of meals after hospitalization	28	28	28	28	28	0	0	0	0	20	20
OTC Drug allowance/quarter	\$ 50	\$ 50	\$ 45	\$ 80	\$ -	\$ -	\$ 60	\$ 85	\$ 35	\$ 170	\$ 105
Part B rebate	\$ -	\$ -	\$ -	\$ -	\$ 57	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	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

DEKALB COUNTY MEDICARE ADVANTAGE PLANS - 2025

INCLUDES DRUG COVERAGE		HUMANA							PARAMOUNT		DEVOTED HEALTH		
		Choice (Regional)	Full Access	Choice	USAA Honor w/RX	Choice Give Back	Choice	Gold Plus	Elite Preferred	Elite Standard	Choice Give Back	Choice	Choice Plus
<b>Plan</b>													
<b>Plan Type</b>		PPO	PPO	PPO	PPO	PPO	PPO	HMO-POS *		PPO	PPO	PPO	
<b>Plan #</b>		R0110--012	5216-192	5216-019	5216-307	5216-309	5216-193	5619-051	5232-001	3653-015	7471-002	7471-001	7471-004
<b>Rating (5 is max)</b>													
<b>Prem.- mo. \$</b>		\$ 39.10	\$ 2	\$ 35	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49.60
<b>Drug Ded. (tiers 3-5)</b>		\$ 245	\$ 590	\$ 200	\$ 350	\$ 510	\$ 300	\$ 250	\$ -	\$ -	\$ 590	\$ 590	\$ 590
<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	\$ 4,200	\$ 3,500	\$ 8,500	\$ 4,500	\$ 4,500
Out of network		\$ 14,000	\$ 6,500	\$ 10,100	\$ 13,300	\$ 14,000	\$ 10,100	Won't pay	\$ 5,700	Won't pay	\$ 14,000	\$ 4,500	\$ 4,500
<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	\$360/day Days 1-5	\$325/day Days 1-5	\$295/day Days 1-7	\$295/day Days 1-7	\$350/day Days 1-6
<b>Off. Visit-Primary</b>		\$ 5	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>" " -Specialist</b>		\$ 55	\$ 70	\$ 55	\$ 45	\$ 40	\$ 45	\$ 35	\$ 25	\$ 20	\$ 45	\$ 35	\$ 35
<b>Out- patient surgery:</b>													
Surgical Ctr.		\$ 470	\$ 670	\$ 450	\$ 375	\$ 350	\$ 440	\$ 350	\$ 275	\$ 275	\$ 400	\$ 295	\$ 295
Hospital		\$ 470	\$ 670	\$ 450	\$ 425	\$ 400	\$ 440	\$ 400	\$ 275	\$ 275	\$ 400	\$ 395	\$ 395
<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	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300
<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	\$675/ear	\$500/ear	\$599-899 copay	\$399-699 copay	\$199-499 copay
<b>Dental:</b>													
<b>Coverage limit</b>		\$ 1,000	\$ -	\$ 1,000	\$ 3,000	\$ -	\$ 1,500	\$ 2,500	\$ 7,500	\$ 6,000	(B)	(B)	(B)
<b>Comprehensive coverage</b>		Limited comprehen.	Prevent. Only	Limited comprehen.	0% copay	None	0% copay	0% copay (A)	0% copay	0% copay	(B)	(B)	(B)
<b>Eyewear Allow.</b>		\$50-100	\$50-100	\$100-150	\$100-150	None	\$250-3000	\$100-150	\$ 200	\$ 200	(B)	(B)	(B)
<b># of meals after hospitalization</b>		14	14	14	14	14	Meal prog. avail.	14	14	14	0	0	0
<b>OTC Drug allowance/quarter</b>		\$15/Mo	\$ -	\$ -	\$ 50	\$ -	\$ 50	\$ 50	\$ 175	\$ 150	\$ -	\$92/mo. (C & D)	\$105/qtr. (C & D)
<b>Part B rebate</b>		\$ -	\$ -	\$ -	\$ 76	\$ 124	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Transportation</b>		None	None	None	None	None	None	Yes	No	Yes	No	No	No
<b>Add'l dental,hearing &amp; vision</b>								\$ 500					
<b>Preventative &amp; Comprehensive Dental &amp; Eyewear</b>											\$ 250	\$ 1,000	\$ 1,250

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

B) Included with Preventative & Comprehensive Dental & Eyewear

C) Available to those with chronic health conditions

D) Allowance includes Food, Rent & Utilities



DEKALB COUNTY MEDICARE ADVANTAGE PLANS - 2025

DOES NOT INCLUDE DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA			PARAMOUNT	WELLCARE
Plan	Medicare Adv. Patriot	Medicare Eagle	Veteran	USAA Honor Giveback	USAA Honor Giveback	Choice Regional	Elite Courage	Patriot Give Back Open
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan #	2406-074	5521-286	7093-001	5216-441	5216-218	R0110-011	5232-002	6348-005
Rating (5 is max)								
Prem.- mo. \$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical deduct.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**CO-PAYS:**

**Maximum-annual**

In Network	\$ 8,850	\$ 4,900	\$ 9,350	\$ 8,100	\$ 9,350	\$ 5,650	\$ 4,151	\$ 5,500
Out of network	\$ 14,000	\$ 8,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 10,050	\$ 8,950	\$ 8,950
Hospital	\$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	\$300/day Days 1-5	\$400/day Days 1-5
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ 15	\$ 15	\$ -	\$ -	\$ -
" " -Specialist	\$ 55	\$ 30	\$ 45	\$ 45	\$ 45	\$ 30	\$ 35	\$ 40
Out- patient surgery:								
Surgical Ctr.	\$ 325	\$ 300	\$ 300	\$ 425	\$ 425	\$ 195	\$ 200	\$ 250
Hospital	\$ 475	\$ 350	\$ 350	\$ 475	\$ 475	\$ 245	\$ 200	\$ 350
MRI & CT scans	\$ 225	\$ 250	Dr. \$180 Hosp \$350	Dr. \$195 Hosp \$325	Dr. \$200 Hosp \$325	Dr. \$180 Hosp \$275	\$ 200	\$ 350

**EXTRA BENEFITS:**

Hearing Aids	\$99-1,249 co-pay	\$1500/ear allow.	300-2000 allow.	\$99 - 699 co-pay	\$399-699 copay	\$0-299 copay	\$500/ear	\$1000/ear allowance
Dental:								
Coverage limit	\$ 2,500	\$ 3,500	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 2,500	\$ 1,500
Comprehensive coverage	0% copay (A)	0% copay	0% copay	0% copay	0% copay	0% copay	0% copay	0% copay - limited
Eyewear Allow.	\$ 300	\$ 300	\$ 200	\$250-500	\$150-200	\$250-300	\$ 200	\$ 200
# of meals after hospitalization	28	14	14	14	14	14	14	42
OTC Drug allowance/quarter	\$ 100	\$ 100	\$ 75	\$ -	\$ 150	\$ 100	\$ 150	\$ 75
Transportation	None	No	Yes (B)	No	No	Yes	No	No
Part B rebate	\$ 105	\$ 70	\$ 70	\$ 155	\$ 100	\$ -	\$ 50	\$ 80
Add'l dental, vision & hearing-optional			\$500 (B)					

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