

WELLS 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-0011	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	2802-008	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	\$ 4,900	\$ 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	\$370/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	\$ 45	\$ 45	\$ 45	\$ 40	\$ 40	\$ 35	\$ 40	\$ 30	\$ 25

Out-patient surgery:

Surgical Ctr.	\$ 225	\$ 225	\$ 195	\$ 270	\$ 295	\$ 445	\$ 320	\$ 300	\$ 340	\$ 295	\$ 240	\$ 300
Hospital	\$ 325	\$ 325	\$ 295	\$ 370	\$ 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	\$ -	\$ -	\$ 3,500	\$ -	\$ 1,000	\$ -	\$ 1,200		\$ 1,500	\$ 1,200
Comprehensive coverage	0% copay (A)	0% copay (A)	Prevent. Only	Prevent. Only	0% copay (A)	Prevent. Only	0% copay	Prevent. Only	0% copay	Prevent. Only	0% copay	0% copay
Eyewear Allow.	\$ 300	\$ 300	\$ 300	\$ 300	\$ 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	\$ 50	\$ 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

WELLS COUNTY MEDICARE ADVANTAGE PLANS - 2025

Plan	HUMANA							DEVOTED HEALTH			IU HEALTH			
	Choice (Regional)	Full Access	Choice	USAA Honor w/RX	Choice Give Back	Choice	Gold Plus	Choice Give Back	Choice	Choice Plus	Select Plus	Medicare \$0 Preferred	Flex Network	
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	HMO-POS *	PPO	PPO	PPO	HMO	HMO	HMO-POS	
Plan #	R0110--012	5216-192	5216-019	5216-307	5216-309	5216-193	5619-051	7471-002	7471-001	7471-004	7220-009	7220-010	7220-011	
Rating (5 is max)														
Prem.- mo. \$	\$ 39.10	\$ 2	\$ 35	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	
Drug Ded. (tiers 3-5)	\$ 245	\$ 590	\$ 200	\$ 350	\$ 510	\$ 300	\$ 250	\$ 590	\$ 590	\$ 590	\$ -	\$ -	\$ -	
Medical deduct.	\$ -	\$ 575	\$ -	\$ -	\$ 425	\$ -	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
CO-PAYS:	* Out of network coverage on dental, vision & emergency care.													
Maximum-annual														
In Network	\$ 9,350	\$ 6,500	\$ 6,750	\$ 8,850	\$ 9,350	\$ 5,650	\$ 4,150	\$ 8,500	\$ 4,500	\$ 4,500	\$ 4,400	\$ 4,155	\$ 4,155	
Out of network	\$ 14,000	\$ 6,500	\$ 10,100	\$ 13,300	\$ 14,000	\$ 10,100	Won't pay	\$ 14,000	\$ 4,500	\$ 4,500	Won't pay	Won't pay	\$ 10,000	
Hospital	\$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	\$295/day Days 1-7	\$295/day Days 1-7	\$350/day Days 1-6	\$395/day Days 1-6	\$395/day Days 1-6	\$395/day Days 1-6	
Off. Visit-Primary	\$ 5	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
" " -Specialist	\$ 55	\$ 70	\$ 55	\$ 45	\$ 40	\$ 45	\$ 35	\$ 45	\$ 35	\$ 35	\$ 35	\$ 30	\$ 30	
Out- patient surgery:														
Surgical Ctr.	\$ 470	\$ 670	\$ 450	\$ 375	\$ 350	\$ 440	\$ 350	\$ 400	\$ 295	\$ 295	\$ 295	\$ 295	\$ 295	
Hospital	\$ 470	\$ 670	\$ 450	\$ 425	\$ 400	\$ 440	\$ 400	\$ 400	\$ 395	\$ 395	\$ 350	\$ 350	\$ 350	
MRI & CT scans	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	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300	Dr. \$200 Hosp 300		20%	20%	20%
EXTRA BENEFITS:														
Hearing Aids	\$499-799 copay	\$699-999 copay	None	\$399-999 copay	None	\$699-999 copay	\$699-999 copay	\$599-899 copay	\$399-699 copay	\$199-499 copay	\$499-999 copay	\$499-999 copay	\$499-999 copay	
Dental:														
Coverage limit	\$ 1,000	\$ -	\$ 1,000	\$ 3,000	\$ -	\$ 1,500	\$ 2,500	(B)	(B)	(B)	\$ 1,500	\$ 1,500	\$ 1,500	
Comprehensive coverage	Limited compren.	Prevent. Only	Limited compren.	0% copay	None	0% copay	0% copay (A)	(B)	(B)	(B)	50% copay fillings, ext.	50% copay fillings, ext.	50% copay fillings, ext.	
Eyewear Allow.	\$50-100	\$50-100	\$100-150	\$100-150	None	\$250-3000	\$100-150	(B)	(B)	(B)	\$250/2 yrs	\$250/2 yrs	\$250/2 yrs.	
# of meals after hospitalization	14	14	14	14	14	Meal prog. avail.	14	0	0	0	42	42	42	
OTC Drug allowance/quarter	\$15/Mo	\$ -	\$ -	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$92/mo. (C & D)	\$105/qr. (C & D)	\$ 40	\$ 40	\$ 40	
Part B rebate	\$ -	\$ -	\$ -	\$ 76	\$ 124	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 70	\$ 70	
Transportation	None	None	None	None	None	None	Yes	No	No	No	Yes	Yes	Yes	
Add'l dental,hearing & vision							\$ 500							
Preventative & Comprehensive Dental & Eyewear								\$ 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

WELLS COUNTY MEDICARE ADVANTAGE PLANS - 2025

DOES NOT INCLUDE DRUG COVERAGE	AARP	AETNA	ANTHEM	HUMANA			IU HEALTH	WELLCARE
Plan	Medicare Adv. Patriot	Medicare Eagle	Veteran	USAA Honor Giveback	USAA Honor Giveback	Choice Regional	Select-Medical only	Patriot Give Back Open
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	HMO	PPO
Plan #	2406-074	5521-286	7093-001	5216-441	5216-218	R0110-011	7220-002	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	\$ 5,000	\$ 5,500
Out of network	\$ 14,000	\$ 8,000	\$ 14,000	\$ 14,000	\$ 14,000	\$ 10,050	Won't pay	\$ 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	\$395/day Days 1-6	\$400/day Days 1-5
Off. Visit-Primary	\$ -	\$ -	\$ -	\$ 15	\$ 15	\$ -	\$ -	\$ -
" " -Specialist	\$ 55	\$ 30	\$ 45	\$ 45	\$ 45	\$ 30	\$ 40	\$ 40
Out- patient surgery:								
Surgical Ctr.	\$ 325	\$ 300	\$ 300	\$ 425	\$ 425	\$ 195	\$ 300	\$ 250
Hospital	\$ 475	\$ 350	\$ 350	\$ 475	\$ 475	\$ 245	\$ 350	\$ 350
MRI & CT scans	\$ 225	\$ 250	Dr. \$180 Hosp \$350	Dr. \$195 Hosp \$325	Dr. \$200 Hosp \$325	Dr. \$180 Hosp \$275	20%	\$ 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	\$499-999 copay	\$1000/ear allowance
Dental:								
Coverage limit	\$ 2,500	\$ 3,500	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,500	\$ 1,500
Comprehensive coverage	0% copay (A)	0% copay	0% copay	0% copay	0% copay	0% copay	50% copay fillings, ext.	0% copay - limited
Eyewear Allow.	\$ 300	\$ 300	\$ 200	\$250-500	\$150-200	\$250-300	\$250/2 yrs.	\$ 200
# of meals after hospitalization	28	14	14	14	14	14	42	42
OTC Drug allowance/quarter	\$ 100	\$ 100	\$ 75	\$ -	\$ 150	\$ 100	\$ 40	\$ 75
Transportation	None	No	Yes (B)	No	No	Yes	Yes	No
Part B rebate	\$ 105	\$ 70	\$ 70	\$ 155	\$ 100	\$ -	\$ 21	\$ 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