

Medicare Advantage 2020 Plans



*This guide is not a comprehensive list of benefits.
Contact the plan for specific coverage details, copayments, restrictions and limitations.*

Steps to Review Medicare Advantage Plans

1. What benefits are the most important for your healthcare needs?

Ability to see the doctor(s) and use the hospitals of your choice.

Drug costs

Other costs to include; co-pays for hospital/medical services, premiums and out-of-pocket limits

2. Use the information in this booklet to compare the following costs;

- **Monthly Premium** – Amount you pay the plan each month for coverage, in addition to the Part B premium. Not all Medicare Advantage plans have a monthly premium.
- **Out-of-Pocket Limits** – The most you will have to pay for co-pays for covered hospital/ medical services for the year (will not include drug co-pays). Each plan determines their own out-of-pocket limits and what services will count towards the limit.
- **Deductibles (Drug/Health)** - Some plans will have a deductible amount that you pay for services before the plan will start paying. Deductibles may apply to drugs only, hospital/medical services only, both drugs and hospital/medical services or there may be no deductible at all.
- **Annual Drug Costs:** The combined cost for your drug coverage for the entire year, includes; premiums, co-pays, deductibles (if there is one) and drug co-pays at the pharmacy (increased co-pays during the donut hole are factored in to the total annual cost).
- **Co-pays and costs for hospital/medical services** – Your co-pays and costs will vary from plan to plan. Each plan determines the co-pays for your drugs at the pharmacy and co-pays for hospital/ medical services.

3. Call the plan(s) you are considering (including the plan you may currently be enrolled in) and ask if your doctors and healthcare providers are in the plan's network for 2020. Provide the plan name as it appears in this booklet when you talk to the customer service representative. Record the date and time you spoke with the customer service representative.

4. Compare the **estimated** annual drug costs provided by the VAS counselor, an estimate of the co-pays for hospital/medical services you anticipate for the coming year, your ability to see the doctors you want to use, and any other costs associated with the plan. Decide what plan best meets your needs and priorities.

5. If you want to switch from your current plan to a different plan for 2020, you can do so by calling either;

- Medicare at 1-800-633-4227 no later than 11:00pm, December 7 (have your Medicare card and the name of the plan you want to enroll in when you call)
- or
- VAS to schedule another appointment before the end of open enrollment on December 7

HMO Plans - You must use the doctors, health care providers and hospitals in the plan's network, except for emergency situations. You may need to get a referral from your primary care doctor before getting a test or seeing a specialist.

BCBS HMO (POS) Plan – You may be able to receive certain services from providers who participate in Medicare and Blues plans when you travel and not pay more than your in network amount. Anytime (locally or when traveling) you go "out-of-network" you pay all costs.

PPO Plans - You will pay less if you use doctors, health care providers and hospitals that are in the plan's network. You will pay more if you use doctors, health care providers and hospitals outside of the plan's network.

Benefits	AARP Medicare Advantage (HMO-POS) H2802-001	AARP Medicare Advantage Choice (PPO) H1278-001	Aetna Medicare Elite Advantra (PPO) H1608-038	Aetna Medicare Premier Advantra (HMO) H7149-001	Aetna Medicare Premier Advantra (PPO) H1608-012
Regional Counties Offered	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington
Where Accepted	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont
Phone Number	800-555-5757	800-555-5757	855-275-6627	855-275-6627	855-275-6627
Monthly Premium	\$0	\$19	\$0	\$0	\$33
Medical Deductible	\$0	\$0	\$1,000	\$0	\$0
Out-of-pocket Limit	\$4,900	\$4,500 in / \$8,000 out	\$4,500 in / \$8,000 out	\$5,500	\$4,900 in / \$7,500 out
Out-of-Network Coverage	No	Yes	Yes	No	Yes
Coverage While Traveling	Yes	Yes	Emergency Only	Emergency Only	Emergency Only
Primary Doctor Copay	\$5	\$0	\$0	\$0	\$15
Specialist Doctor Copay	\$45	\$40	\$35	\$40	\$40
Urgent Care Copay	\$30-\$40	\$30-\$40	\$65	\$65	\$65
Labs/Test/X-rays Copay	\$10 / \$30 /\$14	\$10 / \$30 /\$14	\$0 / \$35 / \$20	\$0/ \$45 / \$15	\$0/ \$35 / \$20
Physical Therapy Copay	\$40	\$40	\$40	\$40	\$40
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$225	\$225	\$290	\$260	\$280
Inpatient Hospital Copay	\$395 per day for days 1-4 \$0 days 5-90 (\$1,580)	\$395 per day for days 1-4 \$0 days 5-90 (\$1,580)	\$390 per day for days 1-5 \$0 days 6-90 (\$1,950)	\$390 per day for days 1-5 \$0 days 6-90 (\$1,950)	\$325 per day for days 1-6 \$0 days 7-90 (\$1,625)
Outpatient Hospital Copay	\$295 - \$395	\$295 - \$395	\$300 - \$400	\$300 - \$400	\$250 - \$350
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$160/day 21-51, \$0/day 52-100	\$0/day 1-20, \$160/day 21-51, \$0/day 52-100	\$0 day 1-20, \$178 per day/days 21-100	\$0 days 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100
Dental Benefit Allowance	\$1,000	\$1,500	\$1,300	\$1,000	\$500
Vision Benefit Allowance	\$200	\$300	\$310	\$270	\$100
Hearing Benefits	Yes	Yes	Yes	Yes	Yes
Fitness Membership	Yes	Yes	Yes	Yes	Yes
Extra Benefits	OTC - \$50 per quarter	OTC - \$60 per quarter	OTC - \$25/month	OTC - \$25/month	OTC - \$20/month
Total Drug Cost					

Benefits	Aetna Medicare Prime (HMO) H7149-004	BlueCross Blue Shield MA Access (PPO) H8181-001	BlueCross Blue Shield MA Core (HMO) H3170-001	BlueCross Blue Shield MA Choice (HMO-POS) H3170-002	Bright Advantage (HMO) H7853-007
Regional Counties Offered	Douglas, Sarpy	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Dodge, Douglas, Sarpy
Where Accepted	CHI	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	NE-Med, NMHS, Fremont
Phone Number	855-275-6627	844-899-6060	844-899-6060	844-899-6060	833-412-6737
Monthly Premium	\$0	\$26	\$0	\$44	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$3,400	\$4,500 in / \$6,900 out	\$6,250	\$5,700 in / \$6,700 out	\$4,900
Out-of-Network Coverage	No	Yes	No	No	No
Coverage While Traveling	Emergency Only	Yes	Yes	Yes	Emergency Only
Primary Doctor Copay	\$0	\$5	\$10	\$10	\$0
Specialist Doctor Copay	\$35	\$30	\$45	\$40	\$30
Urgent Care Copay	\$65	\$55	\$55	\$55	\$35
Labs/Test/X-rays Copay	\$0/ \$40 / \$10	n/a	n/a	n/a	\$0 / \$25 - \$100 / \$0
Physical Therapy Copay	\$40	\$40	\$40	\$40	\$34
Emergency Room Copay	\$120	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$235	\$300	\$300	\$300	\$200
Inpatient Hospital Copay	\$350 per day for days 1-5 \$0 days 6-90 (\$1,750)	\$395 per day for days 1-4 \$0 days 5-90 (\$1,580)	\$395 per day for days 1-4, \$0 days 5-90 (\$1,580)	\$380 per day for days 1-4 \$0 days 5-90 (\$1,520)	\$350 per day for days 1-5 \$0 days 6-90 (\$1,750)
Outpatient Hospital Copay	\$250 - \$350	\$300 - \$350	\$300 - \$395	\$200 - \$350	\$250 - \$325
Skilled Nursing Facility Care Copay	\$0 days 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$169 /day 21-59, \$0/day 60-100	\$0 day 1-20, \$169 /day 21-59, \$0/day 60-100	\$0 day 1-20, \$169 /day 21-59, \$0/day 60-100	\$0 day 1-20, \$178 per day/days 21-100
Dental Benefit Allowance	\$100	\$500	\$500	\$500	\$1,500
Vision Benefit Allowance	\$100	\$200	\$100	\$100	\$130
Hearing Benefits	Yes	Yes	Yes	Yes	Yes
Fitness Membership	Yes	Yes	Yes	yes	Yes
Extra Benefits	OTC - \$25/month	OTC - \$50 per quarter	OTC - \$25 per quarter	OTC - \$25 per quarter	Transportation
Total Drug Cost					

Benefits	Bright Advantage Choice (HMO) H7853-006	Bright Advantage Flex (PPO) H5841-005	Bright Advantage Plus (HMO) H7853-008	Humana Gold Plus (HMO) H0028-011	Humana Value Plus (PPO) H5216-171
Regional Counties Offered	Dodge, Douglas, Sarpy	Dodge, Douglas, Sarpy	Dodge, Douglas, Sarpy	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Sarpy, Washington
Where Accepted	NE-Med, NMHS, Fremont	NE-Med, NMHS, Fremont	NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont
Phone Number	833-412-6737	833-412-6737	833-412-6737	800-833-2364	800-833-2364
Monthly Premium	\$0	\$0	\$39	\$0	\$30
Medical Deductible	\$0	\$100	\$0	\$0	\$185
Out-of-pocket Limit	\$5,900	\$4,500 in / \$10,000 out	\$4,500	\$4,200	\$6,700 in / \$10,000 out
Out-of-Network Coverage	No	Yes	No	No	Yes
Coverage While Traveling	Emergency Only	Emergency Only	Emergency Only	Emergency Only	Yes
Primary Doctor Copay	\$0	\$0	\$0	\$0	\$20
Specialist Doctor Copay	\$35	\$30	\$30	\$45	\$50
Urgent Care Copay	\$35	\$35	\$35	\$25	20%
Labs/Test/X-rays Copay	\$10 / \$35 - \$200 / \$0	\$0 / \$25 - \$125 / \$0	\$0 / \$25 - \$100 / \$0	\$0-\$25 / \$0-\$95 / \$0-\$95	0% - 20%
Physical Therapy Copay	\$35	\$35	\$35	\$40	20%
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$200	\$200	\$200	\$265	20%
Inpatient Hospital Copay	\$350 per day for days 1-5 \$0 days 6-90 (\$1,750)	\$350 per day for days 1-5 \$0 days 6-90 (\$1,750)	\$325 per day for days 1-5 \$0 days 6-90 (\$1,625)	\$350 per day for days 1-5 \$0 days 6-90 (\$1,750)	\$1,969 per admit
Outpatient Hospital Copay	\$250 - \$325	\$250 - \$325	\$175 - \$275	\$250/\$200	20% of cost
Skilled Nursing Facility Care Copay	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100			
Dental Benefit Allowance	\$1,500	\$1,500	\$1,500	\$1,000	\$2,000
Vision Benefit Allowance	No	\$130	\$130	Yes	Yes
Hearing Benefits	No	Yes	Yes	Yes	Yes
Fitness Membership	Yes	Yes	Yes	Yes	Yes
Extra Benefits	Transportation	Transportation	OTC—\$30/ quarterly	OTC - \$25/quarter	Transportation
Total Drug Cost					

Benefits	HumanaChoice (PPO) H5216-085	HumanaChoice (PPO) H5216-086 <i>*No prescription coverage</i>	Medica Advantage Solution (HMO) HO798-001	Medica Advantage Solution (PPO) H3632-001	Omaha Community Senior Plan (Cost) H1651-021 <i>*No prescription coverage</i>
Regional Counties Offered	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Cass, Dodge, Douglas, Sarpy, Washington	Dodge
Where Accepted	CHI, NE-Med, NMHS, Fremont	CHI, NE-Med, NMHS, Fremont	CHI	CHI	CHI
Phone Number	800-833-2364	800-833-2364	800-906-5432	800-906-5432	800-747-8900
Monthly Premium	\$107	\$0	\$0	\$45	\$145
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$6,700 in / \$10,000 out	\$6,700 in / \$10,000 out	\$3,500	\$3,500 in /\$7,500 out	None
Out-of-Network Coverage	Yes	Yes	No	Yes	Yes
Coverage While Traveling	Yes	Yes	Emergency Only	Yes	Yes
Primary Doctor Copay	\$15	\$10	\$0	\$0	\$0
Specialist Doctor Copay	\$50	\$45	\$50	\$35	\$0
Urgent Care Copay	\$25	\$25	\$50	\$35	\$0
Labs/Test/X-rays Copay	\$0-\$40 / \$0-\$100 /\$15-\$100	\$0-\$40 / \$0-\$50 /\$10-\$50	\$0 / 20% / 20%	\$0 / 15% / 15%	\$0
Physical Therapy Copay	\$40	\$40	\$40	\$35	\$0
Emergency Room Copay	\$90	\$90	\$90	\$90	\$0
Ground Ambulance Copay	\$265	\$265	\$200	\$200	\$0
Inpatient Hospital Copay	\$454 per day for days 1-4 \$0 days 5-90 (\$1,816)	\$295 per day for days 1-46 \$0 days 5-90 (\$1,770)	\$350 per day for days 1-5 \$0 days 6-90+ (\$1,750)	\$325 per day for days 1-5 \$0 days 6-90 (\$1,625)	\$0
Outpatient Hospital Copay	\$250/\$200	\$250/\$200	\$295	\$250	\$0
Skilled Nursing Facility Care Copay	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$150 per day/days 21-100	\$0
Dental Benefit Allowance	No	\$1,000	\$400	\$750	No
Vision Benefit Allowance	No	Yes	\$100	\$150	No
Hearing Benefits	No	Yes	Yes	Yes	No
Fitness Membership	Yes	Yes	Yes	Yes	No
Extra Benefits	OTC - \$50/quarter	OTC - \$50/quarter	OTC - \$50 / quarter	OTC - \$50 / quarter	None
Total Drug Cost		Not Covered			Not Covered