

2020 Medicare Advantage Plans With Drug Coverage - Ozaukee County

Plan Name	Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits <i>(eligibility required)</i>
AARP Medicare Advantage Value (HMO) (H5253-033) 1-800-555-5757	\$0	\$4,900 In network only	\$275 Deductible	\$0	\$45	\$0-280 per visit	ER: \$90 Urgent Care: \$30-40	Labs: \$10 X-rays: \$14 Diagnostic tests: \$25 Diagnostic radiology: \$0-160	Therapy: \$40 Diabetic supplies: \$0	Days 1-6: \$295/day Days 7 & beyond: \$0/day	Days 1-20: \$0 Days 21-51: \$160/day Days 52-100: \$0	Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay	Fitness benefit Short term meals Telehealth
Aetna Medicare Value (PPO) (H5521-195) 1-833-859-6031	\$0	In network: \$4,500 In & out of network: \$8,500	\$200 Deductible	In network: \$0 Out of network: \$25	In network: \$40 Out of network: \$55	In network: \$40-400 per visit Out of network: 50% per visit	ER: \$90 Urgent Care: \$65	In network: Labs: \$10 X-rays: \$20 Diagnostic tests: \$75 Diagnostic radiology: \$300 Out of network: Labs: \$30 X-rays: 50% Diagnostic tests: 50% Diagnostic radiology: 50%	In network: Therapy: \$40 Diabetic supplies: 0-20% Out of network: Therapy: 50% Diabetic supplies: 0-20%	In network: Days 1-6: \$320/day Days 7-90: \$0/day Out of network: Days 1-7: \$460/day Days 8-90: \$0	Days 1-20: \$0 Days 21-100: \$178/day Out of network: 30% per stay	In network Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay Out of network Vision: \$55 copay Hearing: \$55 copay Dental: \$0 copay	Fitness benefit OTC drug benefit Short term meals Telehealth
Anthem MediBlue Plus (Local HMO) (H9525-006) 1-844-364-2130	\$0	\$4,300 In network only	\$150 Deductible	\$0	\$35	\$0 or 20% per visit	ER: \$90 Urgent Care: \$30	Labs: \$0-15 X-rays: \$50-130 Diagnostic tests: \$0-170 Diagnostic radiology: \$150-230	Therapy: \$40 Diabetic supplies: \$0	Days 1-7: \$310/day Days 8-90: \$0/day	Days 1-20: \$0 Days 21-100: \$178/day	Vision: \$0 copay Hearing: \$35 copay Dental: \$0 copay	Fitness benefit Non-emergency transportation OTC Drug benefit In-home support services Home/bathroom safety devices Short term meals Telehealth
Humana Gold Plus (HMO) (H6622-034) 1-800-833-2364	\$0	\$4,900 In network only	\$300 Deductible	\$0	\$50	\$50-250 per visit	ER: \$90 Urgent Care: \$0-50	Labs: \$0-40 X-rays: \$0-100 Diagnostic tests: \$0-95 Diagnostic radiology: \$0-250	Therapy: \$40 Diabetic supplies: \$0 or 10-20% per item	Days 1-5: \$350/day Days 6 & beyond: \$0/day	Days 1-20: \$0 Days 21-100: \$178/day	Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit Non-emergency transportation OTC drug benefit Short term meals Telehealth

2020 Medicare Advantage Plans With Drug Coverage - Ozaukee County

Plan Name	Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits <i>(eligibility required)</i>
Humana Gold Plus (HMO) (H6622-040) 1-800-833-2364	\$0	\$6,700 In network only	\$315 Deductible	\$20	\$50	\$50-250 per visit	ER: \$90 Urgent Care: \$20-50	Labs: \$0-40 X-rays: \$20-100 Diagnostic tests: \$0-95 Diagnostic radiology: \$20-250	Therapy: \$40 Diabetic supplies: \$0 or 10-20% per item	Days 1-3: \$600/day Days 4 & beyond: \$0/day	Days 1-20: \$0 Days 21-100: \$178/day	Vision: Not covered Hearing: \$50 copay Dental: Not covered	Fitness benefit OTC drug benefit Short term meals Telehealth
Network Health Medicare Go (PPO) (H5215-009) 1-800-983-7587	\$0	In & out of network: \$5,900	\$275 Deductible	In network: \$10 Out of network: \$20	In network: \$45 Out of network: \$75	In network: \$385 per visit Out of network: \$415 per visit	ER: \$90 Urgent Care: \$10-45	In network: Labs: \$0-20 X-rays: \$35 Diagnostic tests: \$20-40 Diagnostic radiology: \$40-125 Out of network: Labs: \$30-50 X-rays: \$30-50 Diagnostic tests: \$30-50 Diagnostic radiology: \$50-140	In network: Therapy: \$40 Diabetic supplies: \$0 Out of network: Therapy: \$75 Diabetic supplies: \$0-10 per item	In network: Days 1-4: \$395/day Days 5-90: \$0/day Out of network: Days 1-5: \$495/day Days 6-90: \$0	Days 1-20: \$0 Days 21-57: \$178/day Days 58-100: \$0	In network Vision: \$10 co-pay Hearing: \$15 co-pay Dental: Not covered Out of network Vision: Not covered Hearing: \$25 co-pay Dental: Not covered	Fitness benefit
Network Health Medicare Explore (HMO) (H5644-002) 1-800-983-7587	\$11 Drug: \$11 Health: \$0	\$4,200 In network only	\$260 Deductible	\$0	\$30	\$250 per visit	ER: \$90 Urgent Care: \$0-45	Labs: \$0-15 X-rays: \$25 Diagnostic tests: \$15-35 Diagnostic radiology: \$35-125	Therapy: \$30 Diabetic supplies: \$0	Days 1-5: \$280/day Days 6-90: \$0/day	Days 1-20: \$0 Days 21-49: \$178/day Days 50-100: \$0	Vision: \$10 copay Hearing: \$10 copay Dental: \$30 copay	Fitness benefit OTC drug benefit
Aetna Medicare Premier (PPO) (H5521-150) 1-855-275-6627	\$26 Drug: \$26 Health: \$0	In network: \$4,200 In & out of network: \$8,500	\$200 Deductible	In network: \$0 Out of network: \$20	In network: \$30 Out of network: \$50	In network: \$30-300 per visit Out of network: 50% per visit	ER: \$90 Urgent Care: \$65	In network: Labs: \$5 X-rays: \$20 Diagnostic tests: \$40 Diagnostic radiology: \$200 Out of network: Labs: \$20 X-rays: 50% Diagnostic tests: 50% Diagnostic radiology: 50%	In network: Therapy: \$40 Diabetic supplies: 0-20% per item Out of network: Therapy: 50% Diabetic supplies: 0-20% per item	In network: Days 1-6: \$280/day Days 7 & beyond: \$0/day Out of network: Days 1-7: \$420/day Days 8-90: \$0	Days 1-20: \$0 Days 21-100: \$178/day Out of network: 50% per stay	In network Vision: \$0 copay Hearing: \$30 copay Dental: \$0 copay Out of network Vision: \$50 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit OTC drug benefit Short term meals

2020 Medicare Advantage Plans With Drug Coverage - Ozaukee County

Plan Name	Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits <i>(eligibility required)</i>
Humana Value Plus (PPO) (H5216-173) 1-800-833-2364	\$26.70 Drug: \$26.70 Health: \$0	In network: \$6,700 In & out of network: \$10,000	\$410 Deductible	In network: \$20 Out of network: 50%	In network: \$50 Out of network: 50%	In network: \$50 or 20% per visit Out of network: 50% per visit	ER: \$90 Urgent Care: \$20-50 or 20-50%	In network: Labs: \$0 or 20% X-rays: \$20-50 or 20% Diagnostic tests: \$0-50 or 20% Diagnostic radiology: \$50 or 20% Out of network: 50%	In network: Therapy: 20% Diabetic supplies: \$0 or 20% per item Out of network: Therapy: 50% Diabetic supplies: 0 or 50% per item	In network: \$1,969 per stay Out of network: 50% per stay	Days 1-20: \$0 Days 21-100: \$178/day Out of network: 50% per stay	In network Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay Out of network Vision: \$0 copay Hearing: 50% copay Dental: 50% copay	Fitness benefit Non-emergency transportation OTC drug benefit Short term meals Telehealth
AARP Medicare Advantage (HMO-POS) (H5253-004) 1-800-555-5757	\$27 Drug: \$27 Health: \$0	\$4,500 In network only	\$250 Deductible	\$0	\$35	\$0-260 per visit	ER: \$90 Urgent Care: \$30-40	Labs: \$5 X-rays: \$14 Diagnostic tests: \$25 Diagnostic radiology: \$0-110	Therapy: \$35 Diabetic supplies: \$0	Days 1-6: \$285/day Days 7 & beyond: \$0/day	Days 1-20: \$0 Days 21-49: \$160/day Days 50-100: \$0	Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay	Fitness benefit OTC drug benefit Short term meals Telehealth
Anthem MediBlue Access (PPO) (H4036-008) 1-844-364-2130	\$27 Drug: \$27 Health: \$0	In network: \$4,500 In & out of network: \$9,000	\$95 Deductible	In network: \$5 Out of network: \$40	In network: \$40 Out of network: \$60	In network: \$0 or 20% per visit Out of network: 40% per visit	ER: \$90 Urgent Care: \$35	In network: Labs: \$0-10 X-rays: \$50-110 Diagnostic tests: \$0-150 Diagnostic radiology: \$130-150 Out of network: 35%	In network: Therapy: \$35 Diabetic supplies: \$0 Out of network: Therapy: \$60 Diabetic supplies: 40% per item	In network: Days 1-7: \$295/day Days 8-90: \$0/day Out of network: 40% per visit	In network Days 1-20: \$0 Days 21-100: \$178/day Out of network: 35% per stay	In network Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay Out of network Vision: \$0 copay Hearing: \$60 copay Dental: 20% copay	Fitness benefit OTC drug benefit Telehealth

2020 Medicare Advantage Plans With Drug Coverage - Ozaukee County

Plan Name	Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits <i>(eligibility required)</i>
Network Health Medicare Anywhere (PPO) (H5215-010) 1-800-983-7587	\$29	In & out of network: \$4,900	\$250 Deductible	In network: \$7 Out of network: \$15	In network: \$45 Out of network: \$65-75	In network: \$285 per visit Out of network: \$395 per visit	ER: \$90 Urgent Care: \$7-45	In network: Labs: \$0-20 X-rays: \$20 Diagnostic tests: \$20-35 Diagnostic radiology: \$35-125 Out of network: Labs: \$25 X-rays: \$25-45 Diagnostic tests: \$25-45 Diagnostic radiology: \$45-140	In network: Therapy: \$40 Diabetic supplies: \$0 Out of network: Therapy: \$65-75 Diabetic supplies: \$0-10 per item	In network: Days 1-5: \$295/day Days 4-90: \$0/day Out of network: Days 1-5: \$495/day Days 6-90: \$0	In or out of network: Days 1-20: \$0 Days 21-49: \$178/day Days 50-100: \$0	In network Vision: \$10 copay Hearing: \$10 copay Dental: \$45 copay Out of network Vision: Not covered Hearing: \$25 copay Dental: \$65-75	Fitness benefit
Humana Gold Plus (HMO) (H6622-002) 1-800-833-2364	\$44 Drug: \$23.10 Health: \$20.90	\$4,900 In network only	\$200 Deductible	\$0	\$40	\$40-250 per visit	ER: \$90 Urgent Care: \$40	Labs: \$0-35 X-rays: \$0-90 Diagnostic tests: \$0-85 Diagnostic radiology: \$0-250	Therapy: \$40 Diabetic supplies: \$0 or 10-20% per item	Days 1-7: \$285/day Days 8 & beyond: \$0/day	Days 1-20: \$0 Days 21-100: \$178/day	Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay	Fitness benefit Non-emergency transportation OTC drug benefit Short term meals Telehealth
UnitedHealthcare Medicare Advantage Open (PPO) (H0294-004) 1-800-855-5757	\$47 Drug: \$33.40 Health: \$13.60	In or out of network: \$5,900	\$325 Deductible	In network: \$0 Out of network: \$0-50	In or out of network: \$50	In or out of network: \$0-335 per visit	ER: \$90 Urgent Care: \$30-40	In network: Labs: \$10 X-rays: \$14 Diagnostic tests: \$25 Diagnostic radiology: \$0-110 Out of network: Labs: \$10-14 X-rays: \$10-14 Diagnostic tests: \$25 Diagnostic radiology: \$0-110	In network: Therapy: \$40 Diabetic supplies: \$0 Out of network: Therapy: \$40 Diabetic supplies: 20% per item	In or out of network: Days 1-5: \$375/day Days 6 & beyond: \$0/day	In or out of network: Days 1-20: \$0 Days 21-57: \$160/day Days 58-100: \$0	In network Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay Out of network Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit Telehealth

2020 Medicare Advantage Plans With Drug Coverage - Ozaukee County

Plan Name	Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits <i>(eligibility required)</i>
Humana Choice (PPO) (H5216-001) 1-800-833-2364	\$86 Drug: \$27.40 Health: \$58.60	In network: \$6,700 In & out of network: \$10,000	\$325 Deductible	In network: \$10 Out of network: 50%	In network: \$45 Out of network: 50%	In network: \$45-250 per visit Out of network: 50%	ER: \$90 Urgent Care: \$10-45 or 50%	In network: Labs: \$0-40 X-rays: \$10-95 Diagnostic tests: \$0-95 Diagnostic radiology: \$10-250 Out of network: 50%	In network: Therapy: \$40 Diabetic supplies: \$0 or 10-20% per item Out of network: Therapy: 50% Diabetic supplies: 30-50% per item	In network: Days 1-6: \$295/day Days 7-90: \$0/day Out of network: 50% per stay	In network: Days 1-20: \$0 Days 21-100: \$178/day Out of network: 50% per stay	In network: Vision: \$0 copay Hearing: \$45 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: 50% copay Dental: 50% copay	Fitness benefit OTC drug benefit Short term meals Telehealth
Humana Gold Choice (PFFS) (H8145-006) 1-800-833-2364	\$98 Drug: \$31.40 Health: \$66.60	In or out of network: \$6,700	\$435 Drug Deductible \$500 Health Deductible	In or out of network: \$20	In or out of network: \$50	In or out of network: \$50-95 or 25%	ER: \$90 Urgent Care: \$20-50	In or out of network: Labs: 0-40% X-rays: \$20-95 Diagnostic tests: \$0-95 Diagnostic radiology: \$20-75 or 20-25%	In or out of network: Therapy: \$40 Diabetic supplies: \$0 or 10-20%	In or out of network: Days 1-7: \$279/day Days 8-90: \$0/day	In or out of network: Days 1-20: \$0 Days 21-100: \$178/day	In network: Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: \$50 copay Dental: 50% copay	Fitness benefit OTC drug benefit Short term meals Telehealth
Humana Choice Regional PPO (R5361-002) 1-800-833-2364	\$139 Drug: \$31.10 Health: \$107.90	In network: \$6,700 In & out of network: \$10,000	\$420 Drug Deductible \$183 Health Deductible	In or out of network: 20%	In or out of network: 20%	In or out of network: 20%	ER: \$90 Urgent Care: 20%	In or out of network: Labs: 0-20% X-rays: 20% Diagnostic tests: \$0 or 20% Diagnostic radiology: 20%	In or out of network: Therapy: 20% Diabetic supplies: \$0 or 10-20% per item	In network: Days 1-4: \$450/day Days 5-90: \$0/day Out of network: 20% per stay	In or out of network: Days 1-20: \$0 Days 21-100: \$178/day	In or out of network: Vision: Not covered Hearing: 20% copay Dental: Not covered	Fitness benefit OTC drug benefit Short term meals Telehealth