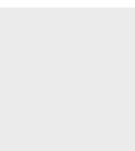


Comparing 3 Medicare Advantage plans

Back to results

Overview



(HMO)

Star rating:

 Medicare Advantage and drug monthly premium

\$0
 Health deductible

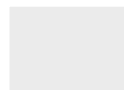
\$300.00
 Drug plan deductible

Plan

\$4,900
In-network
 Maximum you pay for health services

Health premium
 \$0.00
Drug premium
 \$0.00
Part B premium
 \$144.60

Health deductible
 \$0



(PPO)

Star rating:

 Medicare Advantage and drug monthly premium

\$0
 Health deductible

\$200.00
 Drug plan deductible

\$8,500

Plan

Out-of-network
\$4,500
 Maximum you pay for health services

In-network
Health premium
 \$0.00
Drug premium
 \$0.00
Part B premium
 \$144.60

Health deductible
 \$0



(HMO)

Star rating:

 Medicare Advantage and drug monthly premium

\$0
 Health deductible

\$150.00
 Drug plan deductible

\$4,300

Plan

network
 Maximum you pay for health services

Health premium
 \$0.00
Drug premium
 \$0.00
Part B premium
 \$144.60

Health deductible
 \$0

Deductible

	Drug plan deductible	Drug plan deductible	Drug plan deductible
Maximum you pay for health services	\$300.00 \$4,900 In-network	\$200.00 \$8,500 In and Out-of-network \$4,500 In-network	\$150.00 \$4,300 In-network
Plan features	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✓ Fitness benefits ✓ Over the counter drug benefits ✗ In-home support services ✗ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits ✓ Over the counter drug benefits ✗ In-home support services ✗ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✓ Fitness benefits ✓ Over the counter drug benefits ✓ In-home support services ✓ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams
Benefits & costs	<ul style="list-style-type: none"> ✓ Meals for short duration ✓ Annual physical exams 	<ul style="list-style-type: none"> ✗ Telehealth ✗ Endodontics Primary doctor visit ✗ Periodontics In-network: \$0 ✓ Extractions In-network: \$25 copay ✗ Extractions Out-of-network: \$50 copay Specialist visit In-network: \$40 	<ul style="list-style-type: none"> ✓ Telehealth ✗ Endodontics Primary doctor visit ✗ Periodontics In-network: \$0 ✗ Extractions Specialist visit ✗ Extractions Specialist visit
Doctor services	<ul style="list-style-type: none"> ✓ Telehealth ✗ Endodontics Primary doctor visit \$0 copay ✗ Periodontics ✗ Extractions Specialist visit \$50 copay per visit View additional benefits 	<ul style="list-style-type: none"> ✗ Telehealth ✓ Endodontics Primary doctor visit ✓ Periodontics In-network: \$0 ✓ Extractions In-network: \$25 copay ✗ Extractions Out-of-network: \$50 copay Specialist visit In-network: \$40 	<ul style="list-style-type: none"> ✓ Telehealth ✗ Endodontics Primary doctor visit ✗ Periodontics In-network: \$0 ✗ Extractions Specialist visit ✗ Extractions Specialist visit View additional benefits
Tests, labs, & imaging	<ul style="list-style-type: none"> Diagnostic tests & procedures ▾ \$0-95 copay Lab services \$0-40 copay Diagnostic 	<ul style="list-style-type: none"> Diagnostic tests & procedures ▾ In-network: \$75 copay Out-of-network: 50% coinsurance Lab services 	<ul style="list-style-type: none"> Diagnostic tests & procedures ▾ \$0-170 copay Lab services \$0-15 copay Diagnostic radiology

	<p>radiology services (like MRI) \$0-250 copay</p> <p>Outpatient x-rays \$0-100 copay</p> <p>Emergency care \$90 copay per visit (always covered)</p> <p>Urgent care \$0-50 copay per visit (always covered)</p>	<p>In-network: \$10 copay</p> <p>Out-of-network: \$30 copay</p> <p>Diagnostic radiology services (like MRI) In-network: \$300 copay</p> <p>Out-of-network: 50% coinsurance</p>	<p>services (like MRI) \$150-230 copay</p> <p>Outpatient x-rays \$50-130 copay</p> <p>Emergency care \$90 copay per visit (always covered)</p> <p>Urgent care \$30 copay per visit (always covered)</p>
Hospital services	<p>Inpatient hospital coverage \$350 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond</p> <p>Outpatient hospital</p>	<p>Inpatient hospital coverage In-network: \$20 copay</p> <p>Outpatient x-rays In-network: \$320 per day for days 1 through 6 Out-of-network: 50% coinsurance \$0 per day for days 7 through 90</p> <p>Emergency care \$90 copay per visit (always covered)</p> <p>Out-of-network: \$400 per day for</p>	<p>Inpatient hospital coverage \$310 per day for days 1 through 7 \$0 per day for days 8 through 90</p> <p>Outpatient hospital coverage \$0 copay or 20%</p>
Preventive services	\$0 copay	<p>In-network: \$0 copay</p> <p>Out-of-network: 0-50% coinsurance</p>	\$0 copay
Extra benefits		<p>Outpatient hospital coverage In-network: \$40-</p>	
Hearing aids - All types	\$699-999 copay	<p>400 copay per visit</p> <p>Not covered</p> <p>Out-of-network: 50% coinsurance per visit</p>	\$0 copay
Preventive dental (like oral exams and cleanings)	\$0 copay	<p>In-network: \$0 copay</p> <p>Out-of-network: \$0 copay</p>	\$0 copay
Comprehensive dental (like root canal and implants)	Some coverage	<p>Some coverage</p>	Not covered
Eyeglasses (frames & lenses)	\$0 copay	<p>In-network: \$0 copay</p> <p>Out-of-network: \$0 copay</p>	\$0 copay
Wellness programs (like fitness & nursing hotline)	Covered	<p>Covered</p>	Covered

Transportation	\$0 copay	Not covered	\$0 copay
Skilled nursing facility	\$0 per day for days 1 through 20 \$178 per day for days 21 through 100	In-network: \$0 per day for days 1 through 20 \$178 per day for days 21 through 100	\$0 per day for days 1 through 20 \$178 per day for days 21 through 100
Durable medical equipment (like wheelchairs & oxygen)	20% coinsurance per item	In-network: 20% coinsurance per item Out-of-network: 50% coinsurance per item	\$0 copay or 20% coinsurance per item
Diabetes supplies	\$0 copay or 10-20% coinsurance per item	In-network: 0-20% coinsurance per item Out-of-network: 0-20% coinsurance per item	\$0 copay
Drug coverage & costs			
Drugs covered/Not covered	5 of 5 Prescription drugs covered Restrictions may apply	4 of 5 Prescription drugs covered Restrictions may apply	4 of 5 Prescription drugs covered Restrictions may apply
Estimated total drug + premium cost	 ✓ Preferred in-network \$1,238.35	 ✓ Standard in-network \$4,056.36	 ✓ Standard in-network \$3,960.39
	 ✓ Preferred in-network \$1,177.31	 ✓ Preferred in-network \$3,729.11	 ✓ Preferred in-network \$3,911.67
	Mail order pharmacy ✓ Preferred in-network \$1,258.42	Mail order pharmacy ✓ Preferred in-network \$4,849.95	Mail order pharmacy ✓ Standard in-network \$4,982.25