

PLAN	Plan Type	Plan Star Rating	Annual Health Deductible	Annual Drug Deductible	Monthly Total Premium	Doctor Primary (per visit)	Doctor Specialist (per visit)	Urgent Care (per visit)	Emergency Room (per visit)	Hospital Inpatient	Hospital Out-patient	Qualifying Ground Ambulance	Skilled Nursing (See note #4)	Annual Out of Pocket Maximum (See note #2)	Contracted Hospitals (see note #12)	Savings Model Insulin (Note 10)
AARP Plan 1 (034)	HMO	4.5	\$0	\$0	\$39	\$0	\$30	\$40	\$90	\$225/day(1-6)	\$0-225	\$265	\$188/day (21-38)	\$3,200	Memorial & Penrose	Yes
AARP Plan 2 (036)	HMO	4.5	\$0	\$0	\$0	\$0	\$35	\$40	\$90	\$275/day(1-6)	\$0-250	\$270	\$188/day (21-44)	\$4,500	Memorial & Penrose	Yes
AARP Choice PPO Plan 1 (001)	PPO	3.5	\$0	\$0	\$0	\$0	\$40	\$40	\$90	\$295/day(1-6)	\$0-275	\$260	\$188/day (21-50)	\$5,500	Memorial & Penrose	Yes
Out of Network			\$0			\$35	\$70	\$30-40	\$90	\$500/day(1-20)	40%	\$260	\$225/day (1-45)	\$10,000 In&Out of network		
AARP Choice PPO Plan 2 (003)	PPO	3.5	\$0	\$350	\$0	\$25	\$50	\$40	\$90	\$445/day(1-4)	\$0-445	\$250	\$188/day (21-56)	\$6,700	Memorial & Penrose	Yes
Out of Network			\$0			\$50	\$70	\$40	\$90	\$500/day(1-20)	40%	\$250	\$225/day (1-45)	\$10,000 In&Out of network		
AARP Choice PPO Plan 3 (023)	PPO	3.5	\$0	\$0	\$24	\$0	\$35	\$40	\$90	\$250/day(1-5)	\$0-250	\$255	\$188/day (21-48)	\$5,200	Memorial & Penrose	Yes
Out of Network			\$0			\$35	\$70	\$40	\$90	\$500/day(1-20)	40%	\$255	\$225/day (1-45)	\$10,000 In&Out of network		
AARP Patriot (041)	HMO	4.5	\$0	n/a	\$0	\$0	\$45	\$40	\$90	\$275/day(1-6)	\$0-240	\$250	\$188/day(21-41)	\$3,900	Memorial & Penrose	n/a
Aetna Elite Prime (007)	HMO	3	\$1,000	\$0	\$0	\$0	\$30	\$65	\$90	\$295/day(1-7)	\$0-350	\$275	\$184/day(21-100)	\$5,100	Memorial & Penrose	No
Aetna Prime 1 (009)	POS	3	\$0	\$0	\$0	\$0	\$40	\$65	\$90	\$315/day(1-7)	\$0-400	\$245	\$184/day(21-100)	\$4,900	Memorial & Penrose	No
Aetna Prime (207)	POS	4.5	\$0	\$0	\$0	\$0	\$40	\$65	\$90	\$390/day(1-5)	\$0-350	\$275	\$184/day(21-100)	\$5,500	Memorial & Penrose	No
Out of Network	PPO		\$0			\$35	\$65	\$65	\$90	40%	40%	\$275	40%	\$11.300 In&Out of network		
Aetna Eagle Prime (010)	HMO	3	\$0	n/a	\$0	\$0	\$35	\$65	\$90	\$225/day(1-7)	\$0-225	\$245	\$184/day(21-100)	\$5,000	Memorial & Penrose	n/a
Anthem MediBlue Plus (013)	POS	3.5	\$0	\$0	\$0	\$0	\$35	\$35	\$90	\$299/day(1-6)	\$0-325	\$250	\$188/day(21-100)	\$6,700	Memorial & Penrose	No
Anthem MediBlue Access (022)	HMO	4	\$0	\$0	\$0	\$0	\$35	\$30	\$90	\$325/day(1-5)	\$0-325	\$250	\$188/day(21-100)	\$6,700	Memorial & Penrose	no
Out of Network	PPO					\$35	\$70	\$30	\$90	\$500/day(1-10)	\$0	\$250	40%	\$10,000 In&Out of network		
Bright Advantage Classic (001)	HMO	3.5	\$0	\$0	\$0	\$0	\$10	\$0	\$0-90	\$175/day(1-6)	\$0-125	\$0-250	\$178/day(21-100)	\$3,500	Memorial & Penrose	No
Bright Advantage Part B (010)	HMO	3.5	\$0	\$125	\$0	\$0	\$25	\$0	\$90	\$300/day(1-4)	\$0-235	\$0-200	\$178/day(21-100)	\$5,400	Memorial & Penrose	No
Bright Adv. Classic Plus (002)	HMO	3.5	\$0	\$0	\$30	\$0	\$10	\$0	\$0-90	\$175/day(1-5)	\$0-175	\$0-225	\$20/day(1-20)	\$3,250	Memorial & Penrose	No
													\$178/day(21-100)			
Cigna Preferred (004)	HMO	TBD	\$0	\$0	\$0	\$0	\$25	\$25	\$90	\$275/day(1-6)	\$0-250	\$195	\$188/day(21-100)	\$4,200	Penrose	yes
Cigna True Choice (027)	PPO	3.5	\$0	\$0	\$0	\$0	\$35	\$30	\$90	\$295/day(1-5)	\$0-295	\$195	\$188/day(21-100)	\$5,900	Penrose	yes
Out of Network						\$40	\$60	\$30	\$90	30%	40%	\$195	\$225/day(1-30)	\$11.300 In&Out of network		

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	Type															
ClearSpring Essential (001)	HMO	TBD	\$0	\$0	\$0	\$0	\$0	\$35	\$120	\$150/day(1-5)	\$40-150	\$200	\$178/day(21-100)	\$3,400	Memorial	Yes
Humana Gold Plus (025)	HMO	4.5	\$0	\$0	\$0	\$0	\$35	\$0-40	\$90	\$225/day(1-6)	\$20-225	\$290	\$188/day (21-100)	\$4,900	Mem&Penrose	Yes
Humana Gold Plus (047)	HMO	4.5	\$0	\$0	\$35	\$0	\$45	\$0-45	\$90	\$250/day(1-5)	\$20-250	\$265	\$188/day (21-100)	\$5,500	Mem&Penrose	no
Humana Value Plus (195)	PPO	4	\$100	\$435	\$33.90	20%	20%	20%	\$90	\$1,725/stay	20%	20%	\$184/day(21-100)	\$7,550	Mem&Penrose	No
Out of Network			\$198 in&out network				20%	20%	20%	\$90	\$1,725/stay	20%	20%	\$184/day(21-100)	\$11,300 In&Out of network	
Humana Choice (077)	PPO	4	\$0	n/a	\$0	\$0	\$30	\$0-40 or	\$90	\$240/day(1-5)	\$20-240	\$265	\$172/day (21-60)	\$4,000	Mem&Penrose	yes
Out of Network			\$0				30%	30%	30%	\$90	\$300/day(1-5)	30%	30%	\$6700 In&Out of network		
Humana Choice (078)	PPO	4	\$0	195	0	0%	\$40	\$0-65 or	\$90	\$285/day(1-6)	\$20-285	\$290	\$188/day(21-100)	\$5,200	Mem&Penrose	yes
Out of Network							\$35-65	50%	\$90	\$500/day(1-20)	45-50%	\$290	50%	\$11,300 In & Out of Network		
Humana Choice (137)	PPO	4	\$1,000	\$445	\$0	\$20	\$50	\$20-50 or	\$90	\$450/day(1-3)	\$50 or 20%	20%	\$188/day(21-100)	\$7,550	Mem&Penrose	yes
Out of Network							40%	40%	20-40%	\$90	40%	40%	40%	\$11,300 In & Out of Network		
Humana Choice (223)	PPO	4	\$0	\$0	\$28	\$0	\$35	\$0-60 or	\$90	\$250/day(1-5)	\$20-250	\$265	\$188/day (21-100)	\$5,500	Mem&Penrose	yes
Out of Network			\$0				\$30-60	\$60 or 50%	\$1	\$90	\$500/day(1-20)	40-50%	50%	\$11,300 In&Out of network		
Humana Honor (213)	PPO	4	0	n/a	\$0	50%	\$50	\$20-50 or	\$90	\$195/say(1-6)	\$20-195	\$265	\$188/day(21-100)	\$4,400	Mem&Penrose	no
Out of Network							50%	50%	20-50%	\$90	50%	\$1	50%	\$6700 In & Out of Network		
Humana Gold Choice(123)	PFFS	4.0	\$0	\$300	\$90	\$15	\$50	\$15-50	\$90	\$325/day(1-5)	\$20-325	\$265	\$188/day (21-100)	\$6,700	Mem&Penrose	No
Out of Network							\$15-100	\$50 or 25%	\$15-50	\$90	\$325/day(1-5)	\$20-325	\$265	\$188/day (21-100)	\$6,700 In&Out of network	
Kaiser Sr. Adv.Core (017)	HMO	5	\$0	\$0	\$0	\$0-35	\$30	\$30	\$90	\$250/day(1-5)	\$225	\$250	\$160/day (21-50)	\$4,500	Memorial	No
Kaiser Sr. Adv.Enhanced (023)	HMO	5	\$0	\$0	\$43	\$0-35	\$25	\$25	\$90	\$210/day(1-5)	\$220	\$225	\$160/day (21-44)	\$3,800	Memorial	No

NOTES:

- Annual deductibles and out of pocket maximums are based on a calendar year.
- Annual out of pocket maximums DO NOT include prescription drugs.
- PFFS plans have additional costs for out of network usage or with non-accepting doctors and facilities.
- Skilled Nursing co-pays are \$0 for days 1 through 20 unless otherwise indicated (i.e. out of network for example)
- All plans offer optional dental and vision plans usually for an additional premium.
- This document does not list any supplemental benefits that may be offered under the plans.
- PPO plans have separate higher annual out of pocket costs and maximums for out of network usage.
- The AARP plans are provided by United HealthCare (HMOs - United HealthCare/Secure Horizons).
- All plans offer fitness benefits (i.e. Silver Sneakers) - no charge
- Medicare Senior Savings Model covers several types of insulin at a maximum \$35 copay for a 30-day supply in the deductible, initial coverage, and coverage gap phases of Part D benefit.
- You can switch into a plan with a 5-star rating anytime during the year. This 5-star Special Enrollment Period can be used once (per year) between Dec. 8 and Nov. 30
- When Memorial & Penrose are listed as participating hospitals, that also includes St. Francis and UHealth medical centers/facilities OR [may limit network to specific facilities for any hospitalization. Check with specific plans for more information.](#)

NOTICE:This document is intended to be a summary of the major 2022 costs for the plans published on Medicare.gov as of Oct. 15, 2021.

PLAN TYPE KEY

HMO = Health Maintenance Organization
PPO = Preferred Provider Organization
PPO POS = Preferred Provider Organization Point of Service
PFFS = Private Fee For Service

PLAN STAR RATINGS

Quality and Performance
Highest rating - 5 Stars
Lowest rating - 1 Star
TBD - Plan too new to be rated