

PLAN	Plan Type	Plan Star Rating	Annual Health Deduct	Annual Drug Deduct	Monthly Total Premium	Doctor Prim. (per visit)	Doctor Special. (per visit)	Urgent Care (per visit)	ER (per visit)	Hospital Inpatient	Hospital Out- patient	Ambul.	Skilled Nursing (Note 4)	Annual Out of Pocket (Note 2)	National Network (Note 10)	Part B Pay Back
AARP Choice PPO Plan 1 (001-2) Out of Network	PPO	3	\$0	\$0	\$0	\$0	\$40	\$40	\$90	\$295/day(1-6)	\$0-275	\$240	\$196/day (21-49)	\$5,500	Yes	No
AARP Choice Rebate PPO (003-2) Out of Network	PPO	3	\$0	\$0	\$0	\$25	\$50	\$40	\$90	\$445/day(1-4)	\$0-445	\$245	\$196/day (21-55)	\$6,700	Yes	Yes \$45
AARP Choice PPO Plan 2 (023) Out of Network	PPO	3	\$0	\$0	\$24	\$0	\$35	\$40	\$90	\$250/day(1-5)	\$0-250	\$250	\$196/day (21-47)	\$5,200	Yes	No
AARP Patriot (041)	HMO POS	4.5	\$0	n/a	\$0	\$0	\$45	\$40	\$90	\$275/day(1-6)	\$0-240	\$250	\$196/day(21-40)	\$3,900	No	Yes \$75
AARP Secure Horizons Plan 1 (034-2)	HMO POS	3.5	\$39	\$0	\$0	\$0	\$25	\$40	\$90	\$225/day(1-6)	\$0-250	\$250	\$196/day(21-37)	\$3,200	Yes	No
AARP Secure Horizons Plan 2 (036-2)	HMO POS	3.5	\$0	\$0	\$0	\$0	\$30	\$40	\$90	\$275/day(1-6)	\$0-250	\$230	\$196/day(21-43)	\$4,400	Yes	No
Aetna Elite 2 (007)	HMO POS	3	\$1,000	\$0	\$0	\$0	\$30	\$50	\$110	\$315/day(1-7)	\$0-350	\$275	\$184/day(21-100)	\$5,100	Yes	No
Aetna Premier 2 (154)	HMO POS	3.5	\$0	\$0	\$0	\$0	\$30	\$50	\$110	295/day (1-7)	\$0-350	\$260	184/day(21-100)	\$4,900	Yes	No
Aenta Premier 2 (009)	HMO POS	3	\$0	\$0	\$0	\$0	\$40	\$50	\$110	\$315/day(1-7)	\$0-400	\$245	\$184/day(21-100)	\$4,900	Yes	No
Aetna Premier Plus 2 (207) Out of Network	PPO	3.5	\$0	\$0	\$0	\$0	\$40	\$50	\$110	\$325/day(1-5)	\$0-350	\$275	\$184/day(21-100)	\$5,500	Yes	No
Aetna Eagle (010)	HMO POS	3	\$0	n/a	\$0	\$0	\$35	\$50	\$110	\$225/day(1-7)	\$0-225	\$245	\$184/day(21-100)	\$5,000	Yes	Yes \$55
Aetna Eagle 1 (378) Out of Network	PPO		\$0	n/a	\$0	\$0	\$40	\$50	\$110	\$225/day(1-7)	\$0-225	\$290	\$184/day(21-100)	\$5,500	Yes	Yes \$60
Anthem MediBlue Plus (012)	HMO	2.5	\$0	\$0	\$0	\$0	\$35	\$35	\$90	\$299/day(1-6)	\$0-325	\$250	\$196/day(21-100)	\$6,700	No	No
Anthem MediBlue Access (022) Out of Network	PPO	3	\$0	\$0	\$0	\$0	\$35	\$30	\$90	\$325/day(1-5)	\$0-325	\$250	\$196/day(21-100)	\$6,050	No	No
Cigna True Choice Savings (027) Out of Network	PPO	3	\$0	\$0	\$0	\$0	\$30	\$30	\$110	\$285/day(1-5)	\$0-295	\$195	\$10/day(1-20) /\$196/day(21-100)	\$5,200	No	Yes \$40
Cigna Preferred Savings (004)	HMO	2.5	\$0	\$0	\$0	\$0	\$25	\$25	\$110	\$240/day(1-5)	\$0-250	\$195	\$10/day(1-20) /\$196/day(21-100)	\$3,900	No	Yes \$25

MAPD Plans for El Paso County 2023

(See more plans and important notes on back page.)

MAPD Plans for El Paso County 2023continued.

PLAN	Plan Type	Plan Star Rating	Annual Health Deduct	Annual Drug Deduct	Monthly Total Premium	Doctor Prim. (per visit)	Doctor Special (per visit)	Urgent Care (per visit)	ER (per visit)	Hospital Inpatient	Hospital Out patient	Ambul.	Skilled Nursing (Note 4)	Annual Out of Pocket Max (Note 2)	National Network (Note 10)	Part B Pay Back
Devoted CORE CO (001)	HMO	TBD	\$0	\$0	\$0	\$0	\$25	\$0-35	\$110	225/day(1-6)	\$0-200	\$270	196/day(21-46)	\$4,900	No	No
Devoted CHOICE CO Out of Network	PPO	TBD	\$0	\$0	\$0	\$0	\$25 \$30	\$0-45	\$110	285/day(1-6) 375/day(1-6)	\$0-250 \$20-350	\$275 \$20-350	196/day(21-100) 40%	\$5,500 \$8980 In&Out of	n/a	No
Humana Gold Plus (025-2)	HMO	4	\$0	\$0	\$0	\$0	\$35	\$40	\$90	\$225/day(1-6)	\$0-225	\$290	\$188/day (21-50)	\$4,900	No	No
Humana Gold Plus (047)	HMO	4.5	\$0	\$0	\$34	\$0	\$45	\$40	\$90	\$250/day(1-5)	\$20-250	\$265	\$188/day (21-50)	\$5,500	no	No
Humana Value Plus (195) Out of Network	PPO	5	\$0	\$500	\$41.60	\$15	20%	20%	\$90	\$1,725/stay	\$0 or 20%	20%	\$184/day(21-70) \$184/day(21-90)	\$7,550 \$11,300 In&Out of network	Yes	No
Humana Choice (077) Out of Network	PPO	4.5	\$0	n/a	\$0	\$0	\$30 30%	\$40 \$40	\$90 \$90	\$240/day(1-5) \$300/day(1-5)	\$20-240 30%	\$265 \$265	\$172/day (21-50) 30%	\$4,000 \$6700 In&Out of	Yes	No
Humana Choice (078-2) Out of Network	PPO	4.5	\$0	0	0	\$0	\$35 \$35	\$40 \$40	\$90 \$90	\$285/day(1-6) \$500/day(1-20)	\$0-285 45-50%	\$290 \$290	\$188/day(21-50) 50%	\$4,900 \$8950 In&Out of	Yes	No
Humana Choice (137) Out of Network	PPO	4.5	\$1,000	\$445	\$0	\$20 40%	\$50 40%	20% 20%	\$90 \$90	\$450/day(1-3) 40%	\$0-50 or 20% 40%	20% 20%	\$188/day(21-70) 40%	\$7,350 \$11,300 In&Out of Network	Yes	Yes \$70
Humana Choice (223) Out of Network	PPO	5	\$0	\$0	\$28	\$0	\$30 \$30	\$40 \$40	\$90 \$90	\$250/day(1-5) \$500/day(1-20)	\$20-250 40-50%	\$265 \$265	\$188/day (21-50) 50%	\$4,900 \$8950 In&Out of	Yes	No
Humana Honor (213) Out of Network	PPO	4.5	0	n/a	\$0	\$20 50%	\$40 50%	\$20 \$20	\$90 \$90	\$195/day(1-6) 50%	\$0-195 \$0 or 50%	\$265 \$265	\$188/day(21-50) 50%	\$4,400 \$6700 In&Out of	Yes	Yes \$75
Kaiser CORE South (017)	HMO	5	\$0	\$0	\$0	\$0-25	\$30	\$30	\$110	\$250/day(1-6)	\$225	\$250	\$196/day (21-43)	\$4,500	n/a	No
Kaiser Sr. Adv.Enhanced (023) Out of Network	HMO POS	5	\$0	\$0	\$45	\$0-25	\$25	\$25	\$110	\$210/day(1-5)	\$220	\$225	\$160/day (21-44)	\$3,800	Yes	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. Also, "In&Out of" reflects the Max Out of Pocket for services received both In&Out of NETWORK.
- PFFS plans have additional or **higher** costs for out of network or non-accepting doctors and facilities.
- Skilled Nursing co-pays are \$0 for days 1 through 20 unless otherwise indicated.
- Plans may offer optional enhanced dental or vision plans for an additional premium.
- This document does not list 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 memberships or other non-Medicare benefits at no extra charge.
- National Network** means you MAY be able to use providers outside of the service area if insurance companies have network providers in other states/service areas, any where in the U.S. Prior Authorization is usually required. Also, may limit use out-of-area network providers to certain services. **CHECK WITH PLAN** for details.
- 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.

PLAN TYPE KEY	PLAN STAR RATINGS FOR:
HMO = Health Maintenance Organization	Quality and Performance Highest rating - 5 Stars
HMO POS = Health Maintenance Organization w/Point of Service	Lowest rating - 1 Star TBD - Plan too new to be rated
PPO = Preferred Provider Organization	5 STARS = Highest Rating (plan not limited to enrollment periods)
PPO POS = Preferred Provider Organization w/Point of Service	
PFFS = Private Fee For Service	1 STAR = Lowest Rating (plan may not be allowed to enroll for the year) TBD = To Be Determined (plan too new to rate)
POS/Point of Service = May allow services out of service area if network is available	

NOTICE:This document is intended to be a summary of the major 2023 costs for the plans published on Medicare.gov as of Oct. 15, 2022. **Check with specific plans for information on medical providers, facilities or hospitals you can use and more details about their coverage.**