

**UNION COUNTY MEDICARE ADVANTAGE PLANS WITH DRUG COVERAGE 2019**

PLAN:	AARP MedicareComplete Plan 1 HMO from United Healthcare H0755-034 800-547-5514 aarpmedicareplans.com	AARP MedicareComplete Plan 3 HMO from United Healthcare H0755-035 800-547-5514 aarpmedicareplans.com	AARP MedicareComplete Plan 4 HMO from United Healthcare H0755-036 800-547-5514 aarpmedicareplans.com	<i>New</i> Amerivantage Classic HMO from Amerigroup H3240-022 1-877-470-4131 myamerigroup.com/medicare	Amerivantage Balance HMO from Amerigroup H3240-021 844-316-0355 myamerigroup.com/medicare
<b>PREMIUM</b>	<b>\$0</b>	<b>\$36</b> (\$10.80 with PAAD)	<b>\$81</b> (\$50.80 with PAAD)	<b>\$0</b>	<b>\$37.20</b> (\$37.20 with PAAD-\$0 with LIS or Medicaid)
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Drug Deductible	\$0 Tier 1 &2/ \$240 others	\$0 Tier 1&2/ \$200 others	\$0 Tier 1&2/ \$100 others	\$0 Tier 1/ \$250 others	\$0 Tier 1/ \$415 others
Primary doctor copay	\$20	\$5	\$0	\$10	\$10
Specialist copay	\$45	\$20	\$20	\$35	\$40
Referrals Required?	No	No	No	YES	YES
Hospital copays	\$395/ day for days 1 thru 4	\$250/ day days 1 thru 5	\$195/ day for days 1 thru 5	\$350 per day 1 to 5	\$325.00 per day 1 to 5 days
ER copay/ Urgency Care	\$90/ \$30-40	\$90/\$20-40	\$90/\$20-40	\$90/ \$65	\$90/ \$65
Ambulance	\$225	\$225	\$225	\$300	\$350.00
Outpatient surgery	\$295	\$250	\$195	\$0 to 20%	\$350.00
Lab services	\$3	\$5	\$5	\$0	\$0 - \$10
X-Rays	\$14	\$14	\$14	\$20-\$30	\$45 to \$90
Diagnostic tests (ex MR)	20%	20%	20%	20%	\$45 to \$90
Max. Out of Pocket	\$6,700	\$6,200	\$6,700	\$6,700	\$5,900
Mental Health visits	\$30 (group)/\$40 (individual)	\$30 (group)/\$40 (individual)	\$30 (group)/\$40 (individual)	\$40	\$40
in-patient rehab (SNF)	\$0 Day 1-20, \$160/day for days 21-62, \$0 day 63-100	\$0 Day 1-20, \$160/day for days 21-59, \$0 day 60-100	\$0 Day 1-20, \$160/day for days 21-62, \$0 day 63-100	\$0 Day 1-20, \$142/day for days 21-100	\$0 Day 1-20, \$142/day for days 21-100
outpatient PT	\$40	\$20	\$20	\$35	\$30
Dental benefits?	Yes Routine	Yes Routine	Yes Routine	Yes Routine	Yes Routine
Eye Glasses benefits?	Yes	Yes	Yes	Yes	Yes
Hearing Ear Benefits?	Yes	Yes	Yes	Yes	Yes
DME, Part B drugs and Dialysis	20%	20%	20%	20%	20%
Supplemental Benefits	Additional comprehensive dental benefits for \$34/mth; gym membership; worldwide emergency coverage; Travel Benefit; telehealth; Caregiver support; \$50/quarter for Over the Counter (OTC) items via catalog			Gym-Silver sneakers; telehealth; \$70/qrt for OTC items from retail or catalog; worldwide emergency coverage	Gym-Silver sneakers; home delivered meals after hospital stay; transportation; telehealth; \$21mth for OTC items from retail or catalog; Personal Emergency Alert system; worldwide emergency coverage

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PLAN:	Horizon Medicare Blue Advantage (HMO) H3154-030 1-800-224-1234 medicare.horizonblue.com	<b>New</b> Horizon Medicare Blue Select (HMO-POS) H3154-033 1-800-224-1234 medicare.horizonblue.com	Horizon Medicare Blue Value w/ Rx HMO H3154-04 1-800-224-1234 medicare.horizonblue.com
<b>PREMIUM</b>	\$0	\$29 (\$0 with PAAD- \$12.90 with Medicaid)	\$98.90 (\$61.70 with PAAD)
<b>Medical Deductible</b>	\$0	\$1,000 for all out of network services	\$0
<b>Drug Deductible</b>	\$0 Tier 1&2/ \$250 others	\$0	\$415
<b>Primary doctor copay</b>	\$10	\$0 in-network, 20% outnetwork	\$10
<b>Specialist copay</b>	\$25	\$15 in-network, 20% outnetwork	\$40
<b>Referrals Required?</b>	No	No	No
<b>Hospital copays</b>	\$320/ day for days 1-5	\$320/ day for days 1 thru 5 in-network/ 20% out network	\$225/ day for days 1-8, \$113 Day 9
<b>ER copay/ Urgency Care</b>	\$90/\$20-25	\$90 ER, \$10 in-network urgent care, \$15 out of network urgent care	\$90/\$25-\$40
<b>Ambulance</b>	\$250	\$250	\$250
<b>Outpatient surgery</b>	\$75 surgery center, 20% hospital outpatient; \$275 Observation stay	\$200 in-network surgery center/ 20% hospital outpatient in or out of- network: \$275 hospital Observation stay	\$75 surgery center, 20% hospital outpatient; \$175 Observation stay
<b>Lab services</b>	\$0 LabCorp	\$0 LabCorp	\$0 LabCorp
<b>X-Rays</b>	\$15	\$15 in-network, 20% outnetwork	\$40
<b>Diagnostic tests (ex MR)</b>	\$25 free standing facility; 20% hospital setting	\$15 free standing facility; 20% hospital setting	\$40 free standing facility; 20% hospital setting
<b>Max. Out of Pocket</b>	\$6,700	\$6,700 in-network, \$10,000 out of network	\$6,700
<b>Mental Health visits</b>	\$25	\$15 in-network, 20% outnetwork	\$40
<b>In-patient rehab (SNF)</b>	\$0 Day 1-20, \$165/day for days 21-100	\$0 Day 1-20, \$165/day for days 21-100	\$0 Day 1-20, \$125/day for days 21-100
<b>outpatient PT</b>	\$25	\$15 in-network, 20% outnetwork	\$40
<b>Dental benefits?</b>	Yes Routine	Yes Routine	Yes Routine
<b>Eye Glasses benefits?</b>	Yes	Yes	Yes
<b>Hearing Ear Benefits?</b>	Yes	Yes	Yes
<b>DME, Part B drugs and Dialysis</b>	20%	20%	20%
<b>Supplemental Benefits</b>	\$200 towards Gym/Yoga membership; worldwide emergency coverage; telehealth; \$200 towards weight mgmt/nutrition counseling or acupuncture	\$200 towards Gym/Yoga membership; worldwide emergency coverage; telehealth; \$200 towards weight mgmt/nutrition counseling or acupuncture	\$200 towards Gym/Yoga membership; worldwide emergency coverage;

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PLAN:	<b>NEW</b> Aetna Medicare Smart Choice HMO H3152-088 1-800-832-2640 aetnamedicare.com	Aetna Medicare NJ Prime Plan HMO H3152-080 1-800-832-2640 aetnamedicare.com	<b>New</b> Aetna Medicare Elite Plan 1 HMO H3152-084 1-800-832-2640 aetnamedicare.com	Aetna Medicare Premier Plan HMO H3152-048 1-800-832-2640 aetnamedicare.com	Aetna Medicare Standard PPO H5521-037 1-800-832-2640 aetnamedicare.com	Aetna Medicare NJ Silver Plan (Regional PPO) R6694-006 1-800-832-2640 aetnamedicare.com
<b>PREMIUM</b>	<b>\$37.20</b> (\$37.20 with PAAD- \$0 with LIS)	<b>\$0</b>	<b>\$0</b>	<b>\$167</b> (\$134.40 with PAAD)	<b>\$78</b> (\$56.60 PAAD)	<b>\$66</b> (\$50.80 PAAD)
<b>Medical Deductible</b>	\$0	\$0	\$1,000 Deductible for some services	\$0	\$0 in-network/ \$1,000 out network	\$0 in-network/ \$1,000 out of network
<b>Drug Deductible</b>	\$0 tier 1 &2/ \$295 others	\$0 Tier 1 &2/ \$195 others	\$0	\$0 Tier 1 &2/ \$195 others	\$0 Tier 1&2/ \$195 others	\$0 Tier 1 &2/ \$245 others
<b>Primary doctor copay</b>	\$30	\$5	\$10	\$15	\$10 in-network, 40% outnetwork	\$15 in-network, 50% out of network
<b>Specialist copay</b>	\$50	\$25	\$20	\$40	\$30 in-network, 40% out network	\$50 in-network, 50% out of network
<b>Referrals Required?</b>	No	YES	No	No	No	No
<b>Hospital copays</b>	\$515 days 1-3	\$295/ day for days 1-5	After deductible \$650 Per Stay	\$410/ day for days 1-4	\$330/ day for days 1 thru 5 in- network/ 40% out network	\$340/ day for days 1 thru 5 in- network/ 50% out of network
<b>ER copay/ Urgency Care</b>	\$90/ \$50	\$90/ \$25	\$90/ \$20	\$90/ \$40	\$90/ \$10 - \$30	\$90/ \$50
<b>Ambulance</b>	\$250	\$250	\$250	\$250	\$240	\$250
<b>Outpatient surgery</b>	\$295	\$250	After deductible \$195	\$250	\$300 in-network/ 40% out network	\$295
<b>Lab services</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>X-Rays</b>	\$50	\$50	\$35	\$40	\$45	\$50
<b>Diagnostic tests (ex MR)</b>	\$195 Radiology / \$50 other	\$25- \$125	\$195	\$150	\$30 - \$125	\$125
<b>Max. Out of Pocket</b>	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700 in-network/ \$10,000 combined in & out network	\$6,700 in-network/ \$10,000 out network
<b>Mental Health visits</b>	\$40	\$40	\$40	\$40	\$40 in-network/ 40% out network	\$40
<b>In-patient rehab (SNF)</b>	\$0 Day 1-20, \$172 day for days 21-100	\$0 Day 1-20, \$172 day for days 21-100	After Deductible \$0 days 1-20 ; \$172 /day for days 21 -100	\$0 Day 1-20, \$172 day for days 21-100	\$0 Day 1-20 \$172/day for days 21-100/ 40% per stay out network	\$0 Day 1-20, \$172 day for days 21-100
<b>outpatient PT</b>	\$40	\$25	\$40	\$40	\$30 in-network/ 40% out network	\$40 in-network/ 50% out of network
<b>Dental benefits?</b>	No	No- can add for additional premium \$10/mth NO- can add	Yes \$200 max	Yes- \$1000 max	Yes \$300 max	Yes \$200 max
<b>Eye Glasses benefits?</b>	No	dental/vision/hearing aid pkg for additional \$19/mth	Yes	Yes	Yes	Yes
<b>Hearing Ear Benefits?</b>	No		Yes	Yes	Yes	Yes
<b>DME, Part B drugs and Dialysis</b>	20%	20%	After deductible 20%	20%	20%	20%
<b>Supplemental Benefits</b>	gym- SilverSneakers; home delivered meals after hospital stay; worldwide emergency coverage; Travel Advantage	gym- SilverSneakers; home delivered meals after hospital stay; \$45/mth OTC items via catalog;	gym- SilverSneakers; home delivered meals after hospital stay; worldwide emergency coverage; Travel Advantage	gym- SilverSneakers; home delivered meals after hospital stay; worldwide emergency coverage, travel coverage	gym- SilverSneakers; home delivered meals after hospital stay; worldwide emergency coverage; \$25/mth OTC items via catalog; Explorer Travel Benefit	gym- SilverSneakers; home delivered meals after hospital stay; worldwide emergency coverage

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PLAN:	<b>Clover Health Choice PPO (formerly Clover Classic Aqua) HS141-004 1-855-593-5757 cloverhealth.com</b>	<b>Clover Health Choice Value PPO (formerly Clover Premier Orange) HS141-007 888-657-1207 cloverhealth.com</b>	<b>NEW Clover Health Classic HMO H8010-002 888-657-1207 cloverhealth.com</b>	<b>NEW Clover Health Value HMO H8010-003 888-657-1207 cloverhealth.com</b>	<b>Wellcare Value HMO- POS H0913-002 1-866-527-0056 wellcare.com</b>	<b>New Wellcare Rx HMO H0913-015 1-866-527-0056 wellcare.com</b>
<b>PREMIUM</b>	<b>\$0</b>	<b>\$37.20 (\$0 PAAD)</b>	<b>\$0</b>	<b>\$37.20 (\$0 PAAD)</b>	<b>\$0</b>	<b>\$20.60 (\$0 PAAD)</b>
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Drug Deductible</b>	\$0 Tier 1&2/ \$150 others	\$0 Tier 1 only/ \$415 Tier2-5	\$0 Tier 1&2/ \$150 others	\$0 Tier 1/ \$415 others	\$0	\$0 Tier 1/ \$415 others
<b>Primary doctor copay</b>	\$0 in-network, \$0 out of network	\$0 in-network, \$0 out of network	\$0	\$0	\$5 in-network/ 40% out of network	\$0
<b>Specialist copay</b>	\$25 in-network, \$25 out of network	\$5 in-network, \$5 out of network	\$25	\$5	\$30 in-network/ 40% out of network	\$25
<b>Referrals Required?</b>	No	No	No	No	YES	YES
<b>Hospital copays</b>	\$290/ day for days 1-6	\$170/ day for days 1-6	\$290/ day for days 1-6	\$170/ day for days 1-6	\$325/ day for days 1-5; 40% out of network	\$330/ day for days 1-4
<b>ER copay/ Urgency Care</b>	\$90/\$40	\$90/\$40	\$90/\$40	\$90/\$40	\$90/\$25	\$90/\$25
<b>Ambulance</b>	\$250	\$200	\$250	\$200	\$260	\$250
<b>Outpatient surgery</b>	\$325 in-network/ \$325 out network	\$175 in-network/ \$175 out network	\$325	\$175	\$150 Surgi-Center/ \$250 hospital setting/40% out of network	\$150 Surgi-Center/ hospital setting; \$250 non-surgical; 20% surgical services
<b>Lab services</b>	\$10	\$10	\$0-\$10	\$0	\$0	\$0
<b>X-Rays</b>	\$30	\$30	\$30	\$30	\$0	\$0
<b>Diagnostic tests (ex MR)</b>	\$35-\$150	\$30-\$150	\$35-\$150	\$35-\$150	\$20-20%	\$25-20%
<b>Max. Out of Pocket</b>	\$6,700	\$6,700	\$6,700	\$6,400	\$6,700	\$6,700
<b>Mental Health visits</b>	\$25	\$5	\$25	\$5	\$40	\$40
<b>In-patient rehab (SNF)</b>	\$0 Day 1-20, \$172/day for days 21-100	\$0 Day 1-20, \$172/day for days 21-100	\$0 Day 1-20, \$172/day for days 21-100	\$0 Day 1-20, \$172/day for days 21-100	\$0 Day 1-20, \$164.50/day for days 21-100	\$0 Day 1-20, \$172/day for days 21-100
<b>outpatient PT</b>	\$25	\$5	\$25	\$5	\$25	\$25
<b>Dental benefits?</b>	Yes Routine	Yes Routine	Yes \$1000 max	Yes \$1000 max	YES max \$500	YES max \$750
<b>Eye Glasses benefits?</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Hearing Ear Benefits?</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>OME, Part B drugs and Dialysis</b>	20%	20%	20%	20%	20%	20%
<b>Supplemental Benefits</b>	Gym- Silversneakers	Gym- Silversneakers	Gym- Silversneakers; transportation	Gym- Silversneakers; transportation	Gym membership, \$50/quarter for OTC items via catalog; worldwide emergency coverage	Gym membership; \$65/quarter for OTC items via catalog; In-Home support services 12 visits per yr for meal prep & housekeeping, chores