

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help	Page 1
Overview	AARP Medicare Advantage Patriot No Rx CO-MA02 (HMO-POS) \$0.00 Medicare Advantage (without drug coverage) monthly premium	AARP Medicare Advantage from UHC CO-0004 (HMO-POS) \$0.00 Medicare Advantage and drug monthly premium	AARP Medicare Advantage from UHC CO-0014 (PPO) \$0.00 Medicare Advantage and drug monthly premium	AARP Medicare Advantage Patriot No Rx CO-MA03 (PPO) \$0.00 Medicare Advantage (without drug coverage) monthly premium
Star rating	★★★★½	★★★★½	★★★★	★★★★
Health deductible	\$0	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$3,700 In-network	\$4,400 In-network	\$8,900 In and Out-of-network \$5,900 In-network	\$9,550 In and Out-of-network \$4,400 In-network
Health premium	\$0.00	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits ~~In-home support services~~ Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits ~~In-home support services~~ Routine chiropractic service Home and bathroom safety devices ~~Meals for short duration~~ Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits ~~In-home support services~~ Routine chiropractic service Home and bathroom safety devices ~~Meals for short duration~~ Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits ~~In-home support services~~ Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay			
Primary doctor visit	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$35 copay	In-network: \$0 copay Out-of-network: \$35 copay
Specialist visit	In-network: \$0-45 copay	In-network: \$0-30 copay	In-network: \$0-45 copay Out-of-network: \$75 copay	In-network: \$0-45 copay Out-of-network: \$75 copay
Diagnostic tests & procedures	In-network: \$50 copay	In-network: \$50 copay	In-network: \$50 copay Out-of-network: 40%	In-network: \$50 copay Out-of-network: 40%
Lab services	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Diagnostic radiology services (like MRI)	In-network: \$0-250 copay	In-network: \$0-225 copay	In-network: \$0-150 copay Out-of-network: 40%	In-network: \$0-250 copay Out-of-network: 40%
Outpatient x-rays	In-network: \$25 copay	In-network: \$15 copay	In-network: \$15 copay Out-of-network: \$30 copay	In-network: \$25 copay Out-of-network: \$30 copay
Emergency care	\$135 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)
Urgent care	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$275 per day for days 1 - 6 Out-of-network: Not Applicable	In-network: \$275 per day for days 1 - 6 Out-of-network: Not Applicable	In-network: \$295 per day for days 1 - 6 Out-of-network: \$500/days 1 - 18	In-network: \$295 per day for days 1 - 6 Out-of-network: \$500 per day for days 1 - 20
Outpatient hospital coverage	In-network: \$0-240 copay	In-network: \$0-275 copay	In-network: \$0-295 copay Out-of-network: 40%	In-network: \$0-275 copay Out-of-network: 40%
Preventive services	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 0-40%	In-network: \$0 copay Out-of-network: 0-40%
Extra benefits				
Hearing aids	In-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	Not covered	Not covered	Not covered	Not covered
Skilled nursing facility	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: Not Applicable	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: Not Applicable	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 40	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 43
Durable medical equipment (per item)	In-network: 20% per item	In-network: 20% per item	In-network: 20% per item Out-of-network: 50%	In-network: 20% per item Out-of-network: 50%
Diabetes supplies	In-network: \$0 copay per item	In-network: \$0 copay per item	In-network: \$0 copay per item Out-of-network: 50% per item	In-network: \$0 copay per item Out-of-network: 50% per item

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Overview	AARP Medicare Advantage from UHC CO-0012 (PPO) \$0.00 Medicare Advantage and drug monthly premium	AARP Medicare Advantage from UHC CO-0008 (PPO) \$0.00 Medicare Advantage and drug monthly premium	AARP Medicare Advantage from UHC CO-0006 (PPO) \$0.00 Medicare Advantage and drug monthly premium	AARP Medicare Advantage from UHC CO-0018 (PPO) \$29.00 Medicare Advantage and drug monthly premium	
Star rating	★★★★	★★★★½	★★★★½	★★★★	
Health deductible	\$0	\$0	\$0	\$0	
Drug plan deductible	\$0.00	\$0.00	\$400.00	\$0.00	
Maximum you pay for health services	\$10,000 In and Out-of-network \$7,500 In-network	\$10,000 In and Out-of-network \$7,550 In-network	\$13,300 In and Out-of-network \$7,550 In-network	\$9,550 In and Out-of-network \$5,200 In-network	
Health premium	\$0.00	\$0.00	\$0.00	\$0.00	
Drug premium	\$0.00	\$0.00	\$0.00	\$29.00	
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70	
Plan features	Fitness benefits Worldwide emergency ~~Over the counter drug benefits~~ In-home support services Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency ~~Over the counter drug benefits~~ In-home support services Routine chiropractic service ~~Home and bathroom safety devices~~ Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency ~~Over the counter drug benefits~~ In-home support services Routine chiropractic service ~~Home and bathroom safety devices~~ Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay				
Primary doctor visit	In-network: \$0 copay Out-of-network: \$35 copay	In-network: \$0-25 copay Out-of-network: \$50 copay	In-network: \$0 copay Out-of-network: \$35 copay	In-network: \$0 copay Out-of-network: \$35 copay	
Specialist visit	In-network: \$0-50 copay Out-of-network: \$70 copay	In-network: \$0-55 copay Out-of-network: \$75 copay	In-network: \$0-50 copay Out-of-network: \$80 copay	In-network: \$0-35 copay Out-of-network: \$70 copay	
Diagnostic tests & procedures	In-network: \$45 copay Out-of-network: 40%	In-network: \$50 copay Out-of-network: 40%	In-network: \$45 copay Out-of-network: 40%	In-network: \$50 copay Out-of-network: 40%	
Lab services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Diagnostic radiology services (like MRI)	In-network: \$0-250 copay Out-of-network: 40%	In-network: \$0-250 copay Out-of-network: 40%	In-network: \$0-230 copay Out-of-network: 40%	In-network: \$0-150 copay Out-of-network: 40%	
Outpatient x-rays	In-network: \$25 copay Out-of-network: \$30 copay	In-network: \$25 copay Out-of-network: \$30 copay	In-network: \$15 copay Out-of-network: \$30 copay	In-network: \$15 copay Out-of-network: \$30 copay	
Emergency care	\$100 copay per visit (always covered)	\$100 copay per visit (always covered)	\$100 copay per visit (always covered)	\$120 copay per visit (always covered)	
Urgent care	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)	
Inpatient hospital coverage	In-network: \$430 per day for days 1 - 5 Out-of-network: \$530 per day for days 1 - 19	In-network: \$450 per day for days 1 - 5 Out-of-network: \$550 per day for days 1 - 19	In-network: \$295 per day for days 1 - 6 Out-of-network: \$500 per day for days 1 - 27	In-network: \$245 per day for days 1 - 6 Out-of-network: \$500 per day for days 1 - 20	
Outpatient hospital coverage	In-network: \$0-400 copay Out-of-network: 40%	In-network: \$0-450 copay Out-of-network: 40%	In-network: \$0-295 copay Out-of-network: 40%	In-network: \$0-245 copay Out-of-network: 40%	
Preventive services	In-network: \$0 copay Out-of-network: 0-40%	In-network: \$0 copay Out-of-network: 0-40%	In-network: \$0 copay Out-of-network: 0-40%	In-network: \$0 copay Out-of-network: 0-40%	
Extra benefits					
Hearing aids	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay	
Preventive dental (like oral exams and cleanings)	Not covered	Not covered	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Comprehensive dental	Not covered	Not covered	Not covered	Some coverage	
Eyeglasses (frames & lenses)	Not covered	Not covered	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Wellness programs	Covered	Covered	Covered	Covered	
Transportation	Not covered	Not covered	Not covered	Not covered	
Skilled nursing facility	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 45	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 45	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 60	In-network: \$0 per day / 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 43	
Durable medical equipment (per item)	In-network: 20% per item Out-of-network: 50%	In-network: 20% per item Out-of-network: 50%	In-network: 20% per item Out-of-network: 50%	In-network: 20% per item Out-of-network: 50%	
Diabetes supplies	In-network: \$0 copay per item Out-of-network: 50% per item	In-network: \$0 copay per item Out-of-network: 50% per item	In-network: \$0 copay per item Out-of-network: 50% per item	In-network: \$0 copay per item Out-of-network: 50% per item	

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Overview	AARP Medicare Advantage from UHC CO-0010 (PPO) \$34.00 Medicare Advantage and drug monthly premium	AARP Medicare Advantage from UHC CO-0003 (HMO-POS) \$40.00 Medicare Advantage and drug monthly premium	Aetna Medicare Premier 2 (HMO-POS) \$0.00 Medicare Advantage and drug monthly premium	Aetna Medicare Premier Plus 2 (PPO) \$0.00 Medicare Advantage and drug monthly premium
Star rating	★★★★½	★★★★★	★★★★★	★★★★★
Health deductible	\$0	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$9,550 In and Out-of-network \$6,300 In-network	\$3,200 In-network	\$4,000 In-network	\$8,950 In and Out-of-network \$5,200 In-network
Health premium	\$0.00	\$0.00	\$0.00	\$0.00
Drug premium	\$34.00	\$40.00	\$0.00	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay			
Primary doctor visit	In-network: \$0 copay Out-of-network: \$35 copay	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$35 copay per visit
Specialist visit	In-network: \$0-45 copay Out-of-network: \$80 copay	In-network: \$0-25 copay	In-network: \$30 copay per visit	In-network: \$40 copay Out-of-network: \$65 copay
Diagnostic tests & procedures	In-network: \$50 copay Out-of-network: 40%	In-network: \$50 copay	In-network: \$0-20 copay	In-network: \$0-20 copay Out-of-network: 40%
Lab services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$30 copay
Diagnostic radiology services (like MRI)	In-network: \$0-120 copay Out-of-network: 40%	In-network: \$0-240 copay	In-network: \$0-175 copay	In-network: \$0-150 copay Out-of-network: 40%
Outpatient x-rays	In-network: \$15 copay Out-of-network: \$30 copay	In-network: \$15 copay	In-network: \$10 copay	In-network: \$10 copay Out-of-network: 40% coinsurance
Emergency care	\$120 copay per visit (always covered)	\$135 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)
Urgent care	\$0-40 copay per visit (always covered)	\$0-40 copay per visit (always covered)	\$50 copay per visit (always covered)	\$50 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$250 per day for days 1 - 5 Out-of-network: \$500 per day for days 1 - 20	In-network: \$225 per day for days 1 - 6 Out-of-network: Not Applicable	In-network: \$225 per day for days 1 - 5 Out-of-network: Not Applicable	In-network: \$295 per day for days 1 - 5 Out-of-network: 40% per stay
Outpatient hospital coverage	In-network: \$0-250 copay Out-of-network: 40%	In-network: \$0-225 copay	In-network: \$0-350 copay	In-network: \$0-350 copay Out-of-network: 40%
Preventive services	In-network: \$0 copay Out-of-network: 0-40%	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 0-40%
Extra benefits				
Hearing aids	In-network: \$99-\$1249 copay Out-of-network: \$99-\$1249 copay	In-network: \$99-\$1249 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	Not covered	Not covered	Not covered	Not covered
Skilled nursing facility	In-network: \$0 / days 1- 20 \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 43	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: Not Applicable	In-network: \$0/ days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: Not Applicable	In-network: \$0 / days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: 40% per stay
Durable medical equipment (per item)	In-network: 20% per item Out-of-network: 50%	In-network: 20% per item	In-network: 0-20% per item	In-network: 0-20% per item Out-of-network: 40%
Diabetes supplies	In-network: \$0 copay per item Out-of-network: 50% per item	In-network: \$0 copay per item	In-network: 0-20% per item	In-network: 0-20% per item Out-of-network: 0-20%

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Overview	Aetna Medicare Eagle 1 (PPO) \$0.00 Medicare Advantage (without drug coverage) monthly premium	Aetna Medicare Eagle (HMO-POS) \$0.00 Medicare Advantage (without drug coverage) monthly premium	Aetna Medicare Premier 3 (HMO- POS) \$0.00 Medicare Advantage and drug monthly premium	Aetna Medicare Elite 2 (HMO-POS) \$0.00 Medicare Advantage and drug monthly premium
Star rating	★ ★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★
Health deductible	\$0	\$0	\$0	\$1,000 In-network
Drug plan deductible	\$0.00	\$0.00	\$250.00	\$250.00
Maximum you pay for health services	\$8,950 In and Out-of-network \$5,500 In-network	\$5,000 In-network	\$4,900 In-network	\$5,100 In-network
Health premium	\$0.00	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay			
Primary doctor visit	In-network: \$0 copay Out-of-network: 50%	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay
Specialist visit	In-network: \$40 copay Out-of-network: 50%	In-network: \$35 copay per visit	In-network: \$40 copay	In-network: \$30 copay
Diagnostic tests & procedures	In-network: \$0-20 copay Out-of-network: 50%	In-network: \$0-20 copay	In-network: \$0-20 copay	In-network: \$0-20 copay
Lab services	In-network: \$0 copay Out-of-network: 50%	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay
Diagnostic radiology services (like MRI)	In-network: \$0-150 copay Out-of-network: 50%	In-network: \$0-150 copay	In-network: \$0-175 copay	In-network: \$0-175 copay
Outpatient x-rays	In-network: \$10 copay Out-of-network: 50%	In-network: \$20 copay	In-network: \$20 copay	In-network: \$20 copay
Emergency care	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)
Urgent care	\$50 copay per visit (always covered)	\$50 copay per visit (always covered)	\$50 copay per visit (always covered)	\$50 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$225 per day for days 1 - 7 Out-of-network: 50% per stay	In-network: \$225 per day for days 1 - 7 Out-of-network: Not Applicable	In-network: \$315 per day for days 1 - 7 Out-of-network: Not Applicable	In-network: \$305 per day for days 1 - 7 Out-of-network: NotApplicable
Outpatient hospital coverage	In-network: \$0-225 copay Out-of-network: 50%	In-network: \$0-225 copay per visit	In-network: \$0-400 copay	In-network: \$0-350 copay
Preventive services	In-network: \$0 copay Out-of-network: 0-50%	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay
Extra benefits				
Hearing aids	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	Not covered	Not covered	Not covered	Not covered
Skilled nursing facility	In-network: \$0/ days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: 50% per stay	In-network: \$0 / days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: Not Applicable	In-network: \$0/ days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: Not Applicable	In-network: \$0/ days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: Not Applicable
Durable medical equipment (per item)	In-network: 0-20% per item Out-of-network: 50%	In-network: 0-20% per item	In-network: 0-20%	In-network: 0-20%
Diabetes supplies	In-network: 0-20% per item Out-of-network: 0-20%	In-network: 0-20% per item	In-network: 0-20%	In-network: 0-20%

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Overview	Aetna Medicare Value Plus (PPO) \$29.00 Medicare Advantage and drug monthly premium	Anthem Medicare Advantage (HMO) \$0.00 Medicare Advantage and drug monthly premium	Cigna Preferred Medicare (HMO) \$0.00 Medicare Advantage and drug monthly premium	Cigna True Choice Courage Medicare (PPO) \$0.00 Medicare Advantage (without drug coverage) monthly premium
Star rating	★ ★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★
Health deductible	\$0	\$0	\$0	\$0
Drug plan deductible	\$250.00	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$8,950 In and Out-of-network \$5,300 In-network	\$6,700 In-network	\$3,900 In-network	\$8,700 In and Out-of-network \$5,700 In-network
Health premium	\$0.00	\$0.00	\$0.00	\$0.00
Drug premium	\$29.00	\$0.00	\$0.00	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay.			
Primary doctor visit	In-network: \$0 copay Out-of-network: \$35 copay	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 50%
Specialist visit	In-network: \$35 copay Out-of-network: \$65 copay	\$35 copay per visit	\$30 copay per visit	In-network: \$30 copay Out-of-network: 50%
Diagnostic tests & procedures	In-network: \$0-20 copay Out-of-network: 40%	\$0-145 copay	\$0-25 copay	In-network: \$0-150 copay Out-of-network: 50%
Lab services	In-network: \$0 copay Out-of-network: \$30 copay	\$0-50 copay	0-20%	In-network: 0-20% Out-of-network: 50%
Diagnostic radiology services (like MRI)	In-network: \$0-150 copay Out-of-network: 40%	\$300 copay	\$0-175 copay	In-network: \$0-150 copay Out-of-network: 50%
Outpatient x-rays	In-network: \$10 copay Out-of-network: 40%	\$5-40 copay	\$10 copay	In-network: \$10 copay Out-of-network: 50%
Emergency care	\$120 copay per visit (always covered)	\$90 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)
Urgent care	\$50 copay per visit (always covered)	\$35 copay per visit (always covered)	\$30 copay per visit (always covered)	\$30 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$325 per day for days 1 - 5 Out-of-network: 40% per stay	\$299 per day for days 1 - 6	\$240 per day for days 1 - 5	In-network: \$255 per day for days 1 - 5 Out-of-network: 30% per stay
Outpatient hospital coverage	In-network: \$0-350 copay Out-of-network: 40%	\$0-325 copay	\$0-250 copay	In-network: \$0-195 copay Out-of-network: 50%
Preventive services	In-network: \$0 copay Out-of-network: 0-40%	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 50%
Extra benefits				
Hearing aids	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	In-network: \$399-\$1800 copay	In-network: \$399-\$1800 copay Out-of-network: \$0 copay, 0%
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: 50%	Not covered	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Comprehensive dental	Some coverage	Not covered	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	Not covered	Not covered	\$0 copay	In-network: \$0 copay
Skilled nursing facility	In-network: \$0/ days 1 - 20 \$184 per day for days 21 - 100 Out-of-network: 40% per stay	\$0 per day for days 1 - 20 \$196 per day for days 21 - 100	\$10 per day for days 1 - 20 \$203 per day for days 21 - 100	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: 45% per stay
Durable medical equipment (per item)	In-network: 0-20% per item Out-of-network: 40%	0-20% per item	20% per item	In-network: 20% per item Out-of-network: 50%
Diabetes supplies	In-network: 0-20% per item Out-of-network: 0-20%	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 50% per item

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help		Page 6
Overview	Cigna True Choice Medicare (PPO) \$0.00 Medicare Advantage and drug monthly premium	Clear Spring Health Essential (HMO) \$0.00 Medicare Advantage and drug monthly premium	Devoted CORE Colorado (HMO- POS) \$0.00 Medicare Advantage and drug monthly premium	Devoted CHOICE Colorado (PPO) \$0.00 Medicare Advantage and drug monthly premium	
Star rating	★ ★ ★	Plan too new to be measured	Plan too new to be measured	Plan too new to be measured	
Health deductible	\$0	\$0	\$0	\$0	
Drug plan deductible	\$0.00	\$0.00	\$0.00	\$0.00	
Maximum you pay for health services	\$8,950 In and Out-of-network \$5,200 In-network	\$3,400 In-network	\$4,900 In-network	\$8,950 In and Out-of-network \$5,500 In-network	
Health premium	\$0.00	\$0.00	\$0.00	\$0.00	
Drug premium	\$0.00	\$0.00	\$0.00	\$0.00	
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70	
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay				
Primary doctor visit	In-network: \$0 copay Out-of-network: \$40 copay	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Specialist visit	In-network: \$30 copay Out-of-network: \$65 copay	\$0-20 copay per visit	In-network: \$25 copay per visit	In-network: \$25 copay Out-of-network: \$25 copay	
Diagnostic tests & procedures	In-network: \$0-25 copay Out-of-network: 40%	\$0 copay	In-network: \$0-25 copay	In-network: \$0-25 copay Out-of-network: \$0-25 copay	
Lab services	In-network: 0-20% Out-of-network: 40%	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Diagnostic radiology services (like MRI)	In-network: \$0-200 copay Out-of-network: 40%	\$20-175 copay	In-network: \$0-105 copay	In-network: \$0-115 copay Out-of-network: \$0-115 copay	
Outpatient x-rays	In-network: \$15 copay Out-of-network: 40%	\$0 copay	In-network: \$0-15 copay	In-network: \$0-15 copay Out-of-network: \$0-15 copay	
Emergency care	\$120 copay per visit (always covered)	\$90 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	
Urgent care	\$30 copay per visit (always covered)	\$35 copay per visit (always covered)	\$0-35 copay per visit (always covered)	\$0-45 copay per visit (always covered)	
Inpatient hospital coverage	In-network: \$285 per day for days 1 - 5 Out-of-network: \$500 per day for days 1 - 20	\$150 per day for days 1 - 5	In-network: \$225 per day for days 1 - 6 Out-of-network: Not Applicable	In-network: \$285 per day for days 1 - 6 Out-of-network: \$285 per day for days 1 - 6	
Outpatient hospital coverage	In-network: \$0-295 copay Out-of-network: 40%	\$40-150 copay per visit	In-network: \$0-200 copay	In-network: \$0-250 copay Out-of-network: \$0-250 copay	
Preventive services	In-network: \$0 copay Out-of-network: \$40 copay	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Extra benefits					
Hearing aids	In-network: \$399-\$1800 copay Out-of-network: \$0 copay, 0%	In-network: \$0 copay	In-network: \$399-\$699 copay	In-network: \$399-\$699 copay Out-of-network: \$399-\$699 copay	
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 0-20%	In-network: \$0 copay Out-of-network: 0-50%	
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage	
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Wellness programs	Covered	Covered	Covered	Covered	
Transportation	In-network: \$0 copay	\$0 copay	Not covered	Not covered	
Skilled nursing facility	In-network: \$0 /days 1 - 20 \$203 per day for days 21 - 100 Out-of-network: \$200 per day for days 1 - 30	\$0 per day for days 1 - 20 \$178 per day for days 21 - 100	In-network: \$0 /days 1 - 20 \$203 per day for days 21 - 45 Out-of-network: Not Applicable	In-network: \$0/days 1 - 20 \$203 per day for days 21 - 48 Out-of-network: 40% per stay	
Durable medical equipment (per item)	In-network: 20% per item Out-of-network: 40%	20% per item	In-network: 0-20% per item	In-network: 0-20% per item Out-of-network: 0-40%	
Diabetes supplies	In-network: \$0 copay Out-of-network: 40% per item	\$0 copay	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40% per item	

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help		Page 7
Overview	Devoted CHOICE GIVEBACK Colorado (PPO) \$0.00 Medicare Advantage and drug monthly premium	HumanaChoice H5216-077 (PPO) \$0.00 Medicare Advantage (without drug coverage) monthly premium	Humana USAA Honor (PPO) \$0.00 Medicare Advantage (without drug coverage) monthly premium	HumanaChoice H5216-078 (PPO) \$0.00 Medicare Advantage and drug monthly premium	
Star rating	Plan too new to be measured	★★★★½	★★★★½	★★★★½	
Health deductible	\$0	\$0	\$0	\$0	
Drug plan deductible	\$545.00	\$0.00	\$0.00	\$0.00	
Maximum you pay for health services	\$10,000 In and Out-of-network \$7,900 In-network	\$6,700 In and Out-of-network \$3,900 In-network	\$8,500 In and Out-of-network \$4,900 In-network	\$8,950 In and Out-of-network \$4,900 In-network	
Health premium	\$0.00	\$0.00	\$0.00	\$0.00	
Drug premium	\$0.00	\$0.00	\$0.00	\$0.00	
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70	
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay.				
Primary doctor visit	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$15 copay	In-network: \$20 copay Out-of-network: 50%	In-network: \$0 copay Out-of-network: \$35 copay	
Specialist visit	In-network: \$50 copay Out-of-network: \$50 copay	In-network: \$20 copay Out-of-network: 30%	In-network: \$40 copay Out-of-network: 50%	In-network: \$35 copay Out-of-network: \$65 copay	
Diagnostic tests & procedures	In-network: \$0-100 copay Out-of-network: \$0-100 copay	In-network: \$0-50 copay Out-of-network: \$15 copay or 30%	In-network: \$0-50 copay Out-of-network: 20-50%	In-network: \$0-100 copay Out-of-network: \$35- 65 copay or 50%	
Lab services	In-network: \$0-40 copay Out-of-network: \$0-40 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: 20-50%	In-network: \$0 copay Out-of-network: \$20 copay	
Diagnostic radiology services (like MRI)	In-network: \$0-350 copay Out-of-network: \$0-350 copay	In-network: \$0-250 copay Out-of-network: 30%	In-network: \$0-275 copay Out-of-network: 50%	In-network: \$0-200 copay Out-of-network: 50%	
Outpatient x-rays	In-network: \$0-100 copay Out-of-network: \$0-100 copay	In-network: \$0-15 copay Out-of-network: \$15 copay or 30%	In-network: \$20-50 copay Out-of-network: 20-50%	In-network: \$0-20 copay Out-of-network: \$35- 65 copay or 50%	
Emergency care	\$100 copay per visit (always covered)	\$90 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	
Urgent care	\$0-55 copay per visit (always covered)	\$40 copay per visit (always covered)	\$20 copay per visit (always covered)	\$40 copay per visit (always covered)	
Inpatient hospital coverage	In-network: \$385 per day for days 1 - 5 Out-of-network: \$385 per day for days 1 - 5	In-network: \$240 per day for days 1 - 5 Out-of-network: \$300 per day for days 1 - 5	In-network: \$275 per day for days 1 - 6 Out-of-network: 50% per stay	In-network: \$285 per day for days 1 - 6 Out-of-network: \$500 per day for days 1 - 20	
Outpatient hospital coverage	In-network: \$0-350 copay Out-of-network: \$0-350 copay	In-network: \$0-240 copay Out-of-network: 30%	In-network: \$0-225 copay Out-of-network: \$0 copay or 50%	In-network: \$0-285 copay Out-of-network: 45-50%	
Preventive services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay or 30%	In-network: \$0 copay Out-of-network: \$0 copay or 50%	In-network: \$0 copay Out-of-network: \$0 copay or 50%	
Extra benefits					
Hearing aids	In-network: \$399-\$699 copay Out-of-network: \$399-\$699 copay	In-network: \$699-\$999 copay Out-of-network: 50%	In-network: \$399-\$699 copay Out-of-network: 50%	In-network: \$599-\$899 copay Out-of-network: 50%	
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: 0-50%	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage	
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Wellness programs	Covered	Covered	Covered	Covered	
Transportation	Not covered	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay	
Skilled nursing facility	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 59 Out-of-network: 40% per stay	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 41 Out-of-network: 30% per stay	In-network: \$10 / days 1 - 20 \$203 per day for days 21 - 43 Out-of-network: 50% per stay	In-network: \$10 / days 1 - 20 \$203 per day for days 21 - 46 Out-of-network: 50% per stay	
Durable medical equipment (per item)	In-network: 0-20% per item Out-of-network: 0-40%	In-network: 18% per item Out-of-network: 20%	In-network: 18% Out-of-network: 20%	In-network: 18% Out-of-network: 25%	
Diabetes supplies	In-network: \$0 copay Out-of-network: 40% p	In-network: \$0 copay or 10-20% per item Out-of-network: \$0 copay or 20%	In-network: \$0 copay or 10-20% Out-of-network: \$0 copay or 20%	In-network: \$0 copay or 10-20% Out-of-network: \$0 copay or 50%	

El Paso County	PPAAA SHIP 888-696-7213			CO Medicare Help	Page 8
Overview	HumanaChoice H5216-137 (PPO) \$0.00 Medicare Advantage and drug monthly premium	Humana Gold Plus H0028- 025 (HMO) \$0.00 Medicare Advantage and drug monthly premium	Humana Gold Plus H0028- 047 (HMO) \$24.00 Medicare Advantage and drug monthly premium	HumanaChoice H5216-223 (PPO) \$34.00 Medicare Advantage and drug monthly premium	
Star rating	★★★★☆	★★★★	★★★★	★★★★☆	
Health deductible	\$1,000 annual deductible	\$0	\$0	\$0	
Drug plan deductible	\$500.00	\$0.00	\$0.00	\$0.00	
Maximum you pay for health services	\$11,300 In and Out-of- network \$7,350 In-network	\$4,900 In-network	\$5,300 In-network	\$8,950 In and Out-of- network \$4,900 In-network	
Health premium	\$0.00	\$0.00	\$0.00	\$0.00	
Drug premium	\$0.00	\$0.00	\$24.00	\$34.00	
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70	
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay.				
Primary doctor visit	In-network: \$20 copay Out-of-network: 40%	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$30 copay	
Specialist visit	In-network: \$50 copay Out-of-network: 40%	\$35 copay	\$45 copay per visit	In-network: \$30 copay Out-of-network: \$60 copay	
Diagnostic tests & procedures	In-network: \$0-50 copay or 20% Out-of-network: 40%	\$0-100 copay	\$0-50 copay	In-network: \$0-100 copay Out-of-network: \$30-60 copay or 40-50%	
Lab services	In-network: \$0 copay or 20% Out-of-network: 40%	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 50%	
Diagnostic radiology services (like MRI)	In-network: \$0 copay or 20% Out-of-network: 40%	\$0-195 copay	\$0-275 copay	In-network: \$0-150 copay Out-of-network: \$500 copay or 40-50%	
Outpatient x-rays	In-network: \$20-50 copay or 20% Out-of-network: 40%	\$0-30 copay	\$0-50 copay	In-network: \$0-15 copay Out-of-network: \$30-60 copay or 40-50%	
Emergency care	\$100 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	
Urgent care	20% per visit (always covered)	\$40 copay per visit (always covered)	\$40 copay per visit (always covered)	\$40 copay per visit (always covered)	
Inpatient hospital coverage	In-network: \$350 per day for days 1 - 5 Out-of-network: 40% per stay	\$250 per day for days 1 - 6	\$250 per day for days 1 - 5	In-network: \$250 per day for days 1 - 6 Out-of-network: \$500 per day for days 1 - 20	
Outpatient hospital coverage	In-network: \$0-50 copay or 20% Out-of-network: 40%	\$0-200 copay	\$0-250 copay	In-network: \$0-250 copay Out-of-network: 40-50%	
Preventive services	In-network: \$0 copay Out-of-network: \$0 copay or 40%	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay or 50%	
Extra benefits					
Hearing aids	In-network: \$699-\$999 copay Out-of-network: 50%	In-network: \$499-\$799 copay	In-network: \$699-\$999 copay	In-network: \$399-\$699 copay Out-of-network: 50%	
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage	
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Wellness programs	Covered	Covered	Covered	Covered	
Transportation	Not covered	\$0 copay	Not covered	In-network: \$0 copay	
Skilled nursing facility	In-network: \$0 / days 1 - 20 \$203 per day for days 21 - 56 Out-of-network: 40% per stay	\$10 per day for days 1 - 20 \$203 per day for days 21 - 43	\$0 per day for days 1 - 20 \$203 per day for days 21 - 48	In-network: \$0 / days 1 - 20 \$188 per day for days 21 - 50 Out-of-network: 50% per stay	
Durable medical equipment (per item)	In-network: 12% Out-of-network: 20%	20% per item	20% per item	In-network: 18% Out-of-network: 25%	
Diabetes supplies	In-network: \$0 copay or 10-20% Out-of-network: \$0 copay or 40%	\$0 copay or 10-20%	\$0 copay or 10-20%	In-network: \$0 copay or 10-20% Out-of-network: \$0 copay or 50%	

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help	Page 9
Overview	Humana Value Plus H5216-195 (PPO) \$46.60 Medicare Advantage and drug monthly premium	Humana Gold Choice H8145-123 (PFFS) \$60.00 Medicare Advantage and drug monthly premium	HumanaChoice H5216-333 (PPO) \$102.00 Medicare Advantage and drug monthly premium	Kaiser Permanente Senior Advantage Core South (HMO) \$0.00 Medicare Advantage and drug monthly premium
Star rating	★★★★½	★★★★	★★★★½	★★★★½
Health deductible	\$0	\$0	\$0	\$0
Drug plan deductible	\$545.00	\$300.00	\$0.00	\$0.00
Maximum you pay for health services	\$11,300 In and Out-of-network \$7,550 In-network	\$6,700 In and Out-of-network	\$2,900 In and Out-of-network \$2,900 In-network	\$3,900 In-network
Health premium	\$0.00	\$60.00	\$53.20	\$0.00
Drug premium	\$46.60	\$0.00	\$48.80	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay			
Primary doctor visit	In-network: \$5 copay Out-of-network: \$5 copay	In-network: \$15 copay Out-of-network: \$15 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Specialist visit	In-network: \$25 copay Out-of-network: \$25 copay	In-network: \$50 copay Out-of-network: \$50 copay	In-network: \$20 copay Out-of-network: \$20 copay	\$25 copay per visit
Diagnostic tests & procedures	In-network: \$0-25 copay or 20% Out-of-network: \$0-25 copay or 20%	In-network: \$0-100 copay Out-of-network: \$0-100 copay	In-network: \$0-100 copay Out-of-network: \$0-100 copay	\$0 copay
Lab services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0-45 copay Out-of-network: \$0-45 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	In-network: \$0-100 copay or 20% Out-of-network: \$0-100 copay or 20%	In-network: \$0-275 copay Out-of-network: \$0-275 copay	In-network: \$0-125 copay Out-of-network: \$0-125 copay	\$40-120 copay
Outpatient x-rays	In-network: \$5 copay or 20% Out-of-network: \$5 copay or 20%	In-network: \$15-100 copay Out-of-network: \$15-100 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$5 copay
Emergency care	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)	\$90 copay per visit (always covered)	\$120 copay per visit (always covered)
Urgent care	20% per visit (always covered)	\$40 copay per visit (always covered)	\$40 copay per visit (always covered)	\$35 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$1,725 per stay Out-of-network: \$1,725 per stay	In-network: \$325 per day for days 1 - 5 Out-of-network: \$325 per day for days 1 - 5	In-network: \$500 per stay Out-of-network: \$500 per stay	\$225 per day for days 1 - 6
Outpatient hospital coverage	In-network: \$0 copay or 20% Out-of-network: \$0 copay or 20%	In-network: \$0-325 copay Out-of-network: \$0-325 copay	In-network: \$0-125 copay Out-of-network: \$0-125 copay	\$215 copay per visit
Preventive services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Extra benefits				
Hearing aids	In-network: \$0 copay Out-of-network: 50%	In-network: \$699-\$999 copay Out-of-network: 50%	In-network: \$399-\$699 copay Out-of-network: 50%	In-network: \$0 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	In-network: \$0 copay	Not covered	Not covered	\$0 copay
Skilled nursing facility	In-network: \$0/ days 1 - 20 \$184 per day for days 21 - 70 Out-of-network: \$0/ days 1 - 20 \$184 per day for days 21 - 90	In-network: \$0/ days 1 - 20 \$188 per day for days 21 - 60 Out-of-network: \$0/ days 1 - 20 \$188 per day for days 21 - 60	In-network: \$0 /days 1 - 20 \$188 per day for days 21 - 40 Out-of-network: \$0/ days 1 - 20 \$188 per day for days 21 - 40	\$0 per day for days 1 - 20 \$203 per day for days 21 - 43
Durable medical equipment (per item)	In-network: 20% Out-of-network: 20%	In-network: 20% Out-of-network: 25%	In-network: 20% Out-of-network: 20%	0-20% coinsurance
Diabetes supplies	In-network: \$0 copay or 20% Out-of-network: \$0 copay or 20%	In-network: \$0 copay or 10-20% Out-of-network: \$0 copay or 25%	In-network: \$0 copay or 10-20% per item Out-of-network: \$0 copay or 20%	\$0 copay per item

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help	Page 10
Overview	Kaiser Permanente Senior Advantage Choice South (PPO) \$0.00 Medicare Advantage and drug monthly premium	Kaiser Permanente Senior Advantage Enhanced (HMO-POS) \$45.00 Medicare Advantage and drug monthly premium	Select Health Medicare Essential (HMO) \$0.00 Medicare Advantage and drug monthly premium	Select Health Medicare + Kroger (HMO) \$0.00 Medicare Advantage and drug monthly premium
Star rating	Plan too new to be measured	★★★★☆	This plan got Medicare's highest rating (5 stars)	This plan got Medicare's highest rating (5 stars)
Health deductible	\$0	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$8,950 In and Out-of-network \$5,100 In-network	\$3,200 In-network	\$3,900 In-network	\$3,900 In-network
Health premium	\$0.00	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$45.00	\$0.00	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs	NOTE: All costs shown are Copays and/or Coinsurance and are applied per visit, per service or item or per stay			
Primary doctor visit	In-network: \$0 copay Out-of-network: \$30 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Specialist visit	In-network: \$30 copay Out-of-network: \$50 copay	In-network: \$20 copay Out-of-network: \$20 copay	\$25 copay per visit	\$25 copay per visit
Diagnostic tests & procedures	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 copay Out-of-network: \$0 copay	\$0-25 copay or 0-20%	\$0-25 copay or 0-20%
Lab services	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	In-network: \$50-150 copay Out-of-network: 40%	In-network: \$25-95 copay Out-of-network: \$25 copay	\$0-130 copay	\$0-130 copay
Outpatient x-rays	In-network: \$15 copay Out-of-network: 40%	In-network: \$5 copay Out-of-network: \$5 copay	\$15 copay	\$15 copay
Emergency care	\$120 copay per visit (always covered)	\$120 copay per visit (always covered)	\$100 copay per visit (always covered)	\$100 copay per visit (always covered)
Urgent care	\$35 copay per visit (always covered)	\$25 copay per visit (always covered)	\$40 copay per visit (always covered)	\$40 copay per visit (always covered)
Inpatient hospital coverage	In-network: \$295 per day for days 1 - 5 Out-of-network: \$500 per day for days 1 - 18	In-network: \$195 per day for days 1 - 5 Out-of-network: Not Applicable	\$250 per day for days 1 - 5	\$225 per day for days 1 - 5
Outpatient hospital coverage	In-network: \$250 copay Out-of-network: 40%	In-network: \$190 copay	\$25-220 copay or 20%	\$25-220 copay or 20%
Preventive services	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Extra benefits				
Hearing aids	In-network: \$0 copay Out-of-network: \$0 copay, 0%	In-network: \$0 copay	In-network: \$325-\$1799 copay	In-network: \$325-\$1799 copay
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	\$0 copay	\$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay	\$0 copay	\$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	In-network: \$0 copay	In-network: \$0 copay	\$0 copay	\$0 copay
Skilled nursing facility	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 46 Out-of-network: \$225 /days 1 - 40	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 39 Out-of-network: Not Applicable	\$0 per day for days 1 - 20 \$203 per day for days 21 - 55	\$0 per day for days 1 - 20 \$203 per day for days 21 - 55
Durable medical equipment (per item)	In-network: 0-20% per item Out-of-network: 40%	In-network: 0-20% per item	0-20% - per item	0-20% per item
Diabetes supplies	In-network: \$0 copay per item Out-of-network: 0-40% per item	In-network: \$0 copay per item	\$0 copay	\$0 copay

El Paso County	PPAAA SHIP 888-696-7213			Page 11
Overview	Select Health Medicare Flex (HMO) \$0.00 Medicare Advantage and drug monthly premium	Select Health Medicare Choice (PPO) \$0.00 Medicare Advantage and drug monthly premium	Aetna Medicare Assure Premier (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium	Anthem Dual Advantage (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium
Star rating	This plan got Medicare's highest rating (5 stars)	Plan too new to be measured	★ ★ ★	★ ★ ★
Health deductible	\$0	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$3,900 In-network	\$8,900 In and Out-of-network \$5,000 In-network	\$8,850 In-network	\$8,850 In-network
Health premium	\$0.00	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00	\$0.00
Part B premium	\$174.70	\$174.70	\$174.70	\$174.70
Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs				
Primary doctor visit	\$0 copay	In-network: \$0 copay Out-of-network: 40%	\$0 copay	\$0 copay
Specialist visit	\$25 copay per visit	In-network: \$35 copay Out-of-network: 40%	\$0 copay	\$0 copay
Diagnostic tests & procedures	\$0-25 copay or 0-20%	In-network: \$0-35 copay or 0-20% Out-of-network: 40%	\$0 copay	0% or 20%
Lab services	\$0 copay	In-network: \$0 copay Out-of-network: 40%	\$0 copay	0% or 20%
Diagnostic radiology services (like MRI)	\$0-130 copay	In-network: \$0-180 copay Out-of-network: 40%	\$0 copay	0% or 20%
Outpatient x-rays	\$20 copay	In-network: \$0 copay Out-of-network: 40%	\$0 copay	0% or 20%
Emergency care	\$100 copay per visit (always covered)	\$100 copay per visit (always covered)	\$0 copay	\$0 or \$90 copay per visit (always covered)
Urgent care	\$40 copay per visit (always covered)	\$45 copay per visit (always covered)	\$0 copay	\$0 or \$55 copay per visit (always covered)
Inpatient hospital coverage	\$250 per day for days 1 - 5	In-network: \$310 per day for days 1 - 5 Out-of-network: 40% per stay	\$0 copay	In 2024 the amounts for each benefit period are \$0 or: \$1,632 deductible for days 1 through 60
Outpatient hospital coverage	\$25-250 copay or 20%	In-network: \$35-320 copay or 20% Out-of-network: 40%	\$0 copay	0% or 20%
Preventive services	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Extra benefits				
Hearing aids	In-network: \$0 copay	In-network: \$325-\$1799 copay Out-of-network: \$325-\$1799 copay	In-network: \$0 copay	In-network: \$0 copay
Preventive dental (like oral exams and cleanings)	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay	\$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	\$0 copay	In-network: \$0 copay	\$0 copay	\$0 copay
Skilled nursing facility	\$0 per day for days 1 - 20 \$203 per day for days 21 - 55	In-network: \$0/ days 1 - 20 \$203 per day for days 21 - 55 Out-of-network: 40% per stay	\$0 copay	In 2024 the amounts for each benefit period are \$0 or: \$0 copay for days 1 - 20 \$204 copay per day for days 21 - 100
Durable medical equipment (per item)	0-20% per item	In-network: 0-20% per item Out-of-network: 40%	\$0 copay	0% or 0-20% coinsurance per item
Diabetes supplies	\$0 copay	In-network: \$0 copay Out-of-network: 40% per item	\$0 copay	\$0 copay

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help	Page 12
Overview	Cigna TotalCare Plus (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium	Cigna TotalCare (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium	HumanaChoice SNP-DE H5216- 267 (PPO D- SNP) \$0.00 Medicare Advantage and drug monthly premium	Select Health Medicare Dual (HMO D- SNP) \$0.00 Medicare Advantage and drug monthly premium
	★ ★ ★	★ ★ ★	★ ★ ★ ★ ☆	This plan got Medicare's highest rating (5 stars)
	\$0	\$0	\$0	\$0
	\$0.00	\$0.00	\$0.00	\$0.00
	\$7,750 In-network	\$3,800 In-network	\$13,300 In and Out-of- network \$8,850 In-network	\$8,850 In-network
	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
	\$174.70	\$174.70	\$174.70	\$174.70
	Plan features	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth
Benefits & Costs				
Primary doctor visit	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 20%	\$0 copay
Specialist visit	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: 20%	\$0 copay
Diagnostic tests & procedures	\$0 copay	0% or 0-20%	In-network: \$0 copay Out-of-network: \$0 copay or 20%	\$0 copay
Lab services	\$0 copay	0% or 0-20%	In-network: \$0 copay Out-of-network: \$0-30 copay or 20%	\$0 copay
Diagnostic radiology services (like MRI)	\$0 copay	0% or 0-20%	In-network: \$0 copay Out-of-network: \$200- 300 copay or 20%	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$50- 120 copay or 20%	\$0 copay
Emergency care	\$0 copay	\$0 or \$135 copay per visit (always covered)	\$0 copay	\$0 copay
Urgent care	\$0 copay	\$0 or \$15 copay per visit (always covered)	\$0 copay	\$0 copay
Inpatient hospital coverage	\$0 copay	\$0 or \$180 per day for days 1 through 5	In-network: \$0 copay Out-of-network: \$2,080 per stay	\$0 copay
Outpatient hospital coverage	\$0 copay	\$0 or \$0-190 copay	In-network: \$0 copay Out-of-network: 20%	\$0 copay
Preventive services	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Extra benefits				
Hearing aids	In-network: \$399-\$1800 copay	In-network: \$399-\$1800 copay	In-network: \$0 copay Out-of-network: 50%	In-network: \$0 copay
Preventive dental (like oral exams and	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Comprehensive dental	Some coverage	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Wellness programs	Covered	Covered	Covered	Covered
Transportation	\$0 copay	\$0 copay	In-network: \$0 copay	\$0 copay
Skilled nursing facility	\$0 copay	\$0 or \$20 per day for days 1 - 20 \$0 or \$203 per day for days 21 - 100	In-network: \$0 copay Out-of-network: \$0 per day for days 1 - 20 \$203 per day for days 21 - 100	\$0 copay
Durable medical equipment (per item)	\$0 copay	0% or 20% coinsurance per item	In-network: \$0 copay Out-of-network: 20% coinsurance per item	\$0 copay
Diabetes supplies	\$0 copay	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay or 20%	\$0 copay

El Paso County	PPAAA SHIP 888-696-7213		CO Medicare Help	Page 13
Overview	UHC DualComplete CO-S002 (HMO-POS D- SNP) \$0.00 Medicare Advantage and drug monthly premium	UHC Dual Complete CO-S001 (PPO D-SNP) \$0.00 Medicare Advantage and drug monthly premium	UHC Dual Complete CO-V001 (PPO D-SNP) \$0.00 Medicare Advantage and drug monthly premium	PLAN TYPE KEY Health Maintenance Organization -requires services received only within a network of contracted providers and facilities. POS: Point of Service (for certain benefits) -allows you to receive services from any provider, in or out of network PPO: Preferred Provider Organization -has a network of providers and facilities to use but are allowed to go out-of-network if provider agrees to accept plan payment. PFFS: Private Fee for Service -can go to any provider or facility that will accept plan payment on a case by case basis. SNP: Special Needs Plans -Plans designed for specific catagories of beneficiaries- I-SNP : those who live in a long term care facility C-SNP : those who have multiple chronic medical conditions. D-SNP : -Dual Special Needs Plans- Plans designed specifically for those who have both Medicare and full Medicaid,also referred to as DualEligible. -Indicates a benefit is not covered by the plan
	★ ★ ★ ★	★ ★ ★ ★	★ ★ ★ ★	PLAN STAR RATING KEY Measures plan quality and performance. Highest rating: 5 stars Lowest rating: 1 star 5 star plans can enroll beneficiaries outside of any other enrollment period 1 star plans <u>may not</u> be allowed to enroll beneficiaries during the year NOTICE: This document is intended to be a summary of the major 2024 costs for the plans published on Medicare.gov as of Oct. 15, 2023. Check with specific plans for information on medical providers, facilities or hospitals you can use and more details about their coverage.
	\$0	\$0	\$0	
	\$0.00	\$0.00	\$0.00	
	\$8,850 In-network	\$13,300 In and Out-of- network \$8,850 In-network	\$9,550 In and Out-of- network \$4,900 In-network	
	\$0.00	\$0.00	\$0.00	
	\$0.00	\$0.00	\$0.00	
	\$174.70	\$174.70	\$174.70	
	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Routine chiropractic service Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	Fitness benefits Worldwide emergency Over the counter drug benefits In-home support services Home and bathroom safety devices Meals for short duration Annual physical exams Telehealth	
Benefits & Costs				
Primary doctor visit	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 copay Out-of-network: \$35 copay	
Specialist visit	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 or \$0-25 copay Out-of-network: \$70 copay	
Diagnostic tests & procedures	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 or \$20 copay Out-of-network: \$40 copay	
Lab services	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Diagnostic radiology services (like MRI)	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 or \$0- 135 copay Out-of-network: \$235 copay	
Outpatient x-rays	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 or \$25 copay Out-of-network: \$30 copay	
Emergency care	\$0 copay	\$0 copay	\$0 or \$120 copay per visit (always covered)	
Urgent care	\$0 copay	\$0 copay	\$0 or \$0-40 copay per visit (always covered)	
Inpatient hospital coverage	In-network: \$0 copay Out-of-network: Not Applicable	In-network: \$0 copay Out-of-network: 40% per stay	In-network: \$0 or \$250 per day for days 1 - 5 Out-of-network: \$500 per day for days 1 - 20	
Outpatient hospital coverage	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 or \$0- 250 copay Out-of-network: \$500 copay	
Preventive services	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 0-40%	In-network: \$0 copay Out-of-network: 0-40%	
Extra benefits				
Hearing aids	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Preventive dental (like oral exams and	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Comprehensive dental	Some coverage	Some coverage	Some coverage	
Eyeglasses (frames & lenses)	In-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	
Wellness programs	Covered	Covered	Covered	
Transportation	In-network: \$0 copay	In-network: \$0 copay	In-network: \$0 copay	
Skilled nursing facility	In-network: \$0 copay Out-of-network: Not Applicable	In-network: \$0 copay Out-of-network: 40% per stay	In-network: \$0 per day for days 1 - 20 \$0 or \$203 per day for days 21 - 100 Out-of-network: \$225 per day for days 1 - 43	
Durable medical equipment (per item)	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40% coinsurance per item	In-network: 0% or 20% coinsurance per item Out-of-network: 50% coinsurance	
Diabetes supplies	In-network: \$0 copay	In-network: \$0 copay Out-of-network: 40%	In-network: \$0 copay per item Out-of-network: 50%	