

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

PLAN:	AARP Medicare Complete Plan 1 HMO from United Healthcare H0755-034 800-547-5514 aarpmedicareplans.com	AARP Medicare Complete Plan 3 HMO from United Healthcare H0755-035 800-547-5514 aarpmedicareplans.com	AARP Medicare Complete Plan 4 HMO from United Healthcare H0755-036 800-547-5514 aarpmedicareplans.com	Horizon Medicare Blue Advantage (HMO) H3154-031 1-800-224-1234 medicare.horizonblue.com	Horizon Medicare Blue Choice w/ Rx HMO H3154-022 1-800-224-1234 medicare.horizonblue.com
PREMIUM	\$0	\$36 (\$10.80 with PAAD)	\$81 (\$50.80 with PAAD)	\$0	\$198.70 (\$161.50 with PAAD)
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 & 2/ \$200 others	\$415
Primary doctor copay	\$20	\$5	\$0	\$10	\$10
Specialist copay	\$45	\$20	\$20	\$25	\$40
Referrals Required?	No	No	No	No	No
Hospital copays	\$395/ day for days 1 thru 4	\$250/ day for days 1 thru 5	\$195/ day for days 1 thru 5	\$320/ day for days 1-5	\$225/ day for days 1-8, \$113 Day 9
ER copay/ Urgency Care	\$90/ \$30-40	\$90/\$20-40	\$90/\$20-40	\$90/\$20-25	\$90/\$25-\$40
Ambulance	\$225	\$225	\$225	\$250	\$250
Outpatient surgery	\$295	\$250	\$195	\$200 surgery center, 20% hospital outpatient; \$275 Observation	\$75 surgery center, 20% hospital outpatient; \$175 Observation
Lab services	\$3	\$5	\$5	\$0 LabCorp	\$0 LabCorp
X-Rays	\$14	\$14	\$14	\$15	\$40
Diagnostic tests (ex MRI)	20%	20%	20%	\$25 free standing facility; 20% hospital setting	\$40 free standing facility; 20% hospital setting
Max. Out of Pocket	\$6,700	\$6,200	\$6,700	\$6,700	\$6,700
Mental Health visits	\$30 (group)/\$40 (individual)	\$30 (group)/\$40 (individual)	\$30 (group)/\$40 (individual)	\$25	\$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, \$165/day for days 21-100	\$0 Day 1-20, \$125/day for days 21-100
outpatient PT	\$40	\$20	\$20	\$25	\$40
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			\$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;

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

PLAN:	NEW Aetna Medicare Smart Choice HMO H3152-088 1-800-832-2640 aetnamedicare.com	NEW Aetna Medicare Elite Plan 1 HMO H3152-084 1-800-832-2640 aetnamedicare.com	Aetna Medicare NNI Prime Plan HMO H3152-080 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
PREMIUM	\$0 plus \$32/mth credit towards Part B premium	\$0	\$0	\$167 (\$134.40 with PAAD)	\$78 (\$56.60 PAAD)	\$66 (\$50.80 PAAD)
Medical Deductible	\$0	\$1,000 Deductible for some services	\$0	\$0	\$0 in-network/ \$1,000 out network	\$0 in-network/ \$1,000 out of network
Drug Deductible	\$0 tier 1 &2/ \$295 others	\$0	\$0 Tier 1 &2/ \$195 others	\$0 Tier 1 &2/ \$195 others	\$0 Tier 1&2/ \$195 others	\$0 Tier 1 &2/ \$245 others
Primary doctor copay	\$30	\$10	\$5	\$15	\$10 in-network, 40% outnetwork	\$15 in-network, 50% out of network
Specialist copay	\$50	\$20	\$25	\$40	\$30 in-network, 40% out network	\$50 in-network, 50% out of network
Referrals Required?	No	No	YES	No	No	No
Hospital copays	\$515 days 1-3	After deductible \$650 Per Stay	\$295/ day for days 1-5	\$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
ER copay/ Urgency Care	\$90/ \$50	\$90/ \$20	\$90/ \$25	\$90/ \$40	\$90/ \$10 - \$30	\$90/ \$50
Ambulance	\$250	\$250	\$250	\$250	\$240	\$250
Outpatient surgery	\$295	After deductible \$195	\$250	\$250	\$300 in-network/ 40% out network	\$295
Lab services	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays	\$50	\$35	\$50	\$40	\$45	\$50
Diagnostic tests (ex MRI)	\$195 Radiology / \$50 other	\$195	\$25- \$125	\$150	\$30 - \$125	\$125
Max. Out of Pocket	\$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
Mental Health visits	\$40	\$40	\$40	\$40	\$40 in-network/ 40% out network	\$40
in-patient rehab (SNF)	\$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	\$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
outpatient PT	\$40	\$40	\$25	\$40	\$30 in-network/ 40% out network	\$40 in-network/ 50% out of network
Dental benefits?	No	Yes \$200 max	No- can add for additional premium \$10/mth	Yes- \$1000 max	Yes \$300 max	Yes \$200 max
Eye Glasses benefits?	No	Yes	No- can add dental/vision/hearing aid pke for additional \$19/mth	Yes	Yes	Yes
Hearing Ear Benefits?	No	Yes		Yes	Yes	Yes
DME, Part B drugs and Dialysis	20%	After deductible 20%	20%	20%	20%	20%
Supplemental Benefits	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 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