## Steps for Comparing Medicare Health Plans (Advantage Plans) Using Medicare.gov 2021

- Go to **www.Medicare.gov**
- Click on: Find 2021 Health & Drug Plans



- You will have a choice to log in / create an account <u>or</u>
- Continue without logging in For purposes of this outline no log in / account information was used. Creating an account is recommended and can be very helpful but is a personal decision.

<b>Medicare</b> .g	jov		Log in	Español	î
	Find a 2020	Medicare plan			
	You can shop here for <b>drug plans (F</b> See your 2020 plan options now	<b>Part D)</b> and <b>Medicare Advantage Plans</b> . by logging in or creating an account.			FEEDBACK
1	Log in or 0 Continue w	Create Account			
					NUMBER AND A
	New to Medicare?	Qualify for a Special Enrollment Period	?		
	Learn about your options & enroll in a plan.	Log in or create account to change your 2019 covera	ge.		
	Learn more about options	Log in or Create Account Continue without logging in			,



## Answer a few quick questions

	What type of 2	2021 coverage are you looking for?				
Advantage Plan	We'll show you 20	We'll show you 2021 plans. If you want a plan that starts before January 1, view 2020 plans.				
	Medicare Advan	tage Plan				
	Bundles all Medica	are health benefits (with or without drug coverage) plus extra services - like vision, hearing, dental, and more.				
	Drug plan (Part	D)				
	O Drug plan (Part	D) + Medigap policy				
	Medigap policy	only				
	I want to learn n	nore about Medicare options before I see plans				
Enter your zip code						
Click on your county						
	41017	Continue				
Click on Continue	Select your county					
1	41017, Kenton, K	(Y				
<ul> <li>Click on choice that app you</li> <li>Click on Next</li> </ul>	olies to	<ul> <li>Medicare Savings Program</li> <li>Extra Help from Social Security</li> <li>I'm not sure</li> <li>I don't get help from any of these programs</li> </ul>				
Tell us your sea Do you want to see your drug Ves Great! To see drug costs, get ready to enter the r	arch prefe costs when you co	erences ompare plans? • Click on Yes (to se your drug costs)				
No		A				
How do you normally fill your	orescriptions?	Answer how you fryour prescriptions				
Next	Ser accurate u	good selection.  Click on Next				

St. Elizabeth PrimeWise



# Tell us about this drug



#### Levothyroxine sodium



	Drug list		
• Continue this process until all your prescription drugs	Amlodipine 5mg tablet generic Remove drug	<b>Quantity</b> 30	Frequency Every month Edit drug
<ul><li>are entered.</li><li>Then click on Done</li><li>Adding Drugs</li></ul>	Levothyroxine sodium 50mcg tablet generic	<b>Quantity</b> 30	Frequency Every month
Adding Drugs	Remove drug		Edit drug
	Add Another Drug Done Adding Drugs		

K Back to drug selection

# Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.



- You can select four pharmacies of your choice plus Mail order <u>OR</u> five pharmacies to compare your drug costs
- Click on the Filter by: Distance to increase the number of pharmacies to select and click on apply
- If you want a pharmacy from another zip code change the zip code



125 1 1 21	g 1-10 of 147 pharmacie	s near 41017		a Saint Wall	urg Villa Hills		Lookout Heights	
Showing	5 · · · · · · · · ·			monasce	TY			
					1 all and		Fort Mitchell	
	Mail-order Pha	irmacy	Pharmacy Add	ed				S
	Add both mail-order lowest cost.	and retail pharmacies to	find the		Cresci 10	21.95	Fort White	ight 🕁
					Springs.		8 1072	edba
							28-42	ų.
1.	Ft Mitchell Dru	ig Shoppe	_		Crescent F	Park South F	Fort Mitchell	Y
	2515 Dixie Hwy, Ft Mi	tchell, KY 41017	Pharmacy Add	ed		· · · · · · · · · · · · · · · · · · ·		Lakeview
	(859) 341-2000					Lakeside Park	(17)	
							371	
2.	The Urology G	roup			Crestview Hills	6	Sanfordtown	
	350 Thomas More Pk	wy Ste 200, Crestview H	Hills, KY Add Pharmacy		25-42	3		
	41017 (859) 363-2200				Edgewood 4			
				Sunday Mag	1303	X	3 (2) 3 0 1	<b>~</b> •
					× ×			
t Mitche	ell Drug X	Krogor Dharmagu	X	X	X	Mail Order Dha		
hoppe		Kioger Pharmacy	vvalgreens #4082	CVS PIL	annacy #0010		bon	
		, <u> </u>						
	0	1 1	. 1 1	. 1. 1	1			
•	Once you	have selec	ted your pharmac	ies, click or	done			
								_
6 N	Aedicare	Advantad	e Dlans availat				8	
36 N	Medicare	Advantag	e Plans availab	le			Print	
36 N enton, K	Medicare	Advantag	e Plans availab	le			Filter Plans	
36 N enton, K' dit your	Medicare A	Advantag	e Plans availab	le			Filter Plans	
36 N enton, K' dit your	Medicare / (Y <u>Change location</u> r drugs & pharmacity.	Advantag	e Plans availab	le			Filter Plans	
36 N enton, K dit your	Medicare	Advantag	e Plans availab	le		Louget days	Filter Plans	
36 N enton, K' dit your howing	Medicare A	Advantag	e Plans availab	le	SORT PLANS BY	Lowest drug	Filter Plans No filters selecte + premium cost ~	
36 N ienton, K idit your ihowing	Medicare A (Y Change location r drugs & pharmacide 10 of 36 Mediare Adv cial Needs Plans. ~	Advantag	e Plans availab	le	SORT PLANS BY	Lowest drug -	Filter Plans No filters selecte + premium cost	
36 N enton, K' dit your howing dd Speci	Medicare A	Advantag	e Plans availab	le	SORT PLANS BY	Lowest drug	Filter Plans No filters selecte + premium cost	
36 N enton, K' dit your howing	Medicare A	Advantag	e Plans availab	le	SORT PLANS BY	Lowest drug	Filter Plans No filters selecte + premium cost	
36 N ienton, K' idit your	Medicare A CY Change location r drugs & pharmacit 10 of 36 Medifare Adv cial Needs Paris ~	Advantag <sup>rantage Plans</sup> Medicare A	e Plans availab Advantage plans a	ole available in	SORT PLANS BY	Lowest drug	Filter Plans No filters selecte + premium cost	
dit your	Arrow Change location r drugs & pharmacia 10 of 36 Mediate Adv cial Needs Parts ~ All the Click of	Advantag <sup>rantage Plans</sup> Medicare A n Filter Pla	e Plans availab Advantage plans a ns if you want to	vailable in filter by the	sort plans by your zip code	Lowest drug e will con red	Filter Plans No filters selecte + premium cost	
36 N enton, K' dit your howing dd Speci	Aredicare A Change location r drugs & pharmacia 10 of 36 Mediare Adm cial Needs Plans. ~ All the Click of	Advantag <sup>rantage Plans</sup> Medicare A n Filter Pla	e Plans availab Advantage plans a ns if you want to	vailable in filter by the	sort plans by your zip code options offe:	Lowest drug e will con red	Filter Plans No filters select  + premium cost	
36 N enton, K' dit your howing dd Speci	Aedicare A	Advantag Plans Medicare A n Filter Pla	e Plans availab Advantage plans a ns if you want to	le available in filter by the	sort plans by your zip code options offer	Lowest drug -	Filter Plans No filters select  + premium cost	
36 N dit your howing dd Speci	Action of the second se	Advantag <sup>rantage Plans</sup> Medicare <i>A</i> n Filter Pla Ivantage F	e Plans availab Advantage plans a ns if you want to Plans available	le available in filter by the	sort plans by your zip code options offe:	Lowest drug e will con red —	Filter Plans No filters selecte + premium cost	
36 N enton, K' howing dd Speci ton, KY	Addicate A CY Change location r drugs & pharmacity 10 of 36 Medifare Adv cial Needs Pyris ~ All the Click of Change location Change location	Advantag antage Plans Medicare A n Filter Pla Ivantage P	e Plans availab Advantage plans a ns if you want to Plans available	le available in filter by the	sort plans by your zip code options offe	Lowest drug e will con red	Filter Plans No filters selecte + premium cost	Filte
4 Speci 4 Speci 4 Speci 4 Speci 5 S	A change location r drugs & pharmacité 10 of 36 Medifare Adm cial Needs Paris. ~ All the Click of Click of Charge location rugs & pharmacies	Advantag antage Plans Medicare A n Filter Pla Ivantage P	e Plans availab Advantage plans a ns if you want to Plans available	vailable in filter by the	SORT PLANS BY your zip code options offe	Lowest drug e will con red	Filter Plans No filters selecte + premium cost   me up  3 stars & up × Inck	Fitta
46 N howing dd Speci 2 M ton, KY t your dr	A change location r drugs & pharmacide 10 of 36 Mediate Adv cial Needs Plans ~ All the Click of Click of Change location trugs & pharmacies	Advantag Pantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab Advantage plans a ns if you want to Plans available	ole available in filter by the	sort plans by your zip code	Lowest drug e will con red	Filter Plans No filters select  r premium cost  me up  (stars & up ×) (inclusion)	Fitte
A dit your howing 2 Mid ton, KY Plans w	A change location r drugs & pharmacia 10 of 36 Mediare Adm 210 of 36 Mediare Adm 211 Needs Parts All the Click of Change location trugs & pharmacies with these benefits	Advantag Pantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab Advantage plans a ns if you want to Plans available	le available in filter by the	sort plans by your zip code options offe:	Lowest drug e will con red	Filter Plans No filters select  + premium cost  me up  (3 stars & up ×) linck	Filte
A dit your howing dd Speci 2 Mi htton, KY tt your di	A change location r drugs & pharmacia 10 of 36 Mediare Adm cial Needs Pans. ~ All the Click of Change location trugs & pharmacies with these benefits on coverage	Advantag Pantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab	vailable in filter by the	SORT PLANS BY YOUR ZIP CODE Options offe: Star RATINGS	e will con red –	Filter Plans No filters select  + premium cost  me up  3 stars & up × Inclu	Filte udes drug c Insulin What's
A dit your howing dd Speci 2 Min hom, KY Plans w Visio Trans	A change location r drugs & pharmacia 10 of 36 Mediare Adm 210 of 36 Mediare Adm 210 of 36 Mediare Adm 211 Needs Plans. ~ All the Click of Change location trugs & pharmacies with these benefits on coverage reportation	Advantag Pantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab	ole available in f filter by the	SORT PLANS BY your zip code options offe: STAR RATINGS 3 stars & up INSURANCE CARDIC	e will con red –	Fiter Plans No filters select  + premium cost  me up  3 stars & up × inclu	Filte udes drug c Insulin What's
36 N howing dd Speci 2 Mi ityour dr ityour dr Plans w Visici Trans Dent	A change location r drugs & pharmacia 10 of 36 Mediare Adv cial Needs Plans. ~ All the Click of Click of Change location trugs & pharmacies with these benefits on coverage hsportation tradicoverage	Advantag Pantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab	ation)	sort plans by your zip code options offe: star ratings 3 stars & up insurance carrier	e will con red –	Fiter Plans No filters select  + premium cost  me up  3 stars & up × inclu	Filte udes drug o Insulin What's
36 N howing dd Speci 2 Mid iton, KY Plans w Visio Trans Dent Fitne	All the clicate A all Needs Plans. ~ All the Click of Charge location rugs & pharmacies All the Click of Charge location rugs & pharmacies with these benefits on coverage asportation tal coverage less benefits	Advantag Plans Medicare A n Filter Pla Ivantage P	e Plans availab	ation)	SORT PLANS BY your zip code options offe: Star RATINGS 3 stars & up INSURANCE CARRIER Select preferred insura	Lowest drug · e will con red —	Filter Plans No filters select  + premium cost  me up  3 stars & up × inclu	Fitte udes drug c
36 N howing dd Speci 2 Mid aton, KY Plans w Visio 1 Trans Dent Fitne Fitne	All the clicate A all Needs Plans ~ All the Click of Charge location rugs & pharmacies All the Click of Click of Click Click of Click Click of Click of Click of Click of Click of Click Click of Click of Click of Click Click of Click of Click of Click Click of Click of Click of Click of Click Click of Click of C	Advantag rantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab	ation) on)	SORT PLANS BY your zip code options offer Star RATINGS 3 stars & up INSURANCE CARRIER Select preferred insur- DRUG COVERAGE OPTIC	Lowest drug	Filter Plans No filters select  + premium cost  me up  3 stars & up × linck	Filte udes drug c
36 N enton, K' idit your idit your did Speci 2 Mi htton, KY it your di Visio Tran- Dent Visio Dent Hear	All the clicate A all Needs Plans. ~ All the Click of Click of Click of Click of Click of Click of Click of Click of Click of Click Click of Click of Click of Click of Click Click of Click of	Advantag rantage Plans Medicare A n Filter Pla Ivantage P	e Plans availab	ation) on)	SORT PLANS BY	Lowest drug	Filter Plans No filters select  + premium cost	Filte udes drug c Insulin What's
36 N idit your idit your idit your idit your data Speci 2 Mi nton, KY it your di it your di Visio Trans Visio Trans Fitne Fitne Hear	All the clicate A all Needs Plans. ~ All the Click of Click of Click of Click of Click of Click of Click of Click Click of Click of Cli	Advantag rantage Plans Medicare A n Filter Pla Ivantage P Ivantage P	e Plans availab	ation) on)	SORT PLANS BY	Lowest drug : e will con red	Filter Plans No filters select  + premium cost  - me up  3 stars & up × linck	Filts udes drug c Insulin What's
Apply	All the clicate Adv clare benefits or coverage reportation tal coverage ress benefits ring coverage	Advantag rantage Plans Medicare A n Filter Pla Ivantage P Ivantage P 0nce you # of plans	e Plans availab	ation) on)	SORT PLANS BY	Lowest drug : e will con red	Filter Plans No filters select  + premium cost  -  me up  3 stars & up × linck	Fitte udes drug c ] insulin What's

St. Elizabeth PrimeWise

coverage

IONTHLY PREMIUM	PLAN BENEFITS
0.00 Includes: Health & drug coverage	✓ Vision
Doesn't include: \$144.60 Standard Part B premium	<ul> <li>Dental</li> <li>Hearing</li> </ul>
EARLY DRUG & PREMIUM COST	<ul> <li>Transportation</li> <li>Eitness benefits</li> </ul>
0.00 Retail pharmacy: Estimated total drug + premium cost	<ul> <li>✓ Worldwide emergency</li> </ul>
Doesn't include: Health costs	✓ Telehealth
THER COSTS	
O Health deductible	COPAYS/COINSURANCE
250.00 Drug deductible	Primary doctor: <b>\$0 copay</b>
10.000 In and Out-of-network	Specialist: 550 copay per visit
5.100 In-network Maximum you pay for health services	DRUGS
-,	<ul> <li>Includes drug coverage</li> <li><u>View drugs &amp; their costs</u></li> </ul>

• This is the "snapshot" of each of the plans that will appear.

- This view can help you to "filter" which plans you are most interested in looking at in more detail.
- Includes:

Aetna Medicare Value Plan (PPO) Aetna Medicare   Plan ID: H5521-085-0 Star rating: ****	
<ul> <li>MONTHLY PREMIUM</li> <li>\$0.00 Includes: Health &amp; drug coverage Doesn't include: \$144.60 Standard Part B premium</li> <li>YEARLY DRUG &amp; PREMIUM COST</li> <li>\$0.00 Retail pharmacy: Estimated total drug + premium cost Doesn't include: Health costs</li> </ul>	PLAN BENEFITS         ✓ Vision         ✓ Dental         ✓ Hearing         ✓ Transportation         ✓ Fitness benefits         ✓ Worldwide emergency         ✓ Telehealth
OTHER COSTS \$650 annual deductible Health deductible \$150.00 Drug deductible \$11,300 In and Out-of-network \$7,000 In-network Maximum you pay for health services	See more benefits COPAYS/COINSURANCE Primary doctor: \$10 copay per visit Specialist: \$45 copay per visit DRUGS Includes drug coverage
Open Enrollment starts October 15 Plan Details Add to compare	<u>view drugs &amp; their costs</u>



iumana   Plan ID: H8145-021-0 <u>star rating:</u> ★★★☆☆			
IONTHLY PREMIUM		PLAN BENEFITS	
97.00 Includes: Health & drug coverage		✓ Vision	
Doesn't include: \$144.60 Standard Part B premium		<ul> <li>Dental</li> <li>Hearing</li> </ul>	
'EARLY DRUG & PREMIUM COST		Transportation	
209.82 Retail pharmacy: Estimated total drug + premium cost		Vorldwide emergency	
Doesn't include: Health costs		✓ Telehealth	
OTHER COSTS			
0 Health deductible		COPAYS/COINSURANCE	
360.00 Drug deductible		Primary doctor: \$15 copay per visit	
6,700 In and Out-of-network Maximum you pay for health services		Specialist: 345 copay per visit	
		DRUGS	
		View drugs & their costs	
Enroll Plan Details	Added to compare		
to compare Aetna Medicare Value Plan (PPO) X Well	Care Elite (HMO)	X Humana Gold Choice H8145-021 (PFFS)	Comp
o compare Aetna Medicare Value Plan (PPO) X Well	Care Elite (HMO)	X Humana Gold Choice H8145-021 (PFFS)	Com

- If you logged in with an account and currently have an Advantage Plan it will automatically be added to the comparison
- Select up to 3 plans to compare side-by-side
- When done click on Compare

Comparing 3 Medicare Advantage plans	Aetna Medicare Value Pla Star rating: **** Star rating: **** Star rating: **** Star rating: **** Star rating: **** Star rating: *** Star rating: ** Star rating	<ul> <li>WellCare Elite (HMO) Star rating: **** ** ** **</li> <li>\$0.00 Medicare Advantage and drug monthly premium</li> <li>\$0 Health deductible</li> <li>\$0.00 Drug plan deductible</li> <li>\$5,000 In-network Maximum you pay for health services</li> <li>Plan Details</li> <li>Deen Enrollment starts October 15</li> </ul>	<ul> <li>★ Humana Gold Choice H8145-021</li> <li>(PFF5)</li> <li>Starrating: ★ ★ ★ ☆ ☆</li> <li>\$8.00</li> <li>Medicare Advantage and drug monthly premium</li> <li>\$0</li> <li>Health deductible</li> <li>\$360.00</li> <li>Drug plan deductible</li> <li>\$6,700 In and Out-of-network</li> <li>Maximum you pay for health services</li> <li>Plan Details</li> <li>Open Enrollment starts October 15</li> </ul>
Overview			
Premium	Health premium \$0.00 Drug premium \$0.00 Part B premium \$144.60	Health premium \$0.00 Drug premium \$0.00 Part B premium \$144.60	Health premium \$0.00 Drug premium \$8.00 Part B premium \$144.60

• Continue to scroll down to view more information about each plan



• You can compare key features in this view (*continued*)

$\frown$			
Doctor services	Primary doctor visit In-network: \$10 copay per visit Out-of-network: 50% coinsurance per visit Specialist visit In-network: \$45 copay per visit Out-of-network: 50% coinsurance per visit	Primary doctor visit S0 copay Specialist visit \$35 copay per visit	Primary doctor visit In-network: \$15 copay per visit Out-of-network: 30% coinsurance per visit Specialist visit In-network: \$45 copay per visit Out-of-network: 30% coinsurance per visit
Tests, labs, & imaging	Diagnostic tests & procedures In-network: \$0-50 copay Out-of-network: 50% coinsurance Lab services In-network: 50-25 copay Out-of-network: 50% coinsurance Diagnostic radiology services (Iike MRI) In-network: 50-250 copay Out-of-network: 50% coinsurance Outpatient ×-rays In-network: 510-110 copay Out-of-network: 50% coinsurance Emergency care S%0 copay per visit (always covered) Urgent care S10-45 copay per visit (always covered)	Diagnostic tests & procedures \$0-20 copay Lab services \$0 copay Diagnostic radiology services (like MRI) \$0-225 copay Outpatient ×-rays \$0 copay Emergency care \$90 copay per visit (always covered) Urgent care \$25 copay per visit (always covered)	Diagnostic tests & procedures ↓ In-network: \$0-105 copay Out-of-network: \$0 copay or 30% coinsurance Lab services In-network: \$0-40 copay Out-of-network: 30% coinsurance Diagnostic radiology services (like MRI) In-network: \$45-390 copay Out-of-network: 30% coinsurance Outpatient x-rays In-network: \$15-100 copay Out-of-network: \$15-400 copay S15-45 copay or 30% coinsurance per visit (always covered)
Hospital services	Inpatient hospital coverage In-network: \$375 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: 50% per stay	Inpatient hospital coverage S300 per day for days 1 through 6 S0 per day for days 7 through 90 Outpatient hospital coverage	Inpatient hospital coverage In-network: \$390 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond
Extra benefits			
Hearing aids - All types	In-network: \$0 copay Out-of-network: \$0 copay	\$0 сорау	Not covered
Preventive dental (like oral exams and cleanings)	In-network: \$0 copay Out-of-network: 30% coinsurance	\$0 сорау	Not covered
Comprehensive dental (like root canal and implants)	Some coverage	Some coverage	Not covered
Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	\$0 сорау	Not covered
Wellness programs (like fitness & nursing hotline)	Covered	Covered	Covered
Transportation	In-network: \$0 copay Out-of-network: \$0 copay	Not covered	Not covered
Skilled nursing facility	In-network: \$0 per day for days 1 through 20 \$184 per day for days 21 through 100 Out-of-network: 50% per stay	\$0 per day for days 1 through 20 \$184 per day for days 21 through 100	In-network: \$0 per day for days 1 through 20 \$184 per day for days 21 through 100 Out-of-network: 30% per stay
Durable medical equipment (like wheelchairs & oxygen)	In-network: 20% coinsurance per item Out-of-network: 50% coinsurance per item	20% coinsurance per item	In-network: 20% coinsurance per item Out-of-network: 30% coinsurance per item
Diabetes supplies	In-network: 0-20% coinsurance per item Out-of-network: 0-20% coinsurance per item	\$0 copay per item	In-network: \$0 copay or 10-20% coinsurance per item



Drug coverage & costs

Drugs covered/Not covered	2 of 2	2 of 2	2 of 2
	Prescription drugs covered	Prescription drugs covered	Prescription drugs covered
	<u>Restrictions may apply</u>	Restrictions may apply.	<u>Restrictions may apply</u>
Estimated total drug + premium cost	FT MITCHELL DRUG SHOPPE	FT MITCHELL DRUG SHOPPE	FT MITCHELL DRUG SHOPPE
	Standard in-network	Standard in-network	Preferred in-network
	\$328.80	\$0.00	\$190.92
	CVS PHARMACY #06116	CVS PHARMACY #06116	CVS PHARMACY #06116
	Preferred in-network	Standard in-network	Preferred in-network
	\$0.00	\$0.00	\$258.00
	KROGER PHARMACY #477	KROGER PHARMACY #477	KROGER PHARMACY #477
	V Preferred in-network	✓ Standard in-network	✓ Preferred in-network
	\$0.00	\$0.00	\$190.92
	WALGREENS #4082	WALGREENS #4082	WALGREENS #4082
	✓ Standard in-network	✓ Standard in-network	✓ Preferred in-network
	\$324.84	\$0.00	\$264.00
	Mail order pharmacy	Mail order pharmacy	Mail order pharmacy
	Yerferred in-network	✓ Preferred in-network	✓ Preferred in-network
	\$0.00	\$0.00	\$96.00
	Aetna Medicare Value Plan (PPO)	WellCare Elite (HMO)	Humana Gold Choice H8145-021 (PFFS)
	Plan Details	Plan Details	Plan Details
	Open Enrollment starts October 15	Open Enrollment starts October 15	Open Enrollment starts October 15
			$\mathbf{i}$
• You can return to th	e pharmacy page and char	nge pharmacies at any tim	ne.

- May want to print the comparison page ٠
- Click on Plan Details to see more detailed information, including cost of prescriptions •

There are different sections of information. You can click on each one or simply scroll down to see all the information.	Aetna Medicare Va Plan type: Medicare Advantage with drug Plan ID:H5521-085-0 Overview Benefits & costs Extra benefits	Dicoverage Overview PREMIUM Total monthly premium Health plan premium	\$0.00 \$0.00
	Star ratings v Contact information v	Drug plan premium Standard Part B premium Part B premium reduction DEDUCTIBLE V Health deductible Drug plan deductible	\$0.00 \$144.60 No \$650 annual deductible \$150.00



•

• To check if your	Benefits & costs	
doctors and		
providers are In	DOCTOR SERVICES View Provider Network Directory	
Network – you must go to the plan	Primary doctor visit	In-network: \$10 copay per visit Out-of-network: 50% coinsurance per visit
website. You can click on the link but	Specialist visit	In-network: \$45 copay per visit Out-of-network: 50% coinsurance per visit
will need to find the		
specific plan.	TESTS, LABS, & IMAGING	

• You will want to review the information in the Benefits & Costs section. This will outline your cost sharing for medical services.

Overview	^	Emergency care	\$90 copay per visit (always covered)	
Premium Deductible Estimated yearly cost		Urgent care	\$10-45 copay per visit (always covered)	
Maximum you pay for health s	services			
Benefits & costs		HOSPITAL SERVICES		
Doctor services Tests, labs, & imaging Hospital services Skilled nursing facility Preventive services Ambulance Therapy services Mental health services		Inpatient hospital coverage	In-network: \$375 per day for days 1 through 5 \$0 per day for days 6 through 90 Out-of-network: 50% per stay	Limits apply 🗸
		Outpatient hospital coverage	In-network: \$0-275 copay per visit Out-of-network: 50% coinsurance per visit	Limits apply 🗸
Opioid treatment program sei	rvices			
Other services	$\langle$	SKILLED NURSING FACILITY		
Extra benefits	~	Skilled nursing facility	In-network: \$0 per day for days 1 through 20 \$184 per day for days 21 through 100	Limits apply 🗸
Drug coverage & costs	~		Out-of-network: 50% per stay	
Star ratings	~	PREVENTIVE SERVICES V		
Contact information	~	Preventive services	In-network: \$0 copay Out-of-network: 0-50% coinsurance	



- Review your prescription drug costs at each pharmacy
- Note if a preferred in-network pharmacy

KROGER PHARMACY #47	7 - Drug costs	during d	coverage phases
---------------------	----------------	----------	-----------------

Selected drugs	Retail cost	Cost before deductible	Cost after deductib	Cost in coverage gap	Cost after coverage g	
Amlodipine 5mg tablet	\$0.76	\$0.00	\$0.00	\$0.00	\$0.76	
Levothyroxine sodium 50mcg tablet	\$0.80	\$0.00	\$0.00	\$0.00	\$0.80	
Monthly totals	\$1.56	\$0.00	\$0.00	\$0.00	\$1.56	
ou will pay \$0.00 per year on drug + prem ased on current drug costs, it's estimat • You won't meet your \$150.00 dedu	emium costs. ed that: actible this year					
		Ĩ	Estimated total drug + premium cost			
• Maka aura ta view all vour			You will pay <b>\$0.00</b> per year on drug + premium costs. Based on current drug costs, it's estimated that: • You won't meet your <b>\$150.00 deductible</b> this year			
			Estimated monthly drug costs			
			This doesn't include your monthly plan premium of \$0.00.			
• Wake su	d how mu	ch each	View the costs of your drugs every month $\land$			
prescript	ion will co	ost vou	Time period	Estimated monthly drug costs		
for each nharmacy			January	\$0.00		
<ul> <li>Also rev</li> </ul>	<ul> <li>Also review the estimated cost each month</li> </ul>			\$0.00		
cost each				\$0.00		
			April	\$0.00		
			Мау	\$0.00		
			June	\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
			October	\$0.00		
			November	\$0.00		

• You can call the plan directly for answers to any questions you have







- You can enroll in the plan of your choice online by clicking on Enroll OR
- You can call the company and enroll over the phone.
- Make sure that you have your Medicare Card ready

## Questions? Contact PrimeWise

- primewise@stelizabeth.com
- (859) 301-5999

Annual Open Enrollment for Part D Prescription Drug Plans and for Medicare Advantage Plans for all those NOT new to Medicare is October 15 to December 7 each year. The new coverage begins on January 1.

