

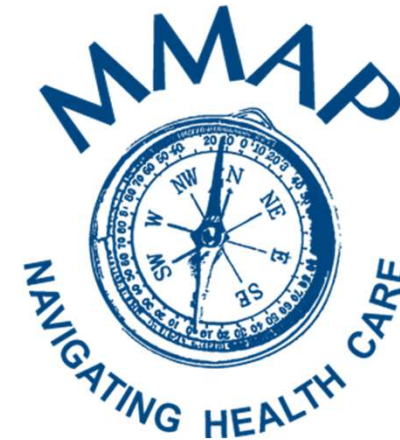
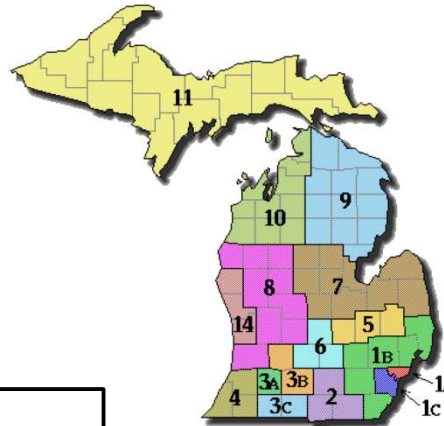
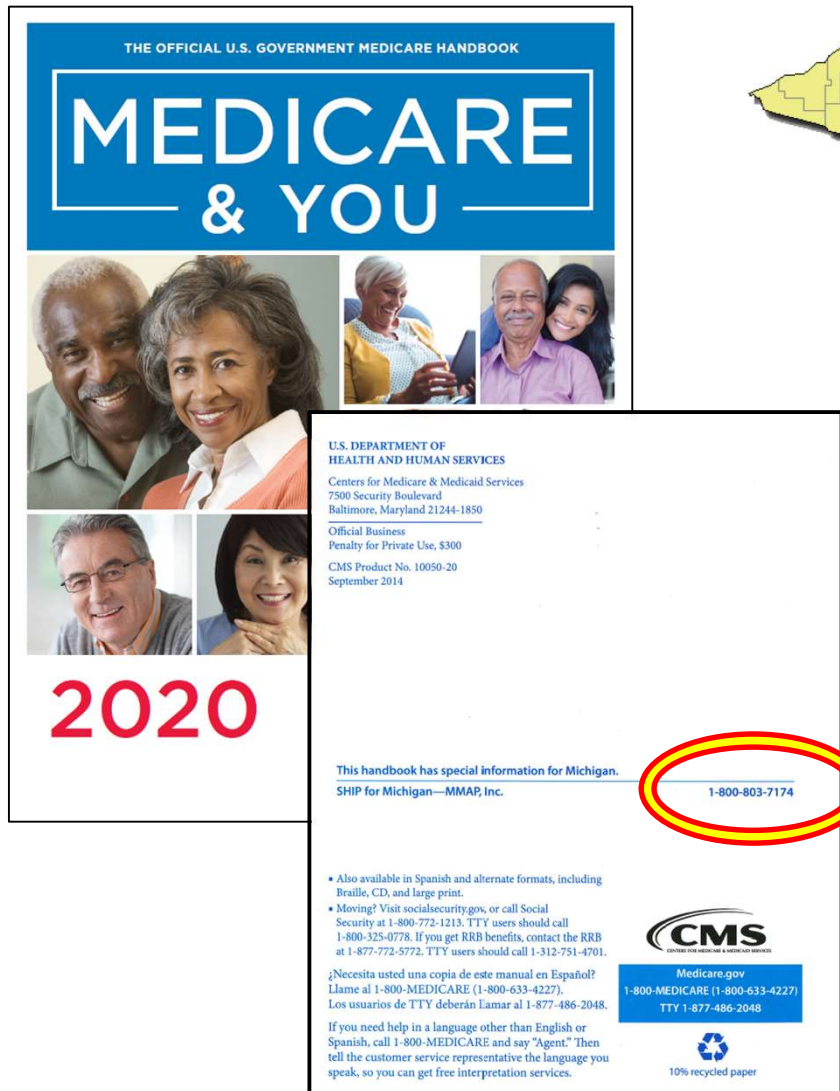
Michigan Medicare/Medicaid Assistance Program 2022

Kent County

Last Update 10-01-2021

This publication has been created and produced by Area Agency on Aging of Western Michigan with the financial assistance, in whole or in part, from a grant from the Michigan Aging and Adult Services Agency through a grant from Centers for Medicare and Medicaid Services, the federal Medicare Agency

1-800-803-7174

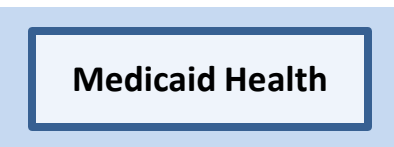


- Michigan Medicare Medicaid Assistance Program (MMAPI) is the State Health Insurance Assistance Program (SHIP) for Michigan
- MMAPI is a 501(c)(3) nonprofit
- Overseen locally by Area Agencies on Aging
- Volunteer counselors

ORIGINAL MEDICARE

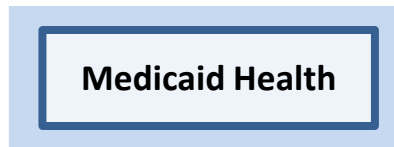
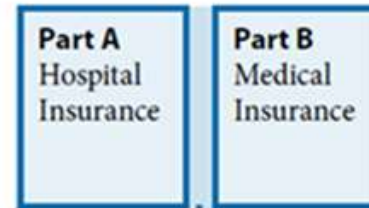


Optional Medicare Part A and B Supplemental Coverage



or

MEDICARE ADVANTAGE PLAN





Employment Retiree Coverage can be either Medicare Advantage or a Medigap plan: Refer to your retiree group for plan details

2021 MEDICARE PART A (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2021" PAGES 22 & 25-28

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
HOSPITAL CARE (INPATIENT CARE)			
Semi-private room and board, general nursing, and other hospital services and supplies	First 60 days	All but \$1,484	\$1,484 - deductible
	61 st to 90 th day	All but \$371 a day	\$371 a day - coinsurance
	91 st to 150 th day	All but \$742 a day	\$742 a day - coinsurance
	Beyond 150 days	Nothing	All Costs
SKILLED NURSING FACILITY CARE			
Semi-private room and board, skilled nursing and rehabilitative services, and other services and supplies are covered following a 3-day hospital stay as long as you meet Medicare conditions	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$185.50 a day	\$185.50 a day-coinsurance
	Beyond 100 days	Nothing	All costs
HOME HEALTH SERVICES			
Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Up to 100 visits following a 3-day hospital stay as long as you meet Medicare conditions	100% of approved amount	Nothing for services
		80% of approved amount for durable medical equipment	20% of approved amount for durable medical equipment
HOSPICE CARE			
Pain relief, symptom management and support services for the terminally ill	For as long as doctor certifies need	All but limited costs and for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
BLOOD			
When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	Costs after the 4 th unit per calendar year	For the first 3 units for each calendar year

To Purchase Part A:  **\$471/month for persons with 30 or less credits of MC covered employment**
 **\$259/month for persons with between 30-39 credits of MC covered employment**

2021 MEDICARE PART B (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2021" PAGES 23 & 29-51

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
DOCTOR AND HEALTH CARE PROVIDER SERVICES			
Covers medically necessary doctor and other specified health care provider services including outpatient mental health services	Unlimited if medically necessary	80% of approved amount (after \$203 deductible)	After the \$203 annual deductible and approximately 20% of billed amount
LABORATORY SERVICES			
Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amounts	Nothing for services
HOME HEALTH SERVICES			
Part-time or intermittent skilled care, home health aide services	Unlimited as long as you meet Medicare conditions	100% of approved amount	Nothing for services
Durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	80% of approved amount for durable medical equipment	After the \$203 annual deductible and approximately 20% of billed amount
OUTPATIENT HOSPITAL SERVICES			
Services for the diagnosis or treatment of illness or injury provided in a participating hospital outpatient setting	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	After \$203 deductible, 20% for health care provider services, you usually pay the hospital a copayment for each service
BLOOD			
When furnished in a participating outpatient setting	Unlimited if medically necessary	80% of costs after \$203 deductible and starting with the 4th unit	For the first 3 units for each calendar year

Medicare Part B Premium in 2021: The standard Part B premium in 2021 will be \$148.50

- Some beneficiaries will pay more than the standard Part B premium in 2021, if a beneficiaries has a higher income, the law requires an adjustment to their monthly Part B premium. Higher-income beneficiaries will pay higher premiums for Part B we call the additional amount the income-related monthly adjustment amount (IRMAA). Only 7% are in the income related adjusted amount group. <https://www.cms.gov/files/document/2021-part-d-income-related-monthly-premium-adjustment.pdf>

Supplemental “Medigap” Plans

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓

\$6,220 \$3,110
K & L Out of Pocket

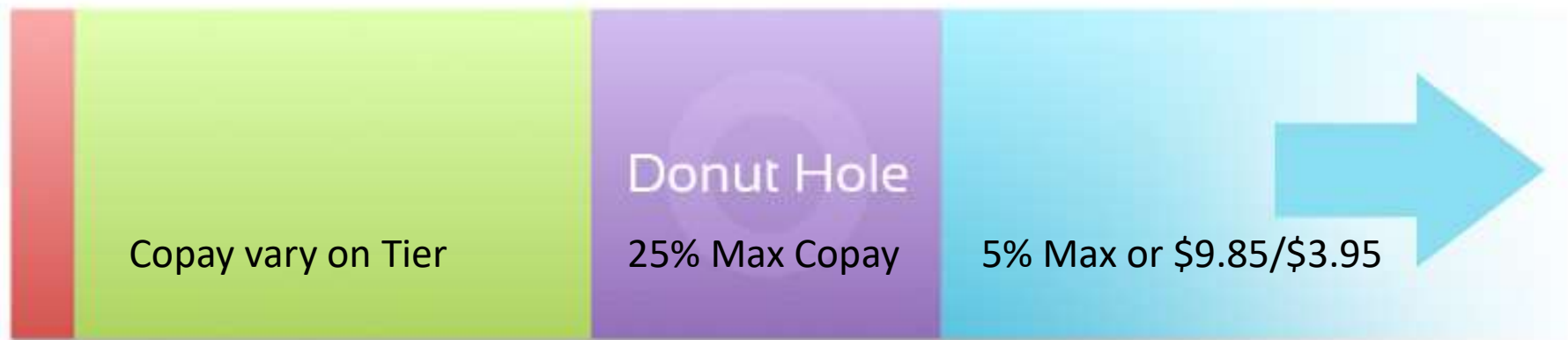


2022 Medicare Part D Prescription Drug Plans

Organization Name	Plan Name	Benefit Type	\$0 Full LIS Premium	National PDP	Premium	Deductible	Tiers Excluded	Plan Number
Aetna Medicare	SilverScript SmartRx (PDP)	Enhanced		Y	\$7.50	\$480.00	1	S5601-188-0
Aetna Medicare	SilverScript Choice (PDP)	Basic	Y	Y	\$26.60	\$480.00	1	S5601-26-0
Aetna Medicare	SilverScript Plus (PDP)	Enhanced		Y	\$64.10	\$0.00		S5601-27-0
BCBSM	Prescription Blue Select (PDP)	Basic			\$96.20	\$480.00	1	S5584-1-0
BCBSM	Prescription Blue Premium (PDP)	Enhanced			\$113.70	\$0.00		S5584-2-0
Cigna	Cigna Secure Rx (PDP)	Basic	Y	Y	\$30.60	\$480.00	1	S5617-221-0
Cigna	Cigna Essential Rx (PDP)	Enhanced		Y	\$32.90	\$480.00	1	S5617-292-0
Cigna	Cigna Extra Rx (PDP)	Enhanced		Y	\$61.50	\$100.00	1	S5617-258-0
Clear Spring Health	Clear Spring Health Premier Rx (PDP)	Enhanced			\$17.00	\$480.00	1	S6946-39-0
Clear Spring Health	Clear Spring Health Value Rx (PDP)	AES	Y		\$28.40	\$480.00		S6946-10-0
Elixir Insurance	Elixir RxPlus (PDP)	Enhanced		Y	\$20.30	\$480.00	1	S7694-131-0
Elixir Insurance	Elixir RxSecure (PDP)	AES	Y	Y	\$31.60	\$480.00		S7694-70-0
Humana	Humana Walmart Value Rx Plan (PDP)	Enhanced		Y	\$22.70	\$480.00	1	S5884-192-0
Humana	Humana Basic Rx Plan (PDP)	AES	Y	Y	\$31.00	\$480.00		S5884-136-0
Humana	Humana Premier Rx Plan (PDP)	Enhanced		Y	\$71.50	\$480.00	1	S5884-159-0
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)	Enhanced			\$34.20	\$480.00	1	S7126-82-0
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)	AES			\$84.30	\$480.00		S7126-12-0
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)	Enhanced		Y	\$28.60	\$310.00	1	S5921-394-0
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	AES	Y	Y	\$30.90	\$480.00		S5921-358-0
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced		Y	\$94.90	\$0.00		S5820-12-0
Wellcare	Wellcare Value Script (PDP)	Enhanced		Y	\$12.70	\$480.00	1	S4802-148-0
Wellcare	Wellcare Classic (PDP)	AES	Y	Y	\$27.60	\$480.00		S4802-84-0
Wellcare	Wellcare Medicare Rx Value Plus (PDP)	Enhanced		Y	\$68.30	\$0.00		S4802-216-0

2022 Medicare Donut Hole

|-----\$4,430-----|-----\$5,582.50-----|-----No max out of pocket-----→



(OOP plan w/o ded roughly \$1,107.50)

(25% Bene and 70% brand dis)

|-----**TrOOP**-----|
\$7,050

**TrOOP: Total deductible, initial coverage level copays,
Donut Hole 25% coinsurance and Donut Hole 70%
brand manufacturer discount**

- Deductible
- Copayment or Coinsurance
- Coverage Gap
- Catastrophic Coverage

Kent County Medicare Advantage Plans

with prescription coverage (2021)

Aetna

Aetna Medicare Value PPO
Aetna Medicare Premier PPO

Blue Care Network

BCN Advantage Basic
BCN Advantage Classic
BCN Advantage Prestige

Blue Cross Blue Shield of Michigan

Medicare Plus Blue PPO Assure
Medicare Plus Blue PPO Essential
Medicare Plus Blue PPO Signature
Medicare Plus Blue PPO Vitality

HAP

Choice Medicare – WM Option 1
Choice Medicare – WM Option 2

Humana

Humana Gold Plus HMO
HumanaChoice PPO H8087
HumanaChoice Regional PPO
HumanaChoice PPO H5216
Humana Gold Choice PFFS

Priority Health

PriorityMedicare HMO
PriorityMedicare Ideal
PriorityMedicare Key
PriorityMedicare Merit
PriorityMedicare Select
PriorityMedicare Value
PriorityMedicare Edge
PriorityMedicare Vital

WellCare

WellCare Essential
WellCare Dividend

Kent County 2021 Medicare Advantage Plans with Drug Coverage

Plan Name	Aetna Medicare Value (PPO)	Aetna Medicare Premier (PPO)	BCN Prime Value (HMO-POS)	BCN Advantage Classic (HMO-POS)	BCN Advantage Prestige (HMO-POS)	Medicare Plus Blue Essential (PPO)	Medicare Plus Blue Vitality (PPO)	Medicare Plus Blue Signature (PPO)	Medicare Plus Blue Assure (PPO)	HAP Choice Medicare - West MI Option 1 (HMO)	HAP Choice Medicare - West MI Option 2 (HMO)	Humana Gold Plus H8908-002 (HMO)	Humana Choice H8087-001 (PPO)
Plan ID	H5521-219-0	H5521-194-0	H5883-014-1	H5883-002-1	H5883-003-1	H9572-004-4	H9572-002-4	H9572-001-4	H9572-003-4	H2354-026-0	H2354-027-0	H8908-002-0	H8087-001-0
Premium	\$0.00	\$15.00	\$0.00	\$80.00	\$178.00	\$0.00	\$80.00	\$122.00	\$260.00	\$0.00	\$30.00	\$9.00	\$20.00
Deductible	Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Drug	\$0	\$0	\$50	\$0	\$0	\$100	\$100	\$0	\$0	\$0	\$0	\$75
Out of Pocket Max	\$6,725	\$6,000	\$4,500	\$3,800	\$3,400	\$6,000	\$5,000	\$4,700	\$3,425	\$4,800	\$3,900	\$6,000	\$5,900
Doctor Visits	PCP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10
	Specialist	\$40	\$35	\$45	\$35	\$20	\$45	\$40	\$40	\$0	\$40	\$30	\$45
Labs	\$15	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 - \$35	\$0 - \$35
Imaging	\$20 - \$295	\$15 - \$240	\$20 - \$100	\$20 - \$75	\$10 - \$50	\$35 - \$100	\$35 - \$100	\$35 - \$100	\$35 - \$75	\$0 - \$150	\$0 - \$100	\$0 - \$350	\$10 - \$350
Outpatient Hospital	\$375	\$350	\$250	\$200	\$200	\$150 - \$250	\$150 - \$200	\$125 - \$175	\$75 - \$150	\$205	\$185	\$270	\$365
ER	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Ambulance	\$295	\$250	\$275	\$250	\$250	\$275	\$250	\$250	\$250	\$250	\$225	\$290	\$290
Inpatient Hospital	\$270	\$250	\$325	\$225	\$125	\$325	\$250	\$175	\$100	\$235	\$210	\$295	\$390
	Days 1-6	Days 1-7	Days 1-6	Days 1-6	Days 1-6	Days 1-6	Days 1-6	Days 1-6	Days 1-6	Days 1-7	Days 1-7	Days 1-7	Days 1-5
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing	Days 7-90	Days 8-90	Days 7-90	Days 7-90	Days 7-90	Days 7-90	Days 7-90	Days 7-90	Days 7-90	Days 8-90	Days 8-90	Days 8-90	Days 6-90
	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20
	\$184 Days 21-100	\$184 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$184 Days 21-100	\$184 Days 21-100	\$184 Days 21-100	\$184 Days 21-100
DME	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
OTC Benefit	\$75/qtr	\$105/qtr	\$75/qtr	\$25/qtr	\$25/qtr	\$50/qtr	\$25/qtr	\$25/qtr	\$25/qtr	\$75/qtr	100/qtr	\$30/qtr	None
Diabetic Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental, Vision, Hearing**	Included	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH
	Extra	None	None	DVH	DVH	DVH	DVH	DVH	DVH	D	D	D	D
Fitness	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	PeerFit Move	PeerFit Move	Silver Sneakers	Silver Sneakers

All deductibles, copays and out of pocket amounts are based off of IN-NETWORK SERVICES, additional cost may apply to out of network providers

Kent County 2021 Medicare Advantage Plans with Drug Coverage

Plan Name		Humana Choice H5216-009 (PPO)	Humana Gold Choice H8145-006 (PFFS)	Humana Choice R3887-002 (Regional PPO)	Priority Medicare Edge (PPO)	Priority Medicare Vital (PPO)	Priority Medicare Key (HMO- POS)	Priority Medicare Value (HMO-POS)	Priority Medicare Ideal (PPO)	Priority Medicare Merit (PPO)	Priority Medicare (HMO-POS)	Priority Medicare Select (PPO)	WellCare Essential (HMO-POS)	WellCare Dividend (HMO)
Plan ID		H5216-009-0	H8145-006-0	R3887-002-0	H4875-020-1	H4875-022-1	H2320-022-1	H2320-029-1	H4875-018-1	H4875-016-4	H2320-028-1	H4875-017-1	H5475-005-0	H5475-031-0
Premium		\$70.00	\$81.00	\$110.00	\$0.00	\$0.00	\$0.00	\$13.00	\$23.00	\$55.00	\$86.00	\$149.00	\$0.00	\$0.00
Deductible	Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Drug	\$0	\$445	\$380	\$0	\$350	\$100	\$75	\$125	\$0	\$0	\$0	\$0	\$445
Out of Pocket Max		\$5,900	\$6,700	\$5,300	\$5,300	\$6,000	\$5,500	\$4,900	\$5,800	\$4,100	\$4,500	\$3,500	\$3,450	\$3,450
Doctor Visits	PCP	\$10	\$20	\$0	\$0	20%	\$10	\$5	\$15	\$20	\$10	\$15	\$0	20%
	Specialist	\$45	\$50	\$45	\$40	20%	\$45	\$45	\$45	\$45	\$40	\$40	\$40	20%
Labs		\$0 - \$35	\$0 - \$40	\$0 - \$35	\$0	20%	\$10	\$10	\$15	\$20	\$30	\$20	\$0	\$0
Imaging		\$10 - \$350	20% - 25%	\$0 - \$350	\$20 - \$275	20%	\$35 - \$150	\$35 - \$225	\$40 - \$150	\$35 - \$125	\$35 - \$125	\$30 - \$75	\$0 - \$250	20%
Outpatient Hospital		\$325	25%	\$270	\$325	20%	\$290	\$225	\$250	\$225	\$175	\$200	\$250	20%
ER		\$90	\$90	\$90	\$90	20%	\$90	\$90	\$90	\$90	\$90	\$90	\$120	\$120
Ambulance		\$270	20%	\$270	\$275	20%	\$250	\$250	\$275	\$250	\$200	\$200	\$250	20%
Inpatient Hospital		\$350	\$279	\$295	\$350	\$400	\$325	\$325	\$300	\$375	\$225	\$200	\$295	\$1,500 per stay
		Days 1-5	Days 1-7	Days 1-7	Days 1-5	Days 1-4	Days 1-6	Days 1-5	Days 1-6	Days 1-5	Days 1-6	Days 1-6	Days 1-7	
		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Skilled Nursing		Days 6-90	Days 8-90	Days 8-90	Days 6-90	Days 5-90	Days 7-90	Days 6-90	Days 7-90	Days 6-90	Days 7-90	Days 7-90	Days 8-90	
		\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20	\$0 Days 1-20
		\$178 Days 21-100	\$184 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$178 Days 21-100	\$184 Days 21-100	\$184 Days 21-100
DME		20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
OTC Benefit		\$50/qtr	\$150/qtr	\$30/qtr	\$50/qtr	\$40/qtr	\$75/qtr	\$25/qtr	\$75/qtr	None	None	None	\$300/year	None
Diabetic Supplies		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental, Vision, Hearing**	Included	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DVH	DV
	Extra	D	D	D	DV	DV	DV	DV	DV	DV	DV	DV	None	None
Fitness		Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers		

All deductibles, copays and out of pocket amounts are based off of IN-NETWORK SERVICES, additional cost may apply to out of network providers

Kent County Medicare Advantage Plans

with prescription coverage (2022)

Aetna

Aetna Medicare Value PPO

Aetna Medicare Premier PPO

Blue Care Network

BCN Advantage Basic

BCN Advantage Classic

BCN Advantage Prestige

Blue Cross Blue Shield of Michigan

Medicare Plus Blue PPO Assure

Medicare Plus Blue PPO Essential

Medicare Plus Blue PPO Signature

Medicare Plus Blue PPO Vitality

HAP

Choice Medicare – WM Option 1

Choice Medicare – WM Option 2

Humana

Humana Gold Plus HMO

HumanaChoice PPO H8087

HumanaChoice Regional PPO

HumanaChoice PPO H5216

Humana Gold Choice PFFS

Humana Choice Regional PPO

Priority Health

PriorityMedicare HMO

PriorityMedicare Ideal

PriorityMedicare Key

PriorityMedicare Merit

PriorityMedicare Select

PriorityMedicare Value

PriorityMedicare Edge

PriorityMedicare Vital

WellCare (No Kent hospital coverage)

WellCare Giveback

WellCare No Premium Essential

WellCare No Premium Open

WellCare Assist

WellCare Community Assist



2022 Medicare Advantage Plans with Drug Coverage

Kent County

Plan Name	Aetna Medicare Value (PPO)	Aetna Medicare Premier (PPO)	BCN Prime Value (HMO-POS)	BCN Advantage Classic (HMO-POS)	BCN Advantage Prestige (HMO-POS)	Medicare Plus Blue Essential (PPO)	Medicare Plus Blue Vitality (PPO)	Medicare Plus Blue Signature (PPO)	Medicare Plus Blue Assure (PPO)
Plan ID	H5521-219-0	H5521-194-0	H5883-014-1	H5883-002-1	H5883-003-1	H9572-004-4	H9572-002-4	H9572-001-4	H9572-003-4
Premium	\$0	\$11	\$0	\$80	\$179	\$0	\$80	\$122	\$261
Deductible	Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Drug	\$0	\$0	\$50	\$0	\$0	\$0	\$0	\$0
Out of Pocket Max	\$6,725	\$5,900	\$4,500	\$3,800	\$3,400	\$6,000	\$5,000	\$4,700	\$3,425
Doctor Visits	PCP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Specialist	\$35	\$30	\$45	\$35	\$20	\$45	\$40	\$0
Labs	\$0 - \$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Imaging	\$20 - \$295	\$15 - \$240	\$20 - \$100	\$20 - \$75	\$10 - \$50	\$35 - \$100	\$35 - \$100	\$35 - \$100	\$35 - \$75
Outpatient Hospital	\$375	\$350	\$250	\$225	\$200	\$150 - \$275	\$150 - \$220	\$125 - \$205	\$75 - \$150
ER	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Ambulance	\$295	\$250	\$275	\$250	\$250	\$275	\$275	\$250	\$250
Inpatient Hospital	\$270 Days 1-6 \$0 Days 7-90	\$240 Days 1-6 \$0 Days 8-90	\$325 Days 1-6 \$0 Days 7-90	\$225 Days 1-6 \$0 Days 7-90	\$125 Days 1-6 \$0 Days 7-90	\$325 Days 1-6 \$0 Days 7-90	\$250 Days 1-6 \$0 Days 7-90	\$175 Days 1-6 \$0 Days 7-90	\$100 Days 1-6 \$0 Days 7-90
Skilled Nursing	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100
OTC Benefit	\$75/qtr	\$105/qtr	\$75/qtr	\$25/qtr	\$25/qtr	\$50/qtr	\$25/qtr	\$25/qtr	\$25/qtr
Dental, Hearing, Vision Included	D H V	D H V	D H V	D H V	D H V	D H V	D H V	D H V	D H V
Dental, Hearing, Vision Extra Package	Not Offered	Not Offered	D V	D V	D V	D V	D V	D V	D V
Fitness Benefit	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers



2022 Medicare Advantage Plans with Drug Coverage

Kent County

Plan Name		HAP Choice Medicare - West MI Option 1 (HMO)	HAP Choice Medicare - West MI Option 2 (HMO)	Humana Choice H8087-004 (PPO)	Humana Gold Plus H8908-002 (HMO)	Humana Choice H8087-001 (PPO)	Humana Choice H5216-009 (PPO)	Humana Gold Choice H8145-006 (PFFS)	Humana Choice R3887-002 (Regional PPO)	McLaren Medicare Inspire (HMO)
Plan ID		H2354-026-0	H2354-027-0	H8087-004-0	H8908-002-0	H8087-001-0	H5216-009-0	H8145-006-0	R3887-002-0	H6322-001-0
Premium		\$0	\$35	\$0	\$10	\$20	\$71	\$78	\$112	\$0
Deductible	Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$300
	Drug	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$480	\$100
Out of Pocket Max		\$4,500	\$3,500	\$5,500	\$6,000	\$5,900	\$5,900	\$6,700	\$5,300	\$5,200
Doctor Visits	PCP	\$0	\$0	\$5	\$0	\$10	\$10	\$20	\$0	\$5
	Specialist	\$30	\$20	\$40	\$40	\$45	\$45	\$50	\$45	\$40
Labs		\$0	\$0	\$0 - \$35	\$0/\$35	\$0 - \$35	\$0/\$35	\$0/\$40	\$0/\$35	\$0
Imaging		\$35 - \$150	\$35-\$100	\$35 - \$275	\$0 - \$275	\$10 - \$275	\$10 - \$250	\$20 - 25%	\$0 - \$275	\$25 - \$200
Outpatient Hospital		\$210	\$190	\$325	\$270	\$365	\$325	25%	\$270	\$200
ER		\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Ambulance		\$250	\$250	\$290	\$290	\$290	\$250	20%	\$270	\$250
Inpatient Hospital		\$235 Days 1-7 \$0 Days 8-90	\$220 Days 1-7 \$0 Days 8-90	\$350 Days 1-5 \$0 Days 6-90	\$295 Days 1-7 \$0 Days 8 - 90	\$390 Days 1-5 \$0 Days 6-90	\$350 Days 1-5 \$0 Days 6-90	\$279 Days 1-7 \$0 Days 8-90	\$295 Days 1-7 \$0 Days 8-90	\$250 Days 1-7 \$0 Days 8-90
Skilled Nursing		\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$178 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$178 Days 21-100	\$0 Days 1-20 \$188 Days 21-100
OTC Benefit		\$75/qtr	\$100/qtr	\$30/qtr	\$30/qtr	Not Offered	\$50/qtr	\$175/qtr	\$30/qtr	\$50/qtr
Dental, Hearing, Vision Included		D H V	D H V	D H V	D H V	D H V	D H V	D H V	D H V	D H V
Dental, Hearing, Vision Extra Package		D	D	D	D	D	D	D	D	D
Fitness Benefit		Peerfit Move	Peerfit Move	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Offered



2022 Medicare Advantage Plans with Drug Coverage

Kent County

Plan Name	McLaren Medicare Inspire Plus (HMO)	McLaren Medicare Inspire Flex (HMO-POS)	Molina Medicare Choice Care (HMO)	Priority Medicare Edge (PPO)	Priority Medicare Key (HMO-POS)	Priority Medicare Vital (PPO)*	Priority Medicare Value (HMO-POS)	Priority Medicare Ideal (PPO)	Priority Medicare Merit (PPO)
Plan ID	H6322-002-0	H6322-003-2	H5926-006-0	H4875-020-1	H2320-022-1	H4875-022-1	H2320-029-1	H4875-018-1	H4875-016-4
Premium	\$25	\$49	\$0	\$0	\$0	\$0	\$16	\$24	\$63
Deductible	Health	\$0	\$100	\$0	\$0	\$0	\$0	\$0	\$0
	Drug	\$0	\$0	\$125	\$0	\$350	\$75	\$125	\$0
Out of Pocket Max	\$3,800	\$3,800	\$7,550	\$5,300	\$5,000	\$4,700	\$4,900	\$5,800	\$4,100
Doctor Visits	PCP	\$0	\$0	\$0	\$0/\$10	\$0	\$5	\$15	\$20
	Specialist	\$25	\$25	\$30	\$45	\$45	20%	\$45	\$45
Labs	\$0	\$0	\$0	\$0	\$0/\$10	\$0	\$0/\$10	\$0/\$15	\$0/\$20
Imaging	\$25 - \$150	\$25 - \$100	\$125 - \$225	\$20 - \$275	\$35 - \$150	20%	\$35 - \$225	\$40 - \$150	\$35 - \$125
Outpatient Hospital	\$200	\$200	\$225	\$325	\$290	20%	\$225	\$250	\$225
ER	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Ambulance	\$250	\$250	\$200	\$275	\$250	20%	\$250	\$275	\$250
Inpatient Hospital	\$200 Days 1-7 \$0 Days 8-90	\$200 Days 1-7 \$0 Days 8-90	\$295 Days 1-6 \$0 Days 7-90	\$350 Days 1-5 \$0 Days 6-90	\$325 Days 1-6 \$0 Days 7-90	\$435 Days 1-4 \$0 Days 5-90	\$325 Days 1-5 \$0 Days 6-90	\$300 Days 1-6 \$0 Days 7-90	\$200 Days 1-6 \$0 Days 7-90
Skilled Nursing	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$185.50 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100
OTC Benefit	\$50/qtr	\$50/qtr	Offered	\$50/qtr	\$45 or \$75/qtr	\$40/qtr	\$25/qtr	\$75/qtr	Not Offered
Dental, Hearing, Vision Included	D H V	D H V	D H V	D H V	D H V	D H V	D H V	D H V	D H V
Dental, Hearing, Vision Extra Package	D	D	Not Offered	D V	D V	D V	D V	D V	D V
Fitness Benefit	Offered	Offered	Silver & Fit	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers



2022 Medicare Advantage Plans with Drug Coverage

Kent County

Plan Name		Priority Medicare (HMO-POS)	Priority Medicare Select (PPO)	Wellcare Giveback (HMO)*	Wellcare No Premium Essential (HMO POS)	Wellcare No Premium Open (PPO)	Wellcare Assist (HMO)	Wellcare Community Assist (PPO)
Plan ID		H2320-028-1	H4875-017-1	H5475-031-0	H5475-005-0	H2117-001-0	H5475-038-0	H2117-004-0
Premium		\$74	\$159	\$0	\$0	\$0	\$21	\$32
Deductible	Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Drug	\$0	\$0	\$480	\$0	\$0	\$480	\$480
Out of Pocket Max		\$4,500	\$3,500	\$3,450	\$3,450	\$5,000	\$3,450	\$5,000
Doctor Visits	PCP	\$10	\$15	20%	\$0	\$0	\$0	\$0
	Specialist	\$40	\$40	\$20%	\$40	\$35	\$30	\$30
Labs		\$0/\$30	\$0/\$20	\$0	\$0	\$0	\$0	\$0
Imaging		\$35 - \$125	\$30 - \$75	\$0/20%	\$0 - \$200	\$0 - \$275	\$0 - \$225	\$0 - \$250
Outpatient Hospital		\$175	\$200	20%	\$250	\$275	\$225	\$250
ER		\$90	\$90	\$120	\$120	\$90	\$120	\$90
Ambulance		\$200	\$200	20%	\$300	\$350	\$300	\$250
Inpatient Hospital		\$225 Days 1-6 \$0 Days 7-90	\$200 Days 1-6 \$0 Days 7-90	\$1,500 per stay	\$295 Days 1-7 \$0 Days 8-90	\$325 Days 1-6 \$0 Days 7-90	\$300 Days 1-7 \$0 Days 8-90	\$325 Days 1-6 \$0 Days 7-90
Skilled Nursing		\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$188 Days 21-100	\$0 Days 1-20 \$184 Days 21-100	\$0 Days 1-20 \$188 Days 21-100
OTC Benefit		Not Offered	Not Offered	\$15/qtr	\$75/qtr	\$60/qtr	\$150/qtr	\$55/qtr
Dental, Hearing, Vision Included		D H V	D H V	D H V	D H V	D H V	D H V	D H V
Dental, Hearing, Vision Extra Package		D V	D V	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
Fitness Benefit		Silver Sneakers	Silver Sneakers	Offered	Offered	Offered	Offered	Offered

Financial Assistance Programs

04-01-2021

Medicare Part B Premium Assistance

“Medicare Savings Program”

Income Limit Single: **\$1,469/month**

Married: **\$1,980/month**

Asset Limit Single: **\$7,970**

Married: **\$11,960**

Prescription Drug Plan Premium and Copay Assistance

“Extra Help: Low Income Subsidy”

Income Limit Single: **\$1,630/month**

Married: **\$2,198/month**

Asset Limit Single: **\$14,7900**

Married: **\$29,520**

+ \$1,500 Funeral assets (verifiable)

You're the first line of defense against Medicare fraud and abuse. Here are some ways you can protect yourself, your loved ones, and Medicare from fraud:

1. Record

- Record the dates of doctor's appointments on a calendar. Note the tests and services you get, and save the receipts and statements from your providers. If you need help recording the dates and services, ask a friend or family member.
- Contact your local Senior Medicare Patrol (SMP) program to get a free Personal Health Care Journal. To locate the SMP program in your area, use the SMP locator at smpresource.org, or call 1-877-808-2468.

2. Review

- Look for signs of fraud, including claims you don't recognize on your "Medicare Summary Notices" (MSNs), and advertisements or phone calls from companies offering free items or services to people with Medicare.
- Compare the dates and services on your calendar with your MSNs to make sure you got each service listed and that all the details are correct. If you find items listed in your claims that you don't have a record of, it's possible that you or Medicare may have been billed for services or items you didn't get.
- Visit MyMedicare.gov or call 1-800-MEDICARE (1-800-633-4227) to review your Medicare claims. TTY users should call 1-877-486-2048. If you're in a Medicare Advantage Plan (like an HMO or PPO) or Medicare Prescription Drug Plan, call your plan for more information about a claim.
- Get help from your local SMP program with checking your MSNs for errors or suspected fraud.

3. Report

- Report suspected Medicare fraud by calling 1-800-MEDICARE. When using the automated phone system, have your Medicare card with you and clearly speak or enter your Medicare number and letter(s).
- You can also report fraud to the Office of the Inspector General by visiting forms.oig.hhs.gov/hotlineoperations or by calling 1-800-HHS-TIPS (1-800-447-8477). TTY users should call 1-800-377-4950.
- If you identify errors or suspect fraud, the SMP can also help you make a report to Medicare.

4. Remember

- Protect your Medicare number. Don't give it out, except to your doctor or other health care provider.
- Never give your Medicare number in exchange for a special offer.
- Never let someone use your Medicare card, and never use another person's card.

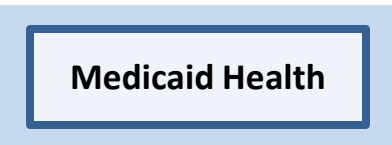
To learn more about Medicare fraud, and how to protect yourself and loved ones, visit Medicare.gov. You can also think about volunteering with the SMP program to help other people with Medicare and their caregivers identify and report suspected fraud and abuse.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html>, or call 1-800-MEDICARE for more information.

ORIGINAL MEDICARE

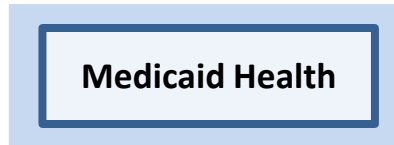
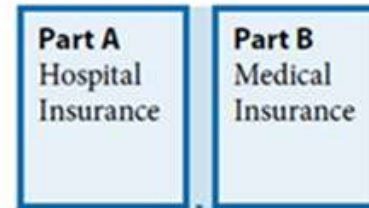


Optional Medicare Part A and B Supplemental Coverage



or

MEDICARE ADVANTAGE PLAN



Employment Retiree Coverage can be either Medicare Advantage or a Medigap plan: Refer to your retiree group for plan details