

2024 Medicare Advantage Plan Information for Herkimer County

Prepared by HIICAP of Herkimer County. For Assistance please contact us at 315-894-9917 ext 232.

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2024 Plan Name	Monthly Premium	Primary Care	Specialist	Inpatient Hospital	Outpatient Hospital	X-Ray	Diagnostic Radiology	Labwork	MOOP In/Out	Extras	Drug Deduct	Contract ID	Plan ID
AARP Medicare Advantage from UHC NY-0024 (HMO-POS)	\$0.00	\$0.00	\$0-\$30	\$375 1-4	\$0-\$375	\$25.00	\$0-\$205	\$0.00	\$7,550	V, D, H, F, E, O, B, M, A, T	\$0	H3379	050
AARP Medicare Advantage from UHC NY-0026 (PPO)	\$0.00	0/\$50	\$0-\$40/ \$60	\$395 1-5/ \$550 1-20	\$0-\$395/ 40%	\$25.00 /\$45.00	\$0- \$150/40%	\$0.00	\$7550/ 10,000	V, D, H, F, E, O, B, M, A, T	\$195	H3418	010
Aetna Medicare Credit Plan (PPO)	\$0.00	\$10/\$50	\$45/\$60	\$395 1-5/ \$500 1-20	\$0-\$395/ 30%	\$45/30%	\$0- \$350/30%	\$0- \$5/30%	\$8,500/ \$12,500	V, D, H, F, E, M, A, T	\$250	H5521	313
Aetna Medicare Discover Value Plan (PPO)	\$28.00	\$0/\$45	\$30/\$50	\$325 1-6/ \$500 1-20	\$0-\$300/ 40%	\$30/40%	\$0-\$225/ 40%	\$0/40%	\$8,500/ \$12,500	V, D, H, F, E, O, M, A, T	\$250	H5521	340
Aetna Medicare Eagle Plan (PPO)	\$0.00	\$0/\$25	\$35/\$55	\$350 1-5/ 50%	\$0-\$350/ 50%	\$35/50%	\$0-\$300/ 50%	\$0/\$30	\$7,000/ \$9,500	V, D, H, F, E, O, M, A, T	\$0	H5521	323
Aetna Medicare Platinum Plan (PPO)	\$150.00	\$0/\$50	\$0/\$60	\$0/ \$500 1-20	\$0-\$300/ 30%	\$0/30%	\$0-\$150/ 30%	\$0/30%	\$4,300/ \$6,000	V, D, H, F, E, O, M, A, T	\$250	H5521	459
Aetna Medicare Premier Plan (PPO)	\$0.00	\$0/\$50	\$35/\$60	\$335 1-6/ \$500 1-20	\$0-\$325/ 30%	\$35/30%	\$0-\$250 /30%	\$0/30%	\$7,550/ \$11,300	V, D, H, F, E, O, M, A, T	\$150	H5521	077
Aetna Medicare Value Plan (HMO)	\$0.00	\$0.00	\$25.00	\$300 1-6	\$0-\$325	\$25.00	\$0-\$250	\$0.00	\$7,900	V, D, H, R, E, O, M, A, T	\$0	H3312	048
CDPHP \$0 Medicare Rx (HMO)	\$0.00	\$0.00	\$0-\$35	\$330 1-5	\$365.00	\$35.00	\$195.00	0-20%	\$7,000	V, D, H, R, F, E, O, I, M, A, T	\$250	H3388	014
CDPHP Basic RX (HMO)	\$31.00	\$0.00	\$0-\$35	\$315 1-6	\$330.00	\$35.00	\$140.00	\$0-\$5	\$6,700	V, D, H, R, F, E, O, I, M, A, T	\$0	H3388	013

2024 Plan Name	Monthly Premium	Primary Care	Specialist	Inpatient Hospital	Outpatient Hospital	X-Ray	Diagnostic Radiology	Labwork	MOOP In/Out	Extras	Drug Deduct	Contract ID	Plan ID
CDPHP Choice (HMO)	\$39.90	\$0.00	\$0-\$25	\$260 1-6	\$200.00	\$25.00	\$100.00	\$0-\$5	\$6,100	V, D, H, R, F, E, O, I, M, A, T	No RX	H3388	001
CDPHP Choice Rx (HMO)	\$124.00	\$0.00	\$0-\$25	\$260 1-6	\$200.00	\$25.00	\$100.00	\$0-\$5	\$6,100	V, D, H, R, F, E, O, I, M, A, T	\$0	H3388	002
CDPHP Flex (PPO)	0	\$0/\$40	\$0-\$40/ 30%	\$310 1-6/ 30%	\$325/30%	\$35/\$40	\$135/30%	\$0-\$5/ 30%	\$6,100/ \$9,550	V, D, H, R, F, E, O, I, M, A, T	No Rx	H5042	012
CDPHP Flex Rx (PPO)	\$34.80	\$0/\$40	\$0-\$40/ 30%	\$310 1-6/ 30%	\$325/30%	\$35/\$40	\$135/30%	\$0-\$5/ 30%	\$6,100/ \$9,550	V, D, H, R, F, E, O, I, M, A, T	\$0	H5042	011
CDPHP Value Rx (HMO)	\$53.80	\$0.00	\$0-\$30	\$295 1-6	\$300.00	\$30.00	\$130.00	\$0-\$5	\$6,400	V, D, H, R, F, E, O, I, M, A, T	\$0	H3388	004
CDPHP Vital Rx (PPO)	\$0.00	\$0/\$50	\$0-\$45/ 40%	\$360 1-4/ 40%	\$360/40%	\$40/40%	\$165/40%	\$0-\$5/ 40%	\$7,500/ \$11,300	V, D, H, R, F, E, O, I, M, A, T	\$300	H5042	009
Humana Gold Plus H3533-006 (HMO)	\$0.00	\$0.00	\$35.00	\$320 1-7	\$35-\$325	\$0-\$85	\$35-\$325	\$0-\$55	\$7,550	V, D, H, F, E, O, C, M, A, T	\$350	H3533	006
Humana Gold Plus H3533-013 (HMO)	\$25.00	\$0.00	\$30.00	\$320 1-7	\$30-\$325	\$0-\$80	\$30-\$325	\$0-\$60	\$6,000	V, D, H, R, F, E, O, M, A, T	\$275	H3533	013
Humana USAA Honor (PPO)	\$0	\$0/\$10	\$40/\$50	\$350 1-5/ \$350 1-7	\$40-\$350/ \$50 or 30%	\$0-\$90/ \$10-\$60 or 30%	\$40- \$350/\$50 or 30%	\$0-\$60/ \$10-\$60 or 30%	\$4,500/ \$8,950	V, D, H, R, F, E, O, M, A, T	No RX	H5970	016
HumanaChoice H5970-001 (PPO)	\$27.00	\$0/\$10	\$35/\$45	\$250 1-5/ \$395 1-7	\$35-\$300/ \$45 or 30%	\$0-\$125/ \$10-\$60 or 30%	\$35- \$300/\$45 or 30%	\$0/\$10- \$45 or 30%	\$4,950/ \$8,950	V, D, H, R, F, E, O, M, A, T	\$0	H5970	001
HumanaChoice H5970-015 (PPO)	\$0.00	\$0/\$10	\$35/\$45	\$335 1-5/ \$500 1-7	\$35-\$350/ \$45 or 30%	\$0-\$125/ \$10-\$60 or 30%	\$35- \$325/\$45 or 30%	\$0-\$60/ \$10-\$60 or 30%	\$5,300/ \$9,150	V, D, H, F, E, O, C, M, A, T	\$250	H5970	015
HumanaChoice H5970-018 (PPO)	\$0.00	\$0/\$10	\$40/\$50	\$695 per stay/ \$375 1-9	\$40-\$450/ \$50 or 30%	\$0-\$125/ \$10-\$60 or 30%	\$40- \$400/\$50 or 30%	\$0-\$60/ \$10-\$60 or 30%	\$5,350/ \$9,500	V, D, H, F, E, O, C, M, A, T	\$310	H5970	018
Medicare BlueActive (PPO)	\$0.00	\$5/\$25	\$40/\$60	\$400 1-5/ \$435 1-28	\$350/30%	\$60/\$70	\$300/30%	\$15/30%	\$7,900/ \$11,300	V, D, H, F, E, O, M, A, T	\$350	H3335	055

2024 Plan Name	Monthly Premium	Primary Care	Specialist	Inpatient Hospital	Outpatient Hospital	X-Ray	Diagnostic Radiology	Labwork	MOOP In/Out	Extras	Drug Deduct	Contract ID	Plan ID
Medicare BlueClassic (PPO)	\$30.40	\$0/\$25	\$30/\$60	\$360 1-5/ \$435 1-28	\$275/30%	\$45/\$60	\$175/30%	\$0/30%	\$7,200/ \$10,950	V, D, H, R, F, E, O, M, A, T	\$0	H3335	038
Medicare BlueEnhanced (PPO)	\$86.00	\$0/\$20	\$30/\$50	\$260 1-5/ \$335 1-28	\$200/30%	\$40/\$50	\$125/30%	\$0/30%	\$5,000/ \$8,500	V, D, H, R, F, E, O, M, A, T	\$0	H3335	015
Medicare BlueEssential (PPO)	\$0.00	\$0/\$25	\$35/\$60	\$350 1-5/ \$435 1-28	\$250/30%	\$45/\$60	\$175/30%	\$0/30%	\$7,900/ \$11,300	V, D, H, F, E, O, M, A, T	\$150	H3335	053
Medicare BlueFlex (PPO)	\$14.40	\$5/\$20	\$35/\$50	\$375 1-5/ \$435 1-28	\$300/30%	\$60/\$70	\$300/30%	\$1/30%	\$7,900/ \$11,700	V, D, H, R, F, E, O, M, A, T	\$275	H3335	058
Medicare BlueSalute (PPO)	\$0.00	\$5/30%	\$35/30%	\$325 1-5/ 30% per stay	\$300/30%	\$40/30%	\$150/30%	\$15/30%	\$4,500/ \$7,800	V, D, H, R, F, E, O, M, A, T	No RX	H3335	043
MVP Medicare Patriot Plan with Part D (PPO)	\$42.40	\$0/\$5	\$40/\$50	\$400 1-5/ 40% per stay	\$350/40%	\$50/\$60	\$50- \$200/40%	\$0/40%	\$7,500/ \$11,300	V, D, H, R, F, E, O, M, A, T	\$200	H9615	018
MVP Medicare Preferred Gold with Part D (HMO-POS)	\$147.40	\$0/30%	\$30/30%	\$325 1-5/ 30% per stay	\$200/30%	\$30/30%	\$40-\$125/ 30%	\$0/30%	\$5,800	V, D, H, R, F, E, O, M, A, T	\$0	H3305	021
MVP Medicare Preferred Gold without Part D (HMO-POS)	0	\$0/30%	\$30/30%	\$350 1-5/ 30% per stay	\$250/30%	\$30/30%	\$30-\$100/ 30%	\$0- \$10/30%	\$6,700	V, D, H, R, F, E, O, M, A, T	No RX	H3305	020
MVP Medicare Secure Plus with Part D (HMO-POS)	\$97.50	\$0/30%	\$40/30%	\$350 1-5/ 30% per stay	\$300/30%	\$40/30%	\$40-\$175/ 30%	\$0/30%	\$7,550	V, D, H, R, F, E, O, M, A, T	\$0	H3305	022
MVP Medicare Secure with Part D (HMO-POS)	\$39.50	\$0/30%	\$40/30%	\$370 1-5/ 30% per stay	\$300/30%	\$45/30%	\$50-\$200/ 30%	\$0/30%	\$7,550	V, D, H, R, F, E, O, M, A, T	\$150	H3305	032

2024 Plan Name	Monthly Premium	Primary Care	Specialist	Inpatient Hospital	Outpatient Hospital	X-Ray	Diagnostic Radiology	Labwork	MOOP In/Out	Extras	Drug Deduct	Contract ID	Plan ID
MVP Medicare WellSelect Plus with Part D (PPO)	\$122.40	\$0/\$60	\$40/\$60	\$300 1-5/ 40% per stay	\$200/40%	\$40/\$60	\$40-\$150/ 40%	\$0/40%	\$6,500/ \$11,300	V, D, H, R, F, E, O, M, A, T	\$0	H9615	007
MVP Medicare WellSelect with Part D (PPO)	\$0.00	\$0/\$60	\$45/\$60	\$325 1-5/ 40% per stay	\$300/40%	\$50/\$50	\$60-\$150/ 40%	\$0/40%	\$7,500/ \$11,300	V, D, H, R, F, E, O, M, A, T	\$250	H9615	008
UHC Medicare Advantage NY-0020 (Regional PPO)	\$29.00	\$0/\$58	\$0-\$40/ \$65	\$375 1-5/ \$550 1-20	\$0-\$375/ 0- 50%	\$35/\$50	\$0-\$195/ 50%	\$0/\$0	\$7,900/ \$13,300	V, D, H, F, E, M, A, T	\$295	R5342	001
UHC Medicare Advantage NY-0021 (Regional PPO)	\$56.00	\$0/\$58	\$0-\$40/ \$65	\$360 1-5/ \$525 1-20	\$0-\$360/ 50%	\$25/\$55	\$0-\$175/ 50%	\$0/\$0	\$7,500/ \$13,300	V, D, H, F, E, M, A, T	\$195	R5342	005
UHC Medicare Advantage NY-0022 (Regional PPO)	\$88.00	\$0/\$58	\$0-\$30/ \$65	\$375 1-5/ \$525 1-20	\$0-\$375/ 50%	\$35/\$45	\$0-\$250/ 50%	\$0/\$0	\$7,200/ \$13,300	V, D, H, F, E, M, A, T	\$0	R5342	006
UHC Medicare Advantage Patriot No Rx NY-MA02 (Regional PPO)	\$0.00	\$0/\$58	\$0-\$40/ \$65	\$450 1-5/ \$550 1-20	\$0-\$450/ 50%	\$35/\$50	\$0-250/ 50%	\$0/\$0	\$6,700/ \$13,300	V, D, H, F, E, O, B, M, A, T	No RX	R5342	002
Wellcare Advantage No Premium (PFFS)	\$0.00	\$5/\$15	\$30/\$50	\$260 1-6/ \$300 1-7	\$0-\$250/ 30%	\$0/30%	\$0-\$250/ 30%	\$0-\$150/ 30%	\$6,700 (in and out)	V, H, F, E, A, T	No RX	H2816	038
Wellcare Advantage Premium Enhanced (PFFS)	\$40.00	\$0/\$10	\$25/\$35	\$650 per stay/ \$388 1-7	\$0-\$200/ 30%	\$0/30%	\$0-\$200/ 30%	\$0-\$50/ 30%	\$6,700 (in and out)	V, H, F, E, A, T	No RX	H2816	037
Wellcare Assist Open (PPO)	\$20.60	\$0/\$0	\$40/\$40	\$490 1-4/ \$490 1-4	\$0-\$350/ 30%	\$0/30%	\$0-\$350/ 30%	\$0-\$50/ 30%	\$6,700/ \$10,000	V, D, H, F, E, O, I, M, A, T	\$510	H2775	113

2024 Plan Name	Monthly Premium	Primary Care	Specialist	Inpatient Hospital	Outpatient Hospital	X-Ray	Diagnostic Radiology	Labwork	MOOP In/Out	Extras	Drug Deduct	Contract ID	Plan ID
Wellcare Fidelis Assist (HMO-POS)	\$27.50	\$0/50%	\$30/50%	\$390 1-5/ 50% 1-90	\$0-\$390 or 20%/50%	\$0/50%	\$0-\$390/ 50%	\$0-\$50/ 50%	\$7,550	V, D, H, R, F, E, O, A, T	\$430	H5599	002
Wellcare Fidelis No Premium (HMO)	\$0.00	\$0.00	\$45.00	\$455 1-5	\$0-\$403 or 20%	\$25.00	\$0-\$403	\$0-\$50	\$7,550	V, D, H, F, E, A, T	\$0	H5599	004
Wellcare Giveback Open (PPO)	\$0.00	\$0/\$25	\$50/40%	\$430 1-4/ 30% 1-90	\$0-\$400 OR 20%/40%	\$25/40%	\$0-\$400/ 40%	\$0-\$50/ 40%	\$8,300/ \$11,300	V, D, H, F, E, M, A, T	\$500	H2775	111
Wellcare No Premium Open (PPO)	\$0.00	\$0/\$25	\$40/\$60	\$362 1-7/ \$600 1-12	\$0-\$400/ 30%	\$10/30%	\$0-\$400/ 30%	\$0-\$50/ 30%	\$6,700/ \$10,000	V, D, H, R, F, E, O, I, C, M, A, T	\$450	H2775	106
Wellcare Premium Enhanced (PFFS)	\$47.00	\$10/\$25	\$35/\$60	\$295 1-5/ \$300 1-7	\$0-\$300/ 30%	\$0/30%	\$0-\$300/ 30%	\$0-\$50/ 30%	\$3,400 (in and out)	V, D, H, F, E, A, T	\$0	H2816	019
Wellcare Premium Ultra (PFFS)	\$136.00	\$0/\$10	\$25/\$35	\$500 per stay/ \$300 1-7	\$0-\$200/ 30%	\$0/30%	\$0-\$200/ 30%	\$0-\$50/ 30%	\$3,400 (in and out)	V, D, H, F, E, O, A, T	\$0	H2816	013
Wellcare Premium Ultra Open (PPO)	\$110.00	\$0/\$10	\$25/\$35	\$600 per stay/ 20% per stay	\$0-\$200/ 30%	\$0/30%	\$0-\$200/ 30%	\$0-\$50/ 30%	\$3,400/ \$3,400	V, D, H, F, E, O, M, A, T	\$0	H2775	105

Extra's Key	
V - Vision	I - In-Home Support Services
D - Dental	C - Routine Chiropractic Services
H- Hearing	B - Home and Bathroom Safety Devices
R - Transportation	M - Meals for a Short Duration
F - Fitness Benefits	A - Annual Physical Exams
E - Worldwide Emergency	T - Telehealth
O - Over the Counter Drug Benefits	