

2022 Medicare Advantage Plans With Drug Coverage - Ozaukee County

Plan Name	Monthly Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits (eligibility required)
AARP Medicare Advantage Value (Local HMO-POS) (H5253-033) 1-800-555-5757	\$0	\$4,900 In network only	\$275 Deductible	\$0	\$45	\$0-280 per visit	ER: \$90 Urgent Care: \$40	Labs: \$0 X-rays: \$15 Diagnostic tests: \$25 Diagnostic radiology: \$0-170	Preventive Services: \$0 Therapy: \$40 Ambulance: \$250 Diabetic supplies: \$0 DME: 20%	Days 1-6: \$295/day Days 7 & beyond: \$0/day	Days 1-20: \$0 Days 21-47: \$188/day Days 48-100: \$0	Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay	Fitness benefit Short term meals Telehealth Annual physicals Worldwide ER
AARP Medicare Advantage (Local HMO-POS) (H5253-004) 1-800-555-5757	\$27	\$4,500 In network only	\$250 Deductible	\$0	\$35	\$0-260 per visit	ER: \$90 Urgent Care: \$40	Labs: \$0 X-rays: \$15 Diagnostic tests: \$25 Diagnostic radiology: \$0-115	Preventive Services: \$0 Therapy: \$35 Ambulance: \$250 Diabetic supplies: \$0 DME: 20%	Days 1-6: \$285/day Days 7 & beyond: \$0/day	Days 1-20: \$0 Days 21-44: \$188/day Days 45-100: \$0	Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay	Fitness benefit OTC drugs Short term meals Telehealth Annual physicals Worldwide ER
AARP Medicare Advantage Open Plan 1 (Local PPO) (H0294-004) 1-800-855-5757	\$47	In or out of network: \$5,900	\$325 Deductible	In network: \$0 Out of network: \$0-50	In or out of network: \$50	In or out of network: \$0-335 per visit	ER: \$90 Urgent Care: \$40	In network: Labs: \$0 X-rays: \$15 Diagnostic tests: \$25 Diagnostic radiology: \$0-110 Out of network: Labs: \$0 X-rays: \$15 Diagnostic tests: \$0-110 Diagnostic radiology: \$0-110	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$280 Diabetic supplies: \$0 DME: 20% Out of network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$280 Diabetic supplies: 50% DME: 50%	In or out of network: Days 1-5: \$375/day Days 6 & beyond: \$0/day	In or out of network: Days 1-20: \$0 Days 21-52: \$188/day Days 53-100: \$0	In network Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay Out of network Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit OTC drugs Home/bathroom safety devices Telehealth Annual physicals Worldwide ER

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Aetna Medicare Premier (PPO) (H5521-150) 1-833-859-6031	\$27	In network: \$4,300 In & out of network: \$8,500	\$200 Deductible	In network: \$0 Out of network: \$20	In network: \$30 Out of network: \$50	In network: \$0-265 per visit Out of network: 50% per visit	ER: \$90 Urgent Care: \$45	In network: Labs: \$0 X-rays: \$20 Diagnostic tests: \$0-40 Diagnostic radiology: \$0-195 Out of network: Labs: \$20 X-rays: 50% Diagnostic tests: 50% Diagnostic radiology: 50%	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$275 Diabetic supplies: 0-20% DME: 20% Out of network: Preventive Services: 0-50% Therapy: 50% Ambulance: \$275 Diabetic supplies: 0-20% DME: 35%	In network: Days 1-6: \$265/day Days 7-90: \$0/day Out of network: Days 1-7: \$365/day Days 8-90: \$0	Days 1-20: \$0 Days 21-100: \$184/day Out of network: 45% per stay	In network Vision: \$0 copay Hearing: \$0 copay Dental: \$0 copay Out of network Vision: \$50 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit Non-emergency transportation OTC Drugs In-home support services Home/bathroom safety devices Short term meals Telehealth Annual Physicals Worldwide ER

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Aetna Medicare Value (PPO) (H5521-195) 1-833-859-6031	\$0	In network: \$4,975 In & out of network: \$8,500	\$200 Deductible	In network: \$0 Out of network: \$25	In network: \$40 Out of network: \$55	In network: \$0-300 per visit Out of network: 50% per visit	ER: \$90 Urgent Care: \$50	In network: Labs: \$0 X-rays: \$20 Diagnostic tests: \$0-75 Diagnostic radiology: \$0-275 Out of network: Labs: \$30 X-rays: 50% Diagnostic tests: 50% Diagnostic radiology: 50%	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$275 Diabetic supplies: 0-20% DME: 20% Out of network: Preventive Services: 0-50% Therapy: 50% Ambulance: \$275 Diabetic supplies: 0-20% DME: 50%	In network: Days 1-6: \$295/day Days 7-90: \$0/day Out of network: Days 1-7: \$395/day Days 8-90: \$0	Days 1-20: \$0 Days 21-100: \$184/day Out of network: 30% per stay	In network Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay Out of network Vision: \$55 copay Hearing: \$55 copay Dental: \$0 copay	Fitness benefit OTC Drugs Non-emergency transportation Routine chiro Massage therapy Accupuncture Annual physicals Telehealth Worldwide ER
Anthem MediBlue Access (PPO) (H4036-008) 1-855-679-0545	\$27	In network: \$4,500 In & out of network: \$9,000	\$95 Deductible	In network: \$5 Out of network: \$40	In network: \$40 Out of network: \$60	In network: \$0 or 20% per visit Out of network: 40% per visit	ER: \$90 Urgent Care: \$35	In network: Labs: \$0-10 X-rays: \$50-110 Diagnostic tests: \$0-150 Diagnostic radiology: \$130-225 Out of network: 35%	In network: Preventive Services: \$0 Therapy: \$35 Ambulance: \$295 Diabetic supplies: \$0 DME: 0-20% Out of network: Preventive Services: 40% Therapy: \$60 Ambulance: \$295 Diabetic supplies: 40% DME: 40%	In network: Days 1-7: \$295/day Days 8-90: \$0/day Out of network: 40% per stay	In network: Days 1-20: \$0 Days 21-100: \$188/day Out of network: 45% per stay	In network: Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: \$60 copay Dental: 20% copay	Fitness benefit Non-emergency transportation OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER

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Anthem MediBlue Access Plus (PPO) (H4036-020) 1-855-679-0545	\$0	In network: \$4,700 In & out of network: \$10,000	\$225 Deductible	In network: \$0 Out of network: \$35	In network: \$40 Out of network: \$55	In network: \$0-295 per visit Out of network: 20% per visit	ER: \$90 Urgent Care: \$30	In network: Labs: \$0-10 X-rays: \$50-100 Diagnostic tests: \$0-150 Diagnostic radiology: \$120-225 Out of network: 20%	In network: Preventive Services: \$0 Therapy: \$35 Ambulance: \$310 Diabetic supplies: \$0 DME: 0-20% Out of network: Preventive Services: 40% Therapy: \$60 Ambulance: \$310 Diabetic supplies: 40% DME: 40%	In or out of network: Days 1-5: \$350/day Days 6-90: \$0/day	In network: Days 1-20: \$0 Days 21-100: \$184/day Out of network: 45% per stay	In network: Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: \$55 copay Dental: 20% copay	Fitness benefit OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER
Anthem MediBlue Plus (HMO) (H9525-006) 1-855-793-1934	\$0	\$4,300 In network only	\$150 Deductible	\$0	\$35	\$0-300 per visit	ER: \$90 Urgent Care: \$30	Labs: \$0-15 X-rays: \$50-100 Diagnostic tests: \$0-170 Diagnostic radiology: \$150-230	Preventive Services: \$0 Therapy: \$40 Ambulance: \$275 Diabetic supplies: \$0 DME: 0-20%	Days 1-7: \$310/day Days 8-90: \$0/day	Days 1-20: \$0 Days 21-100: \$188/day	Vision: \$0 copay Hearing: \$35 copay Dental: \$0 copay	Fitness benefit OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER
Aurora Health Quartz Med Advantage Value D (Local HMO) (H5262-011) 1-800-394-5566	\$30	\$4,400 In network only	\$150 Deductible	\$0	\$35	\$0-250 per visit	ER: \$90 Urgent Care: \$50	Labs: \$10 X-rays: \$15 Diagnostic tests: \$10 Diagnostic radiology: \$125	Preventive services: \$0 Therapy: \$35 Ambulance: \$275 Diabetic supplies: \$0 DME: 20%	Days 1-7: \$265/day Days 8-90: \$0/day	Days 1-20: \$0 Days 21-100: \$184/day	Vision: \$0 copay Hearing: \$35 copay Dental: \$0 copay	Fitness benefit OTC drugs Routine chiro Acupuncture Non-emergency transportation Short term meals Annual physicals Telehealth Worldwide ER

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Plan Name	Monthly Premium	OOP Max	Rx Drugs	Primary Doctor Copay	Specialist Copay	Outpatient Hospital Services	Emergency Care	Diagnostic	Special Services	Inpatient Hospital Co-pay	Skilled NH Facility (Rehab)	Preventive Benefits	Supplemental Benefits (eligibility required)
Aurora Health Quartz Med Advantage Core D (Local HMO) (H5262-012) 1-800-394-5566	\$0	\$4,900 In network only	\$150 Deductible	\$0	\$50	\$0-285 per visit	ER: \$90 Urgent Care: \$60	Labs: \$15 X-rays: \$25 Diagnostic tests: \$15 Diagnostic radiology: \$200	Preventive services: \$0 Ambulance: \$295 Therapy: \$40 Diabetic supplies: \$0 DME: 20%	Days 1-7: \$310/day Days 8-90: \$0/day	Days 1-20: \$0 Days 21-100: \$184/day	Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit Medical transportation OTC Drugs Massage therapy Acupuncture Short term meals Annual Physicals Telehealth Worldwide ER
Aurora Health Quartz Med Advantage Elite D (Local HMO) (H5262-024) 1-800-394-5566	\$71	\$3,900 In network only	\$150 Deductible	\$0	\$25	\$0-200 per visit	ER: \$90 Urgent Care: \$40	Labs: \$5 X-rays: \$5 Diagnostic tests: \$5 Diagnostic radiology: \$100	Preventive services: \$0 Therapy: \$25 Ambulance: \$250 Diabetic supplies: \$0 DME: 20%	\$325 per stay	Days 1-20: \$0 Days 21-100: \$150/day	Vision: \$0 copay Hearing: \$25 copay Dental: \$0 copay	Fitness benefit OTC Drugs Annual Physicals Telehealth Worldwide ER
Humana Gold Choice (PFFS) (H8145-006) 1-800-833-2364	\$78	In or out of network: \$6,700	\$480 Drug Deductible	In network: \$20 Out of network: \$20-95	In network: \$50 Out of network: \$50	In or out of network: \$50-95 or 25%	ER: \$90 Urgent Care: \$20-50	In or out of network: Labs: 0-40% X-rays: \$20-95 Diagnostic tests: \$0-95 Diagnostic radiology: \$20-75 or 20-25%	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: 20% Diabetic supplies: \$0 or 10-20% DME: 20% Out of network: Preventive Services: \$0 Therapy: \$20-40 Diabetic supplies: \$0 or 20% DME: 20%	In or out of network: Days 1-7: \$279/day Days 8-90: \$0/day	In or out of network: Days 1-20: \$0 Days 21-100: \$184/day	In network: Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay	Fitness benefit Non-emergency transportation OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER

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Humana Gold Plus (HMO) (H6622-034) 1-800-833-2364	\$0	\$4,500 In network only	\$300 Deductible	\$0	\$40	\$40-295 per visit	ER: \$90 Urgent Care: \$0-40	Labs: \$0-40 X-rays: \$0-90 Diagnostic tests: \$0-90 Diagnostic radiology: \$0-295	Preventive Services: \$0 Therapy: \$40 Ambulance: \$290 Diabetic supplies: \$0 or 10-20% DME: 20%	Days 1-5: \$295/day Days 6 & beyond: \$0/day	Days 1-20: \$0 Days 21-100: \$188/day	Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay	Fitness benefit OTC drug benefit Short term meals Telehealth Annual physicals Worldwide ER
Humana Gold Plus (Local HMO) (H6622-002) 1-800-833-2364	\$26	\$4,000 In network only	\$200 Deductible	\$0	\$40	\$40-250 per visit	ER: \$90 Urgent Care: \$0-40	Labs: \$0-35 X-rays: \$0-90 Diagnostic tests: \$0-85 Diagnostic radiology: \$0-250	Preventive Services: \$0 Therapy: \$40 Ambulance: \$290 Diabetic supplies: \$0 or 10-20% DME: 20%	Days 1-6: \$250/day Days 7 & beyond: \$0/day	Days 1-20: \$0 Days 21-100: \$188/day	Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay	Fitness benefit OTC drugs Short term meals Annual Physicals Telehealth Worldwide ER
Humana Value Plus (Local PPO) (H5216-173) 1-800-833-2364	\$34.80	In network: \$6,700 In & out of network: \$10,000	\$390 Deductible	In network: \$20 Out of network: 50%	In network: \$50 Out of network: 50%	In network: \$50 or 20% per visit Out of network: 50% per visit	ER: \$90 Urgent Care: \$20-50 or 20-50%	In network: Labs: \$0 or 20% X-rays: \$20-50 or 20% Diagnostic tests: \$0-50 or 20% Diagnostic radiology: \$50 or 20% Out of network: 50%	In network: Preventive Services: \$0 Therapy: 20% Ambulance: 20% Diabetic supplies: \$0 or 20% DME: 20% Out of network: Preventive Services: \$0 or 50% Therapy: 50% Ambulance: 20% Diabetic supplies: \$0 or 50% DME: 20%	In network: \$2,019 per stay Out of network: 50% per stay	Days 1-20: \$0 Days 21-100: \$188/day Out of network: 50% per stay	In network: Vision: \$0 copay Hearing: \$50 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: 50% copay Dental: \$0 copay	Fitness benefit OTC Drugs Telehealth Annual physicals Worldwide ER

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HumanaChoice (Local PPO) (H5216-001) 1-800-833-2364	\$78	In network: \$3,900 In & out of network: \$5,900	\$200 Deductible	In network: \$5 Out of network: 50%	In network: \$40 Out of network: 50%	In network: \$40-250 per visit Out of network: 50%	ER: \$90 Urgent Care: \$5-40 or 50%	In network: Labs: \$0-40 X-rays: \$5-90 Diagnostic tests: \$0-90 Diagnostic radiology: \$5-250 Out of network: 50%	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$290 Diabetic supplies: \$0 or 10-20% DME: 20% Out of network: Preventive Services: \$0 or 50% Therapy: 50% Ambulance: \$290 Diabetic supplies: 30-50% DME: 30%	In network: Days 1-6: \$250/day Days 7-90: \$0/day Out of network: 50% per stay	In network: Days 1-20: \$0 Days 21-100: \$184/day Out of network: 50% per stay	In network: Vision: \$0 copay Hearing: \$40 copay Dental: \$0 copay Out of network Vision: \$0 copay Hearing: 50% copay Dental: \$0 copay	Fitness benefit OTC Drugs Non-emergency transportation Routine chiro Massage therapy Acupuncture Annual physicals Telehealth Worldwide ER
HumanaChoice (Local PPO) (H5216-252) 1-800-833-2364	\$0	In network: \$4,900 In & out of network: \$6,700	\$300 Deductible	In network: \$5 Out of network: 50%	In network: \$45 Out of network: 50%	In network: \$45-350 per visit Out of network: 50%	ER: \$90 Urgent Care: \$5-45 or 50%	In network: Labs: \$0-45 X-rays: \$5-95 Diagnostic tests: \$0-95 Diagnostic radiology: \$40-350 Out of network: 50%	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$290 Diabetic supplies: \$0 or 10-20% DME: 20% Out of network: Preventive Services: \$0 Therapy: 50% Ambulance: \$290 Diabetic supplies: 50% DME: 20%	In network: Days 1-5: \$350/day Days 6-90: \$0/day Out of network: 50% per stay	In network: Days 1-20: \$0 Days 21-100: \$188/day Out of network: 50% per stay	In network: Vision: \$0 copay Hearing: \$45 copay Dental: \$0 copay Out of network Vision: \$0 copay Hearing: 50% copay Dental: \$0 copay	Fitness benefit Non-emergency transportation OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER

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HumanaChoice (Local PPO) (H5216-253) 1-800-833-2364	\$0	In network: \$4,200 In & out of network: \$6,300	\$275 Deductible	In network: \$0 Out of network: 50%	In network: \$35 Out of network: 50%	In network: \$35-400 per visit Out of network: 50%	ER: \$90 Urgent Care: \$0-35 or 50%	In network: Labs: \$0-35 X-rays: \$5-85 Diagnostic tests: \$0-85 Diagnostic radiology: \$35-400 Out of network: 50%	In network: Preventive Services: \$0 Therapy: \$35 Ambulance: \$290 Diabetic supplies: \$0 or 10-20% DME: 9% Out of network: Preventive Services: \$0 or 50% Therapy: 50% Ambulance: \$290 Diabetic supplies: 50% DME: 20%	In network: Days 1-4: \$400/day Days 5-90: \$0/day Out of network: 50% per stay	In network: Days 1-20: \$0 Days 21-100: \$188/day Out of network: 50% per stay	In network: Vision: \$0 copay Hearing: \$35 copay Dental: \$0 copay Out of network: Vision: \$0 copay Hearing: 50% copay Dental: \$0 copay	Fitness benefit Annual Physicals Telehealth Worldwide ER
HumanaChoice (Regional PPO) (R5361-002) 1-800-833-2364	\$120	In network: \$6,700 In & out of network: \$10,000	\$480 Drug Deductible \$198 Health Deductible	In or out of network: 20%	In or out of network: 20%	In or out of network: 20%	ER: \$90 Urgent Care: 20%	In or out of network: Labs: 0-20% X-rays: 20% Diagnostic tests: \$0 or 20% Diagnostic radiology: 20%	In or out of network: Preventive Services: \$0 Therapy: 20% Ambulance: 20% Diabetic supplies: \$0 or 10-20% DME: 15-20%	In network: Days 1-4: \$450/day Days 5-90: \$0/day Out of network: 20% per stay	In or out of network: Days 1-20: \$0 Days 21-100: \$184/day	In or out of network: Vision: Not covered Hearing: 20% copay Dental: Not covered	Fitness benefit Telehealth Annual Physicals Worldwide ER

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Molina Medicare Choice Care (Local HMO) (H2879-003) 1-866-403-8293	\$0	\$7,775 In network only	\$125 Deductible	\$0	\$30	225 per visit	ER: \$90 Urgent Care: \$0-45	Labs: \$0 X-rays: \$0 Diagnostic tests: 0-20% Diagnostic radiology: \$125-225	Preventive Services: \$0 Therapy: \$30 Ambulance: \$200 Diabetic supplies: \$0 DME: 20%	Days 1-6: \$295/day Days 7-90: \$0/day	Not available (10/4/21)	Vision: \$0 copay Hearing: \$10 copay Dental: \$0 copay	Fitness benefit OTC Drugs Non-emergency transportation Routine chiro Massage therapy Acupuncture Annual physicals Telehealth Worldwide ER
Network Health Medicare Anywhere (Local PPO) (H5215-010) 1-800-983-7587	\$35	In network: \$4,500 Out of network: \$7,200	\$250 Deductible	In network: \$0 Out of network: \$25	In network: \$35 Out of network: \$75	In network: \$260 per visit Out of network: \$375-415 per visit	ER: \$90 Urgent Care: \$0-45	In network: Labs: \$0-20 X-rays: \$20 Diagnostic tests: \$20-35 Diagnostic radiology: \$35-200 Out of network: Labs: \$25 X-rays: \$25-90 Diagnostic tests: \$25-90 Diagnostic radiology: \$90-250	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$250 Diabetic supplies: \$0 DME: 20% Out of network: Preventive Services: \$25 Therapy: \$75 Ambulance: \$250 Diabetic supplies: \$0-25 DME: 25%	In network: Days 1-6: \$275/day Days 7-90: \$0/day Out of network: Days 1-6: \$550/day Days 7-90: \$0	In or out of network: Days 1-20: \$0 Days 21-45: \$188/day Days 46-100: \$0	In network Vision: \$10 copay Hearing: \$35 copay Dental: \$0 copay Out of network Vision: Not covered Hearing: \$75 copay Dental: \$0	Fitness benefit OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER
Network Health Medicare Explore (Local HMO) (H5644-002) 1-800-983-7587	\$11	\$4,100 In network only	\$260 Deductible	\$0	\$30	\$250 per visit	ER: \$90 Urgent Care: \$0-45	Labs: \$0-15 X-rays: \$25 Diagnostic tests: \$15-20 Diagnostic radiology: \$20-200	Preventive Services: \$0 Therapy: \$30 Ambulance: \$225 Diabetic supplies: \$0 DME: 20%	Days 1-5: \$280/day Days 6-90: \$0/day	Days 1-20: \$0 Days 21-45: \$188/day Days 46-100: \$0	Vision: \$10 copay Hearing: \$30 copay Dental: \$0 copay	Fitness benefit OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER

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Network Health Medicare Go (Local PPO) (H5215-009) 1-800-983-7587	\$0	In network: \$4,500 In & out of network: \$6,500	\$195 Deductible	In network: \$0 Out of network: \$30	In network: \$35 Out of network: \$75	In network: \$275 per visit Out of network: \$450 per visit	ER: \$90 Urgent Care: \$0-45	In network: Labs: \$0-20 X-rays: \$35 Diagnostic tests: \$20-40 Diagnostic radiology: \$20-200 Out of network: Labs: \$30 X-rays: \$45 Diagnostic tests: \$30-50 Diagnostic radiology: \$50-250	In network: Preventive Services: \$0 Therapy: \$40 Ambulance: \$275 Diabetic supplies: \$0 DME: 20% Out of Network: Preventive Services: \$15 Therapy: \$75 Ambulance: \$275 Diabetic supplies: \$0-30 DME: 25%	In network: Days 1-6: \$295/day Days 7-90: \$0/day Out of network: Days 1-6: \$550/day Days 7-90: \$0	In and out of network: Days 1-20: \$0 Days 21-45: \$188/day Days 46-100: \$0	In network: Vision: \$10 co-pay Hearing: \$35 co-pay Dental: \$0 Out of network: Vision: Not covered Hearing: \$75 co-pay Dental: \$0	Fitness benefit OTC Drugs Acupuncture Short term meals Telehealth Annual Physicals Worldwide ER Comprehensive vision & dental available at cost